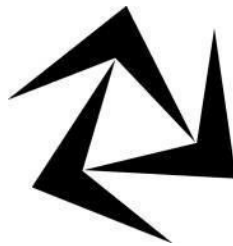


**TORONTO METROPOLITAN UNIVERSITY,
CENTENNIAL, GEORGE BROWN
COLLABORATIVE NURSING DEGREE PROGRAM**



**Preceptor Information:
Guiding, Teaching & Supporting**

A PARTNERSHIP IN EXCELLENCE



Centennial College



The information in this package is specific to the Toronto Metropolitan University (TMU), Centennial, and George Brown Collaborative Nursing Degree Program. Students are required to adhere to the policies and procedures of the University/College. While attending clinical placement students are also required to adhere to any applicable policies that guide student placements at the Hospital or Agency at which they are placed. Information about academic policies and procedures is available from the University and College calendars and from relevant Student Organizations.

For more information about the Central Placement Office and to download an online version of this handbook please visit: <https://www.torontomu.ca/nursing/central-placement-office/>

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Dear Preceptor,

I am writing this message to express my sincere thanks and gratitude, on behalf of the entire team at the Daphne Cockwell School of Nursing, for your support of our students in your role as a preceptor. It is through the generosity and dedication of nurses like yourself that we are able to provide our students with the quality experiential learning that they need and deserve. Your dedication and commitment to the preceptorship of our nursing students, despite all the challenges and other competing priorities at the workplace, plays a major part in the success of our program and in our ability to prepare the nursing practice leaders of tomorrow.

As a preceptor, you work closely with a student mentee and their Faculty Advisor, as a “triad” to maximize learning opportunities and ensure that both the student and the preceptor are fully supported by the School. In working with the student, the preceptor provides not only clinical practice mentorship, but also opportunities for constructive feedback and reflections that allow students to further develop their clinical and critical reasoning skills. We encourage you to work closely and collaboratively with the Faculty Advisors of your precepted students so that you are fully supported. Please do not hesitate to communicate with the Faculty Advisors of your students whenever needed.

Our team has prepared this Preceptor Handbook as a resource for our preceptors, and I hope that you will find it beneficial.

Once again, thank you very much for taking on this important role and for your invaluable mentorship and support of our students.

With Gratitude,

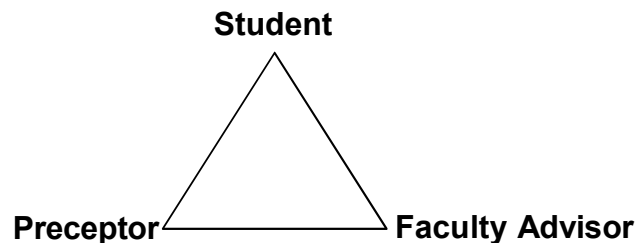


Maheer M. El-Masri, PhD, RN, FAAN, FCAN
Professor and Director
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Introduction

Thank you for being a partner in nursing education as a preceptor. Preceptors are experienced professionals, employees, and individuals who facilitate a nursing student's learning and contributions within a professional setting. Preceptors are paired with a student for a specific time period in order to assist and support learning experiences and orient the student to the practice placement (University of British Columbia, 2009). By working with a student you are demonstrating both your commitment to your practice field and your own professional development. These guidelines are included to assist those who are precepting for the first time or have previous precepting experience. The role of a preceptor is integral in the growth and development of student nurses. You will have an influential role in the professional development of the student you will be working with, but you are not alone in this journey.

The Toronto Metropolitan University (TMU), Centennial, George Brown Collaborative Nursing Program emphasizes a *triad model* for students in a preceptored experience. The triad model involves the student, the preceptor and the student's faculty advisor. Together, open and transparent communication related to the development of the student's practicum competence is promoted. The purpose of this relationship is to support the student in meeting the course outcomes as identified in the course syllabus. Below is a diagram outlining the model and the key players:



When a student begins a new clinical experience, they may be excited, shy, and/or afraid, as it is probably the first time that they have had exposure to your specific practice area. Your role as a preceptor includes: welcoming the student to the environment and supporting their learning needs within your facility. Each student is assigned a faculty advisor who works with both, you the preceptor and the student, to ensure that a successful learning experience is obtained. In addition, placement coordinators both at your agency and within the Collaborative Program assist in the arrangement of student placements.

A student's clinical course not only includes the time spent in the practice setting, but also a number of learning activities and written assignments that are evaluated by the faculty advisor. In addition to the time he/she spends learning with you the student will develop a learning plan for the practice setting, write several reflective practice papers, participate in group learning activities and teach their peers about your practice setting.

In addition to working with and supporting the preceptor and the student, the faculty advisor meets with students regularly to discuss the learning experience and to integrate research into practice. Communication (i.e.: e-mail, site visits, telephone conversations)

between faculty advisors, preceptors and students may occur at mid-term and at the end of the semester to discuss progress and to ensure that the student meets all the course requirements. If you have any concerns or challenges while working with the student, it is very important that that you contact the assigned faculty advisor as soon as possible.

Initial Contact with Students

Students will be provided with the name and contact information for their preceptor and you should expect a phone call or e-mail from your student during the first week of the term, or earlier if requested. The following are some areas that should be addressed during your initial contact with your student:

- Share your area of clinical expertise or agency focus
- Assist student preparation for placement, identify common diagnoses, procedures, diagnostic tests, assessments and drug classifications common to your clientele
- Outline specific expectations in regards to preparing for their first day of clinical
- Share your typical schedule, number of hours per shift, any anticipated breaks during the semester (i.e. vacation) and how coverage will be handled during this time
- Exchange phone numbers and email addresses to facilitate ongoing communication
- Third Year Students – are not expected to work night shifts or attend placement outside of regular hours without faculty and preceptor approval. Third year placements are on Tuesday & Wednesday
- Fourth Year Students - are expected to be flexible and to be available to work a variety of shifts in order to follow their preceptor's schedule. The student's academic schedule should be taken into consideration so that the student is not attending placement for a night shift prior to a class day, during scheduled class time or immediately after a class. The student should share their academic schedule with you when planning the practice schedule

The First Day

On the first day of a new clinical experience, the student will have many administrative details to address, in addition to getting to know more about you and your facility.

Administrative Tasks to Accomplish

- The student will provide you with a copy of the Preceptor Information Package
- If applicable to your agency, please sign the student's Workplace/Education Placement Agreement (WEPA) Form – this is not applicable to the majority of hospital settings
- Exchange contact information, if you have not already done so and obtain contact information for the student's faculty advisor; the student will share your contact information with their faculty advisor

Orientation to the Unit/Agency

- Identify the location of important policy, procedure, emergency manuals and educational resources
- Introduce the student to your team and key people with whom they will have contact
- Orient team members to the nature of the student placement (i.e. what activities

the student will be involved with and what days/shifts the student will be with you)

- Discuss the roles and responsibilities of other team members
- Identify care delivery and documentation protocols

Areas to Discuss During the First Few Days with your Student

- Utilize some time to share goals, expectations and interests to help student develop their learning plan based on experiences available in this placement
- Explore the students clinical experiences to date
- Ask the student to identify strengths and areas to develop based on their experiences
- Identify any special interests the student has at this point
- Discuss how the student will focus their weekly learning activities (this may assist with appropriate client selection)
- Discuss the staging of the student's experience and the related performance expectations

As You Go Along

Once the term is underway you may have additional questions about your role as a preceptor, in terms of guiding, teaching, and supporting your student. Below is a list of ideas to assist you with this:

- Before starting your day, review the patient assignment with the student and have them identify what skills/areas they will require assistance with or supervision of, what you will need to do together, and when they will give you an update on their progress throughout the day
- Remember that students may take more time to complete tasks than an experienced nurse
- Place the responsibility for client care on the student (i.e. expectations regarding updates or identifying concerns)
- Assess the student's knowledge related to skills, nursing assessments and interventions, integration of research and theory in order to enhance their learning
- Ask specific questions to guide student thinking, for example ask the student the meaning of a client's recent lab values in relation to their current condition
- Remember that you are a role model for the student in everything you do - assessments, professional interactions and client nurse communication
- Ask questions to provoke critical thinking and reflection skills
- Share helpful strategies from your experience to enhance organization, memory and prioritization
- Ask the student for their perspective on different situations; this will empower the student and enhance their judgment skills
- Be generous with deserved praise and maintain your sense of humour
- Keep brief descriptive daily notes as a reference for providing ongoing feedback, as well as for mid-term and final evaluation
- Give positive and constructive feedback as close to the event as possible.
- Encourage appropriate early independence within areas of competence
- Support the development of the student's own style; encourage watching other health care providers/team members for alternative styles

- Be comfortable saying that you do not have an answer; look for answers and solve problems together with your student

Relationships and Communication within the Triad Model

The use of the triad model was briefly explained during the introduction. The model exists to outline the important individuals and lines of communication that exist in the support of both students and preceptors. The roles and responsibilities of those within the triad model are outlined below:

Preceptor Roles & Responsibilities

Preceptors are assigned or volunteer to work with students. A preceptor provides individualized teaching and acts as a role model and resource person to the student. Two elements distinguish the preceptor/student relationship from the traditional faculty/student relationship. First, the preceptor/student ratio is small, usually one to one. Secondly, the student works only in the preceptor's area of practice. The preceptor must also integrate this additional responsibility for the student with their other duties. Ultimately, the preceptor has a positive outcome on the student's adjustment to the profession. The preceptor approach is one of the most effective ways to prepare students for their position as a registered nurse and to feel more satisfied in their roles as practicing professionals upon graduation.

- Conduct orientation to the practice setting
- Negotiate mutual role expectations of both yourself and the student
- Assist the student to tailor their learning plan so that it is relevant and feasible to the setting
- Collaborate with the student's faculty advisor as required and appropriate (Year 3 – mid-term feedback is verbal, final term feedback is written. Year 4 – mid-term feedback and final term feedback are both written)
- Share verbal and written feedback with both the student and the faculty advisor
- Assist students to access resources and relevant learning opportunities
- Mentor students to help increase their competence and confidence
- **Immediately** report concerns about unsafe nursing practice to both the student and the faculty advisor
- The preceptor role does not involve marking student assignments or assigning the final pass/fail grade. However, preceptors may be asked to provide feedback on the student's learning plan evidences.

Student Roles & Responsibilities

Student learning goes beyond what they learn during their practice placement. Students meet with their faculty advisor and other nursing students from different clinical settings on a regular basis to build on, learn from, and co-construct knowledge related to clinical experiences. In addition, at the start of each term the student is responsible for creating a learning plan appropriate to their professional practice learning needs within the assigned clinical setting. Learning plans enable students to make decisions that individualize learning and promote self-direction within the context of the nursing practice setting. Learning plans are explicit, written agreements between the student, faculty advisor and preceptor that

outline the learner's objectives, resources/strategies, evidences of achievement, target dates, and criteria for evaluation. Plans can be modified or renegotiated as circumstances dictate. Faculty advisors are responsible for grading evidences produced, but the involvement of the preceptor in outlining realistic learning opportunities and planning objectives/opportunities are key for the student during the development of the learning plan. For more information regarding the philosophical and theoretical foundations of the curriculum, please refer to Appendix A.

- Be professional and responsible; seek assistance appropriately; develop professional relationships and work interdependently within a multidisciplinary team
- Acquire psychomotor skills as appropriate to the level of the student, School of Nursing policies, and policies and procedures of the practice placement setting
- Negotiate nursing practice hours with their preceptor
- Use critical analysis and reflective practice to continually develop their practice
- Integrate knowledge, theory, research, and ethics into their practice
- Build on their own experience, personal knowledge and wisdom
- Contribute to and support the learning of others
- Capitalize on learning opportunities within the placement setting
- Develop personal learning plans related to program outcomes and placement goals and objectives
- Be accountable for their own actions and decisions
- Assume responsibility for knowing and adhering to all student-related school policies and nursing practice site policies relevant to the student practice

Faculty Advisor Roles & Responsibilities

The faculty advisor is your resource person and is ultimately responsible for grading the student. Faculty advisors want your input and feedback on all aspects of student learning, and you should feel free to contact them anytime during the semester with questions, concerns, and/or positive feedback.

- Be available to preceptors/agency staff for support and discussion in the fulfillment of their role
- Develop strategies with the student to enter the practice setting in a professional manner
- Assist the student in building on their strengths and addressing their limitations
- Monitor and mediate interactions and concerns between preceptors/agency staff and students
- Promote professional growth of students and preceptors
- Consult with preceptors regarding the appropriateness of the student's learning plan and practice
- Integrate feedback from the preceptor, agency staff, and student into both the midterm and the final evaluations
- Discuss student progress and evaluations with the student

Communication Patterns

The student, preceptor, and faculty advisor are all responsible for developing and maintaining open channels of communication within the triad. Discussions between a preceptor and student are important and provide opportunities for the growth and

development of both the preceptor and the student. As well, open communication between the preceptor and faculty advisor is important in the identification of challenges the student is facing and also to provide positive feedback and information that will assist in the mid-term and final evaluations. At any time during the term, please feel comfortable in contacting the student's faculty advisor with any questions and/or concerns. The faculty advisor is your first line of communication.

Providing Feedback

Feedback requires courage, skill, understanding, and respect for both yourself and the student. The following are suggestions that may assist you in providing feedback to students.

- Feedback should be focused on a particular situation rather than on the person
- Focus feedback on observations rather than inferences
- Provide feedback as soon as it is appropriate, not later when it has less meaning
- Through your feedback provide an explanation of alternatives rather than answers or solutions
- Limit feedback to the amount of information that the person receiving it can absorb, rather than on the amount that you have to give

Note: Feedback is an essential part of learning/teaching and will continue throughout practice.

When to Contact the Faculty Advisor

At times you may feel it necessary to have direct contact with the student's faculty advisor to share either positive comments or constructive feedback regarding student performance. Outlined below are situations that the faculty advisor must be notified of in relation to students:

Patient Safety/Professional Concerns

- Behaviour that is inappropriate or that may place clients/ agency at risk
- Repeated tardiness, illness, absence
- Continuous student attendance at clinical placement with inadequate preparation

Concerns Related to Academic Progress

- Lack of follow through on suggestions related to clinical practice
- Difficulty/inability to transfer knowledge from one situation to another
- Inability to meet goals during an established time frame
- Limited critical thinking and/or reflective practice skills

Injury, Accidents, Illnesses on Site

- In the event of any student injuries/accidents/illnesses that occur while attending placement, agency policy must be followed and additional reporting information and paperwork (for completion by the student with help from the Faculty Advisor) is available at:

www.torontomu.ca/nursing/central-placement-office/incident-reporting-in-a-practice-setting/

Support & Feedback

- If at any time during the semester you feel as though you need some

support or guidance in directing student learning, contact the faculty advisor
Nursing Practice Guidelines and Policies

These guidelines and policies address issues of responsibility and accountability for all students in the School of Nursing and are intended to identify expected behaviours.

Nursing students are required to:

- Adhere to the Student Code of Academic Conduct and the Student Code of Non-Academic Conduct

Adhere to the Standards of Practice for Nurses in Ontario as defined by the College of Nurses of Ontario (CNO). These standards of practice are available from the CNO at: <https://www.cno.org/globalassets/docs/prac/49041-scope-of-practice.pdf>

In the event that a breach of policy or code of conduct occurs while attending placement, procedures are in place at the university to address the situation. Preceptors are encouraged to contact the faculty advisor immediately if there are concerns.

The following areas need to be considered when selecting student assignment.

Regulated Health Professions Act (RHPA)

Students may perform procedures that are Controlled Acts authorized to nursing provided that they have the knowledge, skills, and judgment to perform the procedure and to manage the outcomes of performing the procedure. The 3 acts authorized to the nursing profession as outlined in the Legislation and Regulation RHPA: Scope of Practice, Controlled Acts Model (College of Nurses of Ontario, 2018) are:

- Performing a prescribed procedure below the dermis or a mucous membrane
- Administering a substance by injection or inhalation
- Inserting an instrument, hand or finger;
 - a) Beyond the external ear canal
 - b) Beyond the point in the nasal passages where they normally narrow
 - c) Beyond the larynx
 - d) Beyond the opening of the urethra
 - e) Beyond the labia majora
 - f) Beyond the anal verge
 - g) Into an artificial opening into the body

Student Skill Competencies

Students may perform any of the skills for which they have received theoretical instruction. They are expected to seek supervision and guidance for any of these skills for which they have received theoretical instruction, which may involve the preceptor ensuring safe practice.

Additional Nursing Competencies

The opportunity to learn the skills necessary to practice competently, safely and ethically is an important part of a student's practical learning experience. Added nursing skills may include, but are not limited to, the following: venipuncture, phlebotomy, and glucose monitoring. If the preceptor, in collaboration with the student, decides that it is

appropriate for the student to learn a specific additional competency, then the preceptor is accountable for the teaching they provide as well as the assessment and monitoring of the performance of the student (See Agency Policies, pg.11). Prior to teaching an additional competency, preceptors must review agency policy for any information that pertains to students performing additional competencies. Preceptors should also contact the faculty advisor to discuss the scope and limitations of the student's responsibilities and objectives for the experience (See Agency Policies on pg. 11). Nurse preceptors may also find additional information from the College of Nurses of Ontario Supporting Learners available at <https://www.cno.org/en/learn-about-standards-guidelines/educational-tools/ask-practice/supporting-learners/>.

The Professional Standards (College of Nurses of Ontario, 2015) include statements in the Accountability, Leadership and Professional Relationships standards regarding accountability of nurses to share their knowledge with others. These statements are: "sharing nursing knowledge and expertise with others to meet client needs" (College of Nurses of Ontario, 2015, p. 4); "providing direction to, collaborating with, and sharing knowledge and expertise with novices, students, and unregulated care providers" (College of Nurses of Ontario, 2015, p. 10); and "sharing knowledge with others to promote the best possible outcome for clients" (College of Nurses of Ontario, 2015, p. 12). They include nurses' accountability for facilitating student learning. However, the nurses' primary responsibility is always to the client.

Starting an IV is a controlled act, which falls within the first controlled act authorized to nursing – "performing a prescribed procedure below the dermis or mucous membrane" (College of Nurses of Ontario, 2018, p. 4). While nursing students are not yet registered with CNO, they do have authority under RHPA to perform controlled acts "when, under the direct supervision or direction of a member of the profession, a student is learning to become a member of that profession and the performance of the procedure is within the scope of the profession's practice" (College of Nurses of Ontario, 2018, p. 4).

In teaching situations, accountability is shared among the student, preceptor, and faculty. This means that all parties have certain responsibilities in relation to the students' practice, with the goal of client safety in mind. Refer to the CNO document Supporting Learners which states that "Nurses are not accountable for decisions or actions of other care providers when those actions were unknown and unforeseen. As such, a nurse is not accountable for the student's actions if their accountabilities to ensure safe patient care were met and if the nurse had not way of knowing that the error was going to occur." (<https://www.cno.org/en/learn-about-standards-guidelines/educational-tools/ask-practice/supporting-learners/>).

The faculty member is accountable for clearly communicating the objectives of the nursing practice experience, as well as the scope and limitations of the students' responsibilities, to the preceptor and others, as appropriate. It would be important to discuss any policies, either at the University/College or within the placement setting, which affect the scope of the students' clinical practice. The RN preceptor needs to be aware of any such limitations in order to make safe decisions about teaching additional competencies. An RN in collaboration with the student decides that it is appropriate for the student to learn a specific additional

competency, the RN is accountable for their own actions and decisions. This includes the method and content of any teaching provided, assessment of the students' competence, ensuring the student is aware of any parameters surrounding the performance of the procedure, and monitoring the students' performance. It is also important to consider whether the student is likely to have sufficient opportunity to perform the skill, to develop and maintain competency, when deciding whether or not to teach a particular skill.

Agency Policies

Although students may legally perform all functions assigned to the registered nurse role, providing they do so in a safe competent manner, agencies may restrict or allow certain activities to registered nurses. Many agencies have developed specific guidelines outlining the role functioning of the student nurse, these must be reviewed and followed.

Professional Appearance and Dress Code

All students are expected to maintain a professional appearance while attending clinical practice. If a specific dress code exists at the placement setting, students are expected to abide by the established policy. If there are not policies in place, then students are to dress professionally and appropriately.

Unless otherwise indicated by the placement facility, students are required to wear their Collaborative name badges while attending placement. For additional information regarding student policies of professional appearance and dress code, please refer to the Collaborative Nursing Student Handbook, which may be found at:

Student Handbook for Collaborative Nursing Degree Program

<https://www.torontomu.ca/content/dam/nursing/documents/student-resources/2023-24-collaborative-student-handbook.pdf>

Nursing Practice Attendance Policy

Nursing practice hours provide diverse and complex experiences necessary to learning and development. These experiences, unique in context, cannot be replaced. Students are required to meet the placement hours as outlined in the clinical course syllabus. In the event of absence from or an expected delay in attending nursing placement, the student must notify the placement setting and if possible their faculty advisor and preceptor no later than two hours prior to the commencement of practice.

In the event of absence from or lateness to nursing practice or lab practice, the student will:

- Call the nursing practice area and will identify themselves as a Collaborative Program nursing student, identify the site where they are studying and inform their faculty member and their preceptor.
- Initiate consultation with the faculty member and preceptor within one week of the event in order to negotiate an opportunity to make-up the nursing practice/lab experience within the semester as required/available.

Accompanying Clients

Prior to the occurrence of appointments and outings that require students to accompany clients alone, the student's faculty advisor must be consulted and decisions are made on a case-by-case basis.

Medication Administration

Students must have all narcotics and controlled drugs checked and co-signed by a registered nurse and may not carry narcotic keys/have narcotic access code until the final semester of Year 4, if supported by agency policy. In addition, students are required to know agency policies regarding all medications, in particular the following:

- Anticoagulants
- Hypoglycemics
- Chemotherapeutic agents
- Experimental drugs

Any medication error, including delayed administration, must be reported as per agency policy and the faculty advisor must also be notified. In the event of a medication error it is expected that agency protocols be followed and the appropriate documentation completed within the agency.

Harassment, Abuse, and Discrimination

The Collaborative Nursing Program is committed to ensuring the safety and well-being of students during nursing practice. The program recognizes that students, preceptors, and clients may encounter situations involving harassment, abuse, and discrimination. Students and faculty are responsible for becoming familiar with the individual policies and procedures of placement agencies regarding these issues.

Harassment, abuse, and discrimination in the placement setting by anyone who is in control of their actions will not be tolerated. If you or your student are in a position where you believe harassment, abuse, or discrimination is occurring or has occurred, whether by a client, or other person, the faculty advisor is available to provide support and advice, in addition to the responsible parties at your agency.

Students and preceptors must be aware that they may not direct any form of harassment, abuse, or discrimination toward clients or others. If situations involving such improprieties occur, the appropriate management or regulatory body will be informed of the offence. Preventing these offences requires commitment of every member of the Collaborative Nursing Program. Please take the time to familiarize yourself with your rights and responsibilities.

If any related occurrences become apparent in the placement setting, please discuss your concerns with the Faculty Advisor as soon as possible. For clarification of the appropriate lines of communication, refer to Appendix D – Placement Concerns: Decision Making Tool.

For more information on these guidelines, please refer to the [Toronto Metropolitan University Discrimination & Harassment Prevention Services Policy](https://www.torontomu.ca/policies/policy-list/dhp-policy/), which can be found at:
<https://www.torontomu.ca/policies/policy-list/dhp-policy/>

Privacy

Students will sign Confidentiality Agreements at their placement institution as required by the institution. Toronto Metropolitan University complies with the legislated requirements of the Freedom of Information and Protection of Privacy Act (FIPPA). Students are also subject to FIPPA legislation.

Monitoring Nursing Practice Progress

The nursing practice progress of students will be monitored to reflect learning in relation to program outcomes and professional standards outlined by the College of Nursing of Ontario.

The approach to monitoring progress, obtaining the required written documentation, and the amount and type of faculty direction will vary according to the course, as well as individual learning and teaching styles. Specific nursing practice expectations will be negotiated and established during the first week of the nursing practice course.

Monitoring student progress is a mechanism to enhance and enrich the learning experience. When a student is not practicing at a safe, competent level, she or he may be at risk of failing. It is the faculty who decides if a student is failing. In this event, the preceptor is responsible for identifying these concerns and sharing them with the faculty advisor. The student will then be given notification, by the faculty advisor, that performance is unsafe, incompetent and/or ineffective. The student is responsible for developing a plan and initiating discussion of the strategies for completion of course outcomes in consultation with the faculty and preceptor. The student will be expected to incorporate current and past recommendations. There is a difference between failing due to 'unsafe practice' and the 'failure to meet course objectives'. If you have any questions call the student's faculty advisor.

Mid-Term & Final Feedback

Preceptors are not responsible for assigning the final grade to students for their nursing practice courses. However, preceptor input is valuable and considered when faculty advisors prepare for both mid-term and final feedbacks with students. Faculty advisors will provide preceptors with the feedback forms, giving adequate time for their completion. If you should have any questions regarding the completion the feedback forms, please feel free to contact the student's faculty advisor.

References

College of Nurses of Ontario (CNO). (2023). *Scope of Practice Effective July 1, 2023*.

Retrieved from Access: <https://https://www.cno.org/globalassets/docs/prac/49041-scope-of-practice.pdf>

College of Nurses of Ontario (CNO). (2018). *Supporting learners*. Retrieved from

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The University of British Columbia, College of Health Disciplines (2004, August 18). *For preceptors: Overview*. Retrieved July 22, 2009, from Access:

<http://www.health-disciplines.ubc.ca/pm/precepting/overview.html>.

Appendix A: Curriculum & Program Overview

Toronto Metropolitan University, Centennial, George Brown Collaborative Nursing Degree Program

Vision And Mission

Vision. Innovators in nursing education. Inclusive practices and partnerships. Inspiring excellence.

Mission. To prepare socially responsive professional nurses to meet the diverse needs of populations across health care systems using evidence-informed, innovative, and inclusive approaches to care.

Our Values

- Creativity
- Compassion
- Adaptability
- Collaboration
- Social Justice
- Integrity

Philosophical and Theoretical Foundations of the Curriculum

In July 1996, the Nursing programs from Ryerson (now Toronto Metropolitan) University and Centennial and George Brown Colleges of Applied Arts and Technology began the development of a collaborative, integrated baccalaureate nursing program. This innovative venture was a response to the 1982 position taken by the Canadian Nurses Association that by the year 2000, a baccalaureate degree would be the educational requirement for entry to the practice of nursing. Changes in the health status of Canadians, the health care delivery system, technology, the nature of nursing practice and societal expectations have laid the groundwork for changes in nursing education. These changes necessitate that nurses' function in a broader spectrum of practice than the traditional hospital environment. There is a need to educate beginning practitioners to provide and coordinate care for individuals, families, groups and communities, in a variety of settings. By building on the strengths of each partner institution, a collaborative program offers a creative and unique mode of nursing education that can develop the critical thinking skills and competencies required of future practitioners.

Program development work was undertaken by a Planning Group, composed of a faculty member from each institution, and a series of faculty Task Groups. While the Curriculum Task Group spearheaded curriculum development, there was continual consultation with a variety of stakeholders (i.e. Students, Faculty, Advisory Group) to reach agreement on a curriculum that reflects the values and beliefs of all. The collaborative program began in September 2001 with the admission of students at the three partner sites. A revised curriculum was implemented in Fall 2020.

Philosophy and Theoretical Foundations of The Curriculum

The purpose of the program is to educate nurses to work with persons and communities of diverse backgrounds, ages, degrees of health/illness and in a variety of contexts. Therefore,

it is important that it has a philosophical foundation that addresses the unique way in which experiences inform our practice. Through their participation in the learning process as students, graduates will become active participants in the provision of care and achievement of health for all. The philosophical beliefs defined below form the foundation of the collaborative nursing program.

Optimal nursing care is advanced by using philosophical underpinnings and multiple methods of inquiry to address complex and diverse nursing questions. Within the empirical paradigm, for example, controlled trials are crucial in the establishment of effective interventions and best practices. Empiricism encompasses an array of research approaches ranging from randomised controlled trials to phenomenological studies. The constructivist paradigm, on the other hand, enables nurses to make professional judgments that incorporate expert opinion and sensitivity to unique individuals within particular family and cultural contexts. Different inquiry methods are adopted by nurses according to the work to be accomplished. Interdisciplinary research is a continuing challenge for the nursing profession during the 21st Century because it serves to maximise the benefits of complementary health care services and resources.

Phenomenology

A central tenet of phenomenology is understanding the meaning of lived experience. Within the curriculum, phenomenology is actualized through the nurse-client relationship, with the primary focus being on the exploration of the meaning of clients' experiences of health and healing.

Critical Social Theory

Integral to critical social theory is a commitment to penetrate the world of objective appearances in order to expose the underlying social relationships that are often concealed. Within the curriculum, critical social theory addresses the unequal social, economic and power relations that often exist within health care and society. (Adapted from the University of Victoria Collaborative Nursing Program.) The beliefs that underpin the nursing program are based on Phenomenology and Critical Social Theory and together they resonate with Toronto Metropolitan University's Mission to advance "applied knowledge and research to address societal need".

These beliefs provide the normative basis of the program:

1. The nurse understands health, well-being and quality of life from the client's perspective.
2. The nurse affirms that every human being deserves equal concern, respect and consideration and therefore challenges systems that oppress the health status of some people while privileging others.

In order to realise these normative beliefs, nurses pursue evidence through data-gathering processes that are used to inform professional nursing practice. However, the means of actualizing these beliefs remains broad and varied, ranging from works of art to scientific trials. The aims of this philosophy are to assist students to acquire the knowledge, skills and dispositions needed to enhance the health of the people in the global community, as well as to promote a progressive, dynamic and inclusive learning community for students, faculty and staff.

With these philosophical approaches underlying the foundation of the curriculum, five Program Themes have been identified. These themes serve to organise the content of the curriculum and are reflected in all years of the four-year program in varying degrees of depth

- **Primary Health Care/Health Promotion** Primary Health Care encompasses a philosophy of care as well as the services provided. Incorporation of all aspects of the care necessary to achieve health for all, with appropriate nursing implications is a focus for each year.
- **Reflective Practice/Critical Thinking** Central to all aspects of a nurse's practice are the skills of reflection and critical thinking. These are central elements in the student's way of learning as well as an outcome for all graduates.
- **Meaningful Relationships/Caring/Communication** The nurse-patient relationship is one of understanding the other, communicating effectively, and emphasizing the meaning of the experience from the client's/patient's perspective. Only through caring meaningful relationships with self and others can this be achieved.
- **Political/Social Justice** Knowledge of the political, social and economic context of health care is essential to the current study of the nursing profession. Awareness and understanding of the roles of the nurse in social and political arenas is a requirement of the graduate.
- **Personal/Professional Development** Students are self-directed learners in the pursuit of knowledge for personal and professional purposes. Personal perceptions and meaning-making as they relate to self and others are encouraged throughout the curriculum.

With this philosophy underlying the Toronto Metropolitan, Centennial and George Brown collaborative baccalaureate nursing program, the metaparadigm of the discipline can be described as follows:

Nursing

Nursing is a humanitarian and caring profession, guided by ethical and legal standards. It is viewed as a systematic, theory-based process, with its own body of knowledge, consisting of both independent and collaborative roles. Its members are held accountable for their professional competence and for the advocacy of clients, peers and the discipline itself. Nursing is a social force within the total context of the health care system. As a practice discipline, nursing requires its members to have a strong professional identity, be politically informed and involved, and advance public policy that improves the health of individuals and society. Nursing acknowledges that political activities, consumerism and changing health/illness patterns influence health care policy and health care delivery patterns. The professional recognizes the value of innovative multidisciplinary relationships as an effective approach to health care. Nursing is both a science and an art. The science of nursing examines the relationships among person, health and environment. The art of nursing is embedded in the caring relationship between nurse and client. Nurses work in partnership with clients, learning from them the personal meanings of their health situations. Client-specific situations and meanings direct the selection of a theoretical base to guide nursing practice with the goal being a fostering of client wellbeing. The art and science of nursing develop through, and are informed by, the dynamic interaction of theory, practice, education and research.

Health

Health is a concept that has multiple meanings. It is related to quality of life, is individually defined and is in dynamic interaction with the environment. Individuals, families, groups,

communities and society share responsibility for health. The major principles of primary health care: health promotion, accessibility, public participation, appropriate use of technology and multi-disciplinary collaboration, are seen as fundamental in achieving health for all.

Person/Individual

Person is viewed as an individual, a family, group or community. Persons have their own subjective experiences of the world, the freedom to choose values and to develop potential and aspirations that give meaning to living and reflect well being.

Environment

Environment is the context within which an individual exists. It is integral with the person, comprehensive and unique.

Teaching-Learning Beliefs and Principles

Learning is an interactive, lifelong process, which involves the development of the learner as a person. Nursing students are adult learners, accountable for their own learning. Multiple teaching/learning approaches facilitate that process.

Learning comes from those interactions in personal and social situations that have continuity and connection to a person's unique experience in life. Learning also occurs in educational experiences where positive growth in personal, moral, ethical, aesthetic and professional aspects of life develop.

Learning is facilitated by a caring collaborative student-faculty member relationship based on mutual trust and respect, where both student and faculty members are learners. Both bring diverse capabilities and experiences to the learning environment and these are valued as enhancing learning for all. The environment reflects evolving equality through the fostering of interactive relationships, and the attributes of trust, self-awareness and dialogue. Strong collaborative relationships between nursing education and nursing practice also foster a rich learning environment.

The teaching/learning process is integral to providing a climate conducive to the development of intellectual pursuits. A supportive and challenging learning environment contributes to the development of a reflective practitioner, who is capable of creative and critical thought, sound problem solving and ethical decision-making.

Faculty involvement in scholarly activity and professional development is viewed as an important factor in enhancing the teaching/learning environment and maintaining teaching expertise. Scholarly activity includes nursing practice, research, publication and community involvement. The educational preparation and professional expertise of faculty members also enrich the learning environment.

Curriculum Content Themes & Course Descriptions

Curriculum Content Themes

Year 1

Year 1 of the program focuses on **knowledge of self in the context of health**. At this time the learner increases his/her awareness of self, the importance of wellness, and the relationship of health promotion in supporting and maintaining wellness.

The individual also develops an appreciation of the cultural diversity within the social and political context of the existing society. Within this environment, meaningful relationships are established and demonstrated by effective communication and reflective practice. Students' practice experiences focus on the establishment of relationships with people who define themselves as healthy. Learning experiences are structured to facilitate interaction between the learner and the environment.

Year 2

Year 2 of the program continues to develop a health promotion perspective based on **knowledge of others in the context of illness**.

The student further develops his/her role as a professional in building a therapeutic relationship with clients and families as they deal with acute and chronic illness. The focus of illness during this year addresses medical-surgical health related problems and concepts related to the individual's illness management, in addition to learning the skills of therapeutic care. Skills with research methodology are developed and incorporated in theory and practice courses. Students also gain an introductory understanding of the broad systems of health care delivery.

Year 3

Year 3 of the program further develops the theme of health with an emphasis on **knowledge of community in the context of Primary Health Care**. The student continues to develop the professional role by developing leadership skills. The Primary Health Care approach facilitates the use of advocacy and social activism in an interdisciplinary milieu. Learning experiences are provided in community settings that further enhance communication skills in the professional role. Students acquire knowledge and skills in areas of maternal/child health, paediatrics and mental health.

Year 4

Year 4 focuses on the **integration of the professional self into the health care system**. During this year the students explore a variety of ways in which they can influence and create their future as professionals. The students explore, in depth, issues related to professional practice and demonstrate leadership skills in the context of progressive advanced professional and therapeutic relationships.

The learning experiences foster the growth of the student as a professional nurse who is critically reflective and an active agent for change within nursing, health care and society at large. Nursing practice learning opportunities are enhanced through learning/teaching relationships with expert

practitioners.

Program Conceptualization

YEAR/FOCI CONTENT THEMES

Year 1	Year 2	Year 3	Year 4
Knowledge of Self in the Context of Health	Knowledge of Others in the Context of Illness	Knowledge of Community in the Context of Primary Health Care	Integration of the Professional Self into the Health Care System

TEACHING METHODS

PROGRAM THEMES

Experiential ⇔ Primary Health Care/Health Promotion

Emancipatory ⇔ Political/ Social Justice

Reflective ⇔ Reflective Practice/ Critical Thinking

Cooperative/Collaborative ⇔ Meaningful Relationships/
Caring/Communication

Situation Based/Inquiry/Integrative Practice ⇔ Personal/Professional Development

Opportunities for Graduates

Graduates from this program are eligible for employment in a variety of settings, utilising a variety of skills developed through the curriculum. Nursing practice experiences in institutional and community-based settings, acute and long-term care, and primary and tertiary levels of prevention, will afford the graduate opportunities to develop a career path in many contexts. Graduates of baccalaureate nursing programs are engaged in community development, program planning, health teaching, leadership positions, research utilisation, policy evaluation and analysis, in addition to frontline practitioner roles.

The knowledge and skills gained through this program will provide opportunities for graduate study. Graduates of the four- year Collaborative Nursing Degree program are eligible for admission to programs leading to Master’s degrees in Nursing, and other related fields. The potential for doctoral work is also available to our graduates who demonstrate advanced leadership, research and practice potential.

Toronto Metropolitan, Centennial, George Brown Collaborative Baccalaureate Nursing Curriculum Overview Courses Implemented September 2020

Year 1		Year 2		Year 3		Year 4	
Semester 1	Semester 2	Semester 3	Semester 4	Semester 5 *	Semester 6 *	Semester 7	Semester 8
PPN 101 Professional Practice in Nursing 1: Introduction to the Nursing Profession 3 hr., 1 term	PPN 102 Professional Practice in Nursing 2: Health, Wellness, and the Role of the Nurse 3 hr., 1 term	PPN 201 Professional Practice in Nursing 3: Living with Chronic Illness 3 hr., 1 term	PPN 202 Professional Practice in Nursing 4: Experiencing Acute & Life-Threatening Illness 3 hr., 1 term	PPN 301 Professional Practice in Nursing 5: Promoting Maternal and Child Health 3 hr., 1 term		PPN 401 Professional Practice in Nursing 8: Transition to the Profession, Leadership and Change 3 hr., 1 term	PPN 402 Professional Practice in Nursing 9: Preparation for Independent Practice 3 hr., 1 term
	NSE 103 Introduction to Health Assessment 2 hr. class, 1 term 2 hr. lab, 1 term	NSE 203 Advanced Health Assessment 2 hr. class, 1 term 2 hr. lab, 1 term	BLG 131 Microbiology for Nursing 3 hr., 1 term				
NSE 111 Foundations for Nursing Practice 1hr. class, 1 term 2hr. lab, 1 term	NSE 121 Clinical Practice I 4 hr.1 term (8hours every other week)	NSE 211 Clinical Practice II 1hr.class,1 term 14hr.,clin/lab, 1 term	NSE 221 Clinical Practice III 1hr.class,1term 14 hr., clin/lab,1 term	NSE 311 Clinical Practice IV 1 hr. class, 1 term 14 hr., clin, 1 term		NSE 411 Clinical Practice VI 1 hr. class, 1 term 23 hr., clin, 1 term GPA weight: 2	NSE 421 Clinical Practice VII 1 hr. class, 1 term 35 hr., clin, 1 term Course count: 2 GPA weight:: 3
BLG 101 Anatomy and Physiology 1 3 hr., 1 term	BLG 111 Anatomy and Physiology 2 3 hr., 1 term	PAT 201 Pathotherapeutics 1 3 hr., 1 term	PAT 202 Pathotherapeutics 2 3 hr., 1 term			PAT 401 Advanced Pathotherapeutics 3 hr., 1 term	

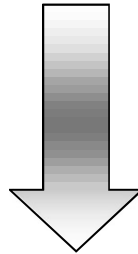
NSE 101 Communication for the Nursing Professional 3hr.,1 term		NSE 212 Quantitative Methods, Design and Statistical Analysis in Nursing Research 3 hr., 1 term	NSE222 Qualitative Methods, Design and Analysis in Nursing Research 3 hr., 1 term	*For year 3 50% of students will do semester 5 content first in the fall semester, while the other 50% will do semester 6 content. They will rotate in the winter semester. *			
PSY 102 Introduction to Psychology I 3 hr., 1 term							
Liberal Studies (LLL) 3 hr., 1 term	Liberal Studies (LLL) 3 hr., 1 term		Liberal Studies (LLL) 3 hr., 1 term	Liberal Studies (ULL) 3 hr., 1 term	Liberal Studies (ULL) 3 hr., 1 term	Liberal Studies (ULL) 3 hr., 1 term	
				Open Elective 3 hr., 1 term	Open Elective 3 hr., 1 term		
				Open Elective 3 hr., 1 term	Open Elective 3 hr., 1 term		
18 hours	17 hours	28 hours	30 hours	27 hours	30 hours	33 hours	39 hours

Appendix B: Lines of Communication & Contact Information

1st Line of Communication and Contact Information

- Student's Faculty Advisor

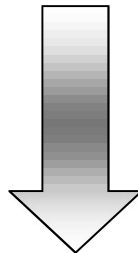
Contact information will be provided upon your student starting



2nd Line of Communication and Contact Information

- 3rd or 4th Year Lead Teachers
(Dependent upon your student's home site)

For contact information for the current Year Lead Teachers, please refer to
<https://www.torontomu.ca/nursing/central-placement-office/> under Faculty/Staff



3rd Line of Communication and Contact Information

- Central Placement Office

To contact the Placement Manager or Year Coordinator:
Phone: 416-979-5000 ext. 554956
E-mail: cpo@torontomu.ca
Website:
<https://www.torontomu.ca/nursing/central-placement->

Appendix C: Preceptor Feedback& Samples



**Toronto Metropolitan, Centennial, George Brown
Collaborative Nursing Degree Program**

NSE 311 Preceptor Feedback Form

Students, please complete the below information and submit this form to your preceptor to complete

Student Name	
Student Number	
Preceptor Name	
Placement Name	
Dates of Placement	
Total Practice Hours	

Overview of Performance Appraisal Process

- Performance appraisal (PA) is a collaborative process and is comprised of both the student's self-assessment and the faculty advisor's evaluation as well as feedback from the student's preceptor.
- *While the preceptor's feedback, along with the student's self-assessment are necessary and integral components of the process of evaluation, it is the faculty advisor who makes the ultimate decision regarding whether the student passes or fails NSE 311.*
- Faculty Advisors will evaluate the student according to the [College of Nurses of Ontario \(CNO\) Code of Conduct \(2023\)](#) and will assess each principle as Satisfactory or Unsatisfactory.
- Faculty Advisors will provide additional comments for standards that are evaluated as Unsatisfactory. Evaluation includes but is not limited to the indicators listed in this performance appraisal (refer to the course outline or Student Handbook for the CNO Code of Conduct and a complete list of all core behaviours).

Instructions for Preceptors

- We suggest that you work on completing this form during the term, rather than waiting to complete it at the END of term. Areas of concern should be discussed with students during the term, so that students may take steps to improve.
- Indicate if the student has met or not met each indicator that applies to the student's performance, for each CNO (College of Nurses of Ontario) Code of Conduct principle.
- Summary of Principle: After assessing the core behaviours, please provide your perception in summary of whether the student is "Meeting Expectations" or "Not Meeting Expectation's, for each CNO Principle.
- In the "Comments" section, we encourage you to provide written examples of how students met each core behaviour, whenever possible.
- Areas of Strength/ Areas for Growth: Please complete this as an overall summary of suggestions for students.
- Overall Performance: Please indicate at the end of this performance appraisal (PA), whether student performance is "Meeting Expectations", or "Not meeting expectations".
- Preceptors should discuss this final written feedback form with student at or near the end of term. Be sure to sign and date the form (by checking the box)

Thank you for taking the time to share this valuable feedback with students!

Preceptors: Please place an x in the appropriate box
Met = Meeting Expectations; Not met = Not meeting Expectations; N/A – Not Applicable

1. RESPECT CLIENTS' DIGNITY

Includes working together with clients with respect and sensitivity to client needs

Met	Not met	N/A	Expectations
			Treats clients with respect, empathy and compassion
			Prioritizes clients' health and well-being during nurse-client relationships
			Listens and responds to clients' concerns by collaborating with clients
			Maintains clients' privacy and dignity
			Identifies if personal beliefs conflict with a client's care, and provides safe, compassionate and timely care to those clients, until other arrangements are in place.
			OVERALL SUMMARY OF STANDARD
Please provide comments with examples (as appropriate):			

2. PROVIDE INCLUSIVE AND CULTURALLY SAFE CARE BY PRACTICING CULTURAL HUMILITY

Includes demonstrating cultural humility through self-reflection and evaluating their own behaviour; advocating for equitable and culturally safe care that is free from discrimination; understanding how personal attributes and societal contexts, such as disabilities, sexual identity, anti-Indigenous and anti-Black racism, influence client care

Met	Not met	N/A	Expectations
			Self-reflects on and identifies how their privileges, biases, values, belief structures, behaviours and positions of power may impact relationships with clients and/or communities
			Seeks feedback from clients, team members, and others to evaluate their own behaviour and culturally safe practice.
			Assesses and strives to meet clients' language, cultural and communication needs in ways clients understand.
			Actively listens to and seeks to understand the client's and/or community's lived experiences
			Assesses clients and/or communities to determine their risk for health inequities
			Takes proper action to prevent and/or address discrimination against a client and/or community
			OVERALL SUMMARY OF STANDARD
Please provide comments with examples (as appropriate):			

3. PROVIDE SAFE AND COMPETENT CARE

Includes working within the legal scope of practice, education, knowledge, skill and judgment to ensure safe and competent nursing care

Met	Not met	N/A	Expectations
			Attends placement orientation
			Attends placement two days per week and maintains a clinical hours log
			Develops a Learning Plan in consultation with preceptor that meets agency or community needs
			Takes responsibility for own actions
			Seeks out assistance appropriately and in a timely manner
			Prepares and shares knowledge appropriate to the student/client/target population
			Recognizes and works within the limits of their knowledge, skill and judgment
			Seeks and uses the best available evidence to inform their practice
			Modifies plan of care /program plan together with clients, team members and/or community members
			OVERALL SUMMARY OF STANDARD
Please provide comments with examples (as appropriate):			

4. WORK RESPECTFULLY WITH THE TEAM MEMBERS			
<i>Includes being accountable to one another and building or maintaining respectful relationships with team members</i>			
Met	Not met	N/A	Expectations
			Self-reflects on how privileges, biases, values, belief structures, behaviours and positions of power may impact relationships with team members
			Demonstrates professionalism and treats all team members with respect in all contexts, including on social media
			Provides and accepts feedback from the team members to support positive client outcomes and effective team performance
			Contributes to a safe organizational culture
Please provide comments with examples (as appropriate):			

5. ACTS WITH INTEGRITY IN CLIENTS BEST INTEREST			
<i>Includes being honest and fair; strives to build trustworthy, therapeutic, nurse-client relationships</i>			
Met	Not met	N/A	Expectations
			Protects the privacy and confidentiality of clients' personal health information including social media
			Identifies, prevents and does not practice in situations that cause a conflict of interest
			Initiates, establishes and maintains professional boundaries with clients
			Displays truthfulness in all practice encounters
			Identifies moral or ethical situations and proactively addresses conflict, dilemmas and/or distress of clients in their care.
			Promotes healthy relationships with clients, their caregivers, advocates and team members by managing and resolving conflict for best client care.
OVERALL SUMMARY OF STANDARD			
Please provide comments with examples (as appropriate):			

6. MAINTAINS PUBLIC CONFIDENCE IN THE NURSING PROFESSION			
<i>Includes promoting dignity and respect for the nursing profession by portraying professionalism and showing leadership.</i>			
Met	Not met	N/A	Expectations
			Being accountable for their own decisions, actions, omissions and related outcomes
			Takes accountability for their errors and learns from them
			Participates and advocates for improving the quality of their practice setting to support safe client care
			Self-reflects on health and seek help if their health affects their ability to practice safely
			Demonstrates self-direction in the development and implementation of health promotion activities.
			Provides leadership through formal and informal roles
			Collaborates with preceptor, team members, community members and clients/ students in the development and delivery of health promotion activities
OVERALL SUMMARY OF STANDARD			
Please provide comments with examples (as appropriate):			

Areas of Strength/ Areas for Growth:	
<i>Please complete this as an overall summary of suggestions for students.</i>	
Areas of Strength:	

<i>Please provide details</i>	
Areas for Growth: <i>Please provide details</i>	
Overall Performance: Meeting Expectations OR Not meeting Expectations (SELECT ONE)	

	PRECEPTOR: In lieu of a signature, by marking an x in this box, the Preceptor confirms that the information provided in this document is accurate and complete.
	STUDENT: In lieu of a signature, by marking an x in this box, the student confirms that the information provided in this document is accurate and complete, that they have reviewed it with the preceptor.
	FACULTY ADVISOR: In lieu of a signature, by marking an x in this box, confirms that the Faculty Advisor has reviewed this document with the student

4th Year Theme: *Integration of Professional Self into the Health Care System*
Connecting Theory and Practice across NSE411, NSE421, PPN 401, PPN 402, PAT
401

NSE 411/421– Preceptor Feedback Form Mid-Term
_____Final_____

Student Name:

Preceptor Name:

Faculty Advisor Name:

Clinical Practice Setting:

Term:

This Student Feedback Form is to be completed by the preceptor in collaboration with their student. Please refer to the Collaborative Program Preceptor Handbook for the CNO Standards of Practice and related indicators for further details re: each identified standard. If you have any questions or concerns, please contact your student's faculty advisor directly.

Satisfactory progress is defined as demonstrating a level of performance consistent with the midterm/final expectations for NSE 411/421 course, as per syllabus.

Professional Learning Goals for the Term

Evidence of Progress towards Learning Goals
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<p>Accountability <i>Students are accountable to the public and responsible for ensuring that their practice and conduct meets legislative requirements.</i></p>	
<p>Continued Competence <i>Students must assume responsibility for their ongoing professional development in the practice setting (progressive improvement in knowledge, skills and judgment).</i></p>	
<p>Ethics <i>Students must understand, uphold and promote the values and beliefs described in the ethical framework (1999). For example, identification of ethical issues in the practice setting and identifying strategies, in consultation with the health care team, to resolve ethical issues.</i></p>	
<p>Knowledge <i>Students possess through basic education and continuing learning knowledge relevant to their professional practice. For example, being informed about nursing and its relationship to the health care system.</i> <i>Students demonstrate the ability to provide theoretical and evidence-based rationale for all decisions in the practice setting.</i></p>	

Knowledge Application <i>Students continually improve their application of professional knowledge. Ensures practice is based in theory, evidence and meets all standards and guidelines</i>	
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Relationships <i>Students establish and maintain respectful, collaborative, therapeutic and professional relationships</i>	
--	--

Leadership <i>Students demonstrate leadership by providing, facilitating and promoting the best possible care service to the public.</i>	
--	--

Areas for Growth and Development

Clinical Hours to date: _____

Preceptor has reviewed Student's self-evaluation ___Yes___No

Preceptor Signature: _____ Date: _____

Student Signature: _____ Date: _____

Faculty Advisor Signature: _____ Date: _____

SAMPLE FEEDBACK NSE 411/ 421

<p>Professional Learning Goals for the Term [Carmen's] learning objectives for this pediatric experience were to: a) improve communication skills, particularly with parents of children on the cardiology unit, and b) to work on teaching skills with parents and children who were being discharged from the cardiology unit.</p>	
<p>Evidence of Progress towards Learning Goals [Carmen] made progress with each objective during their placement on this unit. [Carmen] developed a very effective communication style with both children and parents. By the end of the placement, [Carmen] was able to care for a full stable client load with minimal direct supervision. [Carmen] recognized their limitations and would seek me out if they needed help. With supervision s/he was developing confidence and skill in working with children with complex physical needs. [Carmen] identified a need to have a more organized and methodical approach to discharge planning. In light of this [Carmen] developed a useful, unit-based discharge-planning checklist for use by student and novice nurses. Use of this checklist helped her/him to cover what was necessary for the discharge, as well as to remind her/him to address the individual needs of the families. [Carmen] was very willing to help out on the unit.</p> <p>At times [Carmen] reacted to, or interpreted, client situations/experiences based on their own past experiences and values, rather than attempting to look at it from the perspective of the parent or child. For example... This is an area where [Carmen] can work on developing.</p>	
<p>Accountability <i>Students are accountable to the public and responsible for ensuring that their practice and conduct meets legislative requirements.</i></p>	<p>[Carmen] was accountable and responsible during the time on the unit. S/he worked well as a team member and with the children and families. S/he maintained confidentiality and was professional in their manner. S/he performed her/his daily tasks in a timely and appropriate manner at all times. Yet, when unsure about a task, s/he would seek assistance from her/his colleagues or me immediately. On the occasion that [Carmen] made an error, s/he took responsibility for her/his actions and took the appropriate measures to maintain client safety.</p>
<p>Continued Competence <i>Students must assume responsibility for their ongoing professional development in the Practice setting (progressive improvement in knowledge, skills and judgement).</i></p>	<p>[Carmen] is in the process of developing confidence and skill in the care of children and families admitted to the cardiac unit. However, s/he has a limited knowledge base of cardiac medications and their implication on client care. [Carmen] also needs to prepare more adequately for clinical experience while keeping the client as the focus of her/his learning at all times.</p>
<p>Ethics <i>Students must understand, uphold and promote the values and beliefs described in the ethical framework (1999). For example, identification of ethical issues in the practice setting and identifying strategies, in consultation with the health care team, to resolve ethical issues.</i></p>	<p>[Carmen] practiced within the ethical guidelines appropriate to entry-level nurses put forth by the College of Nurses of Ontario. S/he makes every effort to meet her/his specific learning needs and to seek resources as needed. S/he is sensitive and responsive to children and their families and makes every effort to work with them. Carmen needs to be aware of how her/his personal values impact client care. For example...</p>

<p style="text-align: center;">Knowledge</p> <p><i>Students possess through basic education and continuing learning knowledge relevant to their professional practice. For example, being informed about nursing and its relationship to the health care system. Students demonstrate the ability to provide theoretical and evidence based rationale for all decisions in the practice setting.</i></p>	<p>[Carmen] was generally well-prepared for caring for the clients with whom s/he worked. S/he used a number of resources both on the unit and from her/his own research to help her/him to understand the conditions of her/his patients. At times s/he tended to focus only on her/his specific learning objectives, without looking more broadly at the needs of the client. When this was mentioned to [Carmen], s/he made effort to ensure that s/he was also researching other areas of practice that were of importance to the care of her/his patients.</p> <p>[Carmen] was very receptive to any feedback given to her/him regarding her/his clinical performance. Once s/he had been shown a procedure and received feedback, s/he was usually able to do it correctly.</p>
<p style="text-align: center;">Knowledge Application</p> <p><i>Students continually improve their application of professional knowledge. Ensures practice is based in theory, evidence and meets all standards and guidelines.</i></p>	<p>[Carmen] was skilled in practice-based critical thinking and problem solving for her/him level of practice. S/he was able to perform assessments of children and their families experiencing cardiac problems, and develop appropriate plans of care. Continued attention to psychosocial assessments and including psychosocial goals in her/his care plans is encouraged. [Carmen] willingly shared articles from her/his classes and her/his research with the nursing staff. S/he was a respectful and contributing team member.</p> <p>[Carmen] progressed well in terms of her/his documentation and was able to document independently by the end of the term.</p>
<p style="text-align: center;">Relationships</p> <p><i>Students establish and maintain respectful, collaborative, therapeutic and professional relationships.</i></p>	<p>[Carmen] was very respectful of clients and demonstrated a profound interest in their care. S/he understood and maintained the boundaries between professional, therapeutic relationships and non-therapeutic, personal relationships. Also s/he was able to develop a collaborative relationship with her/his clients and their families in order to respect their needs, values, wishes and beliefs. S/he worked well as a member of the interdisciplinary team as evidenced by [Jane's/John's] participation in meetings, accessing the team for knowledge development and interest in attending optional lectures which were outside required hours.</p>
<p style="text-align: center;">Leadership</p> <p><i>Students demonstrate leadership by providing, facilitating and promoting the best possible care service to the public.</i></p>	<p>[Carmen] was an excellent model of professionalism. S/he collaborated well with health team members, clients and their parents. S/he contributed a great deal to health team meetings and posed many beneficial questions. [Carmen] also demonstrated excellent conflict resolution skills. S/he was able to solve any misunderstandings with her/his colleagues or clients in a</p>

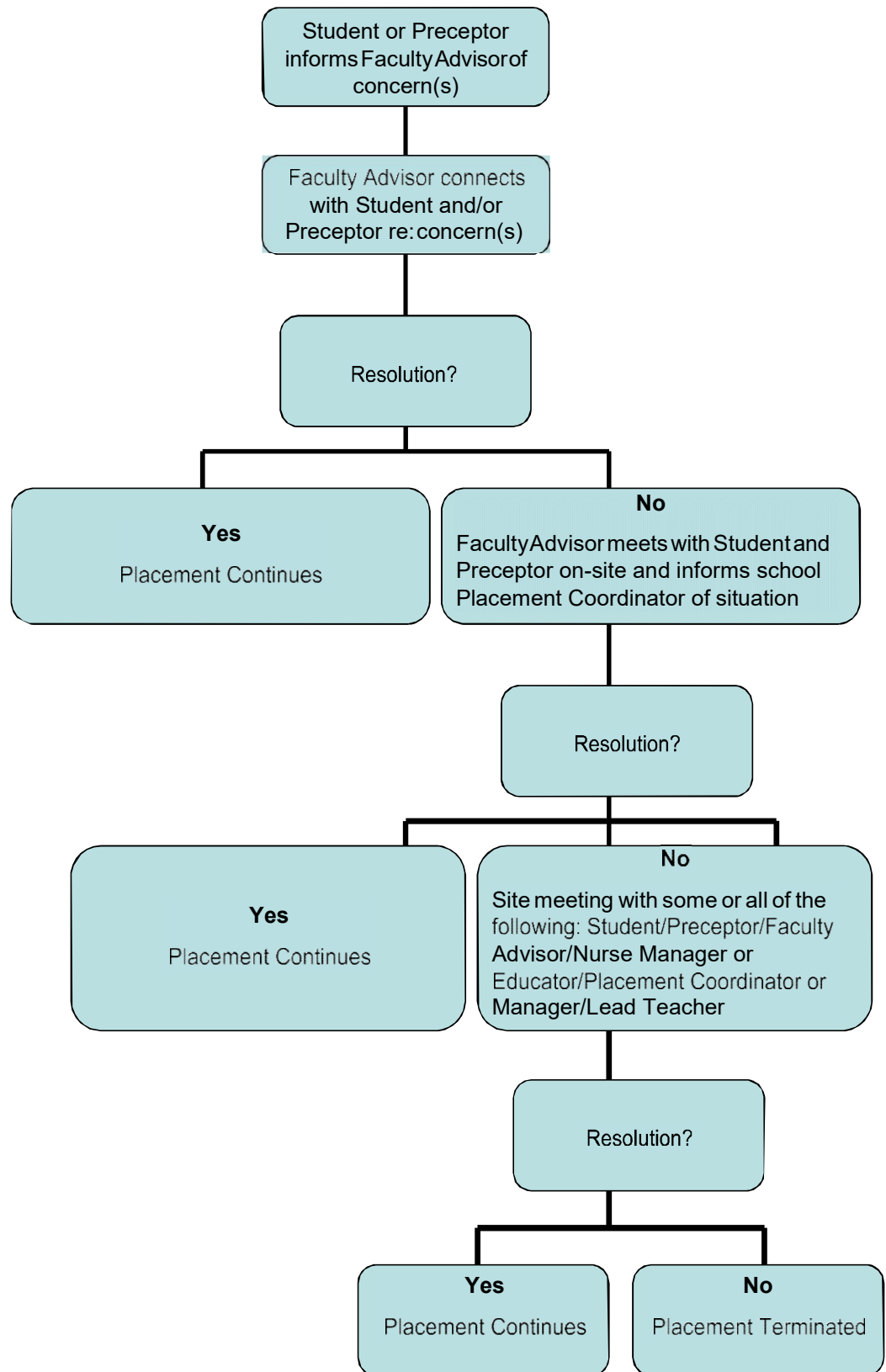
	non-defensive manner and s/he was able to develop innovative solutions. [Carmen] was a great role model to the second year nursing students who were also on the unit. S/he offered students sound advice and willingly assisted them when they were in need of some guidance.
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Areas for Growth and Development

Ongoing value clarification would be important for [Carmen]. S/he has made a good start in working with the parents of children admitted to the cardiology unit. Making a point of always including the parents as part of the health care team will help her/him to keep their needs in mind. [Carmen] needs to invest more time in preparation for clinical, with a particular emphasis on medications. As s/he is soon to enter the profession as a graduate nurse, I encourage her/him to become an active member of our professional organizations.

Appendix D: Placement Concerns and Clinical Incident Reporting Process

Placement Concerns: Decision Making Tool



Collaborative Clinical Incident Reporting Process

