Bachelor of Science in Nursing (BSN) Program

Faculty of Health & Human Services

Revised August 2019

This handbook is updated annually. Please refer to the VIU Learn BSN Student/Faculty Resources Hub for the most current version of the BSN Student Handbook.
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Welcome to the Bachelor of Science in Nursing (BSN) Program! And for those of you new to us, welcome to Vancouver Island University (VIU).

We would like to acknowledge that the land on which we will be gathering and learning is the traditional territory of the Snuneymuxw First Nations in Nanaimo, and in Cowichan the Quamichan-Kw’amutsun peoples which includes: Kw’amutsun, Qwum’yiqm’, Hwulqwselu, S’amuna’, L’uml’umuluts, Hinupsum, and Tl’ulpalus.

This BSN Student Handbook contains significant information regarding the BSN program, and important details about being a student here at VIU. We hope you will find it an informative and helpful resource throughout your educational journey.

The BSN program is a full-time four year degree program that provides baccalaureate academic education for students wanting to enter the profession of nursing. Students are provided with solid theory components in order to inform evidence-based practice. There is a strong emphasis on practice through Learning Centre/Lab, Simulation, and practicums in a variety of locations (acute care hospitals, community agencies) across the lifespan. Upon completion of the BSN program, students will receive a Bachelor of Science in Nursing (BSN) degree from VIU, be eligible to write the NCLEX-RN (National Council Licensure Examination for Registered Nurses), and apply for nursing registration through the British Columbia College of Nursing Professionals (BCCNP). The BSN Program meets the national standards of excellence developed by our accrediting body, the Canadian Association of Schools of Nursing (CASN).
Classes are held at the VIU Nanaimo campus in our new ‘state of the art’ Centre for Health and Science building. Practicum settings are mainly in Nanaimo and surrounding area, but may also include Duncan, Port Alberni and other locations on Vancouver Island.

Graduates of the BSN program are prepared to work in a wide range of settings, including hospitals, mutli-level care facilities, community agencies (home care, primary care, public health), and government agencies and in a wide variety of areas and client populations including mental health/addictions, public health, community care, travel nursing, international nursing, gerontology, medical-surgical, critical care (Emergency, Intensive Care, Cardiac Care, Operating Room, Perinatal), Indigenous health, pediatrics, women’s health, nursing education.
Administration, Program Faculty, and Support Staff

VIU Administration

President and Vice-Chancellor (Building 300)  
Deb Saucier

Chancellor (Building 300)  
Louise Mandell

Interim Vice-President Academic and Provost (Building 300)  
Carol Stuart

Dean of Health and Human Services (HHS) (Building 210)  
Patricia O’Hagan

Associate Dean of Health and Human Services (Building 180)  
Lynda Phillips

The BSN Team

![Image of people standing together with hands in the air]

BSN Leadership Team

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Local 4125

Team Leader Year 1:  
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BSN Faculty

There are approximately 29 permanent and 22 sessional (contract) faculty for the BSN Program. Please refer to the following link for information: [https://hhs.viu.ca/bachelor-science-nursing/faculty](https://hhs.viu.ca/bachelor-science-nursing/faculty)

Program Support

BSN Program Assistants

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Local 6270

Professional Practice Liaison
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Local 6679

Roles and Responsibilities of Faculty and Support Staff

*BSN Program Chair*

The Chair will foster and promote excellence and best practices in all educational programs; as a leader in the department, the Chair must be a role model for collegiality, collaboration across the organization, integrity, scholarship, and professional competence. A Chair will avoid conflict of interest and the appearance of such conflicts. The Chair is responsible for carrying out the day-to-day administrative responsibilities that ensure smooth operation and delivery of instruction in programs. The Chair acts as the representative of the department to VIU’s administration and outside constituencies. As a department leader, the Chair has the primary responsibility for communicating the department’s views to the University community and University community concerns to the department. Because the Chair acts on behalf of the department, the Chair must distinguish between personal views and those that reflect the consensus of the department.

The Chair’s role is made up of areas of responsibility.

- **Students:** The chair has the responsibility to promote the department, be involved in student recruitment activities and promote and assist in facilitating student success.
• **Departmental Staffing:** The Chair has the responsibility for ensuring the department is adequately staffed, and the timetable has been completed, and also to encourage faculty in their scholarly activity pursuits and to orient new employees to the department and the University.

• **Administration:** The Chair has the responsibility for coordinating / overseeing the administration of the department and its contribution to the governance of the University.

• **Budget:** The Chair has the responsibility for maintaining a sound budget for the department.

**BSN Advisor**

The main role of the BSN Advisor is to provide academic advising to students enrolled in the BSN Program and/or those who have been accepted into the BSN program. The BSN Advisor roles and responsibilities includes:

• Providing advice/guidance to BSN students regarding:
  - Upper nursing electives (UNE)
  - Students wanting to transfer into the BSN VIU program from other institutions
  - Students wanting to transfer out of the BSN VIU program to other institutions
  - Prior Learning Assessment (PLA) requests

• Ensuring students are meeting the requirements for degree completion (through the student’s Goal Planning System (GPS) on each student’s VIU student record.

• Calculating Graduating student’s graduating GPA

**VIU Faculty: Teaching and Learning Principles and Responsibilities**

1. **Student Development:** The faculty’s most basic responsibility is to design teaching and learning opportunities that encourage autonomy and independent thinking, to manage the learning environment in order that everyone is treated with respect and dignity, and to avoid actions that detract from student development. Faculty are expected to adhere to VIU’s Human Rights, Personal Harassment, and Diversity and Education Policies.

2. **Equity, Diversity & Inclusion:** Faculty are committed to maintaining learning and working environments that are equitable, diverse, and inclusive.
3. **Content Competence**: Faculty are responsible for maintaining (or acquiring) subject matter competence not only in areas of personal interest, but in all areas relevant to course goals or objectives.

4. **Pedagogical Competence**: In addition to knowing the subject matter, faculty have adequate pedagogical knowledge and skills to: communicate objectives clearly, select effective teaching and learning strategies, provide opportunity for practice and feedback, and deal with student diversity. In particular, faculty should be mindful of the increasing numbers of Aboriginal and International students on our campus and the different ‘ways of knowing’ by which they enrich university life.

5. **Dealing with Sensitive Topics**: Faculty acknowledge from the outset that a particular topic is sensitive, explain why it is included in the course syllabus, and work toward fostering an understanding of the material, respecting diverse viewpoints in the process.

6. **Dual Relationships with Students**: To avoid conflict of interest, faculty do not enter into dual-role relationships with students that are likely to detract from student development or lead to actual or perceived favoritism on the part of faculty.

7. **Confidentiality**: Student grades, other academic records, and private communications are treated as confidential materials, and should be released only if the student has consented, in writing, to disclosure and if the disclosure is necessary for the performance of the faculty’s duties. There may be exceptions to this principle, for example, if one has reasonable grounds to believe there is a risk of significant harm to the health or safety of the student or others, or if one suspects criminal activity.

8. **Respect for Colleagues**: Faculty respect the dignity of colleagues and work cooperatively with colleagues in the interest of fostering student development.

9. **Valid Assessment of Students**: Given the importance of assessment and evaluation of student performance in university teaching and in students’ lives and careers, faculty are responsible for taking adequate steps to ensure that assessment and evaluation of students is valid, open, fair and congruent with course objectives.

Source: [https://www2.viu.ca/pypa/documents/teachingandlearningprinciplesandresponsibilities.pdf](https://www2.viu.ca/pypa/documents/teachingandlearningprinciplesandresponsibilities.pdf)

**BSN Program Assistant**

The BSN Program Assistant assists in the planning and implementation of all aspects of the BSN program, courses, and events. The Program Assistant works cooperatively with the BSN Chair,
Dean’s office and other support staff to ensure that the requirements for the program delivery are met. The Program Assistant has extensive contact with instructors, students and other VIU departments, community agencies, licensing bodies, and resources. The Program Assistant trouble-shoots for instructors and students, being the first contact if there are any inquiries, questions or concerns.

**Practicum Coordinator**

The Practicum Coordinator, Health Programs, is responsible for recruitment and administration of all practice placements in base programs offered at Nanaimo and satellite campuses (Bachelor of Science in Nursing, Dental Assistant, Health Care Assistant, and Practical Nursing) and, where necessary, for contracts and/or additional programs. This includes participation in matching of students to appropriate and rewarding practicum sites.

**Professional Practice Liaison Technician**

The Professional Practice Liaison Technician is responsible for ensuring that students and faculty who will be doing practicum experiences meet all of the ‘onboarding (orientation) requirements of the practicum agencies. This includes issuing photo ID and access cards.

**Simulation Coordinator**

The Simulation Coordinator is a Registered Nurse and member of the H&HS faculty who works with the Bachelor of Science of Nursing (BSN), Practical Nursing Diploma (PN) and Health Care Assistant Certificate (HCA) Programs in the Faculty of Health & Human Services. The Simulation Coordinator is responsible for the supervision and day-to-day operation of the nursing simulation laboratory in the VIU H&H Faculty. The main responsibilities include: train and develop faculty’s simulation knowledge, abilities, and skills and foster the integration of this capability into their teaching role in a pedagogically appropriate manner; operationalize a wide variety of simulation experiences, and promote an optimal learning environment in all simulation areas for all participants and facilitators.

**Equipment Supplies Clerk**

In collaboration with the Lab Resource Nurse, the Equipment Supply Clerks ensure there are adequate and appropriate lab supplies and equipment to support faculty teaching and student learning needs. They are responsible for order and maintaining supplies and equipment
(including the need for repairs/replacement), programming student lab access cards (3-5 working days for processing), and are the contact for students who are needing supplies to practice skills outside of class time. Students requiring supplies should give at least 2 working days’ notice, specify what skill(s) they will be practicing, when and in which lab. If several students will be practicing the same skill(s), please select one student to contact the Equipment Supplies Clerk on behalf of the group (to minimize repeat requests).

**Lab Resource Nurse**

The Lab Resource Nurse is a Registered Nurse who supports the Bachelor of Science of Nursing (BSN), PN (Practical Nursing), and Health Care Assistant (HCA) Programs in the Faculty of Health and Human Services. The Lab Resource Nurse provides support and/or remediation to students to assist them to achieve safe practice of nursing skills, consolidate critical thinking competencies, and to help overcome challenges related to specific nursing skills in a non-evaluative environment. Sessions are typically booked in 30 minute to 1 hour appointments. Please note that it is not the role or responsibility of the Lab Resource Nurse to provide instruction to students for missed classes or to evaluate students. Please see section on ‘Lab Resource Nurse’ for further information.

There are 3 ways for students to access the Lab Resource Nurse:

1. **Student self-referral**: The student identifies that he/she needs further guidance/support.
2. **Instructor-referral**: An instructor (e.g. student’s Lab/Learning Centre and/or Practice instructor) identifies that the student is needing further guidance beyond class time and/or is needing remediation.
3. **Open Lab (Cowichan campus only)**: The Lab Resource Nurse, Cowichan campus, holds ‘Open Lab’ where students can drop in without an appointment. Times are posted outside the Cowichan campus lab.
Process for Student Self-Referral:

1. The student emails the Lab Resource Nurse and requests an appointment either to meet 1:1 with the Lab Resource Nurse or in a small group (maximum 2 students/group). The student(s) specifies the skills they are wanting practice/support with and dates/times they are available for an appointment.
2. The Lab Resource Nurse contacts the student with an appointment date/time.
3. A student may have a maximum of 3 self-referred sessions/semester.

Process for Instructor Referral for Student Remediation:

**Faculty/Instructor Responsibilities:**

1. The student first meets with his/her instructor to identify any gaps and identify strategies to best address those gaps (e.g. review of theory, review of the skill, extra practice with a peer, etc.).
2. If remediation is required, the faculty/instructor will, with the student, outline the specific skill(s) and specific area(s) requiring remediation and complete the electronic ‘Lab Referral Form’ (this may be over and above any required Meeting Notes, Learning Plan, Contract for Improvement, etc.) specifying:
   - Date of referral
   - Student’s name
   - Student’s program
   - Course and faculty/instructor name
   - Reason for instructor referral (e.g. specific concerns identified in lab/learning center and/or practice courses)
   - Goals for the referral (Identify what you want addressed, covered, attained - be as specific as possible).
3. The Lab Referral Form is completed electronically and distributed as follows:
   - Lab Resource Nurse
   - Student: the student is responsible for contacting the Lab Resource Nurse within 24 hours (1 business day) of receiving the form to set up an appointment. If the student does not follow through with the referral, this will be communicated by the Lab Resource Nurse to the instructor who made the referral. The instructor assesses if this is a Professional Responsibility issue and if so, could result in a formal meeting with the student and his/her instructor (documented on Meeting Notes), a
Corrective Learning Plan and/or Contract for Improvement and potentially place the student at risk of not being successful in the course.

- Instructor/Faculty member who initiated the referral retains a copy of the Lab Referral Form for filing in the student’s file at the end of the semester

4. After meeting with the student, the Lab Resource Nurse will complete the section on the Lab Referral Form ‘Report on student performance and achievement of goals’. The Lab Resource Nurse will then distribute electronically the completed form to:
  - Student
  - Instructor/Faculty member who initiated the referral

At all times, it is the faculty/instructor’s responsibility to evaluate the student including readiness to perform any skill(s) safely in the clinical practice setting.

Student Responsibilities:

If/when a student is referred by an instructor to the Lab Resource Nurse for remediation, the student is responsible to:

- **Have first met with their Lab/Learning Centre/Practice instructor** and taken steps to address their gaps in knowledge/skill (including completing/reviewing all preparatory work prior to the appointment including pre-readings, quizzes, Evolve site. If the student has missed a class, the student is responsible for connecting with their instructor/classmates regarding any missed material and to have worked with a classmate to have the skill(s) demonstrated and to have done at least one return demonstration.

- **Contact the Lab Resource Nurse within 24 hours** of receiving the form to schedule an appointment and communicate which skills they will be practicing. If the student does not follow through with the referral, this will be communicated by the Lab Resource Nurse to the instructor who made the referral. The instructor assesses if this is a **Professional Responsibility** issue and if so, could result in a formal meeting with the student and their instructor (documented on Meeting Notes), a Corrective Learning Plan and/or Contract for Improvement and potentially place the student at risk of not being successful in the course.
Come prepared to their scheduled appointments with the theoretical knowledge of the skills they wish to practice and to bring with them copies of any class activities (including Learning Activities, case studies, etc.)

Bring any relevant student-issued kits (e.g. dressing kit, catheter kit, IV kit) and identify, in advance, any other equipment/supplies they require.

Student participation

VIU Senate

The VIU Senate is responsible for all academic and curriculum-related matters, including development of academic policy, curriculum content, and student performance issues. The Senate must also advise the VIU Board of Directors and the Board must seek the advice of the Senate on the development of educational policy as outlined in the University Act. The Senate is comprised of the following:

- Chancellor
- President, who sits as its Chair
- Academic Vice-President/Provost
- Dean of VIU Faculties
- Chief Librarian
- Registrar
- Two faculty members for each Faculty, elected by faculty members of the Faculty
- Four students, elected by the students
- One alumni member who is not a faculty member, appointed by the President on nomination by the Alumni Association
- Two support staff elected by the support staff
- One non-voting member of the Senate, if appointed to the Senate by the Board to serve for one year.

A call for nominations will be made across each campus to fill student vacancies on Senate. Before the end of March, an election will be conducted to fill student vacancies.
VIU Students’ Union (VISU)

The Students’ Union is run by an elected board of students drawn from across the student body, and is selected in one of two elections held each year. There are twenty-three positions representing executive, faculty representative, campus representative, advocacy, and at-large roles. Notice of each election is posted on campus prior to the opening of nominations. The schedule for the fall election is set by August 15 and the schedule of the spring election is set by December 15 of each year as per policy (Students’ Union Policy 10.03). For more information about the elections, positions being elected, or how to participate, contact the Students’ Union at 250-754-8866 or email elections@viusa.ca or visit their webpage at VIUSU.

Student Representatives on Committees

There are many committees throughout VIU where students may be involved either by attending and/or by being student reps. Student reps are the conduits between their class and the committee – their role is to communicate issues/concerns to the committee, to provide input at committee meetings, and to communicate back to their class any outcomes.

Health & Human Services Faculty Council

Elections are held in the Fall of each year for Student Representatives on the Faculty of Health and Human Services Faculty Council. Please see HHS hub on VIU Learn for meeting schedule and minutes of past meetings: https://d2l.viu.ca/d2l/le/content/47383/Home).

BSN Committees

The key BSN Committees are the BSN VIU-NIC Joint Curriculum and Evaluation Committee and BSN Policy, Practice, & Process (3P) Committees. Terms of reference are on the VIU Learn BSN Student & Faculty Resources. At the beginning of each academic year, BSN faculty will be asking each year’s class for student representatives on these committees.
BSN Partnership for Student Learning Initiative

The BSN Partnership for Student Learning Initiative is comprised of a group of BSN faculty and students representing all years of the program focusing on finding ways to engage students and collaboratively design solutions to identified learning challenges. Approx. 6 meetings are held throughout the academic year. The BSN Chair send out an email at the beginning of each academic year asking for interested students. Students are asked to commit to all meetings in the academic year.

CNSA (Canadian Nursing Students' Association):

CNSA is the national voice of Canadian nursing students. Our goal is to increase the legal, ethical, professional, and educational aspects which are an integral part of nursing. CNSA is actively dedicated to the positive promotion of nurses and the nursing profession as a whole. For more information, visit the CNSA website: http://cnsa.ca/
Mission Statements

Vancouver Island University Mission Statement

Vancouver Island University is a dynamic and diverse educational organization, dedicated to excellence in teaching and learning, service and research. We foster student success, strong community connections and international collaboration by providing access to a wide range of university programs designed for regional, national and international students.

Approved as amended by the Vancouver Island University Board of Governors, 2011

Health and Human Services Mission Statement

In Health and Human Services (HHS) at Vancouver Island University we foster student success. We develop and maintain relevant, responsive, and stimulating learning opportunities that are community-based, locally and globally, and offered in a visionary, inter-professional environment that is conducive to learning and promotes health and wellness for all.

BSN Mission Statement

Through leadership and excellence in nursing education, we educate nurses to become leaders in the profession who are reflective, innovative, and scholarly practitioners in the art and science of nursing.
BSN Program Vision, Values & Program Learning Outcomes

Our Vision

Excellence in professional nursing education.

Our Values

*Learning:* we support student success, access to education, appropriate use of technology, development of literacies, communication and exchange of ideas across disciplines and locations, exploration and application of new thought and pursuit of lifelong learning.

*Discovery:* through the pursuit of free inquiry, we promote an enduring learning community.

*Engagement:* we value ongoing cooperation with our partners in education, with communities in our region, and with colleagues throughout the world.

*Achievement:* we believe in the potential of our learners and are committed to promoting the excellence and success of our students, faculty, staff and alumni.

*Diversity:* we value human diversity in all its dimensions and are committed to maintaining learning and working environments which are equitable, diverse and inclusive.

*Celebration:* we celebrate the achievements of our students, faculty, staff, alumni and the communities we serve.

*Sustainability:* we support a healthy sustainable environment through progressive operational practices and promotion of environmental awareness.

Our Program Learning Outcomes

*Upon successful completion of the BSN Program, graduates will be able to:*

1. Engage in the profession and discipline of nursing by utilizing a foundation of caring, health, and healing, and by integrating and applying the art and science of nursing within a variety of contexts and diverse populations.

2. Provide safe, competent, compassionate, accountable and ethical nursing care in all contexts and practice environments.

3. Make safe and competent nursing decisions based on knowledge, evidence, multiple ways of knowing, principles of relational practice, professional relationships and responsibilities, and person-centered care.
4. Lead current and future professional nursing practice and through partnerships with others influence health care at the economic, technological, political, social, environmental, and professional levels.

5. Implement changes that benefit the needs of individuals, families, groups, and populations, advocating for changes to address issues of social justice, health equity, and other disparities.


7. As well as discipline specific knowledge, graduates of the VIU BSN program have cultivated skills, literacies and qualities that enable them to be flexible, adaptable, educated citizens and leaders in their communities, society and the world: 
BSN Program Information and Delivery

Program Overview

The BSN program is a full-time 4-year program offered through the Nanaimo campus of Vancouver Island University. The same collaborative concept-based curriculum is also offered at North Island College – Comox campus.

The curriculum fosters critically reflective, independent, and motivated learners and practitioners with an inquiry approach to lifelong learning in their practice. The curriculum centers on nursing for individuals, families, communities, and society and promotes critical thinking in students to then identify patterns in nursing care and is based on the concepts of caring and health promotion.

Core concepts such as leadership, advocacy, political action, nursing knowledge development and nursing scholarship are explored throughout the program. Students also learn about diversity, including an understanding of indigenous health perspectives based on the recommendations of the Truth & Reconciliation Report from the Commission of Canada (2015).

There is a strong emphasis on student-faculty interaction and practice experience, as well as the need for thoughtful, reflective action as defined by the concept of praxis. Our Nursing Lab/Learning Centre has 3 simulation suites with high-fidelity mannequins.

The BSN program is taught by enthusiastic and experienced nursing faculty. The concept-based curriculum includes eight academic semesters (Fall & Spring) and three consolidated practice experiences (Intercession) over the four years. Each successive practice experience involves increased nursing responsibility in order to prepare students for their professional autonomous roles and to meet the Entry Level Competencies of a Newly Graduated Nurse as defined by
BCCNP (BC College of Nursing Professionals). The program completes in April of the 4th year. During practice experiences, student could be working with local, provincial or international health care agencies in hospital and community settings.

Class sizes are small (between 36-72 students) and most theory courses are delivered in a face-to-face classroom or blended format. Classes are held on the Nanaimo campus; practice placements are generally throughout the central Vancouver Island region.

Option A involves completion of the program in its entirety in order to obtain a Bachelor of Science in Nursing (BSN) degree. Option C is not offered at this time.

Teaching – Learning Partnership

In preparing students to become inquisitive practitioners it is important to recognize that there are multiple ways of knowing and multiple ways of approaching learning. Within this nursing education program, curriculum is envisioned as the interactions that take place between and among students, clients, practitioners and faculty in a variety of contexts with the intent that learning take place.

While involved in nursing education, students need to access a variety of experiences, with a variety of clients, contexts and teachers. Learners learn best when they feel respected and challenged and when they experience success. In this curriculum, students, practitioners, faculty and clients are equally valued as partners in the teaching/learning process.
Teachers are seen as expert learners working with students in partnership, in empowering and equitable ways, drawing on student experience and on theory of various kinds to develop the content to be learned. Learners share the responsibility for identifying their learning needs, and planning and evaluating their learning experiences. The students and teacher are co-learners together in the collaborative learning process.
Foundational Perspectives/Philosophical Underpinnings

The BSN curriculum is informed by a number of philosophical perspectives or “worldviews” that shape understanding of the program’s core concepts as well as the traditions and trends of nursing research, knowledge and practice. The values and beliefs inherent in each worldview form a complimentary, reciprocal discourse that enriches the breadth and depth of critical reflective and reflexive practice and holistic care, resulting in a greater appreciation of diversity, and tolerance of ambiguity. Certain perspectives are discussed in the following paragraphs (please refer to BSN Curriculum Guide on the BSN Home Page for fuller explanations of these perspectives).

<table>
<thead>
<tr>
<th>Perspective</th>
<th>Key Themes</th>
<th>Significance for Nursing</th>
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<tbody>
<tr>
<td><strong>Empiricist</strong></td>
<td>• Values ‘observables’; must be seen to be true</td>
<td>• In early days of nursing as a discipline, influenced evolution of thought about nursing science and what constitutes valid knowledge. Development of nursing theories and models followed.</td>
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<tr>
<td>(includes positivism, logical positivism, logical realism, scientism, post positivism, post-empiricism)</td>
<td>• Values scientific strategies that bear results and can be corroborated if not confirmed</td>
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<td></td>
<td>• Data collected through the senses if the only valid form of information</td>
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<td></td>
<td>• Objectivity is central to the judgement of truth</td>
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<td></td>
<td>• Rules are used to signify cause and effect relationships; facts direct action</td>
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<tr>
<td><strong>Post-Empiricist</strong></td>
<td>• Also emphases collection of information through careful scientific processes but also proposes that no common pattern is rigidly viewed as having relevance for every individual or situation and that no universal laws governing all of health are believed to exist.</td>
<td>• Within nursing, allows for theorizing the responses of certain groups of persons under certain health and illness conditions, but denies universal application.</td>
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<tr>
<td></td>
<td>• Situation-specific theories can be developed to assist in linking the observable to the ‘unobservables’.</td>
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<tr>
<td><strong>Postmodern</strong></td>
<td>• Rejects universal truths and singular versions of knowledge</td>
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<tr>
<td></td>
<td>• Sees the world as fluid, evolving and changing.</td>
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<td>• Culture can be made explicit</td>
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<tr>
<td></td>
<td>• The person or self reflects an identity made visible through language (speech acts), ways of acting (one’s agency), and other forms of disclosure, esp. in relationships with others</td>
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</table>
- Discourse plays a major role in mediating the social, political, and cultural understandings that underpin one’s engagement in the world.

**Phenomenology:**
- Both a philosophy and a method of inquiry
- the ‘lived experience’; focuses on the individual perception of their world to areas such as uncovering meaning and gaining understanding in everyday reality
- concerned with the nature of human experience as it is lived day-to-day
- each person’s reality is a unique subjective process of being and becoming
- Reveals an understanding about the unique nature of the client’s experience of health and healing.
- Client-centered care versus prescriptive reasoning and methods of practice.
- Nursing actions are aimed at promoting that individual’s health and healing
- Nurses’ agency is expressed in a form of praxis (informed action) that has its roots in wise choices of action, prudently chosen through value commitments and informed decision making.
- The ‘right action’ of care is determined by the client’s lived and embodies experience, an experience that cannot be fully accessed outside of relational caring practicing.
- Caring is central to nursing’s role and responsibility and embraces multiple ways of knowing, being, and doing.

**Critical Perspectives:**
- Understanding that humans live within and as part of the world
- A fundamental interest in understanding the environment through interaction-based agreement and consensual interpretation of meaning
- Knowledge development occurs through the making of meaning
- A commitment to penetrate the world of objective appearances in order to expose social relationships that are often concealed.
- Enables nurses to engage in reflective critique of their own practice and the health care cultures in which they work; allows them to participate with their clients and colleagues in empowering change processes as well as being conscious and active in their everyday practice to prevent the abuse of power, to promote respect, and to be an advocate for the tolerance of
• Goal is to free or emancipate people’s perceptions so they are able to see beyond the taken-for-granted reality that oppresses them

• **Feminist Perspectives:**
  - Values an inclusive model of liberation for all people, with particular attention given to the status of women.
  - Includes a number of perspectives such as liberal, socialist, cultural, radical and postmodern feminism.
  - The common thread running through these perspectives relates to the oppression of women.

• A feminist perspective is important to nurses because of the gendered history of nursing, nursing knowledge and the gendered perspectives that continue to dominate health care and health care delivery.

• **Postcolonial**
  - Postcolonial perspectives bring our attention to the social conditions related to colonization and racism
  - Colonialism encompasses the process by which a foreign power dominates and exploits indigenous groups and more specifically refers to these processes enacted by European powers between the 16th and 20th centuries.
  - ‘Post’ colonial does not represent a period of time after colonialism, or mean that we have moved beyond or past colonialism and colonial practices, but rather, it refers to the idea of working “against and beyond colonialism”
  - Neocolonialism is a term used to describe contemporary forms of colonialism

• This attention to the dominance of a “foreign power” and its taken-for-granted cultural norms and mores - enacted as truth and used to sustain power - provides nurses with a metaphor applicable to many experiences and forms of professional and corporate oppression associated with nursing and health care.

• Processes for dealing with and overcoming the effects of colonialism provide nurses with strengths and strategies essential to their own health and leadership potentials when working under these conditions.

• The multicultural nature of Canadian society and the importance of the historical experiences of the Indigenous groups in Canada make this an important lens for considering nursing practice.
Intersection of Perspectives

The positivist tradition in nursing has given way to a post-empiricist view that stands alongside interpretive and postmodern traditions. Critical theory or critical social science, for instance, acknowledges the importance of empirics but not at the expense of other ways of knowing. Recognizing that nursing needs to draw on a variety of philosophical perspectives to inform and enrich nursing’s understanding of everyday realities has led nursing scholars to use ideas from phenomenology and existentialism, including ideas drawn from the work of existential philosophers such as Buber, Sartre, and Merleau-Ponty. These philosophers, plus the ideas drawn from the work of Heidegger, Gadamer and Ricoeur, from a hermeneutical perspective, have enabled nursing to focus on social existence, being in the world and making meaning of it. Identifying the shortcomings of the earlier interpretive traditions of Habermas, Adorno and Marcuse, amongst others from the Frankfurt School, plus Friere and Gramsci, sought to critique the historical and contemporary social worlds in the context of everyday cultural practices and social action. Scholars from the feminist traditions have added considerably to the political dimensions of knowing, addressing areas such as inequities and gendered analysis of situations and bringing into the foreground those marginalized by dominant perspectives. These philosophical perspectives all inform nursing’s epistemology or ways of knowing in nursing.

Ways of Knowing and Nursing

In nursing there are many ways or patterns of knowing that inform practice (Berragan, 1998; Billay, Myrick, Luhanga & Yonge, 2007; Chinn & Kramer, 2008; Fawcett, Watson, Newman & Fitzpatrick, 2001; Zander, 2007). Knowledge and “knowing” is salient to the advancement of the nursing profession and the practice of nursing. Nurses consider knowledge as the body of
documented science of the profession, and the ways of knowing, as what we know and how we know it (Doane & Varcoe, 2005).

Carper (1978) introduced the idea of “knowing” to nursing by describing fundamental patterns. She identified four ways of knowing:

1. Empirical knowing or the science of nursing
2. Aesthetic knowing or the art of nursing
3. Personal knowing, the self-knowledge we hold in relation to self and others
4. Ethical knowing, or the moral knowledge that guides moral choices and actions in consideration of goodness and rightness

The ways of knowing do not stand alone but create an integrated knowledge about nursing that is necessary for the holistic practice of nursing (Chinn & Kramer, 2008; Cloutier, Duncan & Bailey, 2007). Scholars recognize the seminal work of Carper but contend that ways of knowing must be viewed along with the evolution and maturity of the profession and the advancement of scholarship that embraces evidence from both quantitative and qualitative inquiry (Cloutier, Duncan & Bailey; Tarlier, 2005).

*Empirical knowing:* includes knowledge development of the science of nursing through traditional research, elucidating facts, descriptions and theoretical premises. It was the dominant way of knowing for many decades in keeping with an era of positivist thought. The introduction of Carper’s work brought forward questions about empirics as the only truth or way of knowing in nursing. More recently scholars suggest expanding conceptions of empirical knowing in order to promote a closer fit between knowing and practice (Guiliano, 2003). Nursing science has moved from a positivist stance to a post-positivist place where total objectivity is questioned (Im & Meleis, 1999).

*Aesthetic knowing:* is the art of nursing or the subjective experience of nursing (Carper, 1978). Aesthetics artfulness affords nurses the opportunity to delve into the meaning of their experience. Nurses recognize that through reflection and inquiry, into the meaning and response that occurs with each nursing encounter, there is advancement of personal knowing. The experience and perception of that experience can be learned, shared and understood through such activities as music, artistic creations, poetry etc. (Holmes & Gregory, 1998).

*Personal knowing:* Carper identified personal knowing as a separate category of knowing. However Smith (1992) and Sweeney (1994) believe that personal knowing or the individual knowledge that is developed from our everyday living and experiences, personal encounters
and accumulated scientific and artistic knowledge is woven throughout all ways of knowing. Smith says all-knowing is woven together differently by each individual, and hence, all knowing is personal knowing to a certain degree. This way of conceptualizing knowing is similar to that of “constructed knowing” described by Belenky, Clinchy, Goldberger and Tarule (1986). It is also akin to the concept of praxis in which reflection on action leads to insight and development of different understandings and possibly differing actions in practice.

**Ethical knowing** is a way of knowing that is concerned with morality in terms of what is good and what is right to do. This way of knowing involves moral judgments that inform the practice of each nurse. From personal moral knowing and ethical knowing developed through consensus of the discipline of nursing, a way of being is created that develops responsive relationships constructed from elements of trust, respect and mutuality (Tarlier, 2004). As discussed above, ethical knowing is interconnected to other ways of knowing. Pitre and Myrick (2007) speak of ethical knowing as a reflexive way of knowing that develops reciprocity and interdependence with all the other ways of knowing.

Ethical knowing informs the development of professional codes of ethics. The Canadian Nurses Association’s *Code of Ethics for Registered Nurses* (2008) is identified as being a statement of the ethical values of nurses and their commitment to people receiving care. Nurses are directed to act in ways that are in the interests of social justice and the promotion of equity. Such actions are bound to sociopolitical knowing as well.

**Sociopolitical knowing**: was introduced by White (1995) and is salient to all ways of knowing, since it considers the context of both the nurse and the client. White describes this way of knowing as the “wherein” of nursing, as other forms of knowing address the “who”, “how” and “what”. The sociopolitical way of knowing centres on the culture of nursing and the politics that are part of the context that surrounds the profession. Sociopolitical knowing is closely associated with emancipatory knowing as identified by Habermas, and described by Ray (1999), as being concerned with power and oppressive social systems. The work of Belenky et al. (1986) was mentioned above and is identified here as a form of sociopolitical knowing since many nurses are women.

Their ways of knowing follow the intellectual development of women in society:

1. Silence, the absence of voice
2. Received knowing, reflecting the voice and views of others
3. Constructed knowing, an integrated way of knowing interwoven of personal experience and objective knowledge
**Emancipatory knowing:** Habermas speaks of knowing in terms of cognitive interests. The emancipatory cognitive interest “sets forth the claim that concepts related to control or concepts of meaning and understanding cannot make sense unless there is rational evaluation made by participants in community life” (Ray, 1999, p.382). Freire (1970) speaks of a similar process of liberation from the oppressive hegemony in society through a process of dialogue: a process he calls “conscientization”. Both Freire (1998) and Giroux (2006) speak of the role of educators in nurturing citizens who question the limits set by society rather than being controlled by them. As noted by Chinn and Kramer (2008) “emancipatory knowledge grows out of critical analysis of the status quo and visions of the changes that are needed to create change towards equitable and just conditions that support all humans in reaching their full potential.” (p.5). Nurses strive to understand the cultural and social contexts that impact the experience of health and illness and need to work with clients to create change in the inequities in society.

**Traditional knowing:** One other way of knowing that may be considered under sociopolitical knowing is traditional knowing (Crowshoe, 2005). Traditional knowledge is a collective knowing that is passed from one generation to the next by elders (knowledge keepers) through story-telling. These culturally relevant ways of knowing are integral to indigenous people’s lives and inform nursing practice in Canada and globally. Such sociopolitical ways of knowing help us to understand that the way we are located and situated, frame what we know, and how we know it.

**Indigenous knowing:** As a result of the developmental pathways favored by cultures differences are found in terms of how the world, psychological, social, and spiritual, is constructed, organized and interpreted. These differences, while attributed to underlying values, beliefs, attitudes and assumptions of the cultural group, can be traced to a cultural worldview found in the culture’s guiding story. Although Indigenous groups in North America are distinct in their own right (e.g., customs, languages, histories,), similarities exist in terms of their guiding story, one that explains “the universe, its origin, characteristic, and essential nature” (Cajete, 2000, p. 58). The guiding story serves as the foundation of all knowledge, and is essential to understanding human development and behaviour and the patterns of meaning embedded in culture. Language and metaphors reflect how Indigenous peoples interpret, structure, and organize their world. The interdependent nature of life is found in such symbolic expressions as Nii-ka-nii-ga-naa (Anishinaabe), or “all my relations.” It is a part of a philosophy that signifies the relationship with the land and all life forms, and one that guides learning, development and behavior for Indigenous people. (Cajete, 1994). The cultural stories or narrative forms, reinforce the notion of relatedness and provided the means for Indigenous
peoples to “remember to remember” (Cajete, 1994). In other words, when one remembers the stories through song, dance, and ceremony, they are reminded of the relationship with the natural environment and with others. In essence, the stories, songs, dance, and teachings speak of the past, bring understanding to the present, and in this way, provide the tools to explore the true nature of one’s spirit (Cajete, 1994).

**Intuitive knowing:** Finally it is important to address intuition, an often controversial way of knowing, in nursing practice. Young (1987) suggests that intuitive knowing in clinical practice involves knowing something about a patient that cannot be put into words or is challenging to put into words. According to Billay et al. (2007), Polanyi identified intuition as happening when information is filtered after being triggered by the imagination. Bastick (1982) suggests that creativity springs from intuition and that creativity is an important component of the intuitive process.

Intuition has been seen as the antithesis of other ways of knowing due to its lack of empirical substance. However, McKinnon (2005) discusses the work of Smolensky (1988), Damasio (2000) and others in which certain areas of the brain, such as the amygdala, are identified as playing a role in what could be called intuition. Over time practitioners develop specialized neural connections which can be activated with increasing speed as their expertise and experience develop. According to McKinnon, “cognition is ‘emotion gated’” (p.42). The hippocampus, situated close to the amygdala, plays a role in factual recall. However the amygdala is responsible for storing and transmitting emotions related to memories and related behaviours. In situations where the person is faced with a situation similar to one encountered previously, the amygdale, working with the hippocampus, sends signals that bypass other structures of the diencephalon, producing a much faster behavioural response.

Benner, Tanner and Chesla (1992) describe intuitive knowing as part of the practice of the expert practitioner, whereby that nurse is able to assess a clinical situation in its entirety and target specific problems without wasting time on other possibilities. Intuition is linked to tacit knowing where “particulars” are focused upon, including feelings. Intuition is also related to embodiment by which “we do not perceive the world in pieces or meaningless sensations but as a whole pre-given, pre-reflective world” (Benner, 2000, p.6). Benner describes the embodied knowing of phronesis, as identified by Aristotle. Phronesis is knowing that requires moral agency, discernment and relationship.

**Unknowing:** Munhall (1993) identified a way of knowing that she called “unknowing”. She suggests that “knowing” actually closes nurses to the understanding of the other. “Unknowing”
positions nurses to be authentic and empathetic to clients and better able to understand the person’s situation. To be fully present nurses needs to situate knowledge in their own life and interact with the client from a place of full “unknowingness” (about the client). The idea appears similar to the process of bracketing in descriptive phenomenology where the researcher mentally puts aside assumptions and past knowledge of a phenomenon in order that it may be seen “precisely as it presents itself.” (Giorgi as cited in Drew (1999), p.268).

**Multiple ways of knowing:** From this overview of numerous ways of knowing and recognizing that it is not an exhaustive discussion, we come to understand that knowledge and knowing in nursing is dynamic, contextual and complex. Nursing inquiry that considers multiple ways of knowing requires intentionality. Cloutier et al (2007) identify that consideration of the multiple ways of knowing is required for the complex process of praxis. In the BSN nursing program students are encouraged to utilize various ways of knowing in their practice, and in their reflecting in and on practice. Teachers use a variety of teaching and evaluation strategies to tap into the diverse ways of knowing that students access in developing their understandings of their world and that of the client.

**Concept Based Curriculum**

The BSN curriculum is concept-based (versus content driven). This involves a shift from a teacher-centered approach to a student learning approach with a focus on developing the students’ ability to critically think, engage in inquiry, practice effective decision making and practice from a place of caring. By emphasizing caring and health promotion as key concepts, and by emphasizing key processes such as critical thinking, critical reflection and inquiry, students would have a stronger foundation that would facilitate their ability to address situations not previously experienced and critically reason how to proceed. Emphasis is placed on assisting students to see patterns, similarities and differences, and be able to transfer knowledge between situations and experiences. Student learn process oriented methodologies that foster lifelong learning. Rather than superficial coverage of all topics in a subject area, the BSN curriculum focuses on in depth coverage of fewer topics that allows key concepts in the discipline to be understood.

**Curriculum Core Concepts and Sub-Concepts**

The BSN curriculum identifies key concepts: client, context, health and healing, inquiry, nurse, and relational practice. These core concepts are explored through the lens of the semester
focus. Core concepts are broken down into sub-concepts. The curriculum is based on the assumption/belief that the focus of nursing is the promotion of client health and healing through situated, relational, caring practice. The concepts are intertwined to speak to the complex interaction of variables that impact nursing practice and the breadth and depth of knowledge required of nurses in order that they practice competently and professionally. The core concepts and foundational perspectives are woven through all semesters and courses in the curriculum. The following table outlines the core concepts of the curriculum and the sub-concepts to be explored during the BSN program.

Semester Foci

Semester Foci – Semesters One and Two

Semesters One and Two of the program focus on gaining a beginning understanding of relational practice, an introduction to both the profession and the discipline of nursing, and an understanding of people’s (individual, family, community) experiences with health. Students in Semesters One and Two are introduced to the concept of inquiry and scholarship and the core concepts of the curriculum, as well as the foundational perspectives that will provide the lens to
view the core concepts. Students incorporate health promoting approaches and prevention strategies in their discussions and practice of health assessment. Students practice health assessment across the lifespan, with individuals and families. Students also get a beginning understanding of what constitutes a community, meanings of community, and working with communities. They also gain an understanding of healthy pregnancy, healthy infants and children, and mental health.

**In Semester One**, community will be examined as a context for individual and family health. In addition, students begin to learn about the complexities of nursing work through observing or interacting with nurses in various areas of practice. Students begin to practice holistic health assessments, including mental health assessments and assessments with infants, children, youth, adults, older adults, families and communities.

**In Semester Two**, students work in a variety of settings (community agencies, daycares, older adult's centres, and public health) across the lifespan. The focus of their practice experience is continuing to gain experience in doing holistic health assessments.

**The Consolidated Practice Experience (CPE I) at the end of Year One** is designed to assist students to move forward with the health focus of Year One towards the focus on health challenges in Year Two. Students will have the opportunity to practice personal care while furthering the development of their assessment skills and their understanding of health and health promotion. This practice experience may include nursing learning centre to practice skills that are foundational to providing personal care.

**Semesters Three, Four and Five**

**In Semesters Three, Four and Five** students continue to build on their relational practice skills, expanding their understanding of health to focus more on health challenges (illness, poverty, literacy, loss and grief) both chronic and episodic, prevention strategies, healing initiatives, and the nursing approaches that accompany healing initiatives. As Semesters Three, Four, and Five progress students gain experience with more complex and advanced health challenges, including health challenges and healing initiatives associated with maternal/child health and mental health. In Semester Three, students have an opportunity to focus on increasing their relational practice competence with individuals, families and groups, and add a focus on nursing ethics in Semester Four. Relational practice is once again revisited in Semester Five with an emphasis on connecting across difference, expanding on working with communities and engaging in more advanced explorations of the discipline of nursing and nursing inquiry.
Practice placements in Nursing Practice III, IV, V and Consolidated Practice Experience (CPE II) at the end of Year Two are in a variety of settings (home care, rehabilitation, extended care, transitional care, acute care, pediatrics, perinatal (maternity) and mental health/addictions). The focus is on providing opportunities for students to develop competence in nursing practice and apply the foundational perspectives and core concepts in a variety of areas rather than focusing on any particular location of care.

Semesters Six and Seven

The focus in Semesters Six and Seven is on increasing the complexity of nursing practice. Students further develop their understanding of health and healing, focusing their attention on community and societal health, examining global health issues, and the leadership role of nurses with emphasis on the socio-political and economic context of nursing. Students learn more complex assessment skills, including community assessment, develop their competence as leaders, and engage in more advanced explorations of the discipline of nursing and nursing inquiry. The emphasis is on the growth of the student as a professional nurse who is critically reflective and actively involved in exploring change processes and leadership roles within nursing, health care, and society at large. In Semester seven students may also take an upper nursing elective that supports their area of focus as a graduate nurse.

In Semesters Six and Seven, practice placements are in a variety of agencies such as government and non-government health care agencies and other community organizations. A range of federal, provincial, and municipal agencies, programs, and projects may be selected. Placements could include such locations as hospitals, seniors’ organizations, schools, industry, community health centres, etc.

In the Consolidated Practice Experience at the end of Year Three (CPE III) students consolidate the knowledge, abilities, and skills learned thus far in a variety of locations of care. Students’ practice experiences throughout the program are tracked and by the end of CPE III all students will have had experience in a variety of agencies and settings in order that they might develop the competencies required of a registered nurse (some time in acute care, extended care and community agencies).

Semester Eight

Semester Eight focuses on nursing practice and attends to the student moving from the student role to that of graduate professional nurse. Students are encouraged to take this placement in
their chosen area of focus or an area where they think they can best develop their nursing competence. The nursing practice component of Semester Eight is a lengthy placement that attends to the importance of the transition to the workplace and taking on the role of professional nurse. Students will have an opportunity to refine their relational practice, their professional practice, and their leadership abilities in preparation for meeting entry level competencies as defined by BCCNP.

Curriculum Overview

**Key:**

(3) = 3 course hours/week based on 15 week semester; 3 credits

(3-3) = 3 hours of theory + 3 hours of lab/Learning Center/week based on 14-15 week semester; 6 credits

<table>
<thead>
<tr>
<th>YEAR 1</th>
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<tbody>
<tr>
<td><strong>Semester One</strong></td>
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<tr>
<td>Health Across the Lifespan</td>
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<tr>
<td>Fall semester (Sept-Dec)</td>
</tr>
<tr>
<td>• Professional Practice I: Introduction to the Profession of Nursing (3)</td>
</tr>
<tr>
<td>• Health and Healing I: Living Health (3-3)</td>
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<tr>
<td>• Relational Practice I: Self and Others (3)</td>
</tr>
<tr>
<td>• English (3)</td>
</tr>
<tr>
<td>• Health Sciences I: Biology (3-3)</td>
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<tr>
<td>• Nursing Practice I: Introduction to Nursing Practice</td>
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</tbody>
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### YEAR 2

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<thead>
<tr>
<th>Semester Three</th>
<th>Semester Four</th>
<th>Consolidated Practice Experience</th>
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<tbody>
<tr>
<td>Chronic and Episodic Health Challenges</td>
<td>Chronic and Episodic Health Challenges</td>
<td>(May/June OR July/August)</td>
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<tr>
<td><strong>Fall semester (Sept-Dec)</strong></td>
<td><strong>Spring Semester (Jan-April)</strong></td>
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<tr>
<td>- Health &amp; Healing III: Health Challenges/Healing Initiatives (3-3)</td>
<td>- Health &amp; Healing IV: Health Challenges/Healing Initiatives (3-3)</td>
<td>- Consolidated Practice Experience II (6 weeks)</td>
</tr>
<tr>
<td>- Relational Practice II: Creating Health-promoting Relationships (3)</td>
<td>- Professional Practice III: Nursing Ethics (3)</td>
<td></td>
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<tr>
<td>- Health Sciences III: Pathophysiology (3)</td>
<td>- Health Sciences IV: Pathophysiology (3)</td>
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<tr>
<td>- Nursing Practice III: Promoting Health and Healing</td>
<td>- Nursing Practice IV: Promoting Health and Healing</td>
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### YEAR 3

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<thead>
<tr>
<th>Semester Five</th>
<th>Semester Six</th>
<th>Consolidated Practice Experience</th>
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<tbody>
<tr>
<td>Complex Chronic and Episodic Health Challenges</td>
<td>Community and Societal Health Challenges</td>
<td>(May/June or July/August)</td>
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<tr>
<td><strong>Fall semester (Sept-Dec)</strong></td>
<td><strong>Spring Semester (Jan-April)</strong></td>
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<tr>
<td>- Health &amp; Healing V: Complex Health Challenges/Healing Initiatives (3-3)</td>
<td>- Health and Healing VI: Global Health Issues (3)</td>
<td>- Consolidated Practice Experience III (8 weeks)</td>
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<tr>
<td>- Relational Practice III: Connecting across Difference (3)</td>
<td>- Health and Healing VII: Promoting Community and Societal Health (3)</td>
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<tr>
<td>- Nursing Practice V: Promoting Health and Healing</td>
<td>- Professional Practice IV: Nursing Inquiry (3)</td>
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<tr>
<td>- Elective (3)</td>
<td>- Nursing Practice VI: Promoting health of communities and society</td>
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<td>- Elective (3)</td>
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<td>YEAR 4</td>
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<td>Semester Seven</td>
<td>Semester Eight</td>
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<tr>
<td>Nursing Leadership</td>
<td>Transitioning to BSN</td>
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<tr>
<td>Fall semester (Sept-Dec)</td>
<td>Graduate</td>
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<td>Spring Semester (Jan-April)</td>
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<tr>
<td>● Professional Practice V: Leadership in Nursing (3)</td>
<td>● Nursing Practice VIII</td>
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<td>● Professional Practice VI: Nursing Research (3)</td>
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<td>● Elective (3)</td>
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<tr>
<td>● Nursing Practice VII: Engaging in Leadership</td>
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There are also VIU Study Days – please refer to the VIU website ‘Important Dates’ (approx. 1 week during Fall semester and approx. 1 week during Spring semester).
Practice Placements: Assignment of Students

Students rotate through a variety of practice settings in community and hospital settings in and outside of Nanaimo. Dates and settings may vary from semester to semester. Locations for practicum and preceptorship experiences vary; travel arrangements and costs are the responsibility of the student. Assignment of students to practice placements/groups is the responsibility of the Team Leaders. Once practice placements have been confirmed, changes will only be considered in extenuating circumstances. Student placement decisions are based on:

- Availability of practice placement.
- Specific student learning needs.
- Learning opportunities.

Normally students are placed in the VIU BSN program catchment area (Nanaimo, south to Duncan, north to Qualicum Beach and Port Alberni). Only under exceptional circumstances and in consultation with the BSN Advisor, BSN Program Chair and Team Leader will consideration be given to placing a student outside our catchment area.

Due to constraints in practice placements, students may be placed in areas that require adaptability, i.e. areas that are not the student’s first choice for practice interest; areas that may require a student to temporarily leave an Employed Student Nurse (ESN) position; areas that are outside of Nanaimo; and areas that require students to work 12 hour shifts, days, nights and weekends. All student practice placements are arranged through HSPnet and are coordinated with many other students from various health care programs; students are NOT to arrange their own practice placements or preceptors/field guides.

Overview of Practice Experiences in the BSN Program

<table>
<thead>
<tr>
<th>Year</th>
<th>Semester</th>
<th>Course</th>
<th>Context of Care/Client Age Group(s)</th>
<th>*Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>NURS 104: Nursing Practice I: Introduction to Nursing Practice</td>
<td>Observation: Observing Nurses’ Work Learning Centre/Lab/Health &amp; Healing Classroom</td>
<td>Instructor-led</td>
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<tr>
<td>2</td>
<td></td>
<td>NURS 114: Nursing Practice II: Coming to know the Client</td>
<td>Community Practice across the lifespan (schools, daycares, seniors groups)</td>
<td>Instructor-led</td>
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<tr>
<td>Intercession</td>
<td>NURS 175: Consolidated Practice Experience (CPE) I</td>
<td>Residential Care (adult/gero) Long Term Care (adult/gero) Community (across the lifespan)</td>
<td>Instructor-led</td>
<td>107.5</td>
</tr>
<tr>
<td>Semester</td>
<td>Credits</td>
<td>Course Code</td>
<td>Course Title</td>
<td>Focus</td>
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<tr>
<td>2</td>
<td>3</td>
<td>NURS 204: Nursing Practice</td>
<td>III: Promoting Health &amp; Healing</td>
<td>Medical with gerontology (gero) focus</td>
</tr>
</tbody>
</table>
| 4        | 4       | NURS 214: Nursing Practice | IV: Promoting Health & Healing | Students rotate through hospital & community settings:  
• Acute medical (adult/gero)  
• Acute surgical (adult/gero)  
• Infant/Child/Youth/Family (Perinatal/Pediatrics) (0-17 years of age)  
• Mental Health Addictions/Substance Use (adult/gero) | Instructor-led | 176 |
| Intercession |       | NURS 275: Consolidated Practice Experience (CPE) II | | | Instructor-led | 176 |
| 3        | 5       | NURS 304: Nursing Practice | V: Promoting Health & Healing | Community agencies (across the lifespan) | Instructor-led | 176 |
| 6        | 6       | NURS 314: Nursing Practice | VI: Promoting Health of Communities & Society | Community agencies (across the lifespan) | Field guide & faculty member | 102 |
| Intercession |       | NURS 375: Consolidated Practice Experience (CPE) III | | Hospital or community setting (student submits request for top 3 choices)  
adult/gero | Preceptor-led | 288 |
| 4        | 7       | NURS 404: Nursing Practice | VII: Promoting Health of Communities & Society | Community agencies (across the lifespan) | Field guide & faculty member | 102 |
| 8        | 8       | NURS 414: Nursing Practice | VIII: Transition to Graduate Nurse | Hospital or community setting (student submits request for top 3 choices for setting and age group. | Preceptor-led | 589 |

**TOTAL HOURS** 2017.5
### BSN Program Grid

<table>
<thead>
<tr>
<th>Fr</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
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<th>Mar</th>
<th>Apr</th>
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<th>Credits</th>
<th>Hours</th>
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<tr>
<td>NURS 100</td>
<td>Health &amp; Healing I: Living Health</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>NURS 111</td>
<td>Nursing Learning Centre II</td>
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<td>NURS 115 (CPE I)</td>
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<td>45</td>
<td>NURS 110</td>
<td>Health &amp; Healing II: Health Indicators</td>
<td>3</td>
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<td>0</td>
<td>0</td>
<td>Consolidated Practice Experience I</td>
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<tr>
<td>NURS 102</td>
<td>Relational Practice I: Self &amp; Others</td>
<td>3</td>
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<td>0</td>
<td>0</td>
<td>NURS 114</td>
<td>Nursing Practice II: Coming to Know the Client</td>
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<td>0.81</td>
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<td>NURS 103</td>
<td>Professional Practice II: Introduction to the Profession of Nursing</td>
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<td>0</td>
<td>0</td>
<td>NURS 113</td>
<td>Professional Practice II: Introduction to the Discipline of Nursing</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>0</td>
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<tr>
<td>BIOL 156</td>
<td>Nursing: Anatomy &amp; Physiology I</td>
<td>4</td>
<td>3</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>BIOL 157</td>
<td>Nursing: Anatomy &amp; Physiology II</td>
<td>4</td>
<td>3</td>
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<td>2</td>
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<tr>
<td>ENGL 115</td>
<td>University Writing &amp; Research *</td>
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<td>0</td>
<td>0</td>
<td>ENGL 125</td>
<td>Literature &amp; Culture *</td>
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</tbody>
</table>

**Semester II**

| Total | 20.5 | 15.6 | Total | 6.0 |

**Semester III**

| NURS 201 | Nursing Learning Centre III | 3 | 0 | 0 | 3 | 0 | NURS 211 | Nursing Learning Centre IV | 3 | 0 | 0 | 3 | 0 | NURS 215 (CPE II) | 6 | 0 | 1.4 | 0.152 |
| NURS 200 | Health & Healing III: Health Challenges/Healing Initiatives | 3 | 3 | 0 | 0 | 0 | NURS 210 | Health & Healing IV: Health Challenges/Healing Initiatives | 3 | 3 | 0 | 0 | 0 | Consolidated Practice Experience II | 6 weeks |
| NURS 204 | Nursing Practice III: Promoting Health & Healing | 5 | 0 | 1.6 | 0 | 122 | NURS 214 | Nursing Practice IV: Promoting Health & Healing | 6 | 0 | 1.6 | 0 | 152 |
| NURS 208 | Health Sciences III: Pathophysiology | 3 | 3 | 0 | 0 | 0 | NURS 218 | Health Sciences V: Pathophysiology | 3 | 3 | 0 | 0 | 0 |
| NURS 202 | Relational Practice II: Creating Health-promoting Relationships | 3 | 3 | 0 | 0 | 0 | PHIL 331 | Biomedical Ethics | 3 | 3 | 0 | 0 | 0 |

**Semester IV**

| Total | 17.0 | 9.0 | Total | 6.0 |

**Semester V**

| NURS 300 | Health & Healing V: Complex Health Challenges/Healing Initiatives | 3 | 3 | 0 | 0 | 0 | NURS 313 | Professional Practice IV: Nursing Inquiry | 3 | 3 | 0 | 0 | 0 | NURS 315 (CPE III) | 8 | 0 | 2.0 | 0.22 |
| NURS 303 | Nursing Practice IV: Promoting Health & Healing | 6 | 0 | 1.6 | 0 | 152 | NURS 310 | Health & Healing VI: Promoting Community & Societal Health | 3 | 3 | 0 | 0 | 0 | Consolidated Practice Experience III | 8 weeks |
| NURS 301 | Nursing Learning Centre V | 3 | 0 | 0 | 3 | 0 | NURS 314 | Nursing Practice V: Promoting Health of Communities & Society | 4 | 0 | 0.8 | 0.90 |
| NURS 302 | Relational Practice III: Connecting Across Difference | 3 | 3 | 0 | 0 | 0 | NURS 318 | Health & Healing VII: Global Health Issues | 3 | 3 | 0 | 0 | 0 |

**Semester VI**

| Total | 15.0 | 6.0 | Total | 6.0 |

**Semester VII**

| NURS 400 | Professional Practice V: Leadership in Nursing | 3 | 3 | 0 | 0 | 0 | NURS 414 | Nursing Practice VIII | 12 | 0 | 1.0 | 0.374 |
| NURS 404 | Nursing Practice VII: Engaging in Leadership | 4 | 0 | 0.8 | 0 | 90 | 15 weeks |
| NURS 403 | Professional Practice VI: Nursing Research | 3 | 3 | 0 | 0 | 0 |

**Semester VIII**

| Total | 16.0 | 12.0 | Total | 6.0 |

**General Electives**: can be from any discipline outside of nursing at any level; must be university transferable.

**Nursing Elective**: can be selected from a variety of options. See 'BSN Program Nursing Elective' on BSN Internal Hub on D2L for a listing of current offerings, or contact the BSN Advisor.
**BSN Course Descriptions**

Note: Contact hours per week are listed as follows: Lecture: Seminar: Lab--Practicum (if applicable), e.g., (0:0:3—12) and are for the standard 15 week semester, unless otherwise specified. For further information, please refer to the Vancouver Island University Calendar or course outlines.

**YEAR 1**

**NURS 100 (3) Health & Healing I: Living Health**

An introduction to personal, family, community, and societal health. Theoretical and conceptual frameworks of health promotion, primary health, prevention, and determinants of health are examined. Reflection on personal experiences provide opportunities to identify personal resources and challenges that impact health, and recognize diversity of beliefs, values, and perceptions of health. (3:0:0)

Prerequisite: Admission to BSN Program.

**NURS 102 (3) Relational Practice I: Self and Others**

An exploration of self, and self in relation to others, through a process of personal discovery. Through interaction and reflection, learners begin to understand how personal beliefs, values, experiences, and perceptions have shaped self over time, relate to, and impact on caring experiences with self and others (individuals, family, groups). (3:0:0)

Prerequisite: Admission to BSN Program.

**NURS 103 (3) Professional Practice I: Introduction to the Profession of Nursing**

An examination of the foundational concepts of the curriculum in relation to nursing practice. The history of nursing, including gendered analysis of the profession is explored. Standards of nursing practice and responsibility for safe and ethical nursing practice are introduced. (3:0:0)

Prerequisite: Admission to BSN Program.

**NURS 104 (4.5) Nursing Practice I: Introduction to Nursing Practice**

An introduction to nursing practice. Participants integrate their learning from other semester courses. The breadth of nursing is explored through engagement with healthy families in the community and nurses in the profession. Concepts include assessment, meanings of health, health promotion, and nursing as part of the health care system. (0:0:2 —45)

Prerequisite: Admission to BSN Program.
NURS 110 (3) Health and Healing II: Health Indicators

An exploration and critical analysis of various theoretical and conceptual frameworks in regards to health assessment. Topics include early childhood development, family development, healthy aging, and community development. Participants build on knowledge gained in NURS 100. (3:0:0)

Prerequisite: Semester 1 of BSN Program.

NURS 111 (3) Nursing Learning Centre II

A continuation of the development of a repertoire of nursing concepts and skills in relation to knowledge gained from other semester II courses. Participants explore ways of knowing and begin to learn about pharmacology. Lab simulation gives participants the opportunity to actively engage in the construction of their own knowledge. (0:0:3)

Prerequisite: Semester 1 of BSN Program.

NURS 113 (3) Professional Practice II: Introduction to the Discipline of Nursing

A continuation of the philosophy and concepts examined in NURS 103, exploring the discipline of nursing. Topics include nursing knowledge, nursing theory, teaching and learning, and inquiry approaches. Emphasis is on standards for practice and the role of the nurse as educator and advocate. (3:0:0)

Prerequisite: Semester 1 of BSN Program.

NURS 114 (5) Nursing Practice II: Coming to Know the Client

An integration of learning from all courses in this semester to learn how to develop caring relationships with groups across the lifespan. Topics include health assessment, coming to know how clients understand and promote their health, and the role of the nurse in partnering with the client. (0:0.6:0 — 81)

Prerequisite: Semester I of BSN Program.

NURS 175 (6) Consolidated Practice Experience I

A practice experience designed to assist students to move forward with the health focus of year 1 towards the focus on health challenges in year 2. Students further develop their assessment skills and their understanding of health and health promotion in the nursing learning centre and in practice settings. (0:0.6:0 — 105 for 4 weeks)

Prerequisite: Semester 2 of BSN Program.
YEAR 2

NURS 200 (3) Health and Healing III: Health Challenges/Healing Initiatives

An integration of health theory and concepts in relation to the healing experience of both chronic and episodic health challenges. The focus is on individuals and family within the context of community; and ongoing development of nursing practice skills, critical thinking, and decision making for practice, organizational skills, and psychomotor skills. (3:0:0)

Prerequisite: NURS 175.

NURS 201 (3) Nursing Learning Centre III

A continuation of the development of a repertoire of nursing concepts and skills in relation to knowledge from other semester III courses. Topics include the ongoing development of health assessment and decision making competencies. Lab simulation gives participants the opportunity to actively engage in the construction of their own knowledge. (0:0:3)

Prerequisite: NURS 175.

NURS 202 (3) Relational Practice II: Creating Health - Promoting Relationships

A continuation of Relational Practice I, moving beyond personal discovery to a focus on relational caring. The focus is on relational practice with individuals, families, and groups from diverse backgrounds of age, culture, and experience. Emphasis is placed on the connection between caring and relationships, and the impact upon healing. (3:0:0)

Prerequisite: NURS 175.

NURS 204 (5) Nursing Practice III: Promoting Health and Healing

An integration of learning from all courses in semester III to support students in the development of caring relationships with individuals and groups across the lifespan. Various nursing practice contexts of family, agency, and community provide opportunities to practice relational skills, organizational skills, decision-making skills, inquiry skills, and psychomotor skills. (0:1.6:0 — 122)

Prerequisite: NURS 175.

NURS 208 (3) Health Sciences III: Pathophysiology I

A study of the foundational concepts related to human pathophysiology. Topics include the pathogenesis of health challenges across the life span, including microbiology, epidemiology,
genetics, nutrition, diagnostics, and pharmacology. Concepts will be closely coordinated with semester III Health, Learning Centre, Relational Practice, and Nursing Practice courses. (3:0:0)

Prerequisite: NURS 175.

**NURS 210 (3) Health and Healing IV: Health Challenges/Healing Initiatives**

An ongoing exploration of nurse's work. Topics include the development of an understanding of people's experiences with healing related to a variety of increasingly complex chronic and episodic health challenges within a variety of practice settings. Incorporates concepts and learning from other courses in semesters III and IV. (3:0:0)

Prerequisite: NURS 200, NURS 201, NURS 202, NURS 204, and NURS 208.

**NURS 211 (3) Nursing Learning Centre IV**

A continuation of the development of competencies in health assessment and decision making skills. Includes an integration of nursing concepts and skills in relation to knowledge from other semester IV courses. Lab simulation gives participants the opportunity to actively engage in the construction of their own knowledge. (0:0:3)

Prerequisite: NURS 200, NURS 201, NURS 202, NURS 204, and NURS 208.

**NURS 214 (6) Nursing Practice IV: Promoting Health and Healing**

An integration of learning from all courses in semester IV to support students in the development of caring relationships with individuals and groups across the lifespan. Various nursing practice contexts of family, agency, and community provide opportunities to practice relational skills, organizational skills, decision-making skills, inquiry skills, and psychomotor skills. (0:1.6:0 —152)

Prerequisite: NURS 200, NURS 201, NURS, 202, NURS 204, and NURS 208.

**NURS 218 (3) Health Science IV: Pathophysiology II**

A continuation of the study of the foundational concepts related to human pathophysiology. Topics include the pathogenesis of health challenges across the life span including microbiology, epidemiology, genetics, nutrition, diagnostics, and pharmacology. Concepts will be closely coordinated with semester IV health, learning centre, and nursing practice courses. (3:0:0)

Prerequisite: NURS 200, NURS 201, NURS, 202, NURS 204, and NURS 208.
PHIL 331 (3) Ethics in Health Care

An investigation into the various ethical problems and concerns that arise in the professional medical context. Issues such as the nature of the physician-patient relationship, informed consent and right to know, fetal experiments and human experiments in general, euthanasia, right to treatment, etc., will be discussed. The aim of this course is not to give definitive solutions but to inculcate an awareness and understanding of the nature of the problems involved. (3:0:0)

Prerequisite for BSN students: NURS 200, NURS 201, NURS 202, NURS 204, and NURS 208.

NURS 275 (6) Consolidated Practice Experience II

A consolidation of learning from the first and second year of the nursing program in a variety of practice settings. Opportunities are provided for the development of caring relationships for the purpose of health promotion with individuals experiencing increasingly complex chronic and episodic health challenges. (0:4:0 — 152 for 6 weeks)

Prerequisite: NURS 210, NURS 211, NURS 214, and NURS 218.

YEAR 3

NURS 300 (3) Health & Healing V: Complex Health Challenges/Healing Initiatives

This course builds on Health & Healing I, II, and Health Sciences III & IV. Participants develop their nursing knowledge and understanding of health and healing in relation to complex episodic and chronic health challenges. The focus is on current topics and emerging knowledge related to various health care contexts. (3:0:0)

Prerequisite: NURS 275.

NURS 301 (3) Nursing Learning Centre V

A continuation of building the repertoire of nursing practice and skills in relation to complex health challenges. Students will build on knowledge and integrative learning from other semester five courses and previous learning centres experiences. (0:0:3)

Prerequisite: NURS 275.

NURS 302 (3) Relational Practice III: Connecting Across Difference

A focus on enhancing participants' relational practice with individuals, families, and groups. Emphasis is on engaging with the complexities of difference in everyday nursing practice and
the challenges these complexities can pose for being in-relation with clients. Synthesizes knowledge to form a basis for critical analysis. (3:0:0)

Prerequisite: NURS 275.

**NURS 304 (6) Nursing Practice V: Promoting Health & Healing**

This nursing practice experience engages students in health promotion with groups, families and individuals in homes, communities, agencies, and care facilities and incorporates concepts and learning from all the courses in this semester. The community and society will be the context for the construction of health and healing. (0:1.6:0 —152)

Prerequisite: NURS 275.

**NURS 310 (3) Health & Healing VII: Promoting Community & Societal Health**

An exploration of the political role of the nurse while working with communities from a social justice and equity perspective. Community development and capacity building, as a pattern of community health promotion practice, is explored. Students will further develop their understanding of teaching and learning focusing on transformative and emancipatory approaches. (3:0:0)

Prerequisite: NURS 300, NURS 301, NURS 302, and NURS 304.

**NURS 313 (3) Professional Practice IV: Nursing Inquiry**

Building upon concepts introduced in Professional Practice I, II, and III, participants will explore the historical and philosophical approaches to the development of nursing knowledge and inquiry. Relationships between practice, theory, and research are explored. (3:0:0)

Prerequisite: NURS 300, NURS 301, NURS 302, and NURS 304.

**NURS 314 (4) Nursing Practice VI: Promoting Health of Communities & Society**

This nursing practice experience provides opportunities to develop caring relationships with families, groups, and communities within a societal and global context with emphasis on health promotion and community empowerment. Participants have opportunities to work with a community (geographical, self-identified, population based, institutionally based, etc.) on a particular health issue. (0:0.8:0 —90)

Prerequisite: NURS 300, NURS 301, NURS 302, and NURS 304.
**NURS 318 (3) Health & Healing VI: Global Health Issues**

An examination of emerging global health issues and trends that lead students to develop an understanding of people's experience with increasingly complex chronic and episodic health challenges. The nurse's role as care provider, community organizer/facilitator, educator, and advocate within the global society and the changing health care environment is emphasized. (3:0:0)

Prerequisite: NURS 300, NURS 301, NURS 302, and NURS 304.

**NURS 375 (8) Consolidated Practice Experience III**

An experiential course focused on integrating theory and practice of previous learning, designed to provide opportunities for participants to integrate, and expand concepts from prior courses. Participants have opportunities to consolidate learning from the first, second, and third years of the program in a variety of settings and with various ages of clients. (0:2:0 — 272 for 8 weeks)

Prerequisite: NURS 310, NURS 313, NURS 314, and NURS 318.

**YEAR 4**

**NURS 400 (3) Professional Practice V: Leadership in Nursing**

An exploration of the influence of nursing leadership and change management on family, community and societal health promotion. Topics include: emerging Canadian and global health issues and trends and their effect on the Canadian health care system and the role of nursing; collaborative and ethical approaches to institutional philosophies and frameworks. (3:0:0)

Prerequisite: NURS 313, NURS 310, NURS 314, NURS 318, and NURS 375.

**NURS 403 (3) Professional Practice VI: Nursing Research**

An investigative study of nursing scholarship, the research process, and utilization of nursing research. Topics include critical reflection on research methodologies, the ethics of inquiry, and posing research questions to enable examination of nursing practice leading to evidence-informed outcomes. (3:0:0)

Prerequisite: NURS 313, NURS 310, NURS 314, NURS 318, and NURS 375.
**NURS 404 (4) Nursing Practice VII: Engaging in Leadership**

An integrative practice course in the areas of influential change management, leadership, and utilization of research for the promotion of health in individuals, families, communities and society within the context of the Canadian health care system. (0:0.8:0 — 90)

Prerequisite: NURS 313, NURS 310, NURS 314, NURS 318, and NURS 375.

**NURS 414 (12) Nursing Practice VIII: Transition to Graduate Nurse**

Advanced consolidation of learning and nursing competency development for transition to the role of Bachelor of Science in Nursing graduate. Using a leadership perspective, participants explore and critique emerging health care issues, ethics of nursing practice, and utilization of research evidence to inform nursing practice. (0:1:0 — 574)

Prerequisite: NURS 400, NURS 403, and NURS 404.

**Electives**

*General Electives*

As per the VIU Calendar, BSN students are required to take two 3 credit (total of 6 credits) general/non-nursing electives as part of their BSN degree completion requirements. A general/non-nursing elective is any VIU course numbered 100 and above with content dissimilar to the BSN courses.

Courses with a ‘T’ suffix are not eligible as electives. Students interested in taking a non-VIU elective must consult with the BSN Advisor to ensure the course is transferable as VIU credit towards the student’s BSN degree.

The non-nursing elective is timetabled in the BSN Course Grid for semesters 6 & 7, however students can take their general elective course(s) at any time during the 4 years of the BSN program. It is strongly recommended that students complete their general electives prior to commencing semester 8. Completing general electives in semester 8, esp. for non-VIU courses, could result in the student not meeting degree completion requirements prior to the cut-off date for eligibility for VIU convocation. This could then delay application to College of Registered Nurses of British Columbia (BCCNP) for provisional registration and eligibility to write the National Council Licensure Examination for Registered Nurses (NCLEX).
The following list is not meant to be exhaustive, but rather identifies programs where BSN students may find 100 or 200 level courses to meet the general(non)-nursing elective requirements for the BSN degree:

ACCT - Accounting
ANTH – Anthropology
ARTS – Visual Arts
BIOL - Biology
CHEM - Chemistry
CREW - Creative Writing
CRIM – Criminology
CSCI – Computer Sciences
CYC – Child and Youth Care
DIGI – Digital Media studies
ECON- Economics
ENGL – English
FNAT – First Nations Study
FRCH – Languages - French
GEOG – Geography
HHS – Health & Human Services
HIST – History
HSD – Human Services Development
LANG - Languages
LBST – Liberal Studies
MARK – Business
MATH - Mathematics
MEDI – Media studies
MGMT – Management
MUSC - Music
PHIL – Philosophy
PHED – Physical Education
POLI – Political Studies
PSYC- Psychology
SOCI – Sociology
SPAN – Languages Spanish
THEA - Theatre
WOST – Women’s Studies

*Note: this is not a comprehensive list. Students are responsible to explore courses outside the discipline of nursing and health to meet the general elective requirements. Students should contact the BSN advisor if they have any questions. Any general elective course that is not offered at VIU will require a letter of permission from the BSN advisor to have the credits applied toward the BSN degree.

Advanced/Upper Nursing Electives

Students in the BSN program are required to complete one ‘upper nursing elective’ (UNE) or ‘approved nursing elective’ of at least 3 credits as part of the requirement for BSN degree completion. The nursing elective is on the BSN Program grid for Semester Seven (7), however a student may take their nursing elective anytime following successful completion of year 2 (CPE II). Students are strongly recommended to complete their nursing elective prior to commencing semester 8. This is especially true for students who take their nursing elective
outside of NIC or VIU as there is a risk of not having transcripts submitted to Registration in time for June convocation. Students who decide to take a non-VIU course, must receive permission from the BSN Advisor to ensure that the course transfers to VIU.

The intent of the upper nursing elective is to have students apply the theory from the nursing elective to their Semester Eight (8) practice experience or future nursing area of interest. BSN students can choose from a variety of courses from a variety of institutions (e.g. VIU, BCIT, etc.). Please see the BSN VIU Learn Site: Resources for Student & Faculty’ for a full list of approved upper nursing electives. Upper nursing electives must be approved by BSN Curriculum Committee in order to be applied to your BSN degree.

Criteria for Upper Nursing Elective Courses:

- Courses must be at the 300 or 400 level.
- Courses must be at least 3 credits and include at least three hours of theory or practice per week for at least 12-13 weeks (or equivalent).
- Courses must contain current nursing content or content that directly informs nursing practice (including teaching and research).
- 300 or 400 level course assignments are to include a level of scholarly rigor commensurate with university courses of that level. Individual performance should be evaluated as a substantial part of the grading.
- Ideally students are to choose a course that informs nursing practice.

Options for Upper Nursing Elective Courses:

- At VIU
  - Through the BSN Program: offered on a rotating basis: please see BSN Program Approved Nursing Electives (available on the VIU Learn BSN Internal Portal)
  - By other VIU Programs
- Through North Island College (NIC)
- Other sites: there are a variety of Nursing Electives offered through other universities/colleges.
  - Please refer to ‘Upper Nursing Electives Accepted by the BSN program at VIU and NIC’ (available on the VIU Desire to Learn BSN Student & Faculty Resources). The list includes a number of BCIT specialty courses. Please also
see ‘Specialty Tracks for BSN Students’ (available on the VIU Learn BSN
Student & Faculty Resources.

- **Special Permission:** Students wishing to take an upper nursing elective course that is not currently included in either of the above two documents, must submit their request for special permission to the BSN Advisor during the semester prior to the course being offered. The course must still meet the above criteria for upper nursing elective courses. It is the student’s responsibility to demonstrate how the course informs their future nursing practice. The request is then brought forward to the BSN Curriculum Committee for vetting/approval.

- **Directed Studies:** Students are to make every effort to take a nursing elective in the semester that it is being offered. Students who are wanting to take a nursing elective outside of when the elective is scheduled, or because the elective is not scheduled at all, must consult with the BSN Advisor to consider the possibility of Directed Studies. As appropriate, the request will be forwarded to the BSN Chair for consideration/approval.

**Upper Nursing Elective Courses Offered At VIU**

Some Upper Nursing Elective courses are timetabled (meaning a class is scheduled and a faculty member assigned to teach the course; student register for timetabled courses through the normal VIU registration process. Other upper nursing elective courses are available through a ‘Directed Studies’ format only. Please contact the BSN Advisor for more information on how to request a Directed Studies course.

**NURS 372 (3) Sexuality and Health Promotion across the Lifespan**

[Advanced Nursing Elective – check with BSN advisor as to when this course if being offered]

A critical examination of current topics, trends, and issues related to sexual health. Designed to enhance, expand, and advance nurses' knowledge and skills. Theoretical and educational perspectives of health promotion approaches aimed at fostering optimal sexual health for individuals across the lifespan will be explored. (3:0:0)

Prerequisite: Successful completion of second year of the BSN program, or permission of instructor.

**NURS 390 (3) Directed Studies: Senior Project**

[Advanced Nursing Elective – check with BSN advisor as to when this course if being offered]
An advanced exploration of a nursing topic, issue, concept or population. Through a Directed Studies format, students engage in a particular applied project, topic of inquiry or content area. (0:3:0).

Prerequisite: Successful completion of second year of the BSN program, or permission of instructor.

Co-requisite: NURS 313 (Nursing Inquiry)

**NURS 440 (3) Adults Health and Illness Experiences**

[Advanced Nursing Elective – check with BSN advisor as to when this course if being offered]

A critical examination of current topics and issues related to nursing with older adults in hospital and community settings. Through exploring best practices, evidence, and research, students deepen their health promotion knowledge and caring practice with older adults. (0:3:0)

Prerequisite: Successful completion of second year of the BSN program, or permission of instructor.

**NURS 441 (3) Issues in Maternal Newborn Nursing**

[Advanced Nursing Elective – check with BSN advisor as to when this course if being offered]

An advanced study of maternal newborn nursing. Topics include the process of, and complications and nursing care during, preconception, the antenatal, labour, birth, and postpartum periods and transition to parenthood. Embryonic/fetal wellness parameters are explored throughout pregnancy, including teratogenesis and other risks. (0:3:0)

Prerequisite: Successful completion of second year of the BSN program, or permission of instructor.

**NURS 442 (3) Integrative Healing**

[Advanced Nursing Elective – check with BSN advisor as to when this course if being offered]

Focuses on the history of complementary therapies, the relationship between allopathic and complementary healing modalities, the role of relationships in complementary healing and the mind / body connection. (3:0:0)

Prerequisite: Successful completion of second year of the BSN program, or permission of instructor.
**NURS 462 (3) Advanced Perspectives on Mental Health and Mental Illness**

[Advanced Nursing Elective – check with BSN advisor as to when this course if being offered]

An advanced study of topics, trends, and issues in mental health/mental illness. Topics include an examination of current research, theories, and evidence based practice; exploration of promotion approaches across the lifespan to enhance mental health; focused inquiry based on a concept, population or context of practice. (3:0:0)

Prerequisite: Successful completion of second year of the BSN program, or permission of instructor. Must have completed Mental Health practicum during NURS 214, 275 or 304.

**NURS 490 (3) Directed Studies: Senior Research Project**

[Advanced Nursing Elective – check with BSN advisor as to when this course if being offered]

A focused research project or component of a research project through a Directed Studies format. Students develop a research plan, carry out the activity, and disseminate the results. Alternatively, students are part of a research team and participate in all or particular phases of the research. (0:3:0).

Prerequisite: Successful completion of Year 3 of the BSN program, or permission of instructor.

Co-requisite: NURS 403 (Nursing Research)

*Offered by other VIU Programs (contact BSN Advisor as to when these courses are offered)*

**HIST 485 (3) Issues in the Social History of Nursing**

Provides socio-historical contexts to contemporary nursing and health professional issues. Topics include: historical methodologies; Nightingale revolution; military, private duty, hospital, community, and psychiatric nursing; missionaries; professionalization; race, immigration, and globalization; outpost nursing and First Nations and Aboriginal health. Canadian focus with reference to United States, Britain, and Europe. (3:0:0)

Prerequisite: Third-year standing.

**HSD 369 (3) Perspectives on Substance Use**

An opportunity to work with clients who have an addiction problem. Develops skills and knowledge related to the management and understanding of addiction-related problems and explores the biopsychosocial theory of addiction. Explores the transtheoretical model of change, history of substance abuse, pattern of use and the impact on society and selected populations. Credit will only be granted for one of HSER 260A or HSD 369. (3:0:0)
Prerequisite: Admission to Human Services program or permission of instructor.

**HSD 425 (3) Qualitative and Quantitative Analysis**

An opportunity to gain grounding in techniques commonly used in the analysis of both quantitative and qualitative data. Students engage in the process of qualitative analysis through examining qualitative data, data coding, and thematic construction.

A range of descriptive and inferential statistical approaches to quantitative analysis are examined using a computer-based system. (3:0:0)

Prerequisite: Second-year standing and admission to CYC, Nursing, or Human Services; or permission of BSW Chair.

**PHED 451 (3) Health of the Human Spirit**

An introduction to human spirituality and the concept of spiritual well being as it relates to personal wellness and public health issues. Topics include the investigation of the Holistic Wellness paradigm, theories of human spirituality, medicine and spirituality, meditation, prayer, nature and the human spirit and stress and spirituality. (3:0:0)

Prerequisite: PHED 351.

*Offered Via North Island College (NIC)*

**NUR 410 (3) Health and Wellness in Aboriginal Communities**

Offered June-August each year; includes on-line component followed by a 7 day field school in Rivers Inlet (about 65 miles north of the northern tip of Vancouver Island; accessed via Port Hardy) during the last week of June.

This course will examine concepts of Aboriginal health and healing using Aboriginal processes and ways of knowing for curriculum construction and delivery. It will include pre and post assignments and 5 consecutive days learning in an Aboriginal Community within the college region. Students will explore the Aboriginal world view of health and wellness and will examine the historical and contemporary significance of health issues for Aboriginal communities through interaction with local elders and community representatives. This course will also examine the nurse's role with individuals, families and communities from social justice and cultural safety perspectives. Participants will have the opportunity to explore their own relational practice through reflection on their own ethnocentricities and personal meanings and through active engagement with Aboriginal community members and processes.
To register: contact BSN Chair/Advisor at NIC: RaeAnnHartman@nic.bc.ca

**NUR 420 (3) Advanced Pharmacology in Nursing Practice (offered in fall semester each year)**

This on-line pharmacology course provides the opportunity for students to consolidate their learning of the medications used in the management of common acute and chronic health challenges across the life-spans. An overview of alternative medicine as a complement to conventional medicine is included. Pharmacokinetic and pharmacodynamic principles, as well as the nurse's role in drug therapy, are integrated as a means to maximize therapeutic efficacy and minimize adverse drug reactions. Ethical, economic and legal issues, regarding medications are addressed.

To register: registration forms and process will be sent out to BSN students at VIU by the VIU BSN Advisor in early May for fall offering.

**Offered Via Other Institutions**

**BCIT (BC Institute of Technology)** [https://www.bcit.ca/](https://www.bcit.ca/)

Nursing Specialty: [Emergency – Standard Option](#)

- NSER 7110 – [Emergency Nursing Theory 1](#)
  
  (Students must complete prerequisite NSCC 7150 – [Dysrhythmia Interpretation and Management](#))

Nursing Specialty: [Critical Care](#)

- NSCC 7120 – [Critical Care Nursing Theory 1](#)
  
  (Students must complete prerequisite NSCC 7150 – [Dysrhythmia Interpretation and Management](#))

Nursing Specialty: [Neonatal](#)

- NSNE 7200 – [Neonatal Theory 2](#)
  
  (Students must complete prerequisite NSNE 7100 – [Neonatal Theory 1](#))

Nursing Specialty: [Perinatal Nursing Specialty](#)

- NSPN 7200 – [Perinatal Theory 2: Childbearing Women](#)
(Students must complete prerequisite NSPN 7100 – Perinatal Nursing Theory 1: Healthy Childbearing Experiences & the Newborn

Nursing Specialty: Perioperative

NSPO 7250 – Perioperative Theory 2: The Nurse in the Scrub Role

(Students must complete prerequisite NSPO 7100 – Perioperative Theory 1: Developing Perioperative Partnerships)

Nursing Specialty: Pediatric

NSPE 7200 – Pediatric Theory 2

(Students must complete prerequisite NSPE 7100 – Pediatric Theory 1)

Douglas College

Breastfeeding Course for Health Care Providers
https://www.douglascollege.ca/search/?q2=breastfeeding%20course%20for%20health%20care%20providers

Athabasca University

NURS 322: Nursing Informatics http://www.athabascau.ca/syllabi/nurs/nurs322.php
**Psychomotor Skills**

Students in the BSN program learn a variety of psychomotor skills. The theory that informs these skills and the context in which a nursing student may be undertaking these skills, is an important part of student learning. The ‘skill’ does not happen in isolation of the patient/client. Other skills include relational practice, decision making, and critical thinking.

**YEAR 1**

**Semester 2**

Components of head to toe assessment
Vital signs
Scales: Glasgow coma scale, MMSE (Mini Mental State Examination), Braden Scale, Morse fall scale
Body mechanics
Mobility & transfers
Med math
Documentation

**CPE I**

Universal precautions
Care planning
Provision of morning care
Assessments
Lifts & transfers
Bowel care

**YEAR 2**

**Semester 3**

Infection control
Oxygen therapy
Oropharyngeal suctioning
Medication administration: oral, subcutaneous, intramuscular, intradermal, nasal, nebulizers/inhalers, ears, eyes, skin, vaginal & rectal
Specimen collection
Blood glucose monitoring
Clean & sterile technique
Wound assessments
Simple wound care dressing change
Suture & staple removal
Pre & post-operative care
Ortho neuro vascular assessment
Complementary modalities
Comfort measures e.g. slings, immobilization devices, pillows
Documentation

**Semester 4**

Maternal antepartum, intrapartum & postpartum assessment
Newborn assessment
IV therapy: maintenance, changing bags, regulating flow rates, changing tubing, discontinuing an IV, changing a peripheral IV dressing
Saline lock flushing
Intake/output record
IV medications: primary and secondary infusions; IV direct/IV push medications
Insertion of urinary catheters: indwelling, in and out
Continuous bladder infusion (CBI)
Bladder scan
Complex wound care
Drains/tubes
Wound VACs
Ostomy care

**YEAR 3**

**Semester 5**

Pain management: PCAs and epidurals
Blood administration
Nasogastric tube insertion & maintenance
Feeding tube insertion
Enteral nutrition; medications via enteral tube
Central venous access devices: care, removal, dressing change, blood sampling
Total Parental Nutrition (TPN)
Venipuncture (IV starts)
Peripheral blood collection
Tracheostomy care: suctioning, dressing changes
Chest tube care & maintenance
Code blue
Care of body after death

**Key Information for BSN Students**

**Accu-chek Glucose Meters**

The student access code for the Accu-Chek Inform II glucose meters used within Island Health, is the student’s HSPnet number [https://hhs.viu.ca/health-labs-support-and-information](https://hhs.viu.ca/health-labs-support-and-information).

**Advanced Credit Guidelines**

Vancouver Island University recognizes the academic knowledge and achievement of students who have undertaken post-secondary studies at other colleges, institutes, or universities.

Students enrolled in a University program may receive transfer credit for up to 50 percent of their program. Credit is assigned on the basis of an official transcript accompanied, where requested, by course outlines and other supporting documentation.

For University and Career/Technical programs, the Admissions office assesses transfer credit for courses taken in an academic program at other institutions. Credit may be granted for specific VIU courses or, where direct course-by-course equivalencies cannot be determined, “unassigned credit” may be granted. Unassigned credit may be used to satisfy elective requirements of a program. Students are encouraged to use the online [B.C. Transfer Guide](https://bctransferguide.ca) to investigate course transferability from B.C. colleges.

The University makes no guarantee that other institutions will accept the credit assessed at VIU.

In cases where a student’s academic background suggests a required course need not be taken, the department may grant an exemption, instead of advance credit.

For more information about transfer credit policies and procedures, please contact the Admissions office at 250-740-6400.
Students Requesting Advanced Credit for the BSN Program

The purpose of assessing course work completed at other institutions and agencies for credit work towards Vancouver Island University BSN program is to determine if the content is comparable in scope and depth to that of a required or elective BSN course.

The assessment uses the following criteria, and will be conducted by the BSN Advisor in consultation with faculty involved with the course(s).

a) Ends-in-view are stated clearly.
b) Materials are comparable in scope and breadth.
c) Lecture and laboratory or nursing practice time is at least comparable to the BSN course for which credit may be given.
d) Assignments require independent work and decision making of the student.
e) Evidence of satisfactory completion of the certificate/diploma, including an evaluation component (official transcript issued from the official institution).
f) Evidence of content or practice related to nursing.
g) Has a particular focus, e.g. population, concept or setting.

The student is to review the above criteria carefully before deciding whether or not to submit the course work he/she wishes to be evaluated. If the student decides to proceed, he/she must complete the following:

1. Obtain the ‘Request for Advance Credit’ form from the BSN Advisor.
2. Assemble all materials and documents prior to submission.
3. Request an official transcript from the issuing institution(s) and submit it to the BSN Advisor.
4. BSN Advisor submits completed documentation to the Admissions Manager.

For each certificate/course, be sure to include:

a) Course description, including outline of topics (calendar description is not adequate).
b) Objectives.
c) Outline of class hours: lecture time, laboratory time, and clinical time.
d) Description of assignments.
e) Evidence of satisfactory completion of course.

NB: Final Recommendation goes to the Admissions Manager in Registration Services.
APA Format

All papers submitted for a grade for BSN courses are to be typed as per APA (American Psychological Association) format. Students may refer to the most recent edition of the APA manual (available for purchase through the VIU Bookstore) or use Purdue OWL website https://owl.english.purdue.edu/owl/resource/560/01/

There are also a variety of APA resources, including an APA Handbook for BSN (2016) on the VIU Learn site: BSN: Resources for Students & Faculty.

Bursaries/Scholarships/Awards

**VIU Scholarship, Award and Bursary Program**, coordinated through the Financial Aid & Awards office, provides financial assistance, incentives and rewards to eligible students to encourage them in their pursuit of post-secondary education. Scholarships, Awards and Bursaries are funded by a combination of University funds, government grants and private donations managed by the Vancouver Island University Foundation. The application process, final approval of student recipients, and policies governing the Scholarship, Award and Bursary Program are handled by the VIU Awards Committee made up of representatives from across the institution. **ensure you complete your on-line profile to be eligible** (accessible through VIU Awards & Bursaries website: https://services.viu.ca/student-affairs/financial-aid-awards/viu-scholarships-awards-and-bursaries

Be as thorough as possible when providing information to help determine your eligibility for awards, esp. regarding your financial need, career goals upon graduation and any volunteer work you do. There are three types of student awards: scholarships, awards, and bursaries, some specifically for students in the BSN program. Applications for bursaries/scholarships are available from the Financial Aid office. For further information: https://services.viu.ca/financial-aid-awards

**H&HS Student Engagement Fund**: HHS is interested in encouraging student participation in the life of the Faculty and the University. To that end a small internal grant fund provides grants for a range of initiatives planned and initiated by students that will enhance the quality of the student learning experience, increase understanding of the realm of health and human service delivery, and encourage inter-professional interaction amongst students. The initiative will be an opportunity to engage in enriched learning experiences and provide an opportunity for student(s) to engage in knowledge sharing in other teaching/learning forums.
Applications for support to individuals and groups of students in HHS will be accepted in the Dean's office on the 15th of each month between October and March for activities occurring in the following month. There are two categories of activity: a) activity grants to support student focused and organized events (max. $1500); and b) travel grants provide funding for students to present at academic or professional conferences (Max $800 per individual). There is an annual maximum for this fund which may limit the number of awards and continuation of the fund is subject to availability of funds.  https://hhs.viu.ca/hhs-student-engagement-fund

Cost of Program

See VIU Calendar: https://programs.viu.ca/health/bachelor-science-nursing

Travel Expenses

Practice experiences may require travel to various sites within Nanaimo and outside of Nanaimo (e.g. Duncan, Port Alberni, Qualicum Beach, Parksville, and Ladysmith). Students are responsible for their own transportation to these practice sites; opportunities to carpool with fellow classmates may be possible. At times, there are optional opportunities for travel internationally - in this case, travel, accommodation and other related costs are the student’s responsibility.

See ‘Graduation’ section for expenses related to graduation, convocation, and NCLEX.

CPR Certification/Renewal

Students are required to hold a current course taken within six months of entering the BSN program CPR “C” (Basic Rescuer) certificate.  **CPR-C must then be updated prior to commencing semester five.** Any student who does not hold a current CPR certificate will not be allowed to attend practice settings. Students are required to submit a photocopy of their CPR certification to the BSN Program Assistant upon admission to the program and again prior to commencing semester five.

Directed Studies

A student(s) may request a course in a Directed Studies format when there is insufficient demand for a regular section of a course, a course required for graduation is not available and
will significantly impede the student’s progress to graduation, or the course is not scheduled in a time frame conducive to the student’s learning, yet it is needed by a student(s). Elective courses and/or a course that the student previously failed, do not fit this criteria. Because Directed Studies is always undertaken with the agreement of a faculty member, there can be no assumption that this will be available when the student desires the Directed Studies. A Directed Studies course will have no more than five (5) students enrolled per instructor. During a Directed Studies course, the student(s) work through the required course materials independently and the instructor arranges a schedule to meet with the student(s) to guide them through the learning outcomes.

For the BSN program, Directed Studies format is typically only available for upper nursing elective (UNE) courses. Please contact the BSN Advisor at 250-753-3245, local 2648 for further information.

Process:

1. Prospective students contact the BSN Advisor requesting a course through Directed Studies format.
2. The BSN Advisor notifies the BSN Program Chair of the request. The BSN Program Chair solicits qualified, interested faculty to do the Directed Studies.
3. Once a faculty member has been identified for the Directed Studies, the student is informed and the Directed Studies process, including all necessary paperwork, unfolds between the student and the faculty member.
4. The Dean must approve the Directed Studies course, sign off the paper work and open the appropriate section for the Directed Studies process prior to the student registering for the course.
5. The faculty member follows the process to completion with the student including entering the grade.
6. Please refer to the VIU website for further information:
   https://www2.viu.ca/facultyhelp/DirectedStudies.asp

Elders in Residence

At Vancouver Island University (VIU) our Elders are one of our most valuable resources. They provide counseling, support, and guidance to all students at VIU. You will often hear the students referring to the Elders as "Auntie" or “Uncle”, which is a sign of both affection and
respect. Vancouver Island University Elders are active in a variety of areas encompassing student support, class-room instruction, teaching traditional protocols and cross-cultural sharing. [https://www2.viu.ca/aboriginal/elders.asp](https://www2.viu.ca/aboriginal/elders.asp) Geraldine Manson is the Elder in Residence for the H&HS program.

**Employed Student Nurse (ESN)**

The provincial Employed Student Nurse (ESN) program provides opportunities for Registered Nursing students to work as part of interdisciplinary teams and consolidate skills in supernumerary positions, under the regulatory supervision of Registered Nurses (RNs). Employed Student Nurses (ESNs) positions are open to nursing students who are registered and have successfully completed two years of the BSN program. ESNs are BCNU members and hold supernumerary casual positions, delivering nursing care under the clinical guidance of a Registered Nurse. Island Health decides each year when and where ESN positions will be available. ESN positions are year-round employment positions, available in a variety of settings, with each ESN being allocated 275 hours per year (to be used by March 31 of each year). Please see VIHA (Island Health) website for further information: [http://www.viha.ca/professional_practice/employed_student_nurse.htm](http://www.viha.ca/professional_practice/employed_student_nurse.htm)

Registration with BCCNP is mandatory for all students employed as an employed student nurse [https://www.BCCNP.ca/Registration/ESR/Pages/Default.aspx](https://www.BCCNP.ca/Registration/ESR/Pages/Default.aspx)

**Financial Aid and Student Loans**

Students in the BSN program qualify for student loans. Each semester of full time study is 15 or more credits. For information on student loans, click here: [Financial Aid and Awards](https://www.BCCNP.ca/Registration/ESR/Pages/Default.aspx)

**Flu (Influenza) shots**

Any student who will be in practicum in an Island Health facility is required to have an annual flu/influenza shot. You must then provide the BSN Program Assistant with a copy or picture of the card/receipt you received. For more information on where and when you can get your flu shot: [http://www.viha.ca/flu/clinics.htm](http://www.viha.ca/flu/clinics.htm)

If a student chooses not to get a flu/influenza shot, the student is required to wear a surgical/procedure mask from Nov. until the end of April any time they are in an Island Health facility as per Island Health’s policy.
Gifts

Faculty are strongly discouraged from receiving or accepting gifts from students. (See VIU Policy 31.12 Ethics in Teaching). Cards of appreciation are acceptable. It is important that faculty do not put themselves into a conflict of interest and/or perception of favoritism with students; additionally we don’t want students to be placed in a position of obligation or perception that gift giving is required/expected.

HCA (Health Care Assistant) Information:

Prior Learning Assessment for HCAs in the BSN Program

Students who have graduated from an approved Resident Care Assistant (HCA) program and who have practiced a minimum of 450 hours as an HCA in BC within the preceding two years, may request a Prior Learning Assessment (PLA) for NURS 175. Contact the BSN Advisor at 250-753-3245, local 2648 for further information.

Health Care Registry

BSN students who have completed year 2 of the BSN program, may apply to the Health Care Registry if they are interested in working as an HCA during their program. Requirements include a ‘competency reference letter’ from a faculty member (e.g. your current or most recent practice instructor) who can confirm you have successfully completed year 2 of the BSN program, official transcript from VIU Registration

Health and Wellness Centre

The Health & Wellness Centre (located in Building 200) is open to provide health care to students enrolled at VIU. It strives to create, promote and sustain a culture of health and wellness within the campus community by use of a multidisciplinary approach. It is staffed by a Nursing Practitioner and supported by a Medical Office Assistant (MOA). For an appointment call 250-740-6620. Drop-ins welcome. https://www2.viu.ca/health/

Hours of Program

Generally, theory and learning centre/lab classes are timetabled Monday to Fridays between 0830 to 1630 hours, but this may vary. Clinical/practice may begin as early as 0630. In the first two and a half years of the BSN program (semesters 1-6), clinical rotations include days and
some evening shifts, generally not later than 2300 hours. During NURS 375/CPE III (Intersession at the end of year 3) and NURS 414 (spring semester in year 4), students are ‘preceptored’ where they are matched with an RN(s) and follow that nurse’s rotation. During preceptorship, students may work 12 hours shifts, days, nights and weekends.

**Immunizations**

All first year students are required to submit a completed immunization form (available as part of the BSN orientation package; also available on the Vancouver Island University web-site (BSN Program – Notes on Admission) to the BSN Program Assistant at orientation, or as soon as possible thereafter. Any student transferring into the program is required to submit this form upon admission to the program. Students who do not meet the immunization requirements may be prohibited from attending practice experiences, in accordance with specific Health Authority/practice site/organization/ agency policy; this may impede successful completion of the practice course.

Students and faculty are responsible to ensure that they have adequate updated immunizations. In case of a communicable disease outbreak, faculty and students will be required to provide evidence of current immunization.

**International Field School**

*VIU Field Schools*: VIU offers a variety of short term Education Abroad programs that range from exploring the cuisine of Italy to discovering international business practices in China. By taking part in one of their short term programs students will gain valuable field experience while exposing themselves to new ideas, people, cultures and adventure. Field schools & field trips offered by VIU range from 10 days to 6 weeks abroad, and are led by VIU faculty members. See VIU Education Abroad website. Some VIU field schools can be used for general elective credit – please contact the BSN Advisor for options at 250-753-3245, local 2648.

*BSN Field Schools*: Most years, the BSN program offers an international field school as a placement option for a year 3 or year 4 practice course. Previous field school locations have included Nepal, Mexico, Dominique West Indies, and Ghana West Africa. International field schools are not held every year and are dependent on sufficient student interest/application and faculty availability. Students are surveyed in the fall for an expression of interest. Students must then go through an application/selection process (see VIU Learn BSN Student & Faculty Resources for application process and forms). Cost of the field schools varies, but generally is
around $5000 including airfare, accommodation, meals and transportation (tuition not included).

**Funding:** The VIU Student Travel and Conference Fund and the Students’ Union’s Jessica Wilde Conference Participation Fund are available to students who are seeking financial support to participate in conferences, workshops and colloquia related to their studies at VIU. Applicants will be considered for both the VIU Student Travel and Conference Fund and the Jessica Wilde Conference Participation Fund. However, applicants should be aware that the selection criteria attached to these two funds differ slightly. See website for details including criteria and application process:

https://www2.viu.ca/research/ResourcesForStudents/fundingopportunities/studenttravelandconference.asp

**Island Health ID and access card**

Each student will be issued an Island Health ID and access card during year 1. These must be returned to the BSN Program Assistant following completion of the student’s final practice course (NURS 414) in semester 8. The student’s NURS 414 final grade will not be entered until this has been done. This could delay completion of the requirements for the BSN degree and the student’s name going forward to BCCNP for provisional registration. If the student loses their ID/access card, they need to complete a form (available from the BSN Program Assistant) and take the completed form to the VIU Cashier (Building 200) and pay a $10 fee. The student provides their receipt to the BSN Program Assistant who will issue them a new Island Health ID and access card.

**Learning Centre: ‘Open Lab’, Students Requiring Extra Instructor Supervised Time, and Students Requiring Remediation**

Students wanting extra practice may access the Lab/Learning Centre for ‘Unsupervised Practice or Open Lab’ anytime the VIU campus is open and the labs are not otherwise booked. The lab schedule is posted outside each lab room and/or students can check room availability on: https://technology.viu.ca/services/nanaimo-campus-weekly-schedule-student-access-lab. An instructor or the Lab Resource Nurse is not usually present during Open Lab but rather the expectation is that students support each other (work in pairs, etc.). Open Lab times are shared with students from other health programs (HCA and PN).
Note: Only VIU health students (HCA, PN, BSN) are allowed in the lab rooms (no outside visitors, family members, etc.). No food or drink is allowed in the lab. The lab rooms must be left clean and tidy following use.

Lab Access Cards: available from the VIU Bookstore ($10 non-refundable). Students are to fill out and submit a ‘Lab Access Card’ form to their Program Assistant so the card can be programmed (takes 3-5 working days for processing; students should ensure their access card works before they actually need to use it).

Requesting Equipment/Supplies for practice: Students can request equipment/supplies for open lab practice through the Equipment Supplies Clerks at least 48 hours in advance of when it is needed. Students are to email the H&HS Equipment Supply Clerks at: HHSEquipmentSupplyClerk@viu.ca indicating the date, time, location and skill(s) they will be practicing. If students are working as a group, one designate from the group can email the request to avoid duplicate requests.

Students requiring extra supervised practice with their Lab/Learning Centre Instructor: If issues are identified either by the student or instructor (e.g. Lab/Learning Centre or clinical/practice instructor) beyond what can be addressed by the student attending Open Lab, then the student and the Lab/LC faculty may set up a mutually agreeable time to work together in the Lab/Learning Centre (the faculty member may use a portion of their office hours to be present in the Lab/Learning Centre for this purpose).

Students requiring remediation with the Lab Resource Nurse (e.g. 1:1 time in the Lab/Learning Centre that exceeds the time the student has spent with their Lab/LC instructor): Students requiring remediation are to be referred to the Lab Resource Nurse via an instructor who will complete a detailed ‘Lab Resource Nurse Referral Form’. Be as specific as possible on the form identifying which skill(s) the student is requiring remediation in and what specific area(s) of concerns there are.

Students wanting extra support: Students may contact the Lab Resource Nurse for additional assistance (no referral necessary)
LPN (Licensed Practice Nurse) Information

Licensed Practical Nurses (LPNs): Advanced Credit for NURS 175

Students who have graduated from an approved Licensed Practical Nursing (LPN) program and who have practiced a minimum of 450 hours as an LPN in BC within the preceding two years, will be given advanced credit for NURS 175.

N95 Mask Fit Testing

What is a N95 mask?

A N95 mask is a type of mask that you may be required to wear in the practice setting to help protect against certain communicable diseases. In order to ensure that the mask is giving you adequate protection, you need to be fit tested. There are different sizes and types of N95 masks. It is not a one size fits all mask.

When should I be N95 mask Fit tested?

All nursing students must be fit tested for a N95 mask at the end of semester six. Prior to semester 6, students are in instructor-led practice; students are not to be assigned to learning experiences that would require them to wear a N-95 mask.

Where can I be N95 mask Fit tested?

Your fit testing is done by a respirator fit test technician from ORCA Health & Safety Consulting Inc., Nanaimo, BC. The fit test technician will be on campus on scheduled dates to be determined by the semester 6, 7 and 8 team leader. The actual fitting time will take approximately 10-15 minutes. Students who missed the mask fitting opportunity on campus will be required to make their own arrangements.

What is the cost?

- The cost per test is $60.00.
- Cash payment to the consulting company is preferred. Exact amount is most appreciated.
- Cheque payment accepted. Make payable to Orca Health & Safety (with contact info on cheque). Please have cheque pre-written. Credit card payment (Visa & M/C only) is an option with a $1.00 processing fee.
What do I need to get ready?

- Bring completed Medical Assessment Form.
- Read the document on WCB fit testing procedure so you are aware of the process.
- Read the document on Qualitative N95 Respirator Fit Testing, BITREX Method.
- Must be clean shaven in the mask seal area.
- Avoid anything to eat, drink (water OK) and smoke at least 20-30 minutes prior to the test time.
- Bring “clean” mask(s) for the test, if you have from previous year.
- Come prepared with shaving blades/cream (If need be).

I have been fitted, now what?

Keep your mask in a clean and safe place for use or re-testing. You will receive a copy of the Fit Test form, keep this in your portfolio. It is a good idea to write your respirator type and size on a piece of masking tape and attach to back of your nametag for easier access.

Questions?

Contact your BSN Team Leader

Prior Learning Assessment (PLA)

PLA is an assessment process based on the belief that adults acquire knowledge and skills through life and work experiences that match what we teach in a specific course or program. Individuals who have acquired learning through non-formal education such as work experience, self-study, volunteer activities, and other life experiences may feel this ‘matches’ the learning outcomes in a course(s) - students may request a PLA through the BSN Advisor at 250-753-3245, local 2648. A student may request a PLA, but the request must be approved by the BSN Department Chair. If your request for PLA is accepted, then you will gather and develop evidence (e.g. a portfolio) to support your credit request. Your evidence will be assessed by a faculty assessor who will recommend or deny credit. Credits obtained through PLA are recorded on your transcript. The cost to the student is $250 for a 3 credit course ($83.34 x # of credits for course). The PLA must be completed prior to the term when the course is regularly offered. For further information, see the VIU website: https://www2.viu.ca/advising/newstudents/pla.asp
Residency Requirements (VIU Policy 97.04)

For undergraduate degrees:

- Fifty percent of all credits used towards a VIU undergraduate degree must be completed with VIU courses.
- At least fifty percent of all upper–level credits used towards an undergraduate degree must be completed with VIU courses.
- At least fifty percent of all upper–level courses used towards each major, minor or concentration of an undergraduate degree must be completed with VIU courses.
- Courses obtained through Prior Learning Assessment (PLA) are considered VIU residency credits. Advanced credits are not considered VIU residency credit.
- Refer to VIU website for more information: https://www2.viu.ca/calendar/GeneralInformation/generalregulations.asp

SPECO (Student Practice Education Core Orientation)

Island Health requires students and faculty to complete a variety of ‘onboarding’ requirements. SPECO is an on-line course to be completed by students prior to their first day of practicum in an Island Health facility. Most onboarding requirements are completed as part of NURS 204 (semester 3 practice course). Students are to submit ‘Record of Completion’ to their practice instructor. Access SPECO via the VIHA intranet: https://intranet.viha.ca/departments/professional_practice/Pages/student.aspx

- **Confidential Information Management Module**: must be completed annually (at the beginning of the fall semester)
- **Provincial Hand Hygiene Module**: must be completed annually (at the beginning of the fall semester)

Stethoscope

Students are required to purchase their own stethoscope prior to week 5 in NURS 104 practice in semester 1. Suggested model: Littman (can be ordered on-line or through the VIU Bookstore at a discounted price). Approximate cost: $100.00
Study Areas for Students

Classroom space throughout VIU is at a premium. If students are needing to meet as a group, some options are:
- Study areas in B210
- Lower cafeteria (back corner)
- Library-study rooms can be booked

Transferring from VIU to elsewhere

If you are interested in transferring to another BSN program/university, please make an appointment with the BSN Advisor (phone: 250-753-3245; local 2648) to discuss your options. Transfers generally will only be considered in the first two years of the BSN program in order for you to meet residency requirements at the university you wish to transfer to and are based on seat availability. Several BSN programs in BC have a very similar curriculum to ours and thus transferability is often easier. Read the calendar of the institution that you wish to transfer to by going to their website (B.C. Post Secondary). For further information, see the VIU Advising website.

VIU Learn (previously called Desire to Learn (D2L))

VIU Learn is Vancouver Island University’s learning management system (LMS). Use VIU Learn to access your online courses and online course material. See https://www2.viu.ca/ciel/online/.

There is also a ‘Student & Faculty Resource Hub’ that contains a lot of information about the BSN program, including electives, APA resources, etc.

WBC/Insurance Coverage

Worker’s Compensation coverage is provided for students while on a practicum or work experience placements at a host employer’s work site as long as the placement is an integral part of a course or program, which is required for program completion and/or certification at VIU. It must be a credit course that appears in the course calendar. This coverage is provided by Ministry of Advanced Education and students are treated as workers of the crown. Workers’ Compensation coverage prevents any injured employee, including students, from suing anyone involved in the workplace accident (e.g. employer or other workers), for any injuries that were sustained while working. If the location of the host employer is located outside of BC, then Workers’ Compensation coverage is not available through the Ministry of Advanced Education,
thus alternative arrangements must be made. VIU must be notified if any student is injured while taking part in a practicum or work experience. Health & Safety Services office should be contacted immediately regarding the accident by calling 2500740-6283. More information is available on the Health & Safety website.
Graduation & BSN Ceremonies

It is the student’s responsibility to ensure that all requirements for their Bachelor of Science in Nursing (BSN) program are met. BSN students are encouraged to consult the BSN Advisor for information and guidance.

To be eligible for a BSN degree, students must have completed all core BSN courses, the required English courses, BIOL 156 and BIOL 157, two general electives, and one Upper Nursing Elective course. Students must have a minimum C+ in each course and an overall “C+” average.

Every student must apply to graduate; it is not automatic. When you near the end of your program, you must submit an application to graduate. The application will enable you to receive your parchment and official notation of graduation on your transcript once your program requirements have been met. A Bachelor of Science in Nursing (BSN) degree is received upon successful completion of the program.

Application forms are available from your online student record. To submit your application to graduate, follow these steps:

1. Log on to your online student record (https://students.viu.ca/SRS/mystudentrecord.htm) and select “Apply to Graduate” from the menu.
2. Complete the form, making sure that all information is correct.
3. Submit the form. A $50 Graduation and Alumni Fee will be assessed to your student record and is payable when you submit your application.

Once the Graduation and Alumni fee has been paid, your application will be sent directly to your Degree Advisor or Chair/Coordinator to be reviewed. If you have met all the requirements of your program, the application will be approved; if you have not met the requirements, your application will remain on hold until all requirements are met. If you are using courses taken at another institution toward your program requirements, official transcripts from that other institution must be received by the Registration Centre before your application can be fully processed. It may take up to eight weeks after the completion of your program for graduation to be confirmed and your parchment printed; it may take longer if you are completing your program during the summer months.

You will have the option of receiving your parchment as soon as it is ready or at an upcoming graduation convocation ceremony. Once your parchment is printed it will be delivered to you in
the format requested on your graduation application. See VIU website for further information: https://www2.viu.ca/graduation/

**Convocation**

The convocation ceremonies at Vancouver Island University honour the achievement of our graduating students. The University also often presents Honorary Doctorates and Awards and recognizes the achievements of VIU community members. Convocation ceremonies are optional celebrations and are a chance to get together with your fellow students, family, friends, and faculty to celebrate your accomplishments. VIU holds its Convocation ceremonies at the Port Theatre in downtown Nanaimo during the first week in June and the third week in January. For exact dates, please refer to the **Schedule of Important Dates**. Regalia is worn by all graduates. The cap and gown style denote whether the degree is a Bachelor, Masters, or Doctoral degree, while the colours on the hood, and those that adorn the Doctoral gown, represent the school and discipline of study. Please refer to the VIU website for further information: https://www2.viu.ca/convocation/Students.asp
BSN Pinning and Candle lighting Ceremony

*The Pinning & Candle Lighting Ceremony* is usually held in April-May for the students graduating that year. The event is organized by a ‘pinning working group’ comprised of BSN Faculty and representatives from the graduating class. The ‘pinning working group’ is often set up early in 4th year, or even in 3rd year. The pin is a BSN school pin provided by the BSN Program and as such may not be altered without prior approval of the BSN Chair. The graduating class may decide to hold a social event in conjunction with the BSN Pinning & Candle Lighting Ceremony – in this case, students fundraise in order to support the costs of the social event.

**The ‘Pinner’ and the Student being Pinned:** Students have completed their BSN program are eligible to be pinned. Students who have are close to completion of their BSN degree but won’t be completed prior to the Pinning Ceremony must have permission of the BSN Chair to be pinned. Each student will choose who they want to ‘pin’ them – the ‘pinner’ is to be a registered nurse (may be retired) and may be a family member, friend, preceptor, faculty member, etc.) as this symbolizes the person who is welcoming the student into the profession of nursing.

**History of the Nursing Pin:** There are long recognized symbols of nursing, the nursing cap, the nursing pin and the lighting of a candle. Although the nursing cap is no longer worn, the nursing pin continues to be one of our traditions. The pin is usually made of metal such as gold or silver and worn by nurses to identify the nursing school they graduated from. The pin represents your nursing community roots. Pins symbolize entry into the profession.

**History of the Candle Lighting Ceremony:** The history of the candle lighting tradition begins with Florence Nightingale who symbolizes the commitment, intellectual observation, and caring within the nursing profession. Florence was known as the “lady with the lamp” who would make nightly rounds visiting the wounded men from the Crimea war. The light of the candle signifies caring, the enlightenment that knowledge provides, and our connections to each other, past, present, and future.

**Provincial Exams, Registration and Licensing Procedures**

Following completion of the BSN program, students must apply to BCCNP (BC College of Nursing Professionals) for provisional licensure and eligibility to write the NCLEX exam. Please note there is a fee for both of these. Students will initially be issued ‘provisional registration’ status with BCCNP pending the outcome of their NCLEX results. Students must pass the NCLEX and be registered with BCCNP in order to practice as a nurse in BC and use the title ‘Registered
Nurse. It is illegal to practice as a nurse in B.C. without a license. Please see BCCNP website for further information: [https://www.BCCNP.ca/Registration/RNAplication/Pages/Default.aspx](https://www.BCCNP.ca/Registration/RNAplication/Pages/Default.aspx)

**NCLEX**

Completing the BSN program and receiving provisional licensure with BCCNP qualifies you to write the National Council Licensure Examination for Registered Nurses (NCLEX-RN) licensure exam needed for the title of Registered Nurse. Successful completion of the NCLEX-RN is required to legally use the title of Registered Nurse. This examination is used in 10 jurisdictions in Canada. For further information and resources, [https://www.ncsbn.org/index.htm](https://www.ncsbn.org/index.htm) and [http://home.pearsonvue.com/](http://home.pearsonvue.com/)

**Anticipated Costs for Graduation, Convocation & Program Completion** (please note these fees are approx. and based on 2019 estimates – all costs are subject to change):

- Application to graduate: $51.00 graduation fee + alumni fee
- Convocation:
  - Rental for gown & hood for convocation (done through VIU Bookstore): $30.00 + tax. Students are required to also pay a $50.00 deposit – this is refunded upon return of gown & hood).
  - Purchase of hat & tassel: $8.99 + tax
- Application to write NCLEX: $360.00 CAD
- Application fee to BCCNP for provisional licensure: $595.20 + cost of Notary for identifying your documents: one document per legal name – e.g. birth certificate + marriage certificate (if applicable).

*Total costs: approx. $1045.00 (taxes excluded)*
**Learning and Evaluation**

Grades in your courses will be determined by criteria that may include your performance on examinations, essays, projects, reports, attendance, and participation. Students enrolled in the BSN Program are marked on theory as well as on practical skills, both in Learning Centre/Lab classes as well as in clinical/practicum. The course outline of each course includes the evaluation procedures used in that course.

Please note that in Learning Centre and Clinical/Practicum courses, attendance is mandatory. Students who miss significant portions of these courses may not be able to demonstrate their ability to meet the course competencies and course learning outcomes and thus may be at risk of being unsuccessful in that course(s) and not progressing in the BSN program.

**Due Process – Collaboration, Mutuality, and Transparency**

Student evaluation in theory, clinical/lab, and practice courses will be guided by the principle of 'due process' and the principle of 'collaboration and mutuality' between students and faculty:

**Due Process.** The term ‘educationally sound due process’ suggests that students have been treated fairly. This means students:

i) Understand as precisely as possible what is required of them.

ii) Receive an explanation as soon as possible why/how they are not meeting those requirements.

iii) Receive an explanation of what steps might be taken to correct this behaviour.

iv) Are aware beforehand of the possible outcomes of their actions or non-actions in relation to program matters. (Adapted from Fowler and Heate J.N. Ed., November 1983.)

**Collaboration and Mutuality.** The principle of collaboration and mutuality among and between faculty and students suggests:

i) That students and teachers invest time and energy into the process of teaching and learning. Both parties demonstrate an engaged commitment to the process.

ii) All parties are committed to standards that reflect the trust the public places in health professionals. This entails a commitment to a desired and achievable level of practice driven by a mandate of public service and protection.

iii) All parties commit to viewing situations in context, without arbitrary value-laden judgments.
iv) As much as possible within the structured demands of grading and setting standards, students and teachers will share the responsibilities for decision making. Ultimately, it is the responsibility of the teacher to determine a student's grade.

v) Students and faculty respect the unique demands and stresses of one another's roles and responsibilities, endeavoring to support each other in caring, considerate ways.

vi) Conflict is addressed openly and honestly.

*(Adapted from Fowler and Heate, J.N. Ed., November 1983)*

**Positioning yourself for Success**

As active partners in education development, students play a large role in the learning and evaluation process. The student is responsible for

- Reflecting and self-assessing their own learning on an ongoing basis.
- Ensuring Fitness to Practice as per BCCNP ‘Requisite Skills and Abilities’. At the beginning on year 1 of the BSN program, students are required to submit a signed ‘Requisite Skills & Abilities’ form indicating that they have read and understood the BCCNP publication “Becoming a Registered Nurse in British Columbia: Requisite Skills and Abilities”. Students continue to self-assess their fitness to practice throughout the BSN Program: *(https://www.BCCNP.ca/Standards/Lists/StandardResources/464requisiteskillsabilities.pdf#search=BCCNP%20Requisite%20Skills%20and%20Abilities)*
- Identifying challenges and/or gaps in their knowledge and/or practice, actively seeking out their instructor, communicating these in a timely manner, and actively problem-solving with their instructor to develop strategies for addressing these gaps.
- Actively seeking out resources, supports, and implementing strategies that will help support their learning.
- Responding to communication from their instructor in a timely manner.
- Attending and actively participating in all class/clinical experiences
- Carefully reviewing the course outline; knowing and understanding course learning outcomes, assignment expectations and due dates.

*For practice courses:* In addition to the above, the student is responsible for:

- Knowing and understanding the domains and competencies and Minimal Semester Requirements for their course.
- Self-assessing their ability and readiness to provide safe, competent patient/client care
• Being prepared for practice by researching their assigned patient(s), completing necessary care plans, and being able to answer questions while in practice about their assigned patient(s), rationale for priorities of care, medications, etc.

• Seeking out their instructor when assistance/guidance is needed.

• Knowing and practicing according to their scope of practice as a student nurse.

• Reflecting and self-assessing their own learning on an ongoing basis through Practice Learning Reflections (PLRs). Students are provided with submission guidelines related to the frequency and due dates of PLRs to their practice instructor. The practice instructor may require more frequent submissions if a student is struggling with reflection on practice. Expectations for PLRs are ‘levelled’ as the student moves through the BSN program so that the student moves beyond the ‘chronology of events’ (e.g. “this is what I did”) to true reflection in and on practice. (See Section on PLRs).

• Midterm and Final of each practice course: the student is responsible for completing their PAF: Student Self-Assessment Form and submitting it to their practice instructor as per the due date. The PAF is clearly linked to the domains and competencies which are clearly linked to the BCCNP Competencies and Standards of Practice. The student is responsible for attending the PAF meetings with their practice instructor and engaging in a rich discussion about their practice. (See Section on PAFs). At the beginning of each practice course: the student is responsible for providing their current practice instructor with a copy of their previous final PAF and being honest and realistic about their strengths, areas for growth, and strategies to take forward into their practice.

**Constructive Feedback**

• Instructors will provide constructive feedback to the student throughout the course. If the student has concerns about their progress in a course, the student may request a one-on-one meeting with their instructor (during posted office hours or at a date/time mutually agreeable to both parties.

• If students have concerns about a course they are encouraged to speak with the faculty member first. If their concerns cannot be resolved, they are directed to the Team Leader and then to the BSN Department Chair. Ultimately students can take concerns to the Dean or Associate Dean, Health and Human Services.
There is a multitude of supports for VIU Students. Please refer to the Student Services website for a full list: https://connect.viu.ca/new-students/services-student-success. Some of these supports include:

- Advising Centre (https://services.viu.ca/advising)
- Counselling Services (https://services.viu.ca/counselling)
- Disability Access Services: Students with a disability who require academic accommodation are encouraged to contact Disability Access Services in Building 200 as soon as possible (https://services.viu.ca/disability-access-services)
- Elders at VIU (https://aboriginal.viu.ca/elders-viu)
- Library (https://library.viu.ca)
- Student Services: (https://connect.viu.ca/new-students/services-student-success)
- Writing Centre (https://services.viu.ca/writing-centre)
- VIU Students’ Union (VIUSU) Student Advocate. Contact: advocate@viusu.ca

**Office of the Student Advocate**

When students encounter a concern with a course, program or rule of the University, they can approach the Students’ Union’s Student Advocate for assistance. The Student Advocate assists students to navigate the university’s policies and rules and helps students with formal or informal appeals. Though the Students’ Union does not directly represent students in university proceedings, the Student Advocate will attend meetings with students and ensure that students have the necessary information needed to represent themselves. Contact the Student Advocate at advocate@viusu.ca, or visit the Students’ Union Office to make an appointment.

**Disability Services**

Students with documented disabilities requiring academic and/or exam accommodation are encouraged to contact Disability Services (B200, Second Floor – R214) at the beginning of the
semester to arrange accommodation. Phone 250-740-6446 or access Disability Services online at [http://www.viu.ca/disabilityservices/home/contactus.asp](http://www.viu.ca/disabilityservices/home/contactus.asp). Students are responsible for communicating the documentation (obtained from Disability Services) about the type of accommodation required by faculty responsible for their courses. Failure to apply will likely result in no accommodation.

**Early Alert System**

The Early Alert System (EAS) is a campus-wide student success and retention tool through VIU Student Services. It is used to identify students in difficulty or crisis as well as those who may benefit from additional support of campus resources. The presence of an effective early warning system and connecting students *early* to campus resources have been consistently recommended to increase students’ persistence and achievement. If an instructor feels that a student could benefit from additional support/resources beyond those the student is already accessing, the instructor will discuss this with the student and then, as necessary, make a referral through the Early Alert system. Student Services will then email the student and discuss/offer resources that help support student success in learning. This allows VIU to direct the student to resources that may be of assistance as well as provide the opportunity to intervene at a time when assistance is most likely to allow the student to make the corrections necessary to be successful. The intent is that the instructor will have discussed the EAS with the student so that the student is aware the referral has been made. The student has the option to accept or decline any services offered.
Policies, Procedures and Standards

Vancouver Island University Policies and Procedures

Students are expected to adhere to all VIU policies including those of the Faculty of HHS and the BSN program. VIU policies can be found on the VIU web page and BSN policies can be found on the HHS D2L site (i.e. attendance, plagiarism, misconduct, etc.) and in this Student Handbook.

Academic Integrity is a central element in learning and forms the foundation of intellectual pursuits in an academic community. All members of the University Community share responsibility for adhering to the academic and ethical principles of the University. This involves honesty in the representation of one’s knowledge and learning, and open and accurate acknowledgement in one’s academic work of any indebtedness to the work of others. A breach of these standards will be treated seriously and not be tolerated. Students are expected to learn and embrace academic integrity as an essential part of their education.

Academic integrity includes:

- independently producing work submitted under one’s own name;
- properly and appropriately referencing all work;
- identifying all collaborators in work;
- completing examinations without giving or receiving assistance, excepting those students requiring assistance due to a documented disability;
- respecting the integrity of examination materials and/or the examination process; and
- respecting the integrity of computer security systems, software copyrights and file privacy of others.

Academic Misconduct involves any violations of academic integrity which includes dishonesty in assignments, examinations and any other academic performances or endeavors. Academic misconduct includes:

- **Cheating**: Cheating is an act of deception by which students misrepresent that they or others have mastered information for an academic exercise
- **Fabrication**: Fabrication is the intentional use of false information or the falsification of research or other findings with the intent to deceive.
- **Plagiarism**: Plagiarism is the intentional unacknowledged use of someone else’s words, ideas or data. When a student submits work for credit that includes other’s words, ideas
or data the source must be acknowledged and referenced appropriately, using the
customion of the discipline of study.

- **Facilitation of Misconduct:** Facilitation of misconduct is helping or attempting to help
someone else commit academic misconduct as identified above.

- **Non-attendance:** Non-attendance, where attendance is deemed to be mandatory, is not
acceptable. Absences due to personal illness, family illness, death of an immediate
family member, religious ceremonies, or sports events in which the student represents
Vancouver Island University are allowed and must be approved by the appropriate
instructor or coordinator. Non-attendance must be for valid reasons and not falsified.
Some departments have specific attendance requirements, and details may be obtained
from the instructor, department chair, or program coordinator.

The full **Academic Integrity Policy and Procedure** can be found at:

https://employees.viu.ca/faculty-help/student-academic-code-conduct

**Standards of Behaviour**

Vancouver Island University students are expected to behave in a responsible manner,
respectful of the learning environment inside the classroom and throughout the campus. This
policy applies to all Vancouver Island University campus and off-campus locations where
Vancouver Island University sponsored activity is occurring.

Students enrolled at Vancouver Island University are expected to meet standards of conduct,
which include but are not limited to the following:

- Accepting responsibility for their behaviour on Vancouver Island University property
  and/or at institutionally sponsored events;
- Complying with University policy and federal, provincial and local laws and/or
  regulations;
- Respecting the rights of all students and employees to have a positive and safe learning
  and working environment; and,
- Respecting the property of others.
- The policy includes, but is not limited to, the following acts:
  - Endangering the safety of any individual
  - Violence or threats of violence
  - Personal harassment
- Disruption of the learning and work environment
- Theft or Vandalism
- Alcohol and other drug related offences
- Providing false information
- Refusing reasonable requests of authorized employees
- The posting of obscene, libelous and copyright material
- Misuse of the University name

This policy is intended to work in concert with a number of Vancouver Island University policies governing student behaviour. For a full list of these additional policies the **Full Standards of Behavior** can be found at: [https://services.viu.ca/student-support-and-intervention/student-code-conduct-non-academic](https://services.viu.ca/student-support-and-intervention/student-code-conduct-non-academic)

A comprehensive list of Vancouver Island University’s policies and procedures can be found at the following website: [http://www.viu.ca/policies/index.asp](http://www.viu.ca/policies/index.asp). We suggest that you seek clarification of the following policies by reading the procedures associated with these policies (procedure numbers are indicated below).

Ensure the following policies and procedures are reviewed:

- **Academic Appeals:** [Policy 96.02](#)
  - Procedure 96.02.001

- **Disruption-Free Learning and Working Environment:** [Policy 31.06](#)
  - Procedure 31.06.001

- **University Operating Year:** [Policy 11.19](#)

- **Human Rights Policy:** [Policy 21.03](#)
  - Procedure 21.03.001

- **Human Rights - Education Initiatives and Complaint Resolution:**

- **Student Conduct Code:** [Policy 32.05](#)
  - Procedure 32.05.001
Student Academic Code of Conduct:  

Policy 96.01  
Procedure 96.01.001

Listed in the Vancouver Island University Calendar are policies on admission and standards. Please read the following:

- General Regulations (absence, academic misconduct, appeals, attendance, etc.).
  
  [http://www.viu.ca/calendar/GeneralInformation/genregTOC.asp](http://www.viu.ca/calendar/GeneralInformation/genregTOC.asp)
Island Health Practice Education Guidelines and Student Practice – Post Secondary Student Policies

Students entering any of the BC healthcare facilities are required to complete the Student Practice Education Core Orientation (SPECO), which consists of a series of online modules accessed through the VIHA Learning Hub. This includes reviewing Island Health Policies and Procedures, including ‘Island Health Student Practice Policies: https://intranet.viha.ca/departments/professional_practice/Documents/student-practice/island-health-student-practice-policies.pdf Please note that Island Health Policies and Procedures have precedence over Practice Education Guidelines.
BSN Program Student-Related Standards

Preamble

Students are responsible for being aware of all BSN standards and guidelines found on the BSN D2L site at https://d2l.viu.ca/.

As the BSN Program is a professional program and you are being prepared to enter the discipline of nursing which is a self-regulated profession, professional behavior is expected at all times in the classroom, lab/Learning Centre, and practicum placements. Students are expected to self-evaluate and ensure they are:

- Meeting the BC College of Nursing Professionals (BCCNP) Requisite Skills and Abilities https://www.bccnp.ca/becoming_a_nurse/Documents/RN_requisite_skills_abilities_464.pdf
- Fitness to practice as per BCCNP: “Maintains own physical, mental, and emotional fitness to practice” https://www.bccnp.ca/Standards/RPN/resources/topics/Pages/fitness.aspx

Failure to meet any of the above standards may result in the student being removed from the BSN Program.
Attendance: BSN Program Student-Related Standard 1.0

Attendance in all aspects of the program is considered important for learning and acquiring the necessary competencies (knowledge, values, attitudes and skills) to practice as a Registered Nurse. Student attendance facilitates opportunities to work with instructors to acquire and demonstrate satisfactory progress and required competencies.

Attendance is therefore mandated in all nursing practice/praxis seminars, practice experiences, and learning center/skill labs.

Students are expected to be available during the entire final examination period. Refer to the Examination Schedule in the VIU Calendar for particular guidelines, directions and expectations.

As indicated in the Vancouver Island University Calendar (http://www.viu.ca/calendar/GenerallInformation/generalregulations.asp), students are expected to attend all classroom, laboratory, and practice experiences. The university reserves the right to cancel registration in any course or program because of lack of attendance.

Also refer to the 'non-attendance' section outlined in the Student Academic Code of Conduct Policy; also see ‘Student Conduct: BSN Program Student Related Standard 12.0’ in this handbook: Non-attendance, where attendance is deemed to be mandatory, is not acceptable. Absences due to personal illness, family illness, death of an immediate family member, religious ceremonies, or sports events in which the student represents Vancouver Island University are allowed and must be approved by the appropriate instructor or coordinator. Non-attendance must be for valid reasons and not falsified. Some departments have specific attendance requirements, and details may be obtained from the instructor, department chair, or program coordinator.

1.1 Notification of Absence from Practice Settings

Any student who will be absent from practice must notify the instructor and practice area within the practice setting, using appropriate lines of communication, prior to the start of the assigned shift.

1.2 Long-Term Absence

The expected date of return should be established with the instructor and daily calls are not required.

Refer to VIU General Regulations (Absence) (http://www.viu.ca/calendar/GenerallInformation/generalregulations.asp)

1.3 Absence from Learning Centre/Lab

Attendance is mandatory in Learning Centre. Students are expected to arrive on time, come prepared for class, and ready to actively participate in the Learning Centre. Students who miss a class must contact the Learning Centre instructor to explain how they will make up for the missed class and demonstrate their knowledge, comprehension, explanation, application, and self-evaluation of the missed skill(s) as outlined on the Learning Centre Course Outline. The student must also communicate their absence and the skill(s) missed to their Nursing Practice instructor. Students may be put on a
Corrective Learning Plan and/or Contract for Improvement if they fail to meet the requirements of attendance, preparedness, participation, and acquisition of skills as outlined above.

1.4 Absence from an Examination or other Evaluation

A student who is absent for a scheduled examination or other evaluation must notify the teacher prior to the scheduled examination/evaluation. The student will complete the examination/evaluation — at the discretion of the teacher — upon the first day of returning to class.

1.5 Infectious Conditions

Any student with exposure to infectious conditions will inform their instructor, who will then inform any affected practice area / agency. Any student with infectious conditions must consult with his/her instructor prior to attending practice settings and attendance will be guided by the agency/area policy. This is not intended to promote attendance during illness, but is rather to establish a standard of practice.
Confidentiality: BSN Program Student-Related Standard 2.0

In all client interactions there is a responsibility for maintaining the confidentiality inherent in a professional relationship. The following practices are intended to protect the confidentiality of the client:

All documentation related to specific client situations is to be treated as confidential.

All student assignments (journals, research papers, care plans, etc.) are expected to protect the privacy of the client.

The client’s right to privacy is to be protected in any discussions about his/her situation.

Please complete the module ‘Confidential Information Management’ as part of your Island Health SPECO on-boarding requirements. Please read the following VIHA policies that were included in your orientation package and ensure you sign the ‘Confidentiality Acknowledgement’ form for submission to the BSN Program Assistant:

Policy 1.5.1: Confidential Information – Privacy Rights of Personal Information Policy; and

Policy 1.5.2: Confidential Information – Third Party, VIHA Business and Other Non-Personal Information Policy.

NB: The "Confidentiality Acknowledgement" form is to be submitted to the BSN Program Assistant before you undertake your first practicum/practice experience. If you wish to have a copy of this form, please make a photocopy prior to submitting the form. The form will be kept in your student file.

It is also imperative that you indicate whether or not you currently have or previously have had any affiliation with VIHA (employee, affiliate, volunteer, etc.) on the Contact Information form that you would have received in your orientation package. Failure to provide us with this information could result in a delay in setting up both your computer account access and practicum placement with VIHA.

Students must be aware of the implications of the Freedom of Information and Protection of Privacy Act [http://www.bclaws.ca/Recon/document/ID/freeside/96165_00](http://www.bclaws.ca/Recon/document/ID/freeside/96165_00)

Private agencies may also require similar expectations and documentation.
Consent for Release of Student Information for Practicum Placements:

BSN Program Student-Related Standard 3.0

Please read ‘Identified Purposes and Handling of Personal Information in HSPnet’ and ‘Consent Form for Use and Disclosure of Personal Information’ [http://www.hsponline.net](http://www.hsponline.net)

NB: This form is to be submitted to the BSN Program Assistant before you undertake your first practicum/practice experience. If you wish to have a copy of this form, please make a photocopy prior to submitting the form. The form will be kept in your student file.
Consent from Clients: BSN Program Student-Related Standard 4.0

The competent client’s informed consent is an essential precondition to the provision of health care. Consent may be signified in many different ways. Verbal permission and knowledgeable cooperation are the usual forms by which clients consent to nursing care. Consent, properly understood, is the process by which a client becomes an active participant in care (adapted from the CNA Code of Ethics, 2011).

A valid consent represents the free choice of the competent client to undergo that care. A non-competent client may be cared for by a student in consultation with faculty and agency staff.

Students are expected to follow agency policies regarding consent.

General principles related to consent:

- In all practice situations the student is responsible for introducing self as a nursing student.
- Any student working with clients/families who volunteer to be a part of the student’s learning experiences outside of their formal interactions with the health care system (i.e. all of the resource, chronic health challenged, episodic health challenged, child bearing families) must obtain written consent from the involved people (or family representative) at the first client/family encounter.
- Wherever possible, the student working with clients/families during his/her experiences within formally organized health services is required to obtain verbal permission and knowledgeable cooperation prior to initiating care.
Dress Code (Practice Experiences): BSN Program Student-Related Standard 5.0 (revised May 2018)

The Bachelor of Science in Nursing program adheres to the principles of professionalism (appearance and demeanor), infection control, safety, agency expectations and context specific guidelines for attire during practice courses. Students are advised to consult with the instructor of the practice course and the agency for relevant attire expectations beyond the requirements found below.

Note: If inappropriately dressed, students will be asked to change to correct attire by either the instructor or agency personnel before returning to a practice placement.

Practice Settings requiring Uniforms:

(E.g. some residential care practice placements, acute care hospital/clinics except Mental Health)

The guiding principles for practice settings requiring BSN students to wear a uniform are:

- Professionalism (readily identifiable as a BSN student, identification, neat appearance)
- Ease of movement, room to allow for flexible body movement and prevent injury and
- Provide coverage during movement.
- Hemmed, pressed and laundered between usage
- Provide a place to carry stethoscope, pen and paper
- Uniform sleeves must be above the elbow and legs must be covered.
- See next section for requirements when going into agency for client research

BSN students are required to purchase uniform tops from the Vancouver Island University (VIU) Bookstore commencing fall 2018. Students are advised to purchase at least 2 tops for practice courses and one top for the nursing lab courses. Pants are to be a black uniform styled, easily laundered, comfortable and practical. Pants can also be purchased through the VIU bookstore. Low rise pants and pants that touch the floor are not permitted.

Name tags and picture ID must be worn and visible in all practice settings, at all times. This includes program year identification.

Students are expected to change into their uniform and shoes prior to beginning of shift at the agency and change out of uniform and shoes prior to leaving the agency based on infection control principles and to prevent any negative public perceptions about nursing.

Uniform Responsibilities

The care for uniforms is the student’s responsibility. Students must arrive to clinical practice with a clean, wrinkle free uniform. Uniforms must be laundered between clinical and laboratory settings.
**Dress Code for Practice Settings not requiring a uniform or when obtaining client information before practice course:**

(E.g. researching clients prior to practice, mental health, some community agencies)

When uniforms are not required in practice settings (e.g. community mental health, collecting client research) students are expected to dress professionally and appropriately in accordance with practice setting.

The guiding principles for BSN students in settings that do not require a nursing uniform or when obtaining client information prior to practice are:

- Clothing may include dresses, skirts, tops, pants and over garments.
- Clothing must appear clean and in good repair. Denim of any color is not permitted.
- Clothing that becomes ill-fitting when in a stance or other than standing is not allowed. E.g. bending, squatting, raising arms, and sitting.
- Clothing that follows trends (i.e. off the shoulder, athletic/yoga wear, plunging neck lines, leggings without a tunic providing appropriate coverage, ripped jeans, etc.) is not permitted.
- Excessive tightness may impede the ability to carry out specific tasks & duties and therefore not permitted.

**All BSN students in any practice course setting must adhere to the following guidelines:**

<table>
<thead>
<tr>
<th>Item</th>
<th>Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Shoes</strong></td>
<td>Comfortable, clean, low heeled, closed toe and heel (in accordance with Work Safe BC standards). Shoes must be designated for clinical practice only. No mesh shoes.</td>
</tr>
<tr>
<td></td>
<td>Note: Clogs and Crocs do not meet Work Safe BC standards. Some community agencies may require safety shoes.</td>
</tr>
<tr>
<td><strong>Jewelry</strong></td>
<td>Small studs or sleepers, and a plain wedding band, are allowed. It is recommended that students with visible piercings consider accessories of neutral colour and small size. No exposed necklaces.</td>
</tr>
<tr>
<td></td>
<td>Details or notions (e.g. pins, hair clips) should not be hazardous to client or nurse.</td>
</tr>
<tr>
<td></td>
<td>Tattoos must be covered if inappropriate language or content (swear words, nudity) is obvious. Students should check with their instructors about tattoos if exposed in the practice course.</td>
</tr>
<tr>
<td><strong>Watches</strong></td>
<td>Wrist watches are not permitted in certain clinical settings (refer to agency policy regarding infection control practices). Watches should not be worn</td>
</tr>
<tr>
<td>Odors(body/fragrances)</td>
<td>Attempts must be made to control odors. Scent Free policies must be followed: avoid using scented products that could include e.g., perfume, cologne, hair spray, deodorant, scented soaps and lotions or odors related to lifestyle practices e.g., food or drink related, smoking, body odors and breath odors.</td>
</tr>
<tr>
<td>--------------------------------------------</td>
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</tr>
<tr>
<td>Nails</td>
<td>Fingernails must be short and clean for infection control purposes. No artificial nails or nail polish are to be worn in practice.</td>
</tr>
<tr>
<td>Hair</td>
<td>Off the face and secure so it will not fall forward. E.g. ponytails may need to be in a bun for infection control considerations. Hair jewelry must be minimal and functional.</td>
</tr>
<tr>
<td></td>
<td>Head Coverage: Students have the right to wear head coverings, such as wigs, hijabs, and other head apparel that has religious significance. However, students are expected to follow infection control procedures/policies in the practice placement at all times.</td>
</tr>
<tr>
<td></td>
<td>Religious head-coverings must be the same color as the uniform or a neutral color, laundered each day before practice and should be tied back.</td>
</tr>
<tr>
<td></td>
<td>As per mask fit testing guidelines, men will be required to remove facial hair prior to mask fit testing and prior to donning a fitted mask in the clinical agency (CPO, 2008 Mask Fit Guidelines). Men with facial hair need to refer to these guidelines.</td>
</tr>
<tr>
<td>Undergarments</td>
<td>Should be inconspicuous. Note: Please ensure you view self anteriorly and posteriorly.</td>
</tr>
<tr>
<td>Cultural/Religious considerations</td>
<td>Please consult with the practice instructor related to wearing these items in the practice setting to ensure student and client safety.</td>
</tr>
</tbody>
</table>

Please note: Many practice settings are scent-free.

* Please refer to Island Health Policy 5.5.7. Human Resources - Personal Appearance if practicing within an Island Health agency.
**Electronic Devices, Appropriate Use of (rev. May 2018): BSN Program Student-Related Standard 6.0; please also refer to Social Media Standard**

**Definition**

An “electronic device” includes any computer or wireless device that provides communication by email, telephone, text messaging and Internet browsing services. These devices include but are not limited to regular cell phones, Smartphones such as Blackberry, Palm, iPhones, iPads, Vocera, PDAs, laptops, netbooks, and tablets.

**Preamble**

The BSN Program recognizes that – when used appropriately – the use of electronic devices may have a positive impact on:

- Learning
- Quality of patient care
- Individual organization/efficiency

However, when used inappropriately, electronic devices may have a negative impact on these same areas, and may present an unnecessary distraction. It is for this reason that the use of personal electronic devices may be restricted in the classroom and/or practice setting. At the request of the instructor, a “screens closed” expectation/standard may be enforced for the purpose of creating an environment conducive to learning.

Students are expected to seek permission from faculty member prior to use of camera, video, or recording features to capture class related information to ensure safety and security. Students in the class have the right to be informed if they will be a part of a recording and a right to decline being included in a recording of a class. Recording of any type is for personal use only and cannot be sold or distributed for personal profit. Any posting on social media must be with the students’ and faculty member’s permission; access must be restricted to that class only and not be on a personal social media page.

**6.1 Guidelines re the Use of Electronic Devices in the Classroom:**

When used in a manner that is directly related to student learning, electronic devices are generally acceptable in the classroom – subject to any conditions or limitations requested by the instructor or by policies in the practice setting. Students are expected to seek permission from faculty member prior to use of camera, video, or recording features to capture class related information to ensure safety and security. Recording of any type is for personal use only and cannot be sold or distributed for personal profit.
Examples of appropriate use include, but are not limited to:

- Use of an electronic device to take notes on the current lesson.
- Use of an electronic device to search for information directly related to the class topic.
- For example, if an instructor asks a question in class, the student searches the Internet, or uses an eBook to find the answer.

6.2 Guidelines re the Use of Electronic Devices in the Clinical Setting:

*The use of personal electronic devices is NOT allowed in Island Health facilities due to potential breaches of firewalls/patient confidentiality.* See VIHA policy 16.4.2.5 (Information management/Protection/Mobile Computing)

http://www.viha.ca/NR/rdonlyres/21F23BF1-76CC-4E44-BF27-6D6E00CC8C94/0/mobilecomputing.pdf

Examples of appropriate use of *Island Health electronic devices* include, but are not limited to:

- Access VIHA policies and procedures. For example, a student uses the online Parenteral Medication Manual to look up how to administer an IV medication.
- Access an electronic textbook/reference. For example, when needing to administer a medication, to look up a medication in an electronic Drug Guide.
- Use of an electronic device to search for information directly related to patient care on the Internet. For example, information about community resources in order to provide patient teaching.

The use of electronic devices must not interfere with patient care, personal learning, or the learning of other students. Inappropriate use includes, but are not limited to:

- Communication with friends or family
- Using social networking sites (e.g. Facebook, Twitter or personal email).
- Playing games.
- Accessing the Internet on websites that do not relate to nursing.
- Reading an electronic book that is not related to nursing.
- Playing music or video.

6.3 Guidelines on the Use of Cell Phones:

- Students are reminded that cell phones may only be used in a manner that is respectful of others.
- The cell phone must be kept on ‘vibrate’ or silence at all times.
- Whenever possible, the student should avoid answering the cell phone in class. Allow the call to go to voicemail and then return the call during a scheduled break.
- If the student needs to answer an urgent call, the student should get up and quietly exit the classroom before beginning a conversation.
• If the student is aware that he/she might be getting an urgent phone call during class (e.g. regarding a sick child or spouse at home, family emergency, illness), the student should arrange to sit next to the door, so that he/she can exit the classroom without disturbing the rest of the class.

In the practice setting:

It is rarely appropriate to carry a personal cell phone during practice. However, if a student is required to carry a cell phone in the practice setting (e.g. the student is a caregiver for young children or elders):

• The cell phone must be kept on ‘vibrate’ or silence at all times.
• The student is not permitted to answer the cell phone while on the ward.
• If the student needs to answer a phone message, the student must wait until a scheduled break to answer the phone call on his/her own time. This must be done outside of the patient care area.
• Please note: cell phones are not to be used for patient care (e.g. vital signs, apical heart rate etc.)

6.4 Use of Electronic Devices during Exams/Quizzes:

a. In classrooms:

• Instructors will advise students whether any electronic devices are permitted during exams/quizzes.
• Students are not permitted to have access to cell phones or electronic devices during an exam/quiz.
• If there are any special circumstances in which a student might need to have access to a cell phone during an exam (e.g. regarding a sick child or spouse at home), the student must discuss this issue with the instructor at the start of class.

b. In the VIU gymnasium:

• If students are permitted to use calculators on an exam/quiz:
• Students may only use a basic calculator.
• Handheld electronic devices with the capability of communicating with each other (e.g. cell phones), or with the ability to send or save alphanumeric data (text) are NOT permitted.

6.5 Confidentiality and the use of Electronic Devices:

Electronic devices must not be used in any way (e.g. to photograph, videotape, or audiotape people or documents) that could compromise a patient’s confidentiality.

Please refer to BCCNP Professional Nurses: Social Media Use: Common Expectations for Nurses: https://www.BCCNP.ca/Standards/resourcescasestudies/ethics/socialmedia/Pages/Default.aspx

*This policy is adapted with permission from University of British Columbia School of Nursing Appropriate Use of Electronic Devices Policy
Ethics for Projects/Research: BSN Program Student-Related Standard 7.0

The Committee for Research Involving Human Subjects at Vancouver Island University is responsible for reviewing research proposals and projects to ensure that accepted ethical guidelines are followed. Refer to VIU Policy 31.03 [https://www2.viu.ca/policies/documents/2013JULY16DRAFTPolicy31.03.pdf](https://www2.viu.ca/policies/documents/2013JULY16DRAFTPolicy31.03.pdf)

Research projects require ethical review by the Committee for Research Involving Human Subjects in the following instances:

- All projects for courses in departments which do not have departmental review procedures approved by the Committee.
- All projects involving deception or the risk of harm.
- All projects not directly connected with course requirements. (Vancouver Island University procedure 31.03.001, p. 5 of 5)
Flu Vaccines: BSN Students Administering Flu Shots: BSN Program Student-Related Standard 8.0

In Acute Care and Residential Care

When there is a Provider order (i.e. MD, NP) BSN students can give a flu shot if they have the requisite knowledge to administer medications by the deltoid IM route. They would need to be aware of contraindications and precautions as outlined in the product monograph. Supervision would be required by either instructor or preceptor to assist with management of potential anaphylaxis.

In the Public Health Setting

The role of BSN students within the Public Health setting is currently being explored by Island Health Professional Practice Office. The draft document has not yet been presented to the relevant Quality Council for approval so there is not yet organizational support for BSN students to administer immunizations e.g. flu shots.

Source: Island Health Professional Practice Office (email 2/13/19):
Incident Reporting: Reporting Adverse Events for an Incident Involving a Client: BSN Program Student-Related Standard 9.0

Reporting of incidents is essential from the perspective of accountability of the student, the post-secondary institution (PSI) and the Health Care Organization (HCO). Careful documentation of incidents is important for patient safety, overall systems improvement (continuous quality improvement and managing risk) and in case of a complaint or legal action.

The Patient Safety and Learning System (PSLS) is a web-based tool used to report incidents/adverse events and hazards in all Health Care Organizations (HCO) in BC. The overarching goal of the PSLS is to: “make healthcare safer for all British Columbians through shared learning and continuous improvement”. (See Island Health Practice Education Guideline Adverse Event / Safety Hazard Reporting).

Once any incident (unusual occurrence/adverse event) involving a client has been identified:

**The student will:**

a) Provide immediate care to the client as necessary (i.e., call for help).
b) Report the incident to the instructor/preceptor and appropriate personnel.
c) In consultation/collaboration with the instructor/preceptor and appropriate personnel:

Ensure that the appropriate people are notified regarding the involved client.

Complete the necessary forms:

- Complete the agency’s required documentation (for Island Health facilities, use the Patient Safety and Learning System (PSLS) to complete the on-line form
- Complete Vancouver Island University’s ‘Injury/Incident Investigation Report. A copy of this form will be included in the student’s file. Follow the guidelines on the VIU health & Safety website for completion and distribution of this form. This form MUST be completed and submitted within 24 hours to the Health and Safety Services department (copy to the BSN Program Chair).

**The instructor will:**

a) Assist the student with the above steps.
b) Provide the student with necessary counselling/guidance related to the incident. The purpose of the counselling is as follows:

- To identify the cause of error and its relevance to current educational practice.
- To provide teaching intervention in order to prevent a reoccurrence of the error.
- To monitor and promote safe practice in the practice setting.

Any student in a practice setting is required to notify his/her assigned instructor to report the incident (unusual occurrence). If the incident occurs after regular office hours, depending on the nature of the incident, the perceived risk to the client, or the student/appropriate personnel’s need for faculty support, this report can wait until the start of the next working day.
In accordance with the program's *Student Misconduct Policy,* any incident involving client safety that is a result of student activity in the practice setting that is *not reported by that student* may result in immediate suspension from the placement and recommended suspension/discontinuation from the program. In the event that the unsafe practice continues or recurs, further interventions with the student may be necessary.
**Incident Reporting: Reporting Student Injuries/Incidents: BSN Program Student-Related Standard 10.0**

**Injury and Exposure to Blood/Body Fluids**

Please see the Practice Education Guideline for BC (Appendix A in BSN Student Handbook).

**WCB Coverage and Reporting Requirements**

All injuries involving employees, students, contractors, and visitors must be reported to Health & Safety Services in accordance with WorkSafe BC regulations. Health & Safety Services is the central reception point for all incidents at VIU so incidents such as theft, vandalism, property damage or property loss or any incident involving student or employee conduct must be reported immediately. To report an incident, fill out the VIU Incident Form (available on the Health & Safety website) and email it to Health & Safety. If you are unable to email the form, you can also print and sign it, and send it via internal mail to Health & Safety Services, B360/R112, Nanaimo campus.

**Injury Sustained on Campus**

Any student who sustains an injury while involved in a classroom or lab setting on campus is not eligible for WCB coverage. However, all injuries, no matter how minor, must be reported to Vancouver Island University's First Aid Attendant (Local 6600).

**Injury Sustained While on Practice Placement**

Students are only eligible for WCB coverage if they are injured while working in a designated practice experience. The following steps should be followed:

a) Obtain first aid from the host 'employer' (if available). If no First Aid Attendant is available, go to the nearest emergency medical facility for treatment.

b) Immediately notify the practice 'employer' about the injury and complete any incident report forms required by the Agency and Vancouver Island University, and attach information as necessary.

NB: Vancouver Island University's Incident/Injury Report form MUST be completed and submitted within 24 hours to the Health and Safety Services department.

c) Advise the doctor, or qualified practitioner, that the injury was 'work related' and that your employer is 'Vancouver Island University.'

d) After initial treatment, report the injury to your instructor, who, in turn, will inform the program chair.

e) As soon as possible after the injury — in consultation with the instructor — complete the VIU Incident Form (available on the Health & Safety website) and submit to Health & Safety Services.

f) Contact Vancouver Island University's primary First Aid Attendant at 250-740-6600 as soon as possible after the injury and provide the information necessary for completion of the First Aid report. You should have your BC Care card and your Social Insurance Number available for the
First Aid Attendant. (WCB reporting forms are to be administered through Vancouver Island University, not the practice placement agency.)

Any student, who has not paid tuition or is not registered (e.g., student in an extended practicum), will not be covered by WCB if he/she sustains an injury in a practice setting.
Mechanical Lifts, Operation (rev. June 2017): BSN Program Student-Related Standard 11.0

A student must always have another person present during the operation of any mechanical lift. This person is to be either the student’s clinical instructor or a health care staff person who is familiar with current and competent use of the lift.
Medication Administration: BSN Program Student-Related Standard 12.0

General Medication Administration

When administering any medication, the student is advised to refer to the agency medications administration and IV drug manuals to determine any special considerations / restrictions.

At all times the student shall administer drugs safely. It is incumbent upon the nursing student to:

- Adhere to all agency policies regarding medication administration.
- Know the medication being administered.
- Know the correct technique for administering the medication.
- Know and make allowances for the client factors that may affect the method of administration (i.e. age, developmental stage, physiological status, mental status, educational level and past physical history of the client).
- Know the agency policy on administering drugs by any technique.
- Know the client’s rights in relation to the medication administration.
- Know and adhere to the seven rights of medication administration and the three checks.

To ensure no errors are made, the student is expected to:

- As the need arises, clarify any questions/concerns with the physician’s order.
- Ensure the RN is aware of which medications the student will/will not be administering.
- Compare the MAR to the client’s identification at the bedside.
- For administration of insulin, Coumadin and many ‘high alert medications’ (as per Island Health’s Policy D.22 Appendix 1), an independent double check must occur. The dosage must be checked against physician’s order, then dosage to be administered must be verified by an RN/LPN.
- Pediatric fractional dosages must always have an independent double-check by an RN/LPN prior to administration.
- Document immediately after administering medication.
- Any errors in documentation should follow documentation guidelines.

N.B.: This procedure may vary slightly depending on the facility; however, principles of safe practice must prevail.
BSN students and faculty must adhere to Island Health’s Narcotics, Controlled Drugs and Substances Procedure Policy (27.1P) and Procedure (27.1PR) and Narcotics and Controlled Drugs: Obtaining Drugs from Pharmacy (Policy C-13). Some key highlights related to student nurses:

Access to Narcotics and Controlled Drugs

Nursing students, nursing faculty, and ESNs (Employed Student Nurses) do not have independent access to remove narcotics and controlled drugs from either narcotic cupboards/lockboxes or Automated Dispensing Cabinets.

- The Island Health nurse who is providing regulatory supervision must remove the narcotics and controlled drugs.
- The Island Health nurse may provide the student/ESN with the narcotics and controlled drugs but must witness the preparation and administration of the narcotics and co-sign the administration record and the Narcotic Control Record book with the student.

Transportation of Narcotics

Transportation of Narcotics or Controlled Drugs may only be done by the following authorized personnel: RNs, LPNs, Nurse Practitioners (NP), Registered Psychiatric Nurses (RPN), Pharmacists (RPh), Pharmacy Technicians (RPhT) and Pharmacy Assistants.

Narcotic and Controlled Drug Administration Records (narcotic cupboards/lockboxes)

Two nurses will conduct a complete count of all narcotic and controlled drugs at each shift change or before shift ends.

Returns, Wastage and Disposal

All narcotic wastage must be witnessed and co-signed by two regulated Health Care Professionals. Pharmacy assistants are not provided delegated authority for this process.

Definitions

- **RNs** (refers to Island Health RNs) have a professional responsibility to provide regulatory supervision of nursing students’ activities: see BCCNP Regulatory Supervision of Nursing Student Activities. This enables students to obtain the requisite skills and abilities needed to achieve registered nurse entry-level competencies.
- **VIU BSN Faculty** are responsible for ensuring that student nurses, as part of their BSN program, are provided with the theory and hands-on practice underpinning the administration
of narcotics including patient assessment, clinical decision-making and planning based on this assessment.

- **VIU BSN Students** are responsible for self-assessing and communicating to their instructor/preceptor their comfort/confidence with narcotic administration (including route of administration), understanding the pharmacology of any medications they are administering, making an informed decision based on physician’s orders about which narcotic is most appropriate for their patient situation, performing a patient assessment before and following narcotic administration, and documenting care.
**Sharp Safety Guidelines (Nursing Health Labs): BSN Program Student-Related Standard 14.0**

I. PURPOSE:

The purpose of this guideline is to ensure best practice for the use of sharps by students in Health & Human Services Health programs in order to maximize safety and ensure compliance with Work Safe BC regulations. These guidelines will be reviewed with students the first day of a Lab/Learning Centre class. Students are expected to adhere to the following safety guidelines regarding the use of sharps. Sharps are to be used only in the Lab/Learning Centre and are not, under any circumstances, to be taken off of VIU campus. For the purpose of this guideline, ‘sharps’ refers to:

- Needles
- Syringes with needles
- Glass ampules and vials
- Stitch cutters, scissors
- Safety pins
- Other sharp objects used within the context of Lab/Learning Centre

II. GUIDELINES

1. Sharps are to be used only in the Lab/Learning Centre and are not under any circumstances to be taken off of VIU campus.

2. The Equipment Supply clerks keep an inventory of supplies used throughout the year; ensure adequate numbers of supplies are available and provide adequate sharps disposal containers for safe sharp disposal. The Equipment Supply clerks review inventory on an annual basis and discuss this at the H&HS Lab Committee in order to identify any needs for change. This information is communicated to the Program Chairs of the H&HS Health Programs who are responsible for communicating this information to Lab/Learning Centre instructors.

3. Students will be taught the safe handling and disposal of sharps in a Lab/Learning Centre course. This includes the following information:

   - Sharps containers are located throughout the Lab/Learning Centre (pick up and disposal of sharps containers is handled by a professional disposal service).

   - Sharps containers are used for the disposal of needles, glass, or other sharp objects only. No trash or gloves are to be placed in the sharps containers at any time. Needles and other sharp objects must not be discarded in the trash or left out open and/or uncapped in the lab at any time. A sharps container that is ¾ full is to be reported to a faculty member for replacement. Overfilling can result in injury from sharps protruding from the sharps container.
• Whenever possible, safety syringes or adaptors will be used to minimize the use of exposed needles. Recapping is done only when absolutely necessary; the one-hand technique will be used when recapping a needle.

4. Students will be taught safe Injection practice in a Lab/Learning Centre course. This includes the following information:

• Injection equipment is **not to be used on humans or animals**. In Lab/Learning Centre, manikins or practice injection pads are to be used.

• When breaking glass ampules, the student should protect their fingers by using a gauze covering or an alcohol wipe and should break the ampule in the opposite direction of their face. Once broken, the glass ampule is disposed of in the sharps container.

• For injections, the safety device is to be engaged immediately after injection.

• If the student pricks themselves in the Lab/Learning Centre setting, the student is to notify their Lab/Learning Centre instructor, dispose of the needle in a sharps container in the Lab/Learning Centre, and complete a VIU Incident Report form (in order to report the injury).

**III. IN THE EVENT OF INJURY**

1. Any injury occurring in Lab/Learning Centre must be reported immediately. If during class time, the student will report the injury to the Lab/Learning Centre instructor. If First Aid is required, the instructor will contact VIU First Aid. If the injury occurs after hours and requires First Aid, the student will contact VIU First Aid.

   • For ALL Nanaimo and Cowichan Campus emergencies:
     
     24 hours a day, 7 days a week, call 6600 if calling from a VIU internal phone, or dial 250-740-6600
     
     Use a blue Assistance Phone

   • For severe injuries, call 911.

2. VIU First Aid will render any necessary assessment/First Aid and will determine next steps (e.g. whether the student needs further assessment/treatment at the VIU Student Health Center, appropriate agency/hospital, or personal physician and appropriate means of transportation dependent on severity of injury.

3. A **VIU Incident Report Form** (Appendix A) must be completed and forwarded to VIU Health & Safety Services. See VIU Health & Safety website for forms.

   A copy of the VIU Incident Report Form will be forwarded to the Program Chair who will follow up with the student as needed
Social Media Use: BSN Program Student-Related Standard 15.0

Digital Technology as a Learning Tool

Faculty and students within the Faculty of in Health and Human Services (HHS) at VIU have access to a wide variety of digital tools (personal computers; tablets; phones) that can be used as part of the learning and environment. HHS welcomes the use of such devices within the classroom, but they must be used as learning tools. Students found using social media such as Facebook, Twitter or Instagram during class time will be asked to switch off their devices and not allowed to use them for the duration of the lesson. Students who are found to regularly breach this policy will not be allowed to use their digital tools during classroom time. From time to time Faculty may request that you switch off your devices until the end of the session, or until you are provided with a media break.

Interim Guidance for the Use of Social Media in the VIU-BSN Program (April 2019)

1. **Do not share any client information on social media. Leaving out details is not sufficient to protect client confidentiality.** Any communication about an Island Health patient/client must be done only via a secure Island Health network and via an encrypted device. Island Health has much more robust firewalls in place and it is their information they are obligated to protect.
   - Via email: Faculty must use their VIHA email to communicate with students to their VIHA email address. This includes any information about patients/clients (assignments, student research, etc.).
   - Via cellphone: please do not communicate any patient/client information via your or the student’s private cell phone.

2. **Facebook or other social media (Twitter, Facebook Messenger, Snapchat etc.)** must be considered a ‘public domain’ even if access is restricted. Thus, any communication via social media in your capacity as a BSN faculty member, or for students in their capacity as BSN students, must meet confidentiality requirements of VIU and their practice agencies, always be professional, and adhere to the BCCNP Professional Practice Standards.

3. **Maintaining boundaries: As a nurse, you are responsible for setting and maintaining appropriate boundaries. Keep your personal and professional lives separate.**

4. **Photos of clients/patients/family members etc. must not be posted on social media.** This includes photos taken during international field schools (unless explicit, written permission has been obtained).

**Some excellent resources:**

- BCCNP: Social Media: [https://www.bccnp.ca/Standards/all_nurses/resources/social_media/Pages/social_media_considerations.aspx](https://www.bccnp.ca/Standards/all_nurses/resources/social_media/Pages/social_media_considerations.aspx)
Student Progress: BSN Program Student-Related Standard 16.0

Related Policies and Procedures

An essential part of student success is ongoing dialogue between the student and their instructor. The instructor is ultimately responsible for evaluation of the student, determining whether the student has met/not met the course competencies and learning outcomes, and for the final course grade. In practice courses, the instructor is ultimately responsible for protection of the public and thus for ensuring the student is able to provide safe, competent care.

Students are expected to review, understand, and comply with:

- VIU policies/procedures as well as the General Regulations (http://www.viu.ca/calendar/GeneralInformation/generalregulations.asp)
- BCCNP Professional Standards (https://www.BCCNP.ca/Standards/ProfessionalStandards/Pages/Default.aspx)
- Agency policies/procedures, and the counsel of faculty to guide them in the pursuit of safe and ethical practice.
- HHS policies https://d2l.viu.ca/d2l/le/content/29534/viewContent/724762/View?ou=29534
  - Policy: Student Progress in Clinical/Practicum/Practice Experience/Field Education Courses
  - Procedure: Student Progress in Clinical/Practicum/Practice Experience/Field Education Courses
  - Policy: Client Safety and Clinical/Practicum/Practice Experience/Field Education Courses
  - Procedure: Client Safety and Clinical/Practicum/Practice Experience/Field Education Courses

13.1 Progress Guidelines for Theory Courses

13.1.1 Standard for Pass

Students are required to maintain a 65% grade average in all courses with no grade lower than 60%. This applies to all courses for BSN Program Completion. Note: electives and English courses that have only a letter grade and no corresponding percentage grade must be at a C or above. Students may reapply to repeat the course(s) when next offered (refer to BSN Re-Entry Policy). Ability to repeat course(s) will be subject to seat availability. Please note the VIU Policy 97.06 in regard to repeating a course.

13.1.2 Course Requirements

All formal assignments must be formatted according to the latest edition of the American Psychological Association (APA) publication manual.
In determining the student’s final grade for a specific course all the evaluation tools will be considered. Students are required to keep a copy of all assignments (including professional learning reflections) submitted for grading/course completion.

13.1.3 Late Assignments

All assignments are due by 1600 hours (unless otherwise specified in the course outline) on the designated date. Extensions must be requested, in writing, at least 48 hours prior to the designated due date. Extensions may be granted at the instructor’s discretion.

All assignments which are submitted late without permission will be subject to 5% deduction for every working day the assignment is overdue. The 5% deduction commences on the due date if the assignment is not submitted by 1600 hours (or at the specified time on the course outline). If the assignment is not received within seven working days after the due date it may, at the discretion of the instructor, be designated a failing grade.

13.1.4 Rewriting Papers or Assignments

Students who fail a paper may request a rewrite; rewrites are at the discretion of the instructor, and will receive a maximum grade of 60%. Rewrites will not be considered to increase an already passing grade.

13.1.5 Examinations

All exams which constitute part of the final grade must be scheduled in advance. Students must notify the instructor at least 24 hours in advance if they are unable to attend a scheduled exam. When exams are missed for health or other unexpected urgent matters the student must request permission in writing to the instructor within 24 hours to write the examination at an alternate time.

Refer to VIU General Regulations (Examination Schedule) (http://www.viu.ca/calendar/GeneralInformation/generalregulations.asp)

13.2 Notifying a Student Who Has Failed

A teacher who determines that a student has failed a course will notify the program Chair.

Formal notification will come in the student’s transcript from the Records department as established in the Vancouver Island University Calendar or available on the Web. The student is advised that many of the courses in the BSN program are pre- and/or co-requisites for other courses and that a failure in a single course may jeopardize advancement within the program.

13.3 Failure of a Practice Course

Practice courses are credit/no credit. For successful course completion, all assignments must be completed as per the course outline. Students must provide evidence (through demonstration in practice, discussions with their instructor/preceptor, and the midterm and final Practice Appraisal
Forms) that they have met the competencies in ALL five domains of practice as per the Practice Appraisal Form, as well as the minimal semester requirements (MSRs) and essential learning experiences (ELEs).

Repeated and/or prolonged absences from practice may result in the student not providing sufficient evidence of their ability to meet these course requirements and may result in failure of the course (no credit).

Students are required to keep a copy of all assignments (including professional learning reflections) submitted for grading/course completion.

A student who fails a practice course cannot progress in the program until the course is passed. If in repeating the practice course the student passes, then the student will re-enter the program at the appropriate semester providing there is an available seat. If in repeating the practice course the student fails again, then the student will be removed from the program and can only re-enter by re-applying to year 1 of the BSN program.

Process for Progress Issues in Practice/Clinical Courses

If practice/progress issues arise, the instructor will arrange to meet face-to-face with the student preferably on campus in a private office to minimize distractions and ensure privacy and confidentiality. If the student is in a preceptor-led experience, then the instructor may arrange to meet with the preceptor and student in the practice setting, but ensure privacy and confidentiality is maintained. If the student’s practice placement is outside of VIU’s catchment area, the meeting may be held via electronic means (Skype, Zoom, videoconference, teleconference).

In all situations, it is the BSN faculty member’s role and responsibility for the evaluation of the student and for deciding if student is meeting the course competencies, Corrective Learning Plan, Contract for Improvement and for decisions about course of action and next steps. Input from the preceptor will be sought, but it is not the preceptor or agency’s decision regarding the student’s final grade.

Roles/Responsibilities

If there are issues/concerns about the student’s practice or practice experience: 

*The student is responsible for:*

- Discussing this with the instructor
- For preceptor-led practicums, whenever possible, discussing it with their preceptor (students are always strongly encouraged to do this step first, but at times, the relationship may be too strained and/or the student feels too intimidated to do this without instructor support/guidance).
- Ensuring they are clear on the expectations regarding their practice (as per the Course Outline, PAF domains and competencies, Minimal Semester Requirements (MSRs), terms of a Corrective Learning Plan and/or Contract for Improvement)
- Actively seeking out and incorporating feedback from their preceptor and/or instructor into their practice
The instructor is responsible for:

- Setting up a formal meeting outside of practice hours to avoid distractions and ensure privacy. Seeking to understand barriers to learning the student may have; recommend appropriate resources that the student may wish to access (e.g. Student Services, Counselling, Financial Aid, Disability Services, Student Advocate).
- Following the ‘Student Performance Process’ (see chart below) and HHS policies (see Policy section of BSN Student Handbook):
  - HHS Policy: Client Safety
  - HHS Procedure: Client Safety
  - HHS Policy: Student Progress
  - HHS Procedure: Student Progress
- Ensuring due process: be fair, clear, honest and transparent with the student. Ensure the student is clear on where they are not meeting the course competencies and what needs to be in place to help them be successful in the course.
- **Meeting Notes**: The purpose of the Meeting Notes is to ensure the discussion that ensued between the instructor and student and the outcomes from the meeting (including next steps) are clearly documented. Meeting Notes include concerns, actions, timelines, and any recommended additional VIU resources and supports as necessary to help support student success. The instructor and student both sign the Meeting Notes; the student is provided with a copy; the original signed copy is placed on the Students confidential student file; the BSN Chair receives a copy. By signing the Meeting Notes, the student is indicating that they have read the Meeting Notes. It does not necessarily mean that they agree with the content. The student may add an ‘Addendum to the Meeting Notes’ which gets attached to the Meeting notes so that the student’s perspective and voice are captured.
- **Corrective Learning Plan**: This is a structured learning plan focused on mutually identified learning needs and course learning outcomes. Areas of concern are clearly identified, stated in behavioral terms and related to course learning outcomes, domains/competencies. The Corrective Learning Plan includes strategies to meet the learning needs and competencies/domains; timelines for review; specific benchmarks that are time bound; and any recommended additional VIU resources and supports as necessary to help support student success. The instructor and student both sign the Corrective Learning Plan; the student is provided with a copy; the original signed copy is placed on the Students confidential student file; the BSN Chair receives a copy. At the time of review, possible outcomes include:
  - Student has met Corrective Learning Plan
  - Continuation of Corrective Learning Plan with a date to review progress
  - Development of a Contract for Improvement
- **Contract for Improvement** if issues/concerns continue and esp. if the student is at risk of failing the course, the instructor will develop a Contract for Improvement. Areas of concern are clearly identified, stated in behavioral terms and related to course learning outcomes, domains/competencies. A plan of action for improvement is clearly identified including realistic timelines to achieve particular outcomes and dates for review. Any restrictions for limitations
for the student in the placement setting are identified. Student support and resources are reinforced. The student is made aware of the seriousness of their progress and their risk of being unsuccessful in the course. The instructor and student both sign the Contract for Improvement; the student is provided with a copy; the original signed copy is placed on the Students confidential student file; the BSN Chair receives a copy. The instructor provides the student with regular constructive feedback. After a minimum of 4 practice days, the instructor formally meets with the student and assesses and communicates their progress on the Contract for Improvement. Failure to meet the terms of the contract by the course end date or unsatisfactory performance in relation to the contract, may result in failure of the course. Successful completion of the Contract for Improvement does not automatically result in successful completion of the course. All related course objectives must be met by the end of the course in order to pass the course. At the time of formal review, possible outcomes include:

- Student has met the conditions of the Contract for Improvement; contract is discontinued
- Student has not met the conditions of the Contract for Improvement; contract is to continue with a date to again review progress
- Student has not met the conditions of the Contract for Improvement; failure of the course.

**Student Performance Process**

The following chart summarizes the above processes. Please note that if the concerns are serious enough, a Contract for Improvement may be initiated without first having the student on a Corrective Learning Plan.
Student Progress Concerns:

Instructor: Meet with student
1) Meet with Student for an informal conversation and exploratory session of problem solving around concerns.
2) Documentation is recommended. Issues are stated in behavioral terms and gaps are directly tied to the course learning outcomes and competencies/domains.

Concerns continue:

Student to address concerns and consider self-referral of available services.

Instructor: Meeting Notes
1) Formal meeting with student to present concerns and expectations. State in behavioral terms, and relate to learning objectives and competencies/domains. If appropriate, Activate Early Alert System.
2) MEETING NOTES include concerns, actions and timelines. Signed by both instructor and student. Chair provided with a copy.
3) Recommend additional VIU resources and supports as necessary
4) Communicate with Program Chair

Concerns continue:

Instructor: Corrective Learning Plan
1) Initiate CORRECTIVE LEARNING PLAN. A structured plan focused on mutually identified learning needs and course learning outcomes. Include strategies to meet the learning needs, competencies/domains, review timelines and specific benchmarks that are time bound. Signed by student and instructor. Chair receives copy
2) May be taken to the next instructor in levelled programs.
3) Reinforce available resources and supports for students at VIU

Student to address concerns
Appeal Process

If a student disagrees with their final grade for a course, the student can initiate an informal or formal grade appeal process (as outlined in the VIU Policy/Procedure) if they think there are grounds for following this course of action. More information on how to initiate a final grade appeal can be found at: http://www.viu.ca/calendar/GeneralInformation/generalregulations.asp.
Supervision of Clinical Procedures in the Practice Setting: BSN Program Student-Related Standard 17.0

In a practice setting, the student is permitted to implement those procedures that have been learned and practiced in a simulated/lab setting. First-time performance of a procedure in the practice setting will be done in consultation with the BSN instructor and/or preceptor and must be supervised.

Following consultation with, and at the discretion of the BSN instructor and/or preceptor, certain procedures may be independently performed by the nursing student. When the student and BSN instructor and/or preceptor mutually determine student competence with each identified procedure, the student may perform the procedure without direct supervision. Further supervision of any procedure or skill may be requested by the BSN instructor and/or preceptor at any time.

At any time throughout the educational experience when the BSN instructor, student, or agency personnel feel uncertain about the student’s ability to practice procedures competently and safely, the student will be required to seek guidance from their instructor or other appropriate personnel. The BSN instructor may initiate a ‘Lab Referral Form’ as needed. Any student who demonstrates inability to practice safely in the practice setting, may be asked to leave the practice setting and/or return to the University lab setting for remedial assistance and re-evaluation.
Transportation Guidelines: BSN Program Student-Related Standard 18.0

15.1 Driving Clients

Any student, while in the nursing student role, may not transport clients* in any vehicle. This includes his/her own vehicle or those owned by the client.

* Clients as defined in the curriculum as individuals, families or groups.

15.2 Use of Personal Vehicle for Agency Work

Students who are working in the community are not expected to use their personal vehicle for routine travel related to agency work unless they are being reimbursed for mileage by the agency.

15.3 Ambulance, Student Traveling with Client

Students may travel in an ambulance with a client for educational purposes. Students are not to be considered as the designated nurse attendant.

15.4 Transporting Client from Post Anaesthetic Recovery Room (PARR) and the Emergency Room (ER) and Diagnostic Services

Any student in Semesters 1-7 will not independently transport any client from the PARR or newly admitted client being transferred from the ER.

Any student in Semester 8 may assume this responsibility independently with a stable client at the discretion of the supervising Registered Nurse (RN).
Verbal/Telephone Orders (rev. May 2018): BSN Program Student-Related Standard 19.0

As per Island Health Policy B.02a Prescribing of Medications: Verbal Orders shall be limited to urgent situations in which written or electronic communication is not possible. Verbal orders for medications shall only be accepted by the individuals specified in the Policy B.02a – this does NOT include student nurses. Patient safety is the overriding principle in giving and receiving verbal medication orders. Verbal orders have a higher potential for errors as these orders can be misheard, misinterpreted, and or mis-transcribed.

Telephone Orders: Student nurses prior to semester 8 are not permitted to accept telephone orders. Semester 8 students, as preparation for entry into practice, can participate in the process by discussing with their preceptor RN providing regulatory supervision, the principles of taking a telephone/verbal order. The semester 8 student may practice taking a verbal/telephone order only if their preceptor is present with them and verifies the telephone order with the physician. The preceptor is ultimately responsible for, and signs off on the telephone/verbal order.

Co-signing orders: All health care provider’s orders must be co-signed by an RN prior to implementation by a nursing student. Students up to semester 8 are not permitted to co-sign health care provider orders. Semester 8 students may co-sign physician’s orders once deemed competent by preceptor and faculty member.

Checking health care provider orders against Medication Administration Records (MARs): In semester 8, students that have been deemed competent by their preceptor and faculty member may independently check health care provider’s orders against the MAR.
Withdrawal and Re-entry into the BSN Program:  BSN Program Student-Related Standard 20.0

Withdrawal from the BSN Program

*Program decision to withdraw student:*  
In the event a student receives a failure grade in a BSN course, as successful completion of that semester is a pre-requisite to entering the next semester, the student will be required to withdraw from the BSN program. The student may request re-entry at a later date in order to repeat the course(s) the student previously failed. In the event a student fails a total of any three courses during the entire BSN program, the Program Chair may recommend to the Dean that the student be permanently withdrawn from the BSN program with no opportunity to re-enter. The student would need to apply as a new student into semester 1/year 1.

*Student decision to withdraw:*  
Students wishing to withdraw must do so officially. If a student wishes to withdraw from a BSN course(s) and/or from the BSN program, please contact the BSN Advisor at 250-753-3245; local 2267 to discuss options.

*Withdrawal without academic penalty:*  
A student can withdraw from a course(s) without an academic penalty within 8 weeks from the start of the semester. This can be done online or in person at the Registration Centre. The course(s) will be removed from the student’s official transcript.

*Late Withdrawal:*  
In the event of demonstrated exceptional circumstances - such as death in the immediate family, a student’s illness or accident, serious emotional problems, or an error on the part of the university - a student may be able to withdraw without academic penalty from a course or program after the deadline, with the approval of the instructor and Dean of Instruction. In cases where a student is withdrawing from all courses, the request for late withdrawal is subject to approval of the Registrar. Students must complete a [Late Withdrawal form](#), citing reasons for withdrawal. Late Withdrawal forms are available from the [Registration Centre](#). If permission for late withdrawal is granted, the student receives a ‘WDR’ (withdrawal) on their student record; the course does not appear on the student’s official transcript and their GPA is not affected. If permission for late withdrawal is not granted, the student receives an ‘F’ (fail) on their student record; the course and final grade appears on the student’s official transcript and their GPA is affected.
**Process for Withdrawal:**

Students who have received a ‘fail’ grade or those who choose to leave the program for other reasons are asked to de-register from any further BSN courses (this can be done on-line). Additional information on how to complete this process can be found at: [http://www.viu.ca/calendar/GeneralInformation/changingregstatus.asp](http://www.viu.ca/calendar/GeneralInformation/changingregstatus.asp).

The 'Program Withdrawal Form' is completed by the BSN Chair. The student receives a copy; the original is sent to VIU Registration; a copy is placed on the student’s confidential file.

A grade of “F” (Grade Point 00) will be assigned at the end of the semester if no official withdrawal form is submitted to the Registration Centre.

**Re-Entry in the BSN Program**

A BSN student who has withdrawn from and wishes to re-enter the BSN program, needs to make his/her intent to return known to the BSN program Chair, in writing, as soon as possible and no later than two months prior to the desired start date. Note that the request for re-entry will take into consideration the date at which the letter was received by the Chair of the BSN program. Any student who returns to the program after a protracted absence will be required to demonstrate practice competency.

Re-entry will be considered only if a seat has become available. Available seats are offered in the following priority:

- A VIU BSN returning student who was passing at the time he/she left the program
- A VIU PN to BSN bridge-in student
- A VIU BSN returning student who failed a course or courses at the time of leaving the program
- A student in good standing requesting transfer from a BSN program at another institution

Each student’s situation will be assessed individually by the Program Advisor, in collaboration with the Program Chair. Discontinuation notes and any recommendations for re-entry will be reviewed and an appropriate plan will be developed (esp. if the student withdrew from the program due to course failure and/or if considerable time has lapsed). When a student has been away from the practice setting for an extended period of time (e.g. 12 or more months), to maximize the potential for success in the future, currency and patient safety, students may be asked to repeat practice courses in which they have been previously successful.

Please note the [VIU Policy 99.05](http://www.viu.ca) in regard to repeating a course and General Regulations | General Information related to Minimum Degree Requirements for Graduation and Advance Credit or Transfer Credit.

**Length of time to complete the program**

From Semester one to graduation, students have 6 years to complete the BSN Program. The Dean of Health & Human Services may grant an extension in extenuating circumstances.
Witnessing Documents: BSN Program Student-Related Standard 21.0

Any student may act as witness for legal agency documents (i.e. general consent forms, release of responsibility forms, etc.) under the supervision of an RN.

No students may act as witness for the client’s personal legal documents (i.e. will, power of attorney, etc.).
Practice Appraisal Form (PAF) – revised April 2018

What is the Practice Appraisal Form (PAF)?

The overall intent is to guide the evaluation of nursing practice in each semester of the nursing program. There are two PAFs in each semester: Mid-term and Final.

A learning tool and a guide to assess students’ nursing practice.

A flexible tool that can be used in a variety of ways depending on the student’s learning needs and the level she/he is at in the nursing program.

Adapted from Benner (1984) to reflect

- learning in nursing practice
- philosophy of curriculum
- expectations and standards of BCCNP for nursing education and practice
- CNA Code of Ethics for registered nurses

Purpose of the PAF

- Opportunity for student and teacher to share and discover in learning
- Opportunity to transform the experience of evaluation into one that is co-constructed
- Process of doing PAF results in a record of the student’s progress and is placed on the student’s file
- Guiding Principles
- Four guiding principles for the student to attend to when working with the PAF and instructor:
  - Critically analyze their nursing practice
  - Envision what quality nursing practice is in their practice setting
  - Discuss quality nursing practice with their instructor, preceptor and/or nursing practice colleagues
  - Set goals for their nursing practice

What are Domains of Practice?

Five (5) Domains – Health and Healing; Teaching and Learning; Decision-making for Nursing practice; Professional Responsibility and Collaborative leadership
There are competencies and quality indicators in each domain.

- Competencies are the same in each domain in each practice course throughout the program.
- Quality Indicators change for each practice course and are examples only. Students are not expected to provide evidence for quality indicators. Students may develop different quality indicators related to the competencies.
- Students are expected to meet the competencies at the level they are in the program (leveling is reflected in Minimal Semester Requirements or MSRs).

**Steps of PAF**

**Step 1)** Review the PAF document that contains domains of practice, competencies and quality indicators. This document is provided to you at the beginning of each of your practice courses. Use this as your reference guide. Be sure that you are using the appropriate PAF document that matches with your practice course.

You will notice that the five domains of practice and competencies under each of the domains remain the same throughout the program. Competencies are more than skills. They are skills, knowledge and attitude. A semester one student will have a different level of understanding and comportment than a semester seven student when addressing the same competency. The quality indicators will provide you with practice examples that are suitable for your level of practice.

**Step 2)** Fill in the **Student Self-assessment form**. This fillable form is in the BSN Hub and may be on the VIU learn site for your practice course.
The purpose of this form is to provide a consistent format for you to articulate the development of your practice so far, identify your goals for further development and provide a foundation for the discussion between instructor and yourself during PAF meetings.

There are three boxes at the top of the student self-assessment form. The intent is for brief description, have a maximum of 50 words.

- **Context of Practice**: Your “nugget” or impression of significant learning in this setting. Very briefly, one or two sentences.
- **Skills practised this semester**: Those skills that you felt you had plenty of opportunity to practise, and gained proficiency in during the semester. Include all skills (relational practice, leadership, assessment, decision making etc., as well as psychomotor).
- **Key Concepts**: Of the many concepts in your course outlines for the semester, those concepts that were most prominent for you, and/or those which you were readily able to integrate into practice.

Indicate your confidence level for competencies of each of the five domains. Self-confidence is a feeling of trust in one’s abilities, qualities, and judgment. It is one of the cognitive mechanisms underlying behavioural change. Level one confidence might mean that you are not confident with your judgment on abilities in the competency. Level five confidence might mean that you are comfortable with the decisions and judgment that you make in the competency. It is okay to not be confident in all areas – the goal is to see a steady growth. You might find that you are meeting competency but only at a level three of the confidence level. The scale provides a starting point for dialogue with your practice teacher.

The evidence of quality nursing practice column should be a synopsis of your practice in each domain using exemplars from the semester (refer to the PAF document with quality
indicators and minimal semester requirements). The MSRs articulate what students should “know”, what students should “do”, and how students can “be” in each semester. The evidence of practice should demonstrate how you are consistently meeting some/all of the competencies in the domain, and/or identify the competencies you are not consistently meeting and reflect on the reasons for that (no opportunity, lack of knowledge, difficulty in identifying salient information, etc.). It is the expectation that you will address all competencies at the appropriate level, under each of the five domains of practice to obtain credit for practice courses. Evidence may include interactions with your clients, colleagues and instructors, and other means, such as how you self-regulate your practice. You may find that you have plenty of evidence for some competencies and only a few for others; this will be a trigger point for you to identify areas for growth. Focus on quality of evidence rather than quantity.

In each domain, there is a strengths/goals/strategies section. This is where you identify at least one strength in the first column, your goal(s) for continuing to develop those strengths or address learning needs in the second column, and then providing concrete strategies for meeting those goals in the third column. Submit this form to your practice teacher for review at midterm and final.

**Step 3)** You are invited to two PAF meetings with your practice teacher each semester: Midterm and Final. During the meeting, your practice teacher will discuss, review and if necessary, work with you to prioritize and focus your learning goals and strategies to help you succeed in your learning. At midterm PAF meeting, your learning needs and strategies will be for the second half of the semester. At final PAF meeting, your learning needs and strategies will be for next semester to help you position yourself for success in the subsequent practice course. Your progress in your practice, learning needs and strategies are recorded in a PAF Summary form.
The PAF Summary form is signed and dated by you and practice instructor. You will receive a copy of the signed PAF summary. A copy of the PAF summary is then placed in your student’s file.

*It is your responsibility to ensure that your practice instructor in the following semester receives a copy of the previous semester’s PAF summary.*
**Professional Learning Reflections (PLR)**

**Purpose**

Professional Learning Reflections (formerly called ‘journal writing’) should be about using critical thinking to critically reflect in the third dimension and to Mezirow’s Reflection Levels 5 and 6. Writing critically involves raising questions, explicating new thinking, and transforming understandings about practice.

> “Every journal is unique and personal. Your nursing student journal [PLR] will take shape as you develop as a nurse. You will discover important ways on your own to express yourself. The important thing as you write in your journal [PLR] is to keep looking for what is more meaningful and more central to you, for the influences that shape the events and the patterns of your life as a nursing student. Journal writing is different from keeping a diary in that the latter is primarily guided by external events and the former is directed more at internal themes. Although outer events may be recorded, the purpose of writing about them is to reflect upon their meaning for your inner life. That is, you become more aware of the significance of these events in regards to your inner processes. The focus will be on your unfolding awareness of yourself and your world, as well as the new meanings, values and interrelationships you are discovering”.

*Reimer, Thomlison, and Bradshaw, 1999, p. 28*


The professional learning reflection (PLR) is an essential ingredient in your learning. You are required to keep such a PLR as it becomes part of your record of progress throughout the program. Completing a PLR is a deliberate reflective process, which enables you to explore personal and professional experiences. It is a way to actively engage with the course content; to foster critical thinking; to gain insights about personal growth; to explore values and beliefs; to enhance your understanding about the decision making process; to promote praxis. This pathway of integrated learning frees you from constraints of conventional thinking in a process of discovery and personal empowerment.

The PLR is student-centered communication, which helps the teacher appreciate the uniqueness of each individual, and provides the opportunity to mutually identify learning goals and strategies. It invites you into a journey to move from a position of judgment of others and self to understanding. PLRs are confidential between the student and instructor unless the
student wishes to share the work with learning partners, or provides written consent for course development

**Guidelines**

Confidentiality and anonymity should be maintained at all times
Care should be exercised to protect the security of reflective journaling (e.g. submit through secure email or delivery, do not leave unattended)
PLRs are not diaries, nor are they a ‘chronology of events’
PLRs are both professional and scholarly

**Expectations/Leveling of PLR throughout the BSN Program**

To help you in the PLR process, the following guidelines have been developed to help you understand how to ‘level’ your PLR in order to demonstrate increased reflection and depth of thinking as you progress through the program. It is recognized that the guidelines for each year are considered the foundational building blocks for subsequent semesters.

**At the completion of Year 1, it is expected that the PLR show evidence of:**

- Beginning to see the connections made between material discussed in class, practice and the world beyond.
- Becoming aware of personal beliefs, values, and assumptions.
- Beginning to articulate changes in perceptions.
- Identifying information that discomforts you.
- Beginning to identify your personal strengths and challenges.
- Beginning to show evidence of rereading the professional learning reflection and becoming aware of themes and patterns.
- Beginning to recognize and incorporate quality indicators in journal entries.
- Beginning to include questions in journal entries.

**At the completion of Year 2, it is expected that the PLR show evidence of:**

- Clarifying the connections between materials discussed in class, practice and the world beyond.
- Ability to articulate and begin to explore changes in perceptions.
- Exploring what it is that creates discomfort.
- Formulating a vision of your learning journey.
- Beginning to develop plans that enhance your strengths and addresses your challenges.
- Identifying themes and patterns and the implications in journal entries.
- Exploring assumptions, beliefs and values.
- Exploring challenging decisions including looking at alternatives.

At the completion of Years 3 and 4, it is expected that the PLR show evidence of:

- Incorporating the quality indicators in your journal entries.
- Developing a sense of “fluidity” between the connections and the “being”.
- Challenging personal values, beliefs, and assumptions and facilitating/creating change within.
- Having a vision of your professional direction.
- Enhancing/modifying/adapting your vision by incorporating your strengths and challenges.
- Predicting themes and patterns in your learning and making changes as necessary.
- Formulating new questions based on a deeper understanding of issues arising from praxis.

**How the PLR Integrates with your Practice Appraisal Form (PAF)**

Your PLR over the course of the semester provides an overview of all your learning experiences, including the connections between classes, learning centre/labs, practice, family visits, and community experiences. As you re-read your PLRs to prepare your PAF, the following questions may be helpful:

What is the relationship between the learning experiences identified in your PLR and the PAF? Which domains have you identified as areas of strengths and which ones would you like to develop further?
What patterns in your thinking, feeling, knowing, questioning, etc. are you able to identify from re-reading your PLR?

What are your learning needs? How will your plan reflect strategies to address these needs? On re-reading your previous plans and strategies from previous PAFs, identify additions, deletions, and new challenges.

**Reflecting on your PLR and PAF:**

One of the purposes of a PAF is for you to try to pull together a picture or glimpse of the progress you have made to date and hopefully give you some insights for areas of improvement (direction for your individual learning and future planning).

The questions below are designed to help you see changes or patterns of changes in your writing or in yourself. If you see where you are today, and have an idea of where you are going tomorrow—the summary could be helpful in guiding you toward what you might need to do next. Your PAF might also point out how you go about getting there.

**Read the questions below, and then re-read your professional learning reflection (PLR).**

On separate paper, answer the questions below. If the questions are not clear, ask about them. As you are beginning to learn how to write your PLR and PAF, keep in mind that writing these is a learned skill. Therefore it is possible that some of the questions below cannot be answered yet (i.e. there is simply not enough material written down yet for there to be a summary.) Through discussion/dialogue about the process, the PAF will begin to take form. Please don’t be discouraged AND please continue to write.

**Questions to answer** when you read through your PLR:

**Do you see any changes in your thinking?** i.e., do you write more about class concepts than you did the first week ... more often ... do you write more about personal connections now ... do you write more descriptively than before ... etc. Describe the changes—and write about how it is that this has come about.

**Are there particular parts of your writing that you had specific feelings about** (physical sensations ... i.e., tight chest, quick breathing, hot face, warmth in your heart, etc.) ... what were the FEELINGS—what EMOTION did you label it with? Notice how many times this happened and what type of situation it happened in. What do these feelings and emotions tell you about yourself—or what meaning do you give to the experiences?
Are there thoughts that are repeated? i.e., do you find yourself writing the same things in several places in your PLR? What do you think about that? Is this an indication that you might want to research this further; or look at this more closely; or that this is something that is of concern to you? What sorts of things could you do about it?

Are you able to see any themes or issues cropping up in your writing? Do these prompt you to take any actions? e.g.: “I feel like we aren’t really doing anything” ... “doesn’t feel like this stuff is going to make me the REAL nurse” ... “I wonder if this is the right program for me?” These examples all describe a theme/issue of uncertainty about the process and therefore uncertainty about the choice of careers. As you note this is in your professional learning reflection, it could help you to see that it is worthwhile asking teachers/others/nurses about i.e. to take some action—make a plan—decide on a goal. Or you may simply note it, but decide not to do anything about it.

Are there questions you have raised and been unable to find answers to? List the questions you have raised for yourself in your PLR. Which ones stand out for you? Are there still some you would like to pursue? How would you do that? Can you incorporate these into your learning for the rest of the semester?

What have you learned about your own way of learning? i.e., what types of learning works for you ... what ways do not? What changes to the rest of the semester learning would you like to make on your own behalf? If the rest of the semester progressed exactly the same as the first half—is this what you would want? Or would you like to do some things differently? What tasks do you set yourself in this regard? Do you anticipate the program to become more complex or difficult—are there any changes you want to make to prepare for this?

Are there changes that you need to make in your learning? Have your assignments/modules/facilitations gone well so far? Why is this so? How would you like them to go and what actions would you like to take in this regard?

Are there certain areas of your program that you write about more than others? What meaning do you make of this?

Overall, do you have a sense of progressing in your courses in the program? If yes, describe this progress and discuss how you see this in the future; if no—describe what sorts of things you would like to see that could show your progress and how you might go about making these things happen.
Future Planning: - Identified Learning Needs and Learning Strategies

Take a look at what you have written so far. Make a list of what you need to do to guide your individual learning needs for the rest of the semester (the goals along your learning map). Add this list to the bottom of your PAF.

Make a list of the strategies you are going to undertake to help you incorporate your individual learning needs. These should match up with the goals you have listed.

The progress that you make on these goals and strategies will be reviewed at the midterm and final evaluation meetings with your instructor. You may decide to continue to pursue these goals or to change some of them. Sometimes you may find that the goals and strategies you have decided on here are no longer relevant by the time final evaluation comes around.

Getting started with your PLR (adapted from Fenwick & Parsons, 2000, p. 156)

One or more key points to remember about practice today is....

An example from my own experience with one of the key points is:

Some things that I didn’t understand in practice today:

A new insight or new learning I developed from today’s practice is:

Some useful ideas from today that I can apply to overall nursing practice are:

Some things I already knew that were reinforced today in practice are:

Some implications from today’s learning are:

Some questions that are raised for me from today in practice are:

It is ironic that...

A pattern in practice (or in my PLR) that I notice is...

I heard someone say... in practice today, and it is important/memorable to me because...

Other Questions for your PLR:

Consider how the writings of your PLR relate to your own personal nursing experiences.

Critically reflect upon your nursing experiences

Explore your techniques of nursing

Explore the themes that are evident in your nursing practice

Make connections between your nursing practice and your theory courses in the areas of:

course concepts, readings (journals, texts, lecture notes, etc.), learning activities, &/or your overall learning

Re-reading your PLR (adapted from Fenwick & Parsons, 2000, p. 156) Questions to ask when re-reading your PLR:
When I am re-reading, what I felt/noticed most is:
A recurring theme that comes up periodically in my PLR is:
The recurring themes are important to me/my practice because:
Where I made connections between what I learned in class or what I know about specific course concepts:
What I learned about nursing is:
What I learned about myself is:

In summary, the professional learning reflection (PLR) or journal is a document that reflects your learning throughout the program; it is a record of your learning not only at various clinical sites, but throughout the semester including intersession. It is also a dialogical tool between student and instructor, and although confidential between the two, provides a record of learning through re-reflection of the dialogue. The PLR ideally is a continuously evolving document across all eight semesters of the program, and becomes part of the student’s portfolio of learning. At the very least, the PLR is a cumulative document of deliberative reflection on learning for each semester, and not simply a review of individual practice placements that is ‘filed’ or lost or deleted at semester’s end. Hence students should also be re-reflecting on PLR entries from previous semesters particularly the questions that were raised and the journey undertaken to answer those questions.
APPENDIX A:

ISLAND HEALTH PRACTICE EDUCATION GUIDELINE

INJURY AND EXPOSURE TO BLOOD/BODY FLUIDS
Practice Education Guidelines for BC
Injury and Exposure to Blood/Body Fluids

March 2013

Introduction and Purpose:
Reporting of student and/or PSI Educator injury in a practice education environment is important for immediate and follow-up care and insurance coverage if necessary. Additionally, tracking the nature of injuries identifies hazards and informs the need for change to promote a safe practice environment.

The purpose of this guideline is to outline immediate response actions to student or PSI Educator injury or exposure to blood and body fluids (BBF) experienced in the practice education setting and the necessary reporting and follow-up requirements. Roles and responsibilities for are outlined for all partners in to ensure complete, timely, accurate documentation that may occur during the practice education experience.

Definitions:
Also refer to: Standardized Guideline definitions in Practice Education Guideline (PEG) Introductory Module.

Blood and Body Fluid Exposure: an event where blood or other potentially infectious body fluid comes into contact with skin, mucous membranes (permucosal) or subcutaneous tissue (via percutaneous injury)1.

Skin Exposure (non-intact): blood or body fluid comes into contact with a wound less than 3 days old or with skin that has compromised integrity (i.e. dermatitis, scratches, burns)2.

Skin Exposure (intact): a LARGE amount of blood or body fluid comes in contact with intact skin for a PROLONGED period of time3.

Permucosal Exposure: blood or body fluid from one person is introduced into the bloodstream through permucosal contact (i.e. contact with mucous membranes lining body cavities such as eyes, nose, mouth, vagina, rectum and urethra)4.

Percutaneous Exposure: blood or body fluid from one person is potentially introduced into the bloodstream of another person through the skin via needle stick, tattooing, body piercing, electrolysis, acupuncture or other sharps injury5.

Practice Guideline Standards:
Response ~ Medical Care:
In the event of student or PSI Educator injury within the HCO, the individual should seek appropriate medical care from the HCO First Aid Attendant, Emergency Department, PSI medical services or family doctor.

In the event of student or PSI Educator exposure to blood and body fluids (BBF), the individual must:
- take immediate care of self by flushing mucous membranes with water or normal saline, wash skin with soap and water (no other products) and be directed to not promote bleeding by

2 Ibid.
3 Ibid.
4 Ibid.
5 Ibid.

Integrated Guidelines for Student Practice Education
Practice Education Guidelines for BC
Injury and Exposure to Blood/Body Fluids

- cutting, scratching, squeezing or puncturing the skin.
- seek immediate medical care within 2 hours of exposure in an emergency department or medical stations where prophylactic treatment for HIV can begin as soon as possible, in accordance with the HCO protocols for BBF Exposure (See Appendix A: Sample: Blood and Body Fluid Exposure Protocol).

Reporting:
The student and/or PSI Educator must report the injury or BBF exposure to their Post Secondary Institution.

The student and/or PSI Educator must inform the HCO unit manager/director of the injury or BBF exposure.

The PSI is responsible to submit the appropriate documentation to the designated accidental injury and disability insurer (eg: WorkSafeBC or private insurer);

A student or PSI Educator exposed to potentially infectious blood or body fluids must complete specific reporting documents (See Appendix B: Guidelines for completing HLTH 2339 and 2340 forms)

HCOs must communicate any additional health authority specific reporting requirements for injury or BBF exposure to PSIs.

Roles, Responsibilities and Expectations:

Student:
For personal injury (other than BBF):

- Seek appropriate medical care from HCO First Aid Attendant, Emergency Department, PSI medical services or family doctor.
- Promptly report injury to Post Secondary Institution. Complete required injury documentation forms as directed by PSI (includes WorkSafeBC documents).
- Inform HCO Unit Manager/Director of injury.

For personal injury involving BBF:

- Take immediate self care as outlined in the guideline standards.
- Seek immediate medical care within 2 hours of exposure in an emergency department or medical station where prophylactic treatment for HIV can begin as soon as possible, in accordance with the HCO protocols for BBF Exposure (See Appendix A: Sample: Blood and Body Fluid Exposure Protocol).
- Complete required forms for BBF Exposure. See Appendix B: Guidelines for completing HLTH 2339 and 2340 forms.
- Promptly report the exposure to the Post Secondary Institution. Complete required PSI reporting forms.
- Inform HCO Unit Manager / Director of exposure.
- Complete any required HCO specific reporting requirements.

PSI Educator:
In the event of an injury or BBF exposure to the PSI Educator, follow the same protocol as outlined above for students.
Practice Education Guidelines for BC
Injury and Exposure to Blood/Body Fluids

In the event of a student injury or BBF exposure under your supervision in the practice setting:

- Provide assistance to the student to seek appropriate medical care in response to the injury or BBF exposure as outlined above under student responsibilities.
- Provide support to the student to complete all necessary reporting processes and forms.

HCO Educator (term includes all practice education supervisory roles):
In the event of a student injury or BBF exposure under your supervision in the practice setting:

- Provide assistance to the student to seek appropriate medical care in response to the injury or BBF exposure as outlined above under student responsibilities.
- Provide support to the student to complete necessary reporting processes and forms.
- Inform the HCO Unit Manager/Director of injury or BBF exposure.

Post Secondary Institution:
Have appropriate accidental injury and disability insurance coverage for students and PSI Educators learning/supervising in the practice education setting, as per the educational affiliation agreement.

Establish and communicate a policy/process for student and PSI Educator injury or BBF exposure reporting.

Ensure all required documentation is complete and submitted in accordance with the PSI, WorkSafeBC, Accidental Injury and Disability Insurer policies/protocols.

Maintain database of reported injuries. Monitor the type and frequency of incidents that occur during practice education experiences in order to identify, analyze, and take action for correction and prevention of similar events in future.

Health Care Organization:
Provide immediate response medical care for student or PSI Educator injury or BBF exposure as required through on site First Aid Attendant or Emergency Department.

Maintain record/track student or PSI Educator injury or BBF exposures as reported to the HCO Unit/Department Manager or Director, or other HCO specific reporting mechanisms, by the student or PSI Educator at the time of the event, in accordance with HCO specific reporting protocols.

Resources and References:


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6 BC Academic Health Council. Educational affiliation agreement template. Available at: www.hsponline.com
Practice Education Guidelines for BC
Injury and Exposure to Blood/Body Fluids


Vancouver Coastal Health Authority Occupational Health Nursing Program. (2007). BBF standardized procedure. Vancouver, BC.


Guideline Review History:

<table>
<thead>
<tr>
<th>Revision #</th>
<th>Date</th>
<th>Author(s)</th>
<th>Brief Description of Change (reason for change)</th>
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</thead>
<tbody>
<tr>
<td>Original</td>
<td>March 2007</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>March 2013</td>
<td>Diana Campbell (VIHA), Heather Straight (VCH), Andrea Starck (NHA), Debbie McDougall (BCAHC), Carmen Kimoto (VCC)</td>
<td>Created as new guideline, separate from adverse event reporting. Refined content to align with title of response and reporting. Updated content/process. References updated, including PSI policies for injury reporting.</td>
</tr>
</tbody>
</table>
Appendix A:

Sample: Blood/Body Fluid (BBF) Exposure Protocol for Students

<table>
<thead>
<tr>
<th>Student (Exposed Person)</th>
<th>Faculty/Supervisor (of Student)</th>
<th>Emergency Triage/RN</th>
<th>Emergency Physician</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cleanse affected area per Health Care Organization (HCO) BBF protocol</td>
<td>Assist in completing HLTH 2339 and escort to Emergency (if needed)</td>
<td>First aid as required Triage as Priority Level 2 (recommended)</td>
<td>Assess risk factors and counsel accordingly</td>
</tr>
<tr>
<td>Contact First Aid Attendant as per site protocol Report to faculty and/or staff supervisor</td>
<td>Ensure source consent and blood work obtained</td>
<td>Assist student to complete HLTH forms if not already done so (see Appendix B)</td>
<td>Order appropriate blood work</td>
</tr>
<tr>
<td>Complete HLTH 2339 &quot;Exposed Person Information&quot;, &quot;Exposure Information&quot;, and &quot;Blood Testing&quot; sections (see Appendix B)</td>
<td>(Faculty) Supply and assist in completing School Incident/Injury report and return it to the school</td>
<td>Refer to Emergency Physician</td>
<td>Treat and Immunize as required</td>
</tr>
<tr>
<td>Report to nearest Emergency (ER) within 2 hours of exposure</td>
<td>(White) Unit RN: Complete &quot;Source Person&quot; section of HLTH 2339</td>
<td>Ensure student blood work done (White) HLTH 2339 copy to Lab</td>
<td>Complete HLTH 2339 &quot;Exposed Person Management&quot; section and HLTH 2340</td>
</tr>
<tr>
<td>Be seen by ER Physician Have blood work taken</td>
<td>Obtain consent for blood testing from Source Document consent Ensure blood work done</td>
<td>Give medications and immunizations as ordered</td>
<td>Counsel and answer questions</td>
</tr>
<tr>
<td>Contact HCO Occupational Health designate the next business day for follow up</td>
<td>Ensure completion and reorder forms for HIV starter kit if used</td>
<td>Advise student of exposed (and source if returned) test results by phone</td>
<td></td>
</tr>
<tr>
<td>Bring HLTH 2339 (Pink copy) and HLTH 2340 (White copy) to follow up appointments</td>
<td>Complete the School Incident/Injury report and return to the school</td>
<td>Distribute copies of HLTH 2339 &amp; 2340 accordingly (see Appendix B)</td>
<td>Send follow up letter to student (see Appendix C)</td>
</tr>
</tbody>
</table>

HLTH 2339 - Management of Percutaneous or Permucosal Exposure to Blood & Body Fluid/Laboratory Requisition (Ministry of Health Services, 2005/04/12)

HLTH 2340 - Management of Percutaneous or Permucosal Exposure to Blood & Body Fluid: Letter for Follow-Up Physician (Ministry of Health Services, 2004/08/20)

Flowchart adapted from Fraser Health Authority BBF Exposure Protocol for Staff, January 2004.
Appendix B
Guidelines for completing HLTH 2339 and 2340 forms
Student (or Faculty) BBF Exposure

**HLTH 2339**

- Enter School and Program name (not health authority or worksite name)
- Enter “Student discipline”
- Enter Faculty supervisor’s or school’s phone number

**Blood Testing (HBsAg, Anti-HBs, Anti-HBc, Anti-HCV, Anti-HIV are done routinely)**

- Enter Student’s family doctor
- Enter health authority or worksite Occupational Health
- Send Yellow copy to this office
- Student to take Pink copy and submit to school and/or school’s student health services (if they have one)
- ER staff may also fax it to WorkSafeBC prior to discharge

**HLTH 2340**

- Give Student White copy to take to follow up appointments
- Send Yellow copy to health authority or worksite Occupational Health

"NOTE: At no time is Source Person information to be released to either the student or the school"
Appendix C

Sample Follow up Letter to Student

Date: 

Student Name
Address

Dear student’s name,

Re: Blood and Body Fluid Exposure Post Exposure Management

Please give your school’s student health services department a copy of this report so that they can provide you with post exposure follow up.

If you do not have student health services, please take this letter to your family doctor. Advise the doctor that you were involved in a BBF (Blood and Body Fluid) and you require follow up. For current information regarding antiretroviral drugs, please advise your doctor to call the B.C. Centre for Excellence in HIV/AIDS at: 1-800-665-7677 (Physician Hotline).

As I advised you by phone on ___/MM___/DD____/YYYY, your baseline test results collected on ___/MM___/DD____/YYYY were as follows:

<table>
<thead>
<tr>
<th>Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anti-HIV</td>
</tr>
<tr>
<td>Anti-HCV</td>
</tr>
<tr>
<td>HbsAg</td>
</tr>
<tr>
<td>Anti-HBs</td>
</tr>
<tr>
<td>Anti-HBc</td>
</tr>
</tbody>
</table>

The source patient results are as follows based on blood work drawn on ___/MM___/DD____/YYYY:

<table>
<thead>
<tr>
<th>Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anti-HIV</td>
</tr>
<tr>
<td>Anti-HCV</td>
</tr>
<tr>
<td>HbsAg</td>
</tr>
<tr>
<td>Anti-HBs</td>
</tr>
<tr>
<td>Anti-HBc</td>
</tr>
</tbody>
</table>

Sincerely,

Name of clinic nurse or OHN

Encl. PC of 2339 (excluding sources identity)
APPENDIX B:

ISLAND HEALTH PRACTICE EDUCATION GUIDELINE

MEDICAL ASSISTANCE IN DYING (MAiD) – STUDENT ROLE
Medical Assistance in Dying: Student Role

12.6.35G

Guideline

Guidelines are recommended actions allowing for professional judgement

Purpose:

To provide clarity on expectations around Medical Assistance in Dying (MAiD) at Island Health for students, instructors from post-secondary institutions, and those in supervisory or mentoring roles.

Medical Assistance in Dying (MAiD) is provided in Island Health across all care settings as of June 17, 2016. Bill C-14 - Royal Assent and changes to the Criminal Code mean that persons who meet eligibility criteria can request an assisted death. Currently Physicians, Nurse Practitioners (NPs), Registered Nurses (RNs), Registered Psychiatric Nurses (RPNs), Social Workers (RSW) and Pharmacists have defined roles in the process of MAiD.

Scope:

- Post secondary students completing a clinical practicum at Island Health, who are enrolled in educational institutions with a current educational affiliation agreement in place with Island Health.
- Clinical placements across all Island Health facilities (owned and operated, contracted and affiliated settings).
  - Island-wide
  - Across care settings
- Out of scope: High school job shadowing students, medical school student placements, co-op students, and Take Our Kids to Work students, employed student nurses.

Outcomes:

Increase knowledge and competency surrounding the student’s role in MAiD.

1.0 Guideline

Regulatory Standards of Practice:

There can be a role for students, given that many of the competencies required for aiding in the provision of MAiD are entry to practice competencies for clinicians, including providing end of life care, supporting access to information, providing holistic client care, providing education, and collaborating with the health care team.

While regulatory colleges may not have guidance specifically related to MAiD and students – other practice standards related to students are applicable (e.g., Regulatory Supervision of Nursing Student Activities). Professional practice teams/health authorities, professional schools, professional staff and students would use these existing standards (and other relevant practice standards such as Duty to Provide Care) to determine what a student’s role in a particular setting could be with clients related to MAiD.

Learning Opportunities:

Island Health is committed to work with Post Secondary Institutions to support the learning experiences of students enrolled in educational programs, by providing them with access to practice education experiences.

Practice Education:

Practice education is a vital component of many educational curriculums and represents a significant portion of a student’s requirement for graduation. Students engaged in practice education are the greatest resource for the future provision of healthcare in BC. Island Health provides practice education environments where students apply and further develop knowledge and skills gained in the classroom.

Maintained by: Professional Practice
Issuing Authority: Chief, Professional Practice & Chief Nursing Officer
1.1 Prior to MAiD: Involvement with a patient asking about or exploring the option of MAiD. The student will:

- Review available resources found on Island Health’s intranet MAiD site and MAiD [public site] (information for patients), read your regulatory College standards, and read Bill C-14 - Royal Assent (42-1).
- Never initiate, coerce, or counsel a patient to consider MAiD. Patients must initiate this conversation independently.
- If a patient shares that they ‘wish to die’, spend time exploring this statement with the patient to gain clarity by asking further questions and listen for what the patient is asking as it pertains to living and dying. If a patient initiates a conversation about MAiD, students should encourage the patient to speak with their physician or NP or responsible care team clinician; who may provide the patient with information available on Island Health’s MAiD website, or refer the patient to the MAiD [public site].
- Actively listen to a patient’s motivation for MAiD, explore supports to address current care needs.
- Provide in collaboration care and evaluate health outcomes.
- Continue to collaborate with the interdisciplinary team for patient care planning.
- Communicate with their supervisor, preceptor, or instructor, and inform the patient’s physician or nurse practitioner on any request or interest for MAiD.
- Not act as a witness to a patient consent for MAiD and do not act as a witness for a telemedicine assessment.
- Continue to provide patient care that is within their scope.

1.2 During the Administration of MAiD. The student:

- Will not assist in any aspect of the administration of MAiD (i.e. IV start for MAiD medication).
- May be an observer in the MAiD event if previously mutually discussed with the MRN and instructor.
- Will require consent from the patient and family, and persons involved in the administration and assistance of MAiD to be an observer.

1.3 After MAiD Administration. If within the scope of their profession, the student:

- May provide post mortem care as per island health procedures in collaboration with another health care team member.
- May help to arrange supports through social work for bereavement care and follow-up as requested by the family in collaboration with the MRN and or other health care team members.
- Should debrief with their instructor and MRN or most responsible mentor. (Throughout each phase in the MAiD process.)
Quick Reference Guide

<table>
<thead>
<tr>
<th>Students in MAID CAN:</th>
<th>Students in MAID CANNOT:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can respond to requests for information by directing the patient to MAID information on Island health website or via a pamphlet.</td>
<td>Cannot initiate discussions on MAID.</td>
</tr>
<tr>
<td>Can refer the patient to consult with their NP or physician.</td>
<td>Cannot counsel patients to consider MAID.</td>
</tr>
<tr>
<td>Can provide ongoing patient care prior to the administration of MAID.</td>
<td>Cannot assess for eligibility. Cannot start IV for sole purpose of MAID.</td>
</tr>
<tr>
<td>Can observe MAID if patient and family consent is given and student has been determined ready (emotionally, psychologically and knowledge wise) for this event by MRN and/or PSI Instructor.</td>
<td>Cannot assist in the action of MAID.</td>
</tr>
<tr>
<td>Can provide post-mortem care if within scope and student has been determined ready (emotionally, psychologically, and knowledge wise) for this event by MRN or/and PSI Instructor.</td>
<td>Cannot act as a witness when a patient is completing a MAID record of patient request form or having a telemedicine assessment.</td>
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</tbody>
</table>

2.0 Definitions

Medical Assistance in Dying (MAID):  
a) The administering by a medical practitioner or nurse practitioner of a substance to a person, at their request, that causes their death; or  
b) The prescribing or providing by a medical practitioner or nurse practitioner of a substance to a person, at their request, so that they may self-administer the substance and in doing so cause their own death. Bill C-14 - Royal Assent (42-1).

Most Responsible Nurse (MRN): Most Responsible Nurse, the supervising nurse that a student is practicing under.

Post-Secondary Institutions Instructor: Faculty, instructors and other terms for educators employed by the Post Secondary Institution, to coordinate and support practice education experiences, for group and/or individual students in collaboration with the health care organization employees.

Post-mortem: After death.

3.0 Related Island Health Standards  
- Policy Island Health (2014) 1.8.2P Student Practice - Post Secondary Students

4.0 References  
- College Standards:  
  - College of Registered Nurses of BC (2016). Standards, limits and conditions for medical assistance in dying
Medical Assistance in Dying: Student Role

12.6.35G

Guidelines are recommended actions allowing for professional judgement

- College of Pharmacists of BC (2016). Dispensing Drugs for the Purpose of MAID: Standards, Limits and Conditions
- BC College of Social Workers (2017). PRACTICE GUIDANCE: Medical Assistance in Dying
- Health Science Placement Network (2013) Practice Education Guidelines Introductory Module

5.0 Resources

- MAID FAQs (Island Health)
- Employee MAID Website (Island Health)
- Role of Care Staff in Island Health (PowerPoint)
- Scope, Role, Function (Professional practice)
- Public MAID Website (Island Health)
- Bill C-14 - Royal Assent (42-1)
- Health Science Placement Network (2013) Practice Education Guidelines
- Palliative & End of Life Care (Island Health)
- Canadian Virtual Hospice
APPENDIX C:

ISLAND HEALTH

NARCOTICS-CONTROLLED-DRUGS-SUBSTANCES-PROCEDURE
Narcotics, Controlled Drugs and Substances Procedure
27.1PR

PROCEDURE
Procedures are a series of required steps to complete a task, activity or action

<table>
<thead>
<tr>
<th>Purpose:</th>
<th>To provide clear and consistent procedures so that the Narcotics, Controlled Drugs and Substances policy can be adhered to.</th>
</tr>
</thead>
</table>
| Scope:   | • All staff, ordering providers and contracted services, having any involvement including research, with a Controlled Drug or Substance, Island-wide.  
            • Applies to all of the product groupings as specified in the policy.  
            • Applies to all manual recording processes as well as all Automation Technologies. |
| Outcomes:| To provide clear, concise, achievable and reasonable procedures so that the Narcotics, Controlled Drugs and Substance Policy can be adhered to. |

1.0 Storage
   1.1 Approved Storage Locations
   1.2 Room temperature storage
   1.3 Refrigerated storage
   1.4 Triplicate prescription pads
   1.5 Storage Locations

2.0 Access
   2.1 Island Health Employees
   2.2 Designated Physicians Group
   2.3 Paramedics
   2.4 Nursing students, Faculty and Employed Student Nurses
   2.5 When to access stock
   2.6 Medication Carts

3.0 Inventory Control
   3.1 Wardstock
   3.2 Issuing of Narcotics from Pharmacy to Clinical area
   3.3 Transportation
   3.4 Patient’s own narcotics or controlled drugs
   3.5 Pass medications
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4.0 Discrepancies
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5.0 Returns, wastage and disposal
   5.1 Returns within patient care areas
   5.2 Returns to pharmacy
   5.3 Wastage on patient care areas
   5.4 Wastage in pharmacy
   5.5 Destruction and disposal
   5.6 Marihuana for Medicinal Purposes

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Maintained by: Medication Policy and Procedure Committee
Issuing Authority: Therapeutic Safety and Stewardship Quality Council

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Narcotics, Controlled Drugs and Substances Procedure

27.1PR

Procedures are a series of required steps to complete a task, activity or action

island health

Procedures

Pre-Amble
Procedures to the Policy 27.1P Narcotic, Controlled Drugs and Substances Policy are lengthy and complex but at the core outline the necessary steps to ensure Island Health has and maintains a documented chain of control over all affected drugs from procurement through to patient administration, wastage and destruction. This procedure contains requirements for those who work with these drugs and have a chain of control responsibility including physicians, nursing staff, pharmacy staff, etc. The chain of control documentation procedures are a requirement of the applicable national legislation and regulations. Provincial regulated health colleges often have further requirements of their members that serve to inform this Policy and Procedure.

1.0 Storage

1.1 Pharmacy must approve all medication storage locations and will annually inspect them to assure compliance with requirements. Locations must be secure, have no public access and provide protection of patient information. In extenuating circumstances where storage locations are located in publicly accessible areas, safety measures must be implemented in order to protect the security of the employee and the inventory supply. Narcotics and Controlled Drugs are not to be provided in night cupboards.

1.2 Narcotics that are to be stored at room temperature should be at ambient temperature with no fluctuations in temperature and should be stored away from direct sunlight or other heat sources.

1.3 Narcotics that require refrigeration are to be stored in medical grade lockable fridges or have a separate narcotics drawer, secured in the fridge that is to be locked at all times. If medical grade fridges are unavailable and the medications could be stored at room temperature with a shortened expiry date, then they must be stored in a locked narcotic cupboard or lockbox.

1.4 Triplicate prescription pads are to be kept with the prescriber and are to be stored in secure areas with no public access when not in use.

1.5 Narcotic Storage locations

1.5.1 Manual narcotic cupboards (using keys or access codes):

1.5.1.1 Keys:

1.5.1.1.1 The Unit Manager in the clinical area and the Pharmacy Site Coordinator will determine the maximum number of keys that are appropriate in a patient care area. An updated list of keys for each area will be maintained by the Pharmacy Site Coordinator.

1.5.1.1.2 Keys must be kept in a locked drawer or carried by a nurse while on shift.

1.5.1.1.3 Keys are counted with narcotics and recorded on the Narcotic Drug Administration Record at each shift change. In residential care facilities where the narcotics are dispensed on a patient specific basis, keys are to be counted every 24 hours.

1.5.1.1.4 Keys taken off site must be returned immediately, this will mean returning back to the facility after shift.

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1.5.1.5 Lost keys are to be reported immediately to the Unit Manager, Pharmacy Site Coordinator and Protection Services. FMO (Facilities, Maintenance and Operations) shall be notified to replace the lock within 24 hours.

1.5.1.6 The Unit Manager or delegate will investigate the cause for lost keys and will develop mitigation strategies to minimize these losses.

1.5.1.2 Access codes:
   1.5.1.2.1 The Unit Manager or delegate is responsible for changing the code and ensuring that it is changed at a minimum of every 6 months.
   1.5.1.2.2 Confirmation that the code has been changed is to be documented and posted inside the narcotic cupboard, specifying date and person who changed the code.

1.5.2 Automated Dispensing Cabinets (e.g. Omnicell, Acudose or Rx-Station)
   1.5.2.1 All narcotic and controlled drugs are to be stored in the cabinets in areas where the cabinet is available.
   1.5.2.2 Keys stored in the Automated Dispensing Cabinet (for locked fridges or for other medication cupboards) are to be counted during routine narcotics count.

2.0 Access to Narcotics and Controlled Drugs are granted to:

2.1 Island Health employees who either have the authority to stock or to administer these drugs to patients. This includes all employed regulated health care professionals according to their scope of practice. Pharmacy assistants will be provided delegated authority by the pharmacy site coordinator to access narcotics and controlled drugs.

2.2 Access to Narcotics and controlled drugs will be granted to designated physician groups who have authority to prescribe and administer narcotics.

2.3 Paramedics including Advanced Care, Critical Care, and Infant Transport Teams are provided with access to diazepam, fentanyl, ketamine, lorazepam, midazolam and morphine only per Health Canada Section 56 Class Exemptions and in accordance with the Provincial Agreement between BCEHS (BC Emergency Health Services) and the Health Authorities. The BCEHS-Health Authorities Agreement describes the sourcing and these drugs for BCEHS units.

2.4 Nursing students, nursing faculty and ESNs (Employed Student Nurses) do not have independent access to remove narcotics and controlled drugs from either narcotic cupboards/lockboxes or Automated Dispensing Cabinets.
   2.4.1 The Island Health nurse who is providing regulatory supervision must remove the narcotics and controlled drugs.
   2.4.2 The Island Health nurse may provide the student/ESN with the narcotics and controlled drugs but must witness the preparation and administration of the narcotics and co-sign the administration record and the Narcotic Control Record book with the student.
2.5 Access to stock:

2.5.1 Pharmacy will supply all narcotics and controlled drugs to the units during normal pharmacy operating hours.

2.5.2 If a narcotic is required when pharmacy is closed, check with other clinical areas as to whether the narcotic is available wardstock:

2.5.2.1 If wardstock is unavailable on any clinical areas – call the pharmacist-on-call

2.5.2.2 If wardstock is available on another clinical area, access only enough doses required until pharmacy opens, following the procedures below:

2.5.2.2.1 The nurse requesting the narcotic or controlled drug must provide to the supplying nurse, the MAR (Medication Administration Record) indicating the patient’s name and ordered medication. This is required for both manual narcotic cupboards (narcotic and controlled drug administration records) and for Automated Dispensing Cabinets.

2.5.2.2.2 Narcotic and Controlled Drug Administration Record (narcotic cupboards/lockboxes)

2.5.2.2.2.1 Requesting nurse to show the MAR to the supplying nurse, indicating the exact quantities of narcotics or controlled drugs that are required during the time that pharmacy is closed.

2.5.2.2.2.2 Supplying nurse to record the withdrawal in the supplying unit’s drug administration record and the addition to the receiving unit’s record book under the patient’s name.

2.5.2.2.2.3 Both nurses count the total new inventory in the supplying nurse’s narcotic cupboard and co-sign each other’s narcotic drug administration records.

2.5.2.2.2.4 Requesting nurse returns to home unit and has another nurse count and add the new inventory into the narcotic cupboard and co-signs narcotic drug administration record.

2.5.2.2.3 Automated Dispensing Cabinets (e.g. Omnicell, Acudose or Rx-Station)

2.5.2.2.3.1 Requesting nurse to show the MAR to the supplying nurse, indicating the exact quantities of narcotics or controlled drugs that are required during the time that pharmacy is closed.

2.5.2.2.3.2 With the supplying nurse present as a witness, the requesting nurse signs onto the supplying unit’s cabinet using his/her own ID and password.

2.5.2.2.3.3 The requesting nurse removes the required narcotics from the cabinet. The narcotic must be withdrawn under the patient’s name. If patient’s name is not visible on the patient list for that cabinet, the requesting nurse must manually admit the patient prior to withdrawing the medication.
2.5.2.2.3.4 If the narcotic is not used, is intact and can be reused, return the medication back to the cabinet per section 5.1.2.2 below.

2.6 Medication Carts
2.6.1 Movable carts must be within visual view of the clinician and locked.

2.6.2 For units with a Centralized Narcotic Cupboard, moveable carts may be used to transport narcotics and controlled drugs for immediate, single dose administration to the patient.

2.6.3 For units without a Centralized Narcotic Cupboard, the moveable cart may act as a narcotic cupboard only if there is a separate lock box within each cart or if the narcotics are kept behind two locks when not in use. The process for transferring, administration and wastage of narcotics shall follow all the procedures as outlined in this document.

2.6.4 Residential care may store narcotics on medication carts, provided the following conditions are met:
2.6.4.1 Narcotics and controlled drugs are kept either in a lock box within each medication cart or the narcotics are kept behind two locks when not in use.
2.6.4.2 Each medication cart will have its own and separate Narcotic and Controlled Drug Administration Record which contains a complete and up-to-date inventory of all the narcotics and controlled drugs within each cart.
2.6.4.3 The transfer, administration and wastage of all narcotics and controlled drugs from the medication cart will follow all the procedures as outlined in this document.
2.6.4.4 Narcotics are to be signed out of the medication carts and back into the Centralized Narcotic Cupboard or lock box once all narcotics and controlled drug orders have been discontinued.

2.6.5 Immobile carts may be used for storage of narcotics and may be used as a narcotic cupboard and be locked while not being accessed. Carts being used for this purpose must not be moved and must be tethered to a wall or otherwise rendered immobile. Such carts shall be stored in locations not accessible to the public.

3.0 Inventory Control
3.1 The Pharmacy Site Coordinator and the Unit Manager are responsible for determining the narcotic and controlled drugs that are to be provided as wardstock on the clinical area Med P&P C.08 Wardstock Supplies. Narcotics and controlled drugs that are not provided as wardstock will be dispensed as patient specific prescriptions and will require the same storage and documentation as wardstock narcotic and controlled medications.

3.2 Narcotics and controlled drugs are to be checked for expiry at least every 30 days. This is to be performed by pharmacy in areas where pharmacy stocks narcotics for the units. For areas that pharmacy does not stock narcotics for the units, the expiry checking function is to be performed by nursing.
3.3 Issuing of narcotics from pharmacy to the clinical area:

3.3.1 The issuing or returning of inventory between pharmacy and the clinical area is to be documented using one of the following: a Narcotic Drug Administration Record, a Controlled Drug Record or an Automated Dispensing Cabinet. Automatic transport systems such as Pneumatic tubes and carts cannot be used for narcotic transport.

3.3.2 All narcotics and controlled drug records are to be kept in chronological order in separate and dedicated records that are to be retained indefinitely per Island Health record retention requirements.

3.3.3 The documentation requirements for the controlled drug records are specified in the CRNBC Nurse Managed Medication Inventory document.

3.3.4 Facilities with an Island Health Pharmacy on site and/or pharmacy stocks narcotics for the units:

3.3.4.1 Narcotic and Controlled Drug Administration Record (narcotic cupboards/lockboxes)

3.3.4.1.1 A nurse in conjunction with a pharmacy technician or assistant must confirm and document on the record, the exact quantities of the narcotic or controlled drugs that were added to the inventory count.

3.3.4.1.2 A complete count of the specific narcotic or controlled drug must then be done by a nurse and a witness and the total must be documented on the Narcotic and Controlled Drug Administration Record and co-signed by both parties.

3.3.4.2 Automated Dispensing Cabinets (e.g. Omnicell, Acudose or Rx-Station)

3.3.4.2.1 A nurse witness is not required for stocking of narcotics or controlled drugs into the cabinet if a scanner is used.

3.3.4.2.2 The pharmacy technician or assistant will perform a blind count of the initial quantity in the cabinet pocket. The technician or assistant will stock the pocket with the specific medication using a barcode scanner, ensuring the quantity added and the final quantity are correct before the pocket is closed.

3.3.5 Facilities with no Island Health Pharmacy on-site and/or pharmacy does not stock narcotics for the units:

3.3.5.1 Pharmacy to send all narcotics and controlled drugs in a secure bin or tote using Island Health transport or an approved courier. The bins or totes are to be sealed and tamper proof.

3.3.5.2 A narcotic documentation record specifying the medications and the quantities sent is to be included with each narcotic delivery.

3.3.5.3 Island Health Transport or approved courier will deliver the narcotics to the clinical area and provide the medication tote directly to the nurse. The nurse will sign off the transport slip and retain a copy for tracking purposes.

3.3.5.4 The nurse will then add the narcotics or controlled drugs to the narcotic cupboard per 3.2.3.1.1 and 3.2.3.1.2 above and will have another regulated health care professional co-sign the narcotic and controlled drug administration record. If the nurse is working...
completely alone, a single signature can be used and retrospective reviews of the narcotic and controlled drug administration record must be done at least every 7 days with the Unit Manager or designate.

3.3.5.5 If there are no concerns with the medication or quantity provided, then the nurse is to sign off on the narcotic documentation record and place the record back into the tote or bin for return to pharmacy. The documentation should also be faxed to the issuing pharmacy if there are greater than 24 hours delay with the original copy being returned to the pharmacy (e.g., inclement weather).

3.3.5.6 If there are concerns with the medication or quantity provided, then the nurse is to contact the issuing pharmacy immediately and retain the unsigned documentation until concerns are resolved.

3.3.5.7 Pharmacy to resolve all discrepancies immediately and follow the escalation procedures per Section 4.3.

3.3.5.8 Issuing pharmacy to reconcile and retain all the signed narcotic and controlled drug documentation records per routine procedures.

3.4 Transportation of narcotics and controlled drugs

3.4.1 Transportation within the same facility

3.4.1.1 Transportation may only be done by the following authorized personnel: RNs, LPNs, Nurse Practitioners (NP), Registered Psychiatric Nurses (RPN), Pharmacists (RPh), Pharmacy Technicians (RPhT) and Pharmacy Assistants.

3.4.2 Transportation offsite to different facilities

3.4.2.1 Island Health authorized transport and couriers may transport narcotics and controlled drugs between facilities.

3.4.2.2 A verification process must be used to track the delivery and receipt of the medications.

3.5 Patient’s own narcotics or controlled drug (not including marihuana and cannabis for medical purposes)

3.5.1 Patient’s own narcotic and controlled drug Med P&P C.09 Patient’s Own Medication must be identified by pharmacy and be recorded either on the Narcotic Administration Drug book or in the Automated Dispensing Cabinet. Remote facilities with no Island Health pharmacies on-site must have the medication identified and confirmed by a nurse prior to administration. This can be accomplished by either consulting a local retail pharmacist or by accessing drug monograph information resources. These medications are also expected to be identified and documented in the best possible medication history portion of Medication Reconciliation on admission to any Island Health facility.

3.5.2 Upon discharge, count the remaining medications; document and have another regulated professional witness the quantity on either the Narcotic Administration Drug book or in the Automated Dispensing Cabinet and return the medication to the patient.

3.5.3 Patient’s own narcotics left on the clinical area are to be returned to the pharmacy per procedures 5.2 below. Narcotics are to be recorded and kept in the pharmacy safe and are to be destroyed per 5.5.1.2.
3.6 Pass Medications

3.6.1 Narcotics and controlled drugs may be provided on pass medications per Med P&P C.16 Pass Medications.

3.6.2 Only scheduled doses that are required during pass will be provided. PRN medications shall only be provided upon specific request by the physician or nurse with a stipulation on the number of doses needed. In order to request PRN pass medications, the nurse must have a documented pattern of regular use of the PRN medication. The nurse must also assess and document the effectiveness of the PRN medication upon the patient’s return to the unit as appropriate.

3.6.3 Pass medications containing narcotics are to be kept in the narcotic cupboard/locked box or in a locked secure location until the patient is ready to leave the facility. The nurse should provide the narcotics directly to the patient or the caregiver and then record the dispensing information on the MAR. Narcotics returned after pass are to be returned to pharmacy per 5.2 below. Narcotics that have left the facility are not to be returned to inventory or to be used for any other patients. They must be wasted according to procedures 5.3 below.

3.6.4 Day passes (less than 24 hours of medications)

3.6.4.1 Narcotics are to be supplied on the clinical area using pharmacy supplied preprinted labels “To Go” prescription labels. Nurses have to specify: patient name, date, medication, strength, quantity, directions for use and physician as required on the prescription label.

3.6.4.2 Safety and flip top medication vials for oral medications as well as bottles for oral liquids will be stocked at the nursing unit by nursing.

3.6.4.3 Narcotics decremented are to be recorded on the Narcotic and Controlled Drug Administration Record or on the Automated Dispensing Cabinet.

3.6.5 Overnight passes (greater than 24 hours of medications)

3.6.5.1 Pharmacy to provide overnight pass medications if greater than 24 hours notice has been given. Only those facilities with no on-site pharmacies or those with patient specific multi-dose packages may follow the day pass procedures per 3.5.4 above for both overnight and day passes.

3.6.5.2 Pharmacy to decrement narcotics from pharmacy inventory per routine procedures.

3.6.5.3 Upon transferring the pass medication containing narcotics from pharmacy to the clinical area, nurse is to co-sign the pharmacy inventory record to verify the narcotic and quantity provided.

3.7 Narcotic Counts

3.7.1 All narcotic drugs require a perpetual inventory count in both pharmacy and clinical areas.

3.7.2 The narcotic count has to match exactly with the quantity on hand. Exceptions up to a maximum of 10% (of mL) outage may be granted to oral narcotic liquids in bulk bottles upon completion of the bottle to compensate for potential volume loss during the production or administration process.
3.7.3 Controlled drugs (e.g. Tylenol 3s and Benzodiazepines):
3.7.3.1 Controlled Drug Record (paper based) - does not require a perpetual inventory count. Each dose removed needs to be documented but a total count does not need to be done with each removal unless otherwise requested by the Unit Manager.

3.7.3.2 Complete inventory count is to be done at shift change, if this is not feasible, then count may also be done before shift ends. Counts in facilities where narcotics and controlled drugs are dispensed on a patient specific basis are to be done every 24 hours.

3.7.3.3 If the Unit Manager determines that a controlled drug should be placed on perpetual inventory count on a unit, then he/she should contact the pharmacy site coordinator.

3.7.3.3.1 The pharmacy site coordinator will liaise with the Unit Manager to determine:

3.7.3.3.1.1 Date of implementation and when the controlled drug will be added to or removed from the controlled drug record and onto the Narcotic Drug Administration Record.

3.7.3.3.1.2 Communications to both pharmacy and unit nursing staff.

3.7.3.4 Automated Dispensing Cabinets - require a perpetual inventory count for narcotics and controlled substances. The count process for controlled substances is the same as the count process for narcotics.

3.7.4 Narcotic and Controlled Drug Administration Records (narcotic cupboards/lockboxes)
3.7.4.1 Two nurses will conduct a complete count of all narcotic and controlled drugs at each shift change or before shift ends. Only facilities where narcotics are dispensed on a patient specific basis are to be done every 24 hours.

3.7.4.2 In rural and remote sites where two nurses are not available to perform the count, the following process would be acceptable:

3.7.4.2.1 One nurse and one other regulated healthcare professional employed by Island Health should perform the narcotic and controlled drug count.

3.7.4.2.2 If the nurse is working completely alone, a single signature can be used and retrospective reviews of the narcotic and controlled drug administration record must be done at least every 7 days with the Unit Manager or designee.

3.7.5 Automated Dispensing Cabinets (e.g. Omnicell, Acudose or Rx-Station)
3.7.5.1 Refer to Med P&P C.31 - Acudose Rx Inventory Management
3.7.5.2 One nurse will complete a blind count on the medication in the specific drug pocket prior to removing a medication dose from a specific pocket.

3.7.5.3 Pharmacy will complete a blind count on the medication in the specific drug pocket during restocking.

3.7.5.4 Two nurses will conduct a complete count of all narcotic and controlled drugs at least once every two weeks.

3.7.6 Pharmacy
3.7.6.1 A complete inventory count of all the medications in the pharmacy narcotic safe is to be done at a minimum of once per week.
3.7.6.2 Documentation that count has been done is to be kept in the pharmacy narcotic safe.  
3.7.6.3 Any unresolved discrepancies will follow the escalation procedures.

4.0  **Discrepancies**

4.1  Discrepancy management protocol for patient care areas and pharmacy are found in Appendix A. The corresponding workflow diagram for the patient care areas is in Appendix B and the corresponding workflow diagram for pharmacy is in Appendix C.

5.0  **Returns, Wastage and Disposal**

5.1  Returns within clinical areas (to Narcotic cupboards/lockboxes or to Automated Dispensing Cabinets):

5.1.1  All narcotic returns must be witnessed by two licensed health care professionals. Pharmacy assistants are authorized to witness the return.

5.1.2  Only **intact and reusable medications** shall be returned using the following processes:

5.1.2.1  **Narcotic Administration Drug Record (narcotic cupboards/lockboxes)**

5.1.2.1.1  Conduct perpetual inventory count on the specific medication with a regulated health care professional or pharmacy assistant, add the returned quantity back into inventory and record the total, specifying patient name, medication and quantity to be returned. Refrigerated narcotics are to be returned back into the locked fridge as soon as possible.

5.1.2.1.2  Both employees co-sign the record, ensuring additions are correct.

5.1.2.2  **Automated Dispensing Cabinets (e.g. Omnicell, Acudose or Rx-Station)**

5.1.2.2.1  Refer to Med P&P C.33 Returning Medications to the Automated Dispensing Cabinet.

5.1.2.2.2  All narcotic returns should be logged against the patient’s name.

5.1.2.2.3  Another regulated health care professional or a pharmacy assistant is required to process the return, verifying the quantity and the medication returned.

5.1.2.2.4  Non-refrigerated narcotics are to be placed inside the cabinet return bin and not back to the medication pocket. Only refrigerated narcotics are to be return back to inventory in the locked section of the refrigerator.

5.2  Returns to pharmacy:

5.2.1  Pharmacy will remove unwanted, discontinued or expired narcotics from the unit during routine stocking or medication room audits. Narcotics are to be kept in a locked cupboard or fridge or in a bin/tote in a locked location until returned to pharmacy. Place a note or cross out patient specific label on the medication to indicate that it is to be returned to pharmacy.

5.2.2  If narcotics have to be returned to pharmacy in between stocking (lack of room in narcotic cupboards/lockboxes or fridge), they must be physically brought back to the pharmacy by a nurse, and the Narcotic and Controlled Drug Record must accompany the return. A porter, Health Care
Aide, Nursing Unit Assistant or other unregulated health care staff cannot return narcotics to pharmacy.

Remote sites: For facilities that do not have a pharmacy on site, narcotics and controlled drugs may be returned via Island Health authorized transport and couriers per procedure 3.3.2 above.

5.2.3 Narcotic returns are not to be sent back to the pharmacy via the pneumatic tube or any automated transport system.

5.2.4 The nurse and a pharmacy technician or assistant will confirm the narcotic and the quantities to be returned and document and sign on the Narcotic and Controlled Drug Administration Record, ensuring the additions and subtractions are correct.

5.3 Wastage on the patient care setting:
5.3.1 All partially used or non-reusable medications shall be disposed of in designated containers where the wasted medication can not be retrieved or be removed from the unit without authorization. Contents of syringes should be dispelled into the designated narcotic waste container prior to placing the empty syringe and needle inside the designated sharps container.

5.3.2 If the dose in the syringe is greater than the dose required, expel the excess contents into the designated narcotics waste container prior to administration.

5.3.3 Fentanyl patches once removed from the patient are to be documented as removed. Patches must not be cut and shall be rendered unusable by folding the patches in half (sticky sides together) and placed in the designated narcotics waste container for disposal. Both the administration and the removal of patches from patients are to be documented on the MAR.

5.3.4 All narcotic wastage must be witnessed and co-signed by two regulated Health Care Professionals. Pharmacy assistants are not provided delegated authority for this process.

5.3.4.1 Narcotic and Controlled Drug Administration Record (narcotic cupboards/lockboxes)
5.3.4.1.1 Count and confirm the narcotic that is to be wasted with another Health Care Professional, co-sign the record, ensuring that patient name and quantity wasted are noted.

5.3.4.1.2 If the wasted narcotic affects the total inventory count, then recount the remaining narcotic with the licensed Health Care Professional, document the total and co-sign.

5.3.4.1.3 In situations where a nurse works alone and there are no other health care professionals who can witness the wastage in a timely manner, the nurse should note this on the narcotic book and a second signature is not required. The nursing manager is responsible for performing the routine audits to ensure processes are followed with no unexplained discrepancies.

5.3.4.2 Automated Dispensing Cabinet (e.g. Omnicell, Acudose or Rx-Station)
5.3.4.2.1 Refer to Med P&P C.34 Wasting Narcotic Medications from Acudose-Rx.
5.3.4.2.2 Count the wasted narcotics with the Health Care Professional and document in the cabinet.

5.4 Wastage in pharmacy:
5.4.1 Any partially used, non-usable or expired medications must be removed from the inventory count and recorded on the Narcotic and Controlled Drug Disposal Log.
5.4.2 Have a pharmacy personnel (pharmacist, pharmacy technician or assistant) confirm and witness the medication and quantity to be wasted and co-sign in the disposal log.

5.5 Destruction and disposal:
5.5.1 Narcotics are only to be destroyed and disposed of using the following processes:
   5.5.1.1 Clinical areas – in designated containers and disposed of by authorized processes.
   5.5.1.2 In pharmacy – in designated container or rendered unusable by mixing with solidifying agent in secure containers for approved offsite incineration. All destruction of narcotics must be approved by the site pharmacy coordinator and witnessed by a pharmacist and another licensed healthcare professional. A pharmacy assistant cannot be a witness to this process.

5.6 Marihuana/Cannabis for Medical Purposes:
5.6.1 Patients may use their own supply of Marihuana/Cannabis for medical purposes pursuant to a valid prescription from an authorized physician. The source of such marihuana or cannabis product must be from a Health Canada approved and licensed producer/seller according to Access to Cannabis for Medical Purposes Regulations.
5.6.2 Island Health will only provide commercially available products that have been approved by the hospital formulary.
5.6.3 Patient’s own Cannabis/Marihuana will be treated as a patient’s property for any of its handling and controlled access within any Island Health Facility.

2.0 Definitions

- **Nurse**: Any licensed and regulated nurse that is required to register with an oversight entity for practice privileges within British Columbia (NP – Nursing Practitioner, RN – Registered Nurse, RPN – Registered Practical Nurse and LPN – Licensed Practical Nurse).
- **Perpetual Inventory Count**: Documentation of every dose given to a patient, dose wasted, or when quantities are added or removed by pharmacy (e.g. expired medications). The total is tallied for each transaction with the current quantity shown at all times.
- **Blind Count**: Required count on an Automated Dispensing Cabinet when the quantity is not shown and the user has to manually count and input the quantity.
- **Discrepancy**: When the physical narcotic count does not match what was stated on the Narcotic Drug Administration Record, the Controlled Drug Record or in the Automated Dispensing Cabinet.
- **Theft**: When the circumstances surrounding a loss either singularly or in combination suggesting the loss is not due to a minor event. (E.g. A minor event can include dropping a tablet on the floor, the patient ejecting an oral dose after administration).
Trend: is a sequence of events over time which when considered in the aggregate suggests that a series of events or loss incidents is more organized and structured than a single event or incident alone (e.g., a single or group of staff inadequately documenting usage of a drug when there is no loss or a series of small individual losses that together warrant further investigation as a series of thefts).

Intact and Reusable medications: Medications that have been unadulterated and uncontaminated (e.g., unopened unit dose packages or oral syringes).

Partially used or non-reusable medications: Medications that have been contaminated, expired or changed from its original form (e.g., split tablets or partially used syringes). This includes opened and unused unit dose packages.

4.0 Related Island Health Standards
   Med P&P C.08 Wardstock Supplies
   Med P&P C.09 Patient’s Own Medication
   Med P&P C.16 Pass Medications
   Med P&P C.31 - Acudose Rx Inventory Management
   Med P&P C.32 Acudose-Rx Discrepancies
   Med P&P C.33 Returning Medications to the Automated Dispensing Cabinet
   Med P&P C.34 Wasting Narcotic Medications from Acudose-Rx

5.0 References
   Legislation
   • Food and Drug Regulations Schedule F
   • Controlled Drugs and Substances Act
     ○ Narcotic Controlled Regulations
     ○ Benzodiazepines and Other Targeted Substances Regulations
     ○ Precursor Control Regulations
     ○ Access to Cannabis for Medical Purposes Regulations (ACMPR)
   • College of Pharmacists of BC
     ○ Pharmacy Operations and Drug Scheduling Act, Schedules and Bylaws
     ○ Pharmacists Regulations
   • College of Registered Nurses of BC
     ○ Registered Nurses Scope of Practice
     ○ Nurse Practitioners Scope of Practice
     ○ Certified Practice RN Scope of Practice
   • College of Licensed Practical Nurses of BC
   • College of Registered Psychiatric Nurses of BC
   • College of Physicians and Surgeons of BC
   • College of Midwives of BC
   • College of Dental Surgeons of BC

6.0 Resources
   • Accreditation Canada Required Organizational Practices (ROPs)
1.1 When a discrepancy is discovered, the employee who discovered the discrepancy is responsible for resolving it or reporting it to the Unit Manager or designate. All efforts must be made by the employee to locate the error by the end of shift. If pharmacy staff discover a discrepancy on the clinical area that was not generated by pharmacy, then he/she is to notify the Unit Manager or designate immediately. The Unit Manager or designate will follow the processes in resolving a discrepancy or loss as outlined in sections 1.1, 1.2 and Appendix B. Discrepancies or losses wholly contained within Pharmacy are to follow procedure 1.3 and Appendix C:

1.1.1 Narcotic and Controlled Drug Administration Records (associated with narcotic cupboards)
   1.1.1.1 Recount the specific narcotic, ensuring any loose ampoules or tablets are also counted.
   1.1.1.2 Recheck all additions and subtractions up to when the previous count was completed.
   1.1.1.3 Check with all nurses on shift to identify where the discrepancy may have occurred (e.g. Narcotic entry hasn’t been charted).
   1.1.1.4 Once discrepancy has been resolved, correct the count by crossing out the previous count and have a regulated Health Care Professional or pharmacy assistant witness and co-sign the new total.
   1.1.1.5 If unresolved, proceed to 1.2

1.1.2 Automated Dispensing Cabinets (eg. Acudose or Rx-Station)
   1.1.2.1 Refer to Med P&P C.32 Acudose-Rx Discrepancies
   1.1.2.2 Run a report to identify previous access of the specific medication pocket by clicking: Administration/Report/Station Events by Medication/Select the Medication/Dose/Time Frame/Generate.
   1.1.2.3 Review the report to identify where the discrepancy may have occurred.
   1.1.2.4 If it was a count or data entry error, resolve the discrepancy by clicking Discrepancy and then Resolve/Next/Inventory button. A regulated Health Care Professional witness or a pharmacy assistant is required to resolve all discrepancies.
   1.1.2.5 If unresolved, proceed to 41.2

1.2 If the narcotic or controlled drug discrepancy CANNOT be resolved by the end of shift, it is declared a loss and follow the escalation processes below:
   1.2.1 Stage 1 - By the end of the shift:
      1.2.1.1 The person who discovered the discrepancy is to submit a PSLS report under ‘narcotic count’, identifying the Unit Manager as the handler who will follow up on the event.
   1.2.2 Stage 2 - Within 2 scheduled working day upon receiving the PSLS:
      1.2.2.1 The Unit Manager or designate is to review the PSLS and begin investigation.
      1.2.2.2 If the Unit Manager or designate is unable to resolve the discrepancy or is concerned with the discrepancy (e.g. suspicion of Theft or a Trend), he/she is to contact the Pharmacy Site Coordinator for assistance in reviewing the PSLS.
1.2.3 Complete PSLS if discrepancy resolved. If a theft or trend is suspected proceed to Section 1.2.3 The Pharmacy Site Coordinator will prepare a Health Canada Controlled Substances loss or theft report and submit to the Pharmacy Manager and Pharmacy Director. The Pharmacy Director will review and ensure appropriate notices and submissions of this information are completed within the required 10 days following discovery of a loss.

1.2.3.1 Unit Manager advises Patient Care Director in area of theft. Pharmacy Site Coordinator advises Director of Pharmacy.

1.2.3.2 Pt. Care Area Director assemble meeting with the following staff as required (Pharmacy Director, security, and legal counsel, Human Resources, Executive Director of patient care area, Communications and Professional Practice) theft to be reviewed, next steps confirmed including whether an emerging issues report is needed or police involvement.

1.2.3.3 If police investigation or emerging issues reports are required, Executive Director of patient care area informed and in turn Chief Operating Officer, Executive Vice President informed in advance of this action.

1.2.3.4 Director of Pt. Care Area undertake next steps as determined.

1.2.3.5 Pharmacy Director to ensure Loss/Theft Report submitted within the required 10 days from date.

1.2.3.6 Director of Pharmacy to update Pharmacy Manager, Pharmacy Site Coordinator of outcomes.

1.2.3.7 Upon completion of investigation Unit Manager to close PSLS.

1.3 Where the discrepancy and/or loss is fully contained within Pharmacy the following escalation procedure will be used.

1.3.1 Discrepancy with Pharmacy count records

1.3.1.1 Recount the specific narcotic, ensuring any loose ampoules or tablets are also counted.

1.3.1.2 Recheck all additions and subtractions up to when the previous count was completed.

1.3.1.3 Check with all pharmacy staff on shift to identify where the discrepancy may have occurred (e.g. An inventory withdrawal entry hasn’t been documented).

1.3.1.4 Once discrepancy has been resolved, correct the count by cross out the previous count and have another assistant/technician or pharmacist witness and co-sign the new total.

1.3.1.5 If unresolved, proceed to 1.3.2.

1.3.2 If the narcotic or controlled drug discrepancy in Pharmacy CANNOT be resolved by the end of shift, it is declared a loss and the following escalation processes are to be followed:

1.3.2.1 Stage 1 - By the end of the shift:

1.3.2.2 The person who discovered the discrepancy is to submit a PSLS report under ‘narcotic count’, identifying the Pharmacy Site Coordinator as the handler who will follow up on the event.

1.3.3 Stage 2 - Within 2 scheduled working days upon receiving the PSLS:

1.3.3.1 The Pharmacy Site Coordinator is to review the PSLS and begin investigation.
1.3.3.2 If the Pharmacy Site Coordinator is unable to resolve the discrepancy or is concerned with the discrepancy (e.g. suspicion of theft or a trend), he/she is to contact the Pharmacy Manager for assistance in reviewing the PSLS.

1.3.3.3 Complete PSLS if discrepancy resolved. If a Theft or developing trend is suspected proceed to next.

1.3.3.4 The Pharmacy Site Coordinator will prepare a Health Canada Controlled Substances loss or theft report and submit to the Pharmacy Manager and Pharmacy Director. The Pharmacy Director will review and complete the necessary notifications and submissions within the required 10 days following discovery of a loss.

1.3.4 Stage 3 Within 3 scheduled working days with a loss being confirmed a theft or a trend:

1.3.4.1 Pharmacy Director to assemble meeting with, security, and legal counsel, Human Resources, Executive Director Geo 3, and Communications) Theft to be reviewed, next steps confirmed including whether an emerging issues report is needed or police involvement.

1.3.4.2 If police investigation or an emerging issues report, Executive Director of Geo 3 informed and in turn Chief Operating Officer, Executive Vice President informed in advance of this action.

1.3.4.3 The Director of Pharmacy will ensure the required notifications & report submissions of the Loss are completed and submitted within the required 10 days from discovery of loss.

1.3.4.4 Pharmacy Director to update Pharmacy Manager, Pharmacy Site Coordinator of outcomes.

1.3.4.5 Handler to update & close PSLS and notify local policy of the loss.
APPENDIX B

Narcotic Discrepancy – Patient Care Areas

Process Chart

Appendix B

Narcotic Discrepancy Procedure Process Chart:*  
Patient Care Areas  
11 April 2017

Count Discrepancy

- Nursing staff attempts to resolve in-shift Book/ADC
  - Re-count stock
  - Check all calculations
  - Check with staff on shift
  - Resolved in shift Y/N?
    - Yes
    - No

Pharmacy discovers a discrepancy

- Pharmacy discovers a discrepancy
  - Med P&R C.32
  - Run report on ADC for pocket
  - Review report

- Submit PSLS under “Narcotic Count”, Unit Mgr as handler

Within 2 working days
- Unit Manager to review PSLS and begin investigation
  - Handler update & close PSLS

Yes

No

Thief/Trend?

- Yes
  - Unit Manager begins investigation and advises pharmacy site coordinator
  - Assess Theft/Trend
  - Adjust record & sign and inform Pharmacy site coordinator
  - Pharmacy site coordinator completes Health Canada Loss or Theft report form
  - Notification of Pharmacy Manager
  - Pharmacy Director reviews Health Canada Loss Report and submit to Health Canada within 10 days of discovery of loss
  - Update Pharmacy Manager, Pharmacy Site Coordinator of outcomes

- No
  - Within 3 working days: Pharmacy site coordinator advises Pharmacy Manager & Director of Pharmacy

Within 3 working days:
- Pharmacy site coordinator advises Pharmacy Manager & Director of Pharmacy
  - Pharmacy site coordinator advises Pharmacy Manager & Director of Pharmacy

Yes

No

No Loss Occured

Loss Declared: No Theft/Trend

Declared Theft or Trend

* Refer to Appendix A for a detailed descriptive procedure for each process
APPENDIX C

Narcotic Discrepancy – Internal to Pharmacy
Process Chart

Appendix C

Narcotic Discrepancy Procedure Process Chart:* Internal to Pharmacy 11 April 2017

Count Discrepancy

Staff attempts to resolve in-shift

By end of shift:
• Staff discovering discrepancy fills PSLS “Narc Count” event
• Pharmacy Site Coordinator as handler

Within 2 working days:
• Pharmacy Site Coordinator reviews PSLS and begins investigation

No

Yes

Resolved in shift Y/N?

Resolved Y/N

Adjust record & sign

Adjust record and close PSLS

Yes

No

Theft/Trend?

No

Yes

Adjust record & sign

Pharmacy site coordinator completes Health Canada Loss or Theft report form:

• Pharmacy Director reviews Health Canada Loss Report and submit to Health Canada within 10 days of discovery of loss
• Update Pharmacy Manager, Pharmacy Site Coordinator of outcomes

Within 3 working days
• Pharmacy Manager to report and advise Pharmacy Director of threat or trend potential

Director of Pharmacy to undertake next steps as determined:

• Pharmacy Director reviews Health Canada Loss Report and submit to Health Canada & within 10 days of discovery of loss
• Update Pharmacy Manager, Pharmacy Site Coordinator of outcomes

Lupin completion of investigation pharmacy site coordinator to close PSLS

No Loss Occured

Loss Declared: No Theft/Trend

Declared Theft or Trend

* Refer to Appendix A for a detailed descriptive procedure for each process

Maintained by: Medication Policy and Procedure Committee
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APPENDIX D: GLOSSARY OF TERMS

**Advocacy** – the supportive ethical action(s) taken by the nurse to help uphold the rights, interests, needs and wants of clients, in particular, clients who cannot speak for themselves. Advocacy may also encompass speaking out for the rights and interests of others (groups and causes) that are perceived as having less power or say on an issue than the more current dominant belief system. In the larger social context “this means the active pursuit of support for the rights of a person, including oneself, or a cause by means such as policy or system change” (Adapted from Thomson, 2004, as cited in Canadian Nurses Association [CNA], 2006, p. 14). Nurses must be aware that the needs and desires of clients may be at times in conflict with the nurses’ own beliefs (for example abortion, tube feeds, spousal abuse, 25 week gestation pre-mature babies, etc.).

**Agency** – “of being the source of one’s choices” (Polifroni & Packard, 1999), an individual’s internal sense of personal power or ability leading to action. Critiques suggest that our capacity for free will is constrained by a variety of societal tensions and power dynamics.

**Assessment** – a process of coming to know the client for the purpose of collaborative decision making for health. The nurse utilizes various ways of knowing to collect data through storytelling, observation, access to written records, measurement, use of data collection tools, consultation, etc. Assessment also entails analysis of the data.

**Constituted** – refers to the “world being in us.” Being constituted means that we are firmly grounded in, and constrained by, the world of meanings and practices into which we are born. This cultural world sets up who we are as people, as well as how we understand ourselves and our possibilities (Chesla, 1995).

**Context** – the environment in which people live and work. Part of context is culture by which we mean not only ethnicity, but also the different beliefs, values, assumptions, and personal views that people bring to their experiences. In this way, people of differing age, socio-economic status, sexual orientation, gender, race, etc., may be thought of as having different cultural perspectives (Curriculum Guide, 2005).

**Cultural Safety** – a concept that originated in New Zealand by Maori nurse educators as a means to address colonial processes of inequity, racism, marginalization and oppression that negatively affect the health status of the Maori people (Cooney, 1994; Papps & Ramsden, 1996; Polaschek, 1998; Ramsden, 2000; Richardson, 2004; Spence, 2001). Cultural safety is a moral imperative that aims to dismantle dominant discourses and practices within the health care
system that “diminish, demean, and disempower” the identity of people (Wood & Schwass, 1993, p.6). In Canada, cultural safety is defined as a competency that examines power within relationships through a reflective process whereby the individual nurse explores his/her own cultural identity (College of Registered Nurses of British Columbia, 2006; Smye & Browne, 2002). Smye and Browne (2002) state that cultural safety involves: the recognition of the social, economic and political position of certain groups within society...and is concerned with fostering an understanding of the relationship between minority status and health status. The intent is to change nurses’ attitudes from those which continue to support current dominant practices and systems of health care to those which are more supportive of the health of minority groups. (p. 46-47)

**Decision making** – a complex process by which nurses come to know the client and make judgments about courses of action (or not) in practice. Some authors such as Tanner (2006) refer to this process as clinical judgment and describe it as”an interpretation or conclusion about a patient’s needs, concerns or health problems, and/or the decision to take action (or not), use or modify standard approaches or improvise new ones as deemed appropriate by the patient’s response” (p.204). In CAEN the term decision making is used as it is more inclusive of considering the range of clients (individual, family, group, community, society, etc) that nurses care for and expands nursing practice beyond the purely “clinical”.

**Discourse** – speaking or writing in a learned way that allows for contribution of ideas in order to provide a fullest possible knowledge of different perspectives on specific issues or ideas. According to Brookfield and Preskill (2005), for Habermas “the ideal rules of discourse included participants striving to understand others perspectives, being open to all views and being prepared to change their minds based on new evidence or better arguments” (p.272). Foucault understands the concept of discourse as:

> ways of constituting knowledge, together with the social practices, forms of subjectivity and power relations which inhere in such knowledges and relations between them. Discourses are more than ways of thinking and producing meaning. They constitute the 'nature' of the body, unconscious and conscious mind and emotional life of the subjects they seek to govern. (Weedon, 1987, p. 108)

According to DeVault and McCoy (2006), Dorothy Smith’s understanding of the concept of discourse is:
A field of relations that includes not only texts and their intertextual conversation, but the activities of people in actual sites who produce them and use them and take up the conceptual frames they circulate. This notion of discourse never loses the presence of the subject who activates the text in any local moment of its use. (p. 44)

**Emancipatory** – process by which people move to a state of knowing who they are and collectively determine the direction of their existence (Young & Hayes, 2002, p.345).

**Embodied knowing** – involves that knowledge collected through the whole body almost without thought.

**Embodiment** – “is a unity that we live therefore we do not perceive the world in pieces or meaningless sensations but as a whole pre-given, pre-reflective world” (Benner, 2000, p.6).

**Empowerment** – processes through which experiences of powerlessness, or lack of control, are transformed and actions taken to change the physical and social conditions that create and reinforce inequalities in power (Rappaport, 1987; LaBonte, 1993).

**Environment** – that which encircles or surrounds. The surroundings, conditions, circumstances in which an organism exists (Environment, n.d.). The health of people in a community/society/world are affected by various aspects of the environment: biological and chemical, physical, socio-cultural, economic, political, etc.

**Epistemology** – a branch of philosophy that investigates the origin, nature, methods, and limits of human knowledge. In the CAEN, epistemology refers to the knowledge derived from nursing and other related disciplines. In particular different ways of knowing are highlighted. That is, students and faculty strive to acquire knowledge for the betterment of client care and for the advancement of the nursing profession.

**Ethics** – encompasses the values, virtues, and principles upon which the quality of human life and human action is determined. Traditionally, ethics in nursing has followed the biomedical model, which focuses on the application of principles to ethical dilemmas. Within the Curriculum, ethics integrates other models of ethical practice, such as the ethics of care and feminist ethics. In particular, the ethics of care encompasses the moral imperative to act justly and ethically. In this sense, the locus of ethical thought is the quality of relationships rather than the quality of judgements or acts.

**Evidence-Informed (Decision Making or Practice)** – Nursing Practice is based on values, theories and evidence. Evidence includes information based on historical or scientific
evaluation of a practice that is accessible to decision-makers in the Canadian health care system. The types of evidence include: a) Historical data; experiential data; expert opinion; experimental and non-experimental research. Although evidence is an important element in decision making in nursing, decisions are also influenced by individual values, client choice, clinical judgement, experiential knowledge, ethics, legislation, as well as the pressures and working conditions within given organizations and work environments.

Evidence-Based (Decision making or Practice) – Evidence-based practice includes the explicit, conscientious and judicious consideration of the best available evidence in the provision of health care. Current critiques of the term evidence-based practice question its applicability to nursing and the CAEN, as part of ongoing reflection on practice, is actively engaging in this dialogue with colleagues and students.

Globalization – a process resulting from a combination of situations that is increasing the flow of information, goods, capital and people across political and geographic boundaries (Axford as cited in CNA, 2009; Collier & Dollar, as cited in CNA, 2009; Gersham & Irwin, as cited in CNA, 2009).

Healing – defined broadly within the context of the curriculum. Drawing on Quinn (1989), healing is defined as a "total, organismic, synergistic response that must emerge from within the individual" (p. 554). Healing has a relational quality and it emerges from the interaction between healer and client. This philosophical position allows for healing to occur regardless of physical condition.

Healing initiative – any action that is implemented by an individual or health care provider that aims to contribute to the healing process. For the nurse certain healing initiatives can be practiced independently and others may need the order or collaboration of other care providers.

Healing modality – healing initiatives can take many forms – modality refers to that form e.g. the form of a medication, an exercise, energy work etc.

Health Promotion - “a process of enabling people to increase control over and to improve their health... a mediating strategy between people and their environment, synthesizing personal choice and social responsibility in health” (WHO, 1984, p.1). Please note: health promotion is not synonymous with prevention (Pender, Murdaugh & Parsons, 2006).

Hegemony – refers to the dominant influences on people, nursing, and nursing practice that result in maintenance of the "status quo." The Curriculum questions the prevailing hegemony
encountered in all areas of nursing practice. For example: How are nurses' voices present/absent within an organization? How are clients' voices present/absent within a practice setting? Discovering and critiquing hegemony are consciousness-raising processes and provide the impetus and opportunities for political action and change.

**Hermeneutics** – the branch of knowledge or a research methodology that is concerned with interpretation or the meaning a person ascribes to an experience.

**Holistic** – a view of people in their complex entirety or totality. Arises from the belief that the whole is to be considered greater than the sum of the parts. In regards to holistic care the client is viewed as an integrated whole (physical, mental, social, emotional and spiritual needs are considered). Both the internal and external environments that impact the client are looked at for their influences on health (Maville & Huerta, 2008).

**Informatics** – a speciality that integrates nursing science, computer science and information science to help health professionals collect, store, process, display, retrieve and communicate data and information in a timely manner across facilities. The collection and management of health information in order to support professional practice to achieve optimum care (Hannah & Kennedy, 2009).

**Inquiry** – a process of seeking knowledge, involves curiosity and a questioning stance. In the CAEN curriculum inquiry is used in relational practice as well as in the process of exploring practice situations or issues.

**International** – refers to relationships among and between individual countries where the nation state remains the crucial unit (Marginson, 1999).

**Internationalization** – the process of integrating an international, intercultural or global dimension into the purpose, functions or delivery of higher education at various levels (Knight, 2008; Marginson, 1999).

**Inter-professional** – interactions between members of different professions and/or disciplines.

**Intra-professional** – interactions between members of the same profession or in the case of nursing different nursing subgroups e.g. registered nurses, licensed practical nurses, registered psychiatric nurses.

**Intuition** – is a human capacity—a legitimate way of knowing or understanding, occurring without a rationale. It is one element of clinical judgement. It is not irrational or mystical, nor is
it guesswork or accidental. Intuition distinguishes expert human judgement from novice or beginning judgement, and that made by machines (Benner & Tanner, 1987).

**Ontology** - the study of a way of being. In the CAEN, the ontological focus stresses that a nurse's way of being in the world is of equal value to the nurse's knowing (epistemology) and methods of practice. Ontology emphasizes the art of nursing.

**Paradigm** - Kuhn (1972) suggests that a paradigm is a set of global principles from which rules and theories are abstracted, and it has two central features. First, a paradigm includes some implicit body of intertwined theoretical and methodological beliefs that permit selection, evaluation, and criticism. That is, a paradigm offers discipline for scientific work. Second, a paradigm is a source of methods, problem-field and standards of solution accepted by any mature scientific community at a given time. That is, a paradigm is historically situated. In the CAEN, much discussion takes place about paradigm shifts as existing principles, theories, and rules within health care practice are brought into question, and new principles, theories, and rules are considered. One such example is the paradigm shift away from the techno-cure mandate of modern Western health care policy (and nursing practice) toward a caring mandate that emphasizes the lived experience of clients as the highest moral and ethical standard for nursing practice.

**Pedagogy** – in its literal form it is the study or science of teaching children. However it tends to be used to refer to the study of teaching generally. In adult education literature andrology would refer to the science or study of teaching adults.

**Personal Meaning** - peoples' experiences and perceptions in the world are central to personal meaning. People interpret and make meaning of their experiences in very personal ways. It is critical to understand the meaning a person brings to an experience so that nurses can be with the person in a caring, ethical, and meaningful relationship. Nurses as well as clients make meaning of experiences; therefore, self-awareness and awareness of others are central to the philosophy of nursing in this curriculum.

**Prevention** - There are three levels of prevention. Primary prevention consists of actions that are directed toward intervening in the natural history of disease or prior to a health challenge during the stage of susceptibility, before the occurrence of pathological changes (e.g. immunization). The term is often used interchangeably with the term ‘health promotion’ but a lack of clarity exists. Secondary prevention consists of actions that target early detection and treatment (e.g. Pap Smears). Tertiary prevention consists of actions that are directed toward limiting disability and/or restoring function (e.g. physiotherapy) (Valanis, 1999).
Primary Health Care - The Alma Ata Declaration of the World Health Organization (1978) defined primary health care as:

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. It forms an integral part both of the country’s health system, of which it is the nucleus, and of the overall social and economic development of the community. It is the first level of contact of individuals, the family, and community with the national health system bringing health care as close as possible to where people live and work and constitutes the first element of a continuing health care process. (p. 3, Article VI)

Quality Indicators - reflect the philosophical underpinnings of the curriculum, that is, a shift from a behaviourist paradigm, in which learning by objective or quantitative evaluation is the norm, to one of phenomenological inquiry, where a qualitative model better reflects the idea of evaluating caring and health promotion. Quality Indicator examples reflect the individuality of learners’ ways of knowing and the ways in which they develop personal meaning about nursing practice.

Reflection - the process whereby we make meaning of experience: we interpret, develop insight and understanding, and critically examine our experience. Synthesizing ideas, integrating knowledge, validating personal meaning, creating awareness of feeling states, and/or deciding upon actions are all processes of critical reflection. Reflection is sophisticated work and suggests professional maturity and commitment for developing strategies of empowerment and emancipation for improving nursing practice (Emden, 1992).

Reflexivity – a process of self-observation and critical self-reflection whereby we examine our values, beliefs, experiences, and social, political, historical locations and situational responses within our practice and research. Timmins (2006) highlights three aspects of critical reflexivity: an engaged self, negotiated understanding and intervention and questioning personal values and assumptions. According to Doane and Varcoe (2005), “a combination of self-observation, critical scrutiny and conscious participation. It involves paying attention to who, how and what you are being and doing in the moment” (p.150).
Scholarship – According to Canadian Association of Schools of Nursing (CASN) “scholarship in nursing encompasses a full range of intellectual and creative activities that may include the generation, validation, synthesis and/or application of knowledge to advance the teaching, research and practice of nursing” (Canadian Association of Schools of Nursing, p.3).

Situated - A concept that is central to phenomenological thought. Being situated means that we are situated in a particular point in history in a world of meanings and practices. Our situatedness precedes us as individuals and sets up possibilities for who we might be in the future (Benner & Wrubel, 1989).

Social Determinants of Health – are a broad set of socioeconomic, cultural and environmental conditions that have a significant influence on the health and well-being of individuals, families, and communities (Mikkonen & Raphael, 2010; Raphael, 2008). Raphael, Bryant and Curry-Stevens (2004) in The Toronto Charter for a Healthy Canada identify eleven basic social determinants: early childhood development, education, employment and working conditions, food security, health care services, housing shortages, income and its equitable distribution, social exclusion, social safety nets, unemployment, and Canadian women, aboriginal women, Canadians of color and New Canadians. In addition, Mikkonen and Raphael (2010) also include aboriginal status, race, gender, and disability to be conditions that also impact the health of Canadians. The social determinants interact or potentiate the affects all health determinants such as physical environment, biological and genetic endowment, gender, culture, personal health practices and coping skills. Nursing as a practice and profession requires an understanding of the context of the client and their social environment to offer effective care. Through knowledge of the impact of the social determinants of health on the client and identifying actions and resources to assist, nurses can improve health outcomes.

Synergy - a cooperative working together in which the combined relationship produces a total effect that is greater than the sum of the individual elements or contributions. There is an energy that comes from this cooperative relationship that enhances the effectiveness of the dynamic whole.

Transitions - people are in a continual state of movement and experience changes in roles, states, circumstances, and life situations. The concept of transitions also includes the notion of time. That is, since people are historically situated, time always encompasses past and present experiences and future expectations. People make meaning of time based on their life situation.