DAPHNE COCKWELL SCHOOL OF NURSING

POST DIPLOMA DEGREE PROGRAM

Preceptor Information:
Guidelines for Preceptors, Students and Faculty Advisors

Revised August 2022

https://www.torontomu.ca/nursing/central-placement-office/about/

The information in this package is specific to the Post Diploma Degree Program in the Daphne Cockwell School of Nursing at Toronto Metropolitan University (TMU). Students are required to adhere to the policies and procedures of TMU. Information about these policies and procedures is available from the University Calendar and Student Guide.

Students are responsible and required to review the “News and Events – Announcements from the Daphne Cockwell School of Nursing on the website on a regular (weekly) basis: https://www.torontomu.ca/nursing/

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

Table of Contents

Introduction 5
Historical Perspectives 6
Daphne Cockwell School of Nursing 6
Philosophy of the School of Nursing 7
Curriculum Content Themes and Course Description 9
Post Diploma Degree Program Curriculum Design 11
Initial Contact with Students 12
The First Day 12
As You Go Along 12
Relationships and Communication Within the Triad Model 13
Preceptor Roles & Responsibilities 13
Student Roles and Responsibilities 14
Faculty Advisor Roles & Responsibilities 14
Communication Patterns 14
Providing Feedback 15
When to Contact the Faculty Advisor 15
Patient Safety/Professional Concerns 15
Concerns Related to Academic Progress 15
Injury, Accidents, Illnesses on Site 16
Support & Feedback 16
Nursing Practice Guidelines and Policies 16
Regulated Health Professions Act (RHPA) 16
Student Skill Competencies 16
Additional Nursing Competencies 16
Agency Policies 18
Health Policy 18
Nursing Practice Attendance Policy 18
Professional Appearance and Dress code 18
Accompanying Clients 18
Medication Administration 18
Harassment, Abuse, and Discrimination 19
Privacy 19
Unsafe practice vs. Failure to Meet Course Objectives 20
Monitoring Nursing Practice Progress 21
Mid-Term and Final Feedback 21
References 22
Appendix A 23
Line of Communication and Contact Information 24
Appendix B 25
Placement Concerns: Decision Making Tool 26
Clinical Incident Reporting Process 27
Appendix C 28
Preceptor Feedback to Student 29
Appendix D 30
College of Nurses of Ontario- Professional Standards 31
National Competencies 32

Daphne Cockwell School of Nursing
Faculty of Community Services

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,

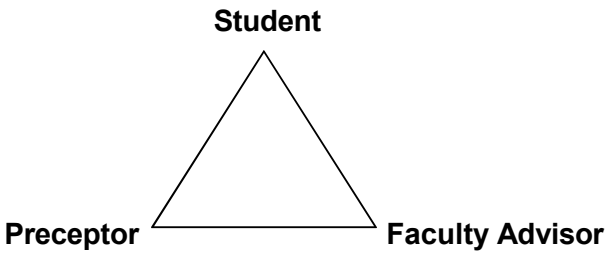
Maher M. El-Masri, PhD, RN, FAAN, FCAN
Professor and Director
Daphne Cockwell School of Nursing, Faculty of Community Services
Toronto Metropolitan University

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 Post Diploma Degree Program embraces 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 practicum experience, they may be excited, shy, and/or afraid, as it is probably the first time that the student has 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 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 Post Diploma Degree Program assist in the arrangement of student placements.

A student's practicum 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 that the student spends learning with you, they 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 the student regularly to discuss the learning experience and integrates research into practice. Communications (e.g e-mail, site visits and telephone conversations) between faculty advisors, preceptors and students may occur at mid-term and at the end of the semester to discuss progress and ensure the student meets the course requirements. It is very important that if you have any concerns or challenges while working with the student that you contact the faculty advisor as soon as possible.

Historical Perspectives

In 1964, Toronto Metropolitan University (TMU) became the first post-secondary general education institution in Canada to offer a diploma nursing program. The program was developed to demonstrate the feasibility of offering a nursing program in a general education setting, as opposed to the typical hospital setting.

In 1973, the Schools of Nursing from The Wellesley Hospital, Women's College Hospital and the Hospital for Sick Children joined TMU's nursing school as a result of the provincial government transferring responsibility for nursing diploma programs to the Ministry of Colleges and Universities. The amalgamated school offered a diploma nursing program curriculum until 1988. In January 1980, the Bachelor of Applied Arts in Nursing (BAAN) program for registered nurses was approved and implemented. In 1993, the degree that was granted was changed from a BAAN to that of Bachelor of Science in Nursing (BScN).

The post diploma degree program currently has over seven hundred students. Part-time students and non-program nurses can access most courses at over twenty regional access centres, through partnerships with Continuing Education. Currently, the post diploma degree program team is involved in pilot projects to evaluate the success of admitting to the program graduates from selected approved bridging programs for internationally educated registered nurses, and 2-year diploma prepared registered practical nurses. The bridging students are admitted to the full-time program only during the evaluation phase.

Daphne Cockwell School of Nursing

The University named its School of Nursing in honour of Daphne Cockwell, recognizing her family's ongoing support for TMU and its Master Plan development

The Daphne Cockwell School of Nursing is named after Mr. Cockwell's mother, who started her career as a nurse. This is Canada's first university nursing school to be named for a nurse.

Daphne Cockwell trained as a nurse in East London, South Africa in the 1930s, and later worked as a volunteer with veterans returning from the Second World War.

Philosophy of the School of Nursing

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 the program have 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 will form the foundation of the nursing program.

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.

With these philosophical approaches underlying the foundation of the curriculum, five Program Themes have been identified. These themes will serve to organize the content of the curriculum and will be reflected in both years of the two-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 will be 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 will be 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 of the other, communicating effectively, and emphasizing the meaning of the experience from the 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 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 & 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. Learning comes from interactions in both personal and social situations that have continuity and connection to a person's unique experience in life. Learning also occurs in educative experiences where positive growth in personal, moral, ethical, aesthetic, and professional aspects of life develops. Learning in preceptored situations is facilitated by a caring collaboration between the student, preceptor, and faculty advisor.

These relationships are based on mutual trust and respect, in which all parties are learners.

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.

Curriculum Content Themes and Course Description

The Post Diploma Degree program consists of 4 semesters full-time, equivalent to 19, one-semester courses.

Semester 1
NUR 830 Current Issues and Future Perspectives, NUR 805 The Evolution of Theoretical Knowledge, and NUR 816 Health Assessment establish the context for post diploma baccalaureate level nursing education and professional practice. NUR 850 Research Methods Applications emphasizes that nursing is a research-based practice discipline and provides students with the necessary knowledge and skills to understand and apply the research process throughout the program from the onset.

Semester 2
Students focus on health and health related concepts, reinforced by an epidemiology course that provides an understanding of risk factors related to the development and prevention of illness. NUC 832 Community Nursing and the NUR 600 Epidemiology, Major Health Problems courses are situated together in the second semester because of their complementary nature. Theory and practice related to nursing leadership within the health care system is addressed in this semester.

Semester 3
Students apply theory as it relates to specific nursing organizations. NUR 810 Concepts in Contemporary Nursing Practice course enhances the students' ability to examine major issues related to individual clients and their families within the nursing practice context. The first practice course NCL 700 Nursing Practice I allow students to apply this knowledge within a practice setting of their choice.

Semester 4
Nursing elective course and a second nursing practice II course NCL 800 Nursing Practice II allow students to focus on a selected client population and acquire in-depth knowledge of that population.

Open Electives and Upper Level Liberal Studies have been incorporated in accordance with the program, balance guidelines suggested by TMU.

(C)NCL 700: NURSING: NURSING PRACTICE I
This is the first of two nursing practice courses in which the students will use nursing and other theorists to guide their practice. Students will utilize their knowledge of the social, political and economic context when exploring the nurses' role in a specific practice setting. Using theoretical approaches that are relevant to the practice setting, students will collaborate with individuals, families and/or groups to ensure creative, caring and flexible nursing practice. Emphasis will be placed on critical thinking, self-reflection, utilization of research findings and the application of concepts from leadership and change.

(C)NCL 800: NURSING: NURSING PRACTICE II
This nursing practice course will provide students with an opportunity to consolidate the development of nursing practice skills. Using theoretical approaches that are relevant to the practice setting, students will assume responsibility for more complex assignments expected at a beginning level baccalaureate graduate. Critical thinking and reflective practice will be key components of this course. Emphasis will be placed on the multiplicity of nursing roles in hospital and community settings. Students may apply theory from their nursing electives in the final practice setting. Nursing practice group meetings (in the form of internet discussions) will be scheduled throughout the term.

Post Diploma Degree Program Curriculum Design

SEMESTER 1	HRS	SEMESTER 2	HRS	SEMESTER 3	HRS	SEMESTER 4	HRS
		Philosophy: Ethics and Health Care **PHL 302**	3	Professionally Related Elective	3	Professionally Related Elective	3
Upper Level Liberal Studies Elective	3			Upper Level Liberal Studies Elective	3	Upper Level Liberal Studies Elective	3
Nursing: Current Issues and Future Perspectives **NUR 830**	3	Nursing: Leadership Development for Practice **NUR 831**	3	Nursing: Organizational Context of Practice **NUR 833**	3		
Nursing: The Evolution of Theoretical Knowledge **NUR 805**	3	Nursing: Epidemiology, Major Health Problems **NUR 600**	3	Nursing: Concepts in Contemporary Nursing Practice **NUR 810**	3	Professional Elective Nursing: Special Topics **NUR 820/ 823/ 824/ 825/ 826**	3
Nursing: Health Assessment **NUR 816**	4	Nursing: Community Nursing **NUC 832**	3				
Nursing: Research Methods **NUR 850**	3	Nursing: Statistics and Nursing **NUR 860**	3	Nursing: Nursing Practice I **NCL 700**	1-Lect 24-Lab	Nursing: Nursing Practice II **NCL 800**	1-Lect 24-Lab
Total Hours	16		15		37		34

Initial Contact with Students

Students will be provided with the name and contact information of their preceptor and you should expect a phone call 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;
- 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, as well as identify expectation of use of other media sources such as: Zoom; Microsoft Teams: Google Meet- etc.
- 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 or during scheduled class time;
- The student should share their academic schedule with you when planning the practice schedule;
- 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

The First Day

On the first day of a new practice 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 of 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 policies, procedures, emergency manuals and educational resources.
- Introduce the student to your team and key people with whom they will have contact with.
- 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 student's practice 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 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 your patient assignment or your daily tasks with the student. Discuss with your student the skills/areas that will be required; what you will need to do together, and when the student 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: health assessments, communication with clients and multi-disciplinary team members, etc.
- 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 reporting 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 healthcare facility
- 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 fulfilment 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 that the student may face. It also provides positive feedback and information that will assist in the mid-term and final evaluations. At any time during the term, please feel comfortable to contact 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
- Behavior 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. Additional reporting information and paperwork (for completion by the student) is available at: https://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/41006_profstds.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. 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. Nurse preceptors may also find additional information from the College of Nurses of Ontario Supporting Learners documents available at http://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 who are working with students are not accountable for the students’ actions if they have fulfilled their responsibilities as outlined and if they had no way of knowing that the error was going to occur” (http://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.

When an RN preceptor in collaboration with the student decides that it is appropriate for the student to learn a specific additional competency, the RN preceptor 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.

Health Policy
Central Placement Office (CPO) ensures that all nursing students submit evidence of all documentation related to Health forms and Immunization records.

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, students 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.

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 School of Nursing name badges while attending placement. For additional information regarding student policies of professional appearance and dress code. please refer to the Post Diploma Degree Program Student Handbook, which may be found at. https://www.torontomu.ca/content/dam/nursing/documents/student-resources/post-diploma-program-student-handbook.pdf.

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
Any **medication error**, including delayed or omitted administration, must be reported to the faculty advisor and preceptor immediately. Both **medication errors** and **safety incidents** require completion of the TMU School of Nursing Incident Report as well as the agency incident report form.

Students must have all narcotics and controlled drugs checked and co-signed by a registered nurse. 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 School of Nursing is committed to ensuring the safety and well-being of students during nursing practice. It is recognized 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 is 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 in the 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, which can be found at https://https://www.torontomu.ca/policies/policy-list/dhp-policy/

Privacy
Students will sign Confidentiality Agreements at their placement institution as required by the institution. TMU complies with the legislated requirements of the Freedom of Information and Protection of Privacy Act (FIPPA).

Unsafe Practice vs. Failure to Meet Course Objectives

Unsafe Practice

For the purposes of consistent implementation, unsafe practice refers to patterns of behaviours or an incident that puts self, patient/client and/or others at a risk that is both imminent and of a substantive nature.

In accordance with the Academic Variations Policy in the School of Nursing, “at any point during the academic year, the School of Nursing reserves the right to terminate a student’s experience in a nursing practice setting when patterns of behaviour place self, patients/clients and/or others at risk. This will result in the student receiving an F grade for the course.” (Please see current TMU Academic Calendar)

Failure to meet course objectives

The term **unsafe practice** does **not** refer to patterns of behaviour that demonstrate the student is unable to meet the objectives of the course at a given time within a given context, e.g. demonstrable lack of accountability. Nor does it refer to a student who is not demonstrating satisfactory progress towards meeting course objectives. A student who fails to meet the objectives of the course within the allotted time for course completion will receive an F grade. Failure to meet course objectives does not constitute “unsafe practice”.

When it is deemed that a student is not progressing toward the successful completion of course objectives at an appropriate pace during the academic term, student, preceptor and faculty advisor must meet to discuss the student’s performance to date and develop a remedial plan to address performance concerns. The discussion and plan must be documented and will be added to the student’s file. Unless the identified concerns meet the conditions specified above, failure to meet course objectives at this time, does not constitute unsafe practice.

Nursing practice agencies reserve the right to refuse a placement to any student whose:

1) Performance does not meet the expected standards of practice for a student at that level of the course at that point in time; and/or
2) Patterns of behaviour fail to demonstrate successful progress towards meeting the course objectives. This situation is not considered to be unsafe practice unless it refers to patterns of behaviours or an incident that puts self, patient/client and/or others at a risk that is both imminent and of a substantive nature, as noted above in the definition of “unsafe practice”.

If, after discussions between student, preceptor and faculty advisor, it is determined that a student’s patterns of behaviour have resulted in the nursing practice agency terminating the placement, the student is deemed to have jeopardized their opportunity to complete the objectives of the course and will receive an F grade. The School of Nursing is under no obligation, in these cases, to find an alternative placement.

Failure to meet course objectives within the allotted time for course completion (i.e. one or two semesters, depending on the course) will receive an F grade.

Extensions to the semester or course year for practice hours will be granted **only** on medical or compassionate grounds and will be considered by the Course Faculty Leads in consultation with the Site Faculty Director.

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 Nurses 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, they may be at risk of 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.

Mid-Term and Final Feedback

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

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References

College of Nurses of Ontario (CNO). (2018). *Legislation and regulation: RHPA scope of practice, controlled acts model.* Retrieved November 24,2019, from Access: https://www.cno.org/globalassets/docs/policy/41052_rhpascope.pdf

College of Nurses of Ontario (CNO). (2015). *Professional standards: Revised 2002.* Retrieved November 24, 2019, from Access: http://www.cno.org/globalassets/docs/prac/41006_profstds.pdf

College of Nurses of Ontario (CNO). (2018). *Supporting learners.* Retrieved November 24, 2019, from Access: http://www.cno.org/en/learn-about-standards-guidelines/educational-tools/ask-practice/supporting-learners/

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.htm

Appendix A

Lines of Communication

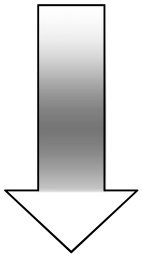
&

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

- Central Placement Office

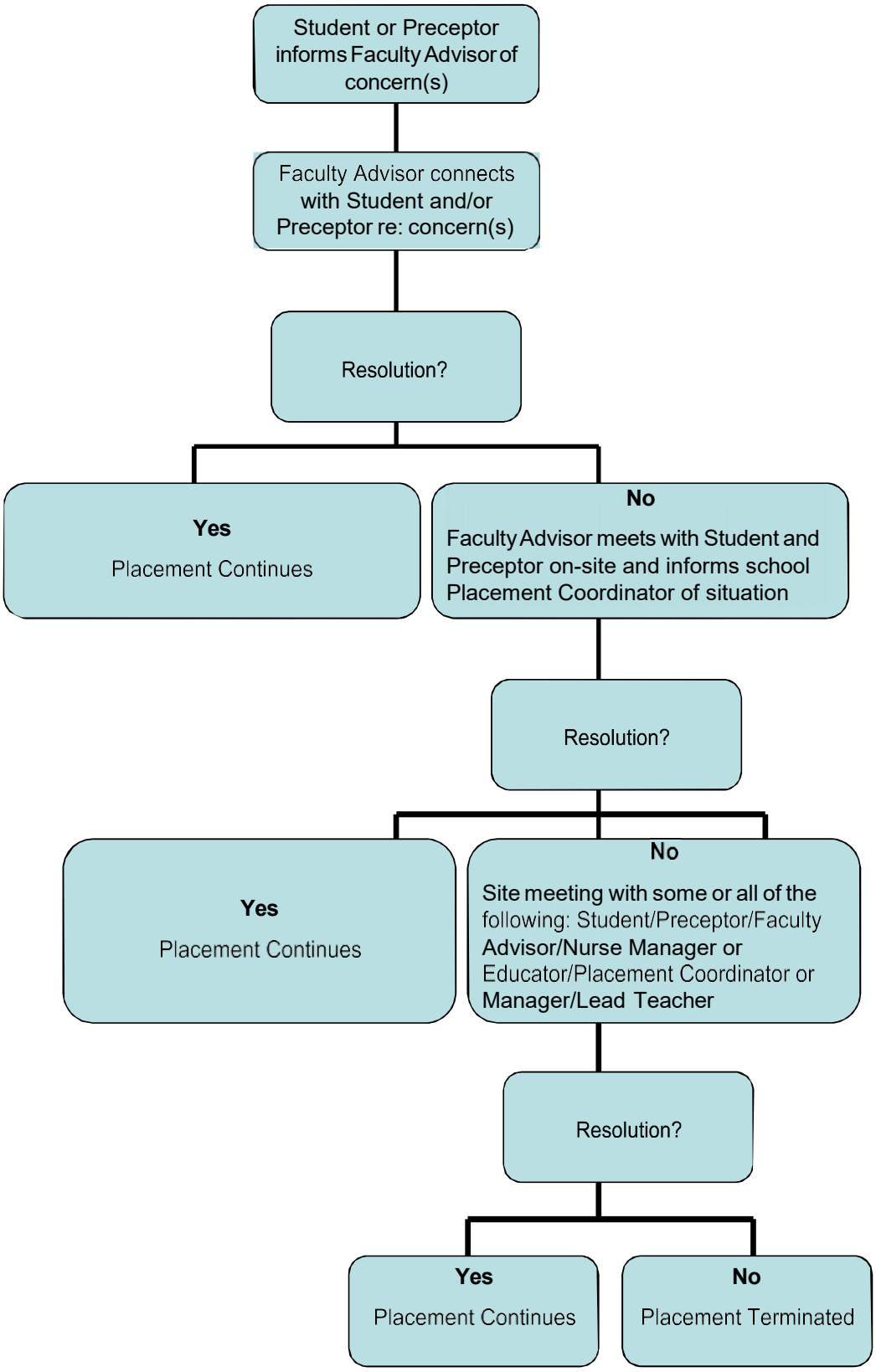
  To contact the Placement Manager or Practice Placement Coordinator: Phone: 416-979-5000 ext. 554956
  E-mail: cpo@ryerson.ca

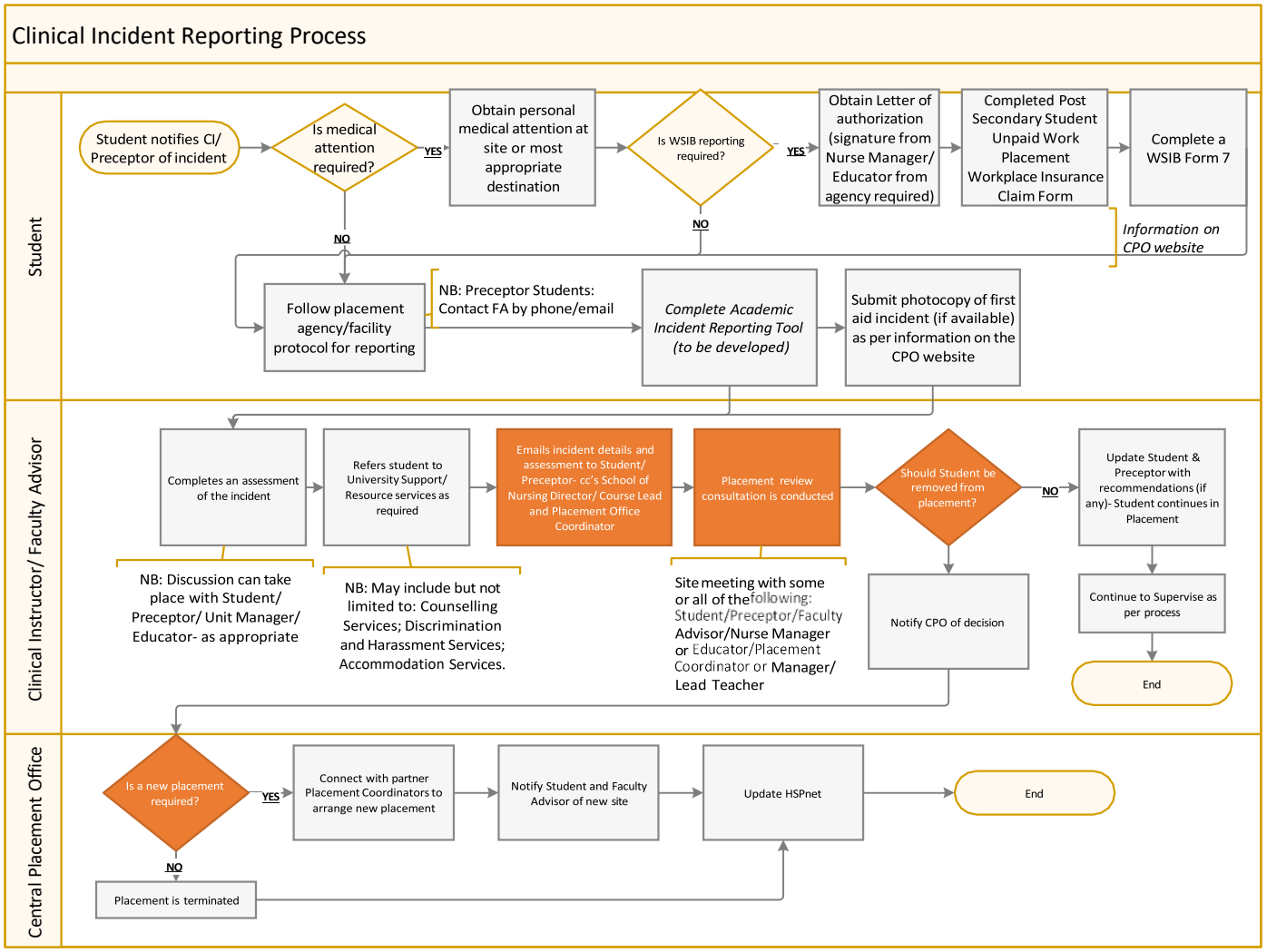
Website:
https://www.torontomu.ca/nursing/central-placement-office/

Appendix B

Placement Concerns and Clinical Incident Reporting Process

Placement Concerns: Decision Making Tool




Clinical Incident Reporting Process
Student
Student notifies CI/ Preceptor of incident
Is medical attention required?
YES
NO
Obtain personal medical attention at site or most appropriate destination
Is WSIB reporting required?
YES
NO
Obtain Letter of authorization (signature from Nurse Manager/ Educator from agency required)
Completed Post Secondary Student Unpaid Work Placement Workplace Insurance Claim Form
Complete a WSIB Form 7
Information on CPO website
Follow placement agency/facility protocol for reporting
NB: Preceptor Students: Contact FA by phone/email
Complete Academic Incident Reporting Tool (to be developed)
Submit photocopy of first aid incident (if available) as per information on the CPO website
Clinical Instructor/ Faculty Advisor
Completes an assessment of the incident
NB: Discussion can take place with Student/ Preceptor/ Unit Manager/ Educator- as appropriate
Refers student to University Support/ Resource services as required
NB: May include but not limited to: Counselling Services; Discrimination and Harassment Services; Accommodation Services.
Emails incident details and assessment to Student/ Preceptor- cc's School of Nursing Director/ Course Lead and Placement Office Coordinator
Placement review consultation is conducted
Site meeting with some or all of the following: Student/Preceptor/Faculty Advisor/Nurse Manager or Educator/Placement Coordinator or Manager/ Lead Teacher
Should Student be removed from placement?
NO
Update Student & Preceptor with recommendations (if any)- Student continues in Placement
Continue to Supervise as per process
End
Notify CPO of decision
Central Placement Office
Is a new placement required?
YES
NO
Connect with partner Placement Coordinators to arrange new placement
Notify Student and Faculty Advisor of new site
Update HSPnet
End
Placement is terminated

Appendix C

Preceptor Feedback

to Student

Preceptor/Mentor Evaluation
(C)NCL700/800

STUDENT: **PRECEPTOR/MENTOR:**

PRACTICE/WORK STUDY SETTING:

Please use this form to provide comments on the student's performance.

CRITERIA	**MET**	**NOT MET**
By the end of the course the student was able to practice to the College of Nurses Standards of Practice:		
Accountability Definition: Each nurse is accountable to the public and responsible for ensuring that her/his practice and conduct meets legislative requirements and the standards of the profession.		
Continuing Competence Definition: Competence is the nurse's ability to use her/his knowledge, skill, judgment, attitudes, values and beliefs to perform in a given role, situation and practice setting.		
Ethics Definition: Ethical nursing care means promoting the values of client well-being, respecting client choice		
Knowledge Definition: Each nurse possesses, through basic education and continuing learning, knowledge relevant to her/ his professional practice		
Knowledge application Definition: The quality of professional nursing practice reflects nurses' application of knowledge. Nurses apply knowledge to practice using nursing frameworks, theories and/or processes. They employ knowledge in the performance of clinical skills because the technical and cognitive aspects of care are closely related and cannot be separated.		
Leadership Definition: Leadership requires self-knowledge (understanding one's beliefs and values and being aware of how one's behaviour affects others), respect, trust, integrity, shared vision, learning, participation, good communication techniques and the ability to be a change facilitator		
Relationships Definition: Relationships include therapeutic nurse-client relationships and professional relationships with colleagues, health care team members and employers.		

Comments - (Areas of Strength; Recommendations for growth/learning):

Date:
Signature Preceptor: Signature Student:

Appendix D

CNO Professional Standards, Revised 2002 (2015)

and

Entry-to-Practice Competencies for Registered Nurses (2018)

To access the College of Nursing of Ontario (CNO) Professional Standards, please refer to:
http://www.cno.org/globalassets/docs/prac/41006_profstds.pdf

To access Entry-to-Practice Competencies for Registered Nurses please refer to
https://www.cno.org/globalassets/docs/reg/41037_entrytopracitic_final.pdf

For more information:
College of Nurses of Ontario
Phone: 416-928-0900
Toll Free in Ontario: 1-800-387-5526
Website: http://www.cno.org