Purpose

The purpose of the Student Handbook is to give students, both new and returning, a reference guide to better familiarize themselves with responsibilities, expectations and policies within the Red Deer Polytechnic BScN Program. The handbook does not include all information about the Red Deer Polytechnic.

Note: It is the student’s responsibility to be aware of Red Deer Polytechnic (Years 1-3) & University of Alberta (Year 4) student policies, Nursing Standards of Practice, and the Nursing Code of Ethics.

If there is any information that you believe should be included in upcoming Student Handbooks, please contact Deedra Fenton (Program Assistant) BScN program Room 1509-C or email Deedra.Fenton@rdpolytech.ca
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GENERAL INFORMATION

WELCOME

August, 2021

Dear Nursing Students:

Welcome to the 2021-22 academic year of the Red Deer Polytechnic Nursing Program. The faculty and staff of the Polytechnic and clinical agencies are all ready and excited to get to know you, support you in your program, and to celebrate your achievements. As you prepare for entry into the nursing profession, I wish you much personal fulfillment and professional growth. This handbook provides some specific information relevant to the nursing program which will be helpful to you. You also need to be aware of the general Polytechnic academic policies outlined on the RD Polytechnic Website. You will find the Program and Course Guide useful in relation to your student role.

The BScN Program with Red Deer Polytechnic continues to be a highly successful program, in part, due to the input of our students. As a result, we continue to provide many opportunities to discuss the different aspects of the program with you. One opportunity for discussion will be Town Hall meetings, which we will hold with students in each year of the program.

I invite you to approach faculty members and myself with your concerns and feedback about your experiences and progress in the program. For the time being I am available by appointment only. Please make an appointment with me through the Administrative Assistant in room 1509.

Within the Nursing Programs, faculty work in teaching teams in offering the nursing courses while each course has a designated Course Leader. You also have access to Faculty Advisors who will help you to get familiar with your program. Please also do not hesitate to ask for help from the Department and Program Administrative Assistants. We trust the efforts of all Red Deer Polytechnic faculty and staff will support your learning activities in each part of the program. Staff and faculty will make every effort to support you throughout the year. I wish you much success in this coming year and in achieving your academic, personal, and professional goals.

Sincerely,
Sarah Malo
Interim Associate Dean
MISSION STATEMENT & VALUES

OUR VISION
An engaged community of dedicated professionals who shape nursing and inspire health and wellness through their practice and their scholarship.

OUR MISSION
We prepare graduates who are equipped to make a positive difference in the health of individuals and communities.

FOUNDATIONAL PRINCIPLES
Our work is predicated on these foundational principles:

Effective relationships are absolutely essential to everything we do. Our vision for a community of learners is only possible if we engage together in constructive and exciting ways. Our educational processes prepare graduates to work well together in the classroom and then well beyond it.

Reflective practices are critical to our success as practitioners, teachers, and learners. We must reflect in order to learn what we wish to continue and what we wish to change.

Thoughtful and inclusive processes foster good relationships, encourage constructive learning, and are more likely to result in decisions that work for individuals and the group. Good processes support our teaching, our learning, and our decision-making.

Ongoing professional and personal development are critical if the community is to remain vital, current, and healthy.

Values

❑ Inclusiveness

Living the Value:
* We value and respect individuals for who they are, encouraging the development and contribution of their unique gifts.
* We seek understanding through open dialogue and active listening.
* We mentor and support members of our learning community.
* We use and support collaborative processes that offer everyone the opportunity to contribute their ideas and perspectives.
* We create an inviting and welcoming atmosphere.
Integrity

Living the Value:
* We are guided by our commitment to ethical principles.
* We are authentic in our actions and interactions.
* We act, speak, and make decisions with intentionality in ways that are honorable, transparent, honest, and genuine.

Community

Living the Value:
* We foster collegiality and collaboration as we nurture relationships.
* We offer intellectual and social environments in which people can engage together in learning and personal development.
* We work together with local, regional, and global communities.
* We treat one another with respect.

Excellence

Living the Value:
* We support and encourage leadership, scholarship and innovation.
* We support the professional and personal growth of students, faculty and staff.
* We seek out opportunities to challenge the status quo.
* We celebrate our achievements.

Exploration

Living the Value:
* We make a commitment to scholarship and innovation in teaching, learning, and nursing.
* We enthusiastically seek and discover new possibilities.
* We gather and use evidence to guide decisions.
* We promote critical thinking.
* We champion processes for development and discovery, including calculated risk taking.

Accountability

Living the Value:
* We support and assist students to meet their goals.
* We set and meet standards that reflect public and professional expectations (including codes of ethics and codes of conduct).
* We make a commitment to students, ourselves, and to society to be vigilant in upholding these standards.
* We initiate and respond to evaluations and feedback.
* We contribute to and respond to our local regional, and global communities.
RED DEER POLYTECHNIC ORGANIZATIONAL STRUCTURE
2020-2021

President: Dr. Peter Nunoda
VP Academic & Research: Kylie Thomas
Dean, School of Health Sciences: Sharon Hamilton
Dean's Assistant: Mei-Lin Ward
Associate Dean: Sarah Malo
Associate Dean: Terri Granigan
Student Advisor: Dan Bustamante
Operations Manager: Alisha Lindsay
Program Assistants: Deedra Fenton, Melana Matthie

B.Sc. Nursing Faculty (Full-Time & Sessional):

Juliet Onabadejo
Yalda Mohammad-Asef
Maggie Convey
Larissa Gomes
Natalie Ford
Amy Eisan
Kari Nish
Peggy Follis
Tosha Giesbrecht
Kristen Gulbransen
Erin Lowe
Michael Metzger

Lisa Rancier
Sherry Davey
Gaylene Potter (LOA)
Daphne Kennedy
Kathy Schepp
Brenda Query
Jennifer Reynolds
Chantel Kiraly-Miller
Jean Smith
Shelley Ellis
Kala Streibel
Raigne Symes
Sara Daniels (Chairperson)
MATERIAL AND SPECIAL FEES

When you paid your tuition, you also paid Material and Special Fees. Following is a link for the breakdown of what the fees are in each course. Special fees for students:

Used for:
- Lab supplies
- Honorariums for guest speakers
- Travel costs incurred by instructors during student preceptored practicum experiences

*All 4th year fees are paid to the University of Alberta*

PRACTICUM DOCUMENT REQUIREMENTS

Practicum Documentation Required Prior to the Start of Your Program
A list of required practicum documents is posted on the public RDC website at this link
www.rdc.ab.ca/hsrequirements
This list of practicum requirements must be completed by the start of your program and can take several weeks to complete – don’t wait, start early!
If you have any questions please email the Placement Office at placement.healthsciences@rdc.ab.ca

RED DEER POLYTECHNIC NURSING SOCIETY

The RD POLYTECHNIC Nursing Society is a student organized group of BScN and PN students. The priority of our society is to represent the interests of nursing students. We act as a channel between the nursing faculty, community organizations and the nursing student body.

As a student group, the Nursing Society organizes most of the nursing student related educational, fundraising and social events that occur at RD POLYTECHNIC. The society also organizes and hosts nursing-related conferences during the school year. All funds raised help the Nursing Society put together social and educational events that contribute to camaraderie and evidence-based practice amongst nursing students.

The Nursing Society executive is composed of several positions, all of which are essential in the successful functioning of the society. Each year, elections are held in April and September. All Nursing Society members have the opportunity to run and vote for any position. We encourage students to attend meetings throughout the year to see what positions interest them, and to learn about how they can contribute to the society while representing and supporting their peers.

The society communicates with all of the nursing students through Blackboard 9.1 on the "Student Nursing Society" link. Announcements, discussion boards and general student messages can be found here. Nursing Society also has a Facebook page and a Twitter profile.

While serving as an informal mentorship and support group between nursing students, the RD POLYTECHNIC Nursing Society is a great way to contribute to political action, meet new people and have fun!

Making a difference starts here.
CANADIAN NURSING STUDENT ASSOCIATION (CNSA)

For over thirty years, CNSA has represented the interest of nursing students to federal, provincial and international governments and other nursing and health care organizations. The CNSA, with over 20,000 members, is an affiliate member of the Canadian Nurses Association (CNA) and the Practical Nurses of Canada (PNC) as well as an associate member of the Canadian Federation of Nurses Unions. The CNSA has a reciprocal relationship with Canadian Association of Schools of Nursing and is co-chair of the New Health Professional Network.

CNSA's goal is to increase the legal, ethical, professional, and educational aspects which are an integral part of nursing. CNSA is actively dedicated to the positive promotion of nurses and the nursing profession as a whole.

The RD POLYTECHNIC Nursing Society is very proud to announce that RD POLYTECHNIC became an official CNSA chapter school in 2008. Chapter members (students) in each region elect delegates who represent them and vote on their behalf at regional and national meetings. The nursing students in RD POLYTECHNIC are represented at the CNSA through an elected official delegate and an associate delegate. These persons are responsible for promoting CNSA within the Polytechnic and ensuring that students are aware of CNSA events.

STUDENT NAME TAGS

All students are required to wear their name tags in a prominent place when in labs and clinical practice areas (including patient research times) so that patients and staff can identify individuals and their status as students in the program at Red Deer Polytechnic. The BScN Program Assistant arranges for personalized name tags for you to be purchased at the Bookstore in September.

Occasionally there have been questions about the advisability of including the surname on the name tag for personal safety reasons. The BScN Program consulted both the Polytechnic & Association of Registered Nurses of Alberta (CARNA) and the Canadian Nurses Protective Society lawyer. Both agreed that the nurse’s first duty is to be accountable for the care given to patients, so patients must be able to identify their caregiver. Therefore, surnames are needed. However, there may occasionally be an area of practice that students and instructors agree is particularly risky. In these instances, other arrangements for identification can be made.

If you misplace your student nametag, you are able to order a replacement yourself at the bookstore. Along with your nametag, you will be required to wear your iCard as ID. These pieces of identification must be visible while at a clinical/practicum site.
INSURANCE COVERAGE

Students and agencies often have questions about the insurance coverage for RD POLYTECHNIC students who are working with clients at various agencies. RD POLYTECHNIC has insurance coverage which applies to students when they are at an agency for a reason that relates to their studies.

Examples of when you would be covered include:
- doing client research
- carrying out your client care
- travelling with a nurse or on their own to visit a community client.
- travelling to a clinical placement

Students are not to transport clients in their personal vehicles. Faculty will not transport students in their personal vehicles.

In the event of an injury or illness that is related to clinical experience students are required to report to their instructor and to Red Deer Polytechnic Health Centre, located in room 901.
INTRODUCTION

The Faculty of Nursing (FoN) at the University of Alberta (U of A) respectfully acknowledges that we are located on Treaty 6 territory, a traditional gathering place for diverse Indigenous peoples including the Cree, Blackfoot, Metis, Nakota Sioux, Iroquois, Dene, Ojibway/Saulteaux/Anishinaabe, Inuit, and many others whose histories, languages, and cultures continue to influence our vibrant community.

The Faculty of Nursing is a research intensive, learning centered Faculty that develops nursing leaders for tomorrow. Based on a rich 100-year history; the BScN program fosters excellence in nursing education by offering innovative programs that promote health and quality of life by creating vibrant and supportive environments; advancing health science; and developing nurse leaders; all for the public good. The program is called "Collaborative" because in addition to being offered at the University of Alberta campus in Edmonton, all four years can be taken at Red Deer Polytechnic, Keyano College (Fort McMurray), or Grande Prairie Regional College.

The BScN programs are guided by the Faculty of Nursing (U of A) Mission, Vision, and Strategic Plan (2018-2023 DRAFT), the Canadian Association of Schools of Nursing (CASN) National Nursing Education Framework: Baccalaureate Essential Components, and the College and Association of Registered Nurses of Alberta (CARNA) Entry-to-Practice Competencies (2013). The philosophical underpinnings of the BScN programs include Pragmatism, Social Constructionism, Constructivism and Critical Social Theory. These philosophies underpin two foundational conceptual frameworks: The Fundamentals of Care Framework (Kitson et al., 2013, Kitson, 2018) and the Fundamentals of Learning Framework, founded in Relational Inquiry and Pedagogy (Hartrick Doane & Varcoe).
There are multiple components that form the foundation and guide our baccalaureate curriculums. An important aspect to consider first is the bio-psychosocial-spiritual nature of each human being. Each human being exists in a state of health, which is more than the absence of disease and remains an important principle and goal of nursing care. Built upon the individual aspect of both nurse and patient, the interactive connective relationship is formed.

**Humans as Bio-Psycho-Social-Spiritual Beings**

Foundations of nursing practice start with the human person. Both the registered nurse/nursing student and the patient/client are complex individuals and this complexity impacts the process and outcomes of nursing care. Having a holistic view of the person means that we recognize that all dimensions interact with and influence the other. Recognizing every human person as a complex entity adds richness to the relationships that evolve while one human person interacts with another. Spirituality is especially important in these interactions as it is about “recognizing and celebrating that we are all inextricably connected to each other by a power greater than all of us, and that our connection to that power and to one another is grounded in love and compassion” (Brown, 2017, p. 10).

In honouring humans and diversity, as Canadians, we have a responsibility to ensure that our nursing programs respond meaningfully to the Truth and Reconciliation Commission’s Calls to Action (2015). As such, we must engage with and embrace Indigenous knowledges, cultures, including spiritualities and communities. We must ensure our students have a thorough understanding of Indigenous - Canadian societal history, and the impact on Indigenous peoples’ health and well being of historical and ongoing colonial policies, actions and institutions in Canada (McGibbon, Mulaudzi, Didham, Barton, & Sochan, 2014). In addition, nursing students must learn to embrace variations in culture, language, gender expression, religion and gain a solid understanding of social determinants of health. They must learn to address persons holistically, including themselves, in order to promote health and well-being for all.

Part of learning to embrace others as they are, requires understanding that those with whom we must relate (including peers, faculty, patients/clients) are experiencing and understanding health at the intersection of sex, gender, age, race, culture, education and multiple other influences. These unique individuals are then required to navigate and make decisions about their health and life within a structure/system that is oppressive (Crenshaw, 1991). Learning and nursing alongside others with a lens of Intersectionality benefits student, nurse and patient/client as each can gain a more holistic understanding of the barriers and facilitators to relationships (student:faculty, student:patient, nurse:patient) and ultimately health.

**Fundamentals of Care Framework**

The Fundamentals of Care has been an area of ongoing research over the last decade (Feo, Conroy, Marshall, Rasmussen, Wiechula & Kitson, 2017; Kitson, 2018; Kitson, Conroy, Kuluski, Locock, & Lyons, 2013; Kitson, Conroy, Wengstrom, Profetto-McGrath & Robertson-Malt, 2010; MacMillan, 2016). These ‘basics’ or fundamentals – ensuring appropriate nutrition, hydration, personal hygiene, sleep, rest and dignity to name but a few, have traditionally been the responsibility of the nurse on behalf of the healthcare team (Kitson, et
al., 2013). Yet, we know through various national and international reports and syntheses of patient outcome data that failure to assure these aspects of basic care often lead to wider patient safety failures and even increased mortality. There is also a growing global agenda in healthcare to provide affordable and accessible healthcare that is person-centered and engages patients/clients/communities in the design and delivery of healthcare. The nursing profession must recognize its contribution to this important agenda and to take the lead in transforming those aspects of healthcare for which it is responsible (Kitson, et al., 2013).

The Fundamentals of Care Framework was created to clearly frame and drive transformation in healthcare. The Fundamentals of Care Framework provides a focus on basic care fundamentals, relationships and person-centered practices, even amidst growing complexity and contextual challenges. This framework is a pragmatic organizer for students who are learning to become nurses, in addition to a blueprint for wider innovative healthcare transformation (Kitson, et al., 2013; Kitson, 2018). In the supporting document are two graphics that summarize the elements of the Fundamentals of Care Framework in nursing.

**Fundamentals of Care Framework Part A**
From: Kitson, A., Conroy, T., Kuluski, K., Locock, L. & Lyons, R. (2013). Reclaiming and redefining the Fundamentals of Care: Nursing’s response to meeting patients’ basic human needs. Adelaide, South Australia: School of Nursing, the University of Adelaide

**Fundamentals of Care Framework Part B**
The Fundamentals of Care Framework is resonant with and supports the BScN programs focus on relationship-centered care and educational practices. The link between the practice and education of nurses is one that needs to be intentionally upheld, living similar values and beliefs in both the teaching to be, and being a nurse. The links between the model of practice and the model of learning are relational inquiry and pedagogy.

From: Kitson, A., Conroy, T., Kulski, K., Locock, L., & Lyons, R. (2013). *Reclaiming and redefining the Fundamentals of Care: Nursing’s response to meeting patients’ basic human needs*. Adelaide, South Australia: School of Nursing, the University of Adelaide.
The Fundamentals of Learning Framework for the Faculty of Nursing, Undergraduate Programs is directly aligned with the Fundamentals of Care Framework, specifically the elements of context, relational practice and the critical importance of developing positive relationships with those with whom we work closely (patients, families, populations and students) to positively affect outcomes.

FUNDAMENTALS OF LEARNING FRAMEWORK USING RELATIONAL INQUIRY AND PEDAGOGY: PART A
Mirrored to each other, these two frameworks are meant to ensure congruency between learning and practice environments, emphasizing the importance of each concept in all relationships and interactions. The wider educational context is a key environment where these
frameworks overlap. The importance of guiding documents, such as the Faculty of Nursing Mission, Vision and Strategic Direction, The CASN Framework and the CARNA competencies are represented within the framework to acknowledge the contextual values and components that guide the education of future nurses. The key integration of Interprofessional education (IPE) competencies and experiences is also evident in this framework to represent the integrally collaborative practice (CP) of nursing and the important of student skill development in IPE and CP in baccalaureate nursing education. The Global Health focus is also depicted to ensure the critical integration of a wider gaze, focusing on health for all and the need to ensure global awareness is forefront in the development of future leaders in nursing. Leadership represents the contextual need for leadership skills, abilities and attitudes that shape our health and learning environments. Formal leadership and leadership skills are key abilities linked to transformational change in the healthcare context.

**Teaching and Learning**

Teaching and learning encompasses philosophical beliefs about teaching and learning, learning in context, critical thinking/clinical reasoning, and concepts for nursing practice.

- **Philosophical Beliefs about Teaching and Learning:** The BScN Programs recognize that students are adult learners. In accordance with the underlying assumptions about adult learners, the BScN Programs encourage self-directed, contextual, and inquiry learning with the belief that new knowledge is constructed by building on an internal representation of existing knowledge through a personal interpretation of experience (Knowles, 1980). In addition to supporting these beliefs, faculty recognize that there exists a need to prepare students to function in rapidly changing health care environments through the development of critical thinking abilities (Ironside, 2003). By challenging students to engage in critical enquiry to identify problems and discover solutions, educators support students in becoming more responsible, accountable and ethical practitioners (Mooney & Nolan, 2006). Ultimately, students are encouraged to meaningfully engage in socially and globally responsible ways of being and to become strong leaders in health care.

- Furthermore, nursing students are encouraged to use reflection and research for self-development, as critical self-reflection can transform perceptions regarding what constitutes best practice. Independent learners who question the status quo and incorporate practices that are based on evidence gained through personal experience, reflection, research, and analysis, learn to think for themselves, thereby achieving freedom from mindless, unquestioning acceptance (McNaron, 2009). Critical self-reflection broadens nurses’ horizons to help them accept diversity or differences that are proven to be effective to meet the client’s needs, which is an essential skill in the modern health care environment, and one that is supported by the BScN Programs.
Conceptual learning is increasingly being viewed as a major trend in nursing education. Concepts are used as unifying classifications or principles for framing learning to manage knowledge that is increasing exponentially. By gaining understanding of a core set of concepts, a student can recognize and understand similarities and recurring characteristics that can be applied in various nursing contexts (Giddens, 2017).

The Fundamentals of Learning Framework are supported by five philosophies and theories. Each are further defined below:

**Humanism:** More aligned with a theory and applicable to learning, humanism has roots in psychology and philosophy and focuses on the experience and each individual’s journey to reach their highest potential. Humanism is relational and nurses use observation skills and reflective abilities to understand how each individual’s past experiences shape their reality. Nurses develop an authentic presence within the nurse-patient relationship to understand and engage each patient/client and their family while integrating scientific evidence and practical wisdom, all focused on the patient experience, healing and growth.

**Pragmatism:** As a philosophy influenced by John Dewey, we believe the focus on practical consequences or real effects are key components of meaning and truth. An idea or theory is true insofar as it works in a practical sense and enhances our ability to get things done on a day to day basis. Experience is gained through active learning and engagement with the wider social context and community. Pragmatism also focuses on the importance of growth as a main aim of education and of society.

**Social Constructionism:** This theory stems from the desire to understand reality, knowing there are multiple realities based on those who create them. From a social constructionist lens, we take to be the truth about the world around us depends greatly on the social relationships of which we are a part. In other words, knowledge is co-created and negotiated within relationships (Gergen, 2015). Knowledge that is formed through interrelationships has important links and connections to the world in which we live.

**Constructivism:** This philosophy stems from an educational context where learning is an active and contextualized process of constructing knowledge. Knowledge is not just passively acquired but constructed based on personal experiences and prior learning. Through constructivism there is space to search for meaning through interactions that facilitate deep learning in a student focused manner.

**Critical Social Theory:** This metatheoretical framework emphasizes that all knowledge is value laden, historical and is filtered through social influences (Browne, 2000). This theory underscores the importance of understanding the meaning behind language, power and oppressive forces that need to be considered in nursing and nursing education. In this way, critiquing and understanding dominant influences and subdominant effects can lead to “enlightenment, empowerment, emancipation and social transformation” (Browne, 2000, p. 39).
References


Kitson, A., Conroy, T., Kuluski, K., L cock, L. & Lyons, R. (2013). *Reclaiming and redefining the Fundamentals of Care: Nursing’s response to meeting patients’ basic human needs*. Adelaide, South Australia: School of Nursing, the University of Adelaide.


GRADUATE COMPETENCIES

Red Deer Polytechnic Undergraduate BScN Program

Based on *Entry-level Competencies for the Practice of Registered Nurses - March 2019* (CARNA, 2019)
Overarching Principles

Entry-level RNs must meet these competencies; and so too should all practicing RNs, throughout their careers, relative to their specific context and/or patient population. The following overarching principles apply to the education and practice of entry-level registered nurses:

1. The entry-level RN is a beginning practitioner. It is unrealistic to expect an entry-level RN to function at the level of practice of an experienced RN.
2. The entry-level RN works within the registered nursing scope of practice, and seeks guidance appropriately when they encounter situations outside of their ability.
3. The entry-level RN must have the requisite skills and abilities to attain the entry-level competencies.
4. The entry-level RN is prepared as a generalist to practise safely, competently, compassionately, and ethically:
   a. using evidence-informed practice
   b. across diverse practice settings
   c. in situations of health and illness
   d. with all people across the lifespan
   e. with all recipients of care: individuals, families, groups, communities, and populations

5. The entry-level RN has a strong foundation from education at the baccalaureate level in: nursing theory, concepts and knowledge; health and sciences; humanities; research; and ethics.
6. The entry-level RN practices autonomously within the parameters of legislation, practice standards, ethics, and scope of practice in their jurisdiction.
7. The entry-level RN applies the critical thinking process throughout all aspects of practice.

The client is the central focus of RN practice and leads the process of decision-making related to care. In the context of this document, “client” refers to a person who benefits from registered nursing care and, where context requires, includes a substitute decision maker for the recipient of nursing services. A client may be an individual, a family, group, community or population. Client-centred care reflects that people are at the centre of decisions about their health and are seen as experts, working alongside RNs to achieve optimal health outcomes.
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<thead>
<tr>
<th>CARN A Competencies</th>
<th>Course Number</th>
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<tbody>
<tr>
<td><strong>Clinician Competencies</strong></td>
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<tr>
<td>1.2 Conducts a holistic nursing assessment to collect comprehensive information on client health status.</td>
<td>N 208, 250, 253, 360, 361, 363, 364, 485.</td>
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<tr>
<td>1.3 Uses principles of trauma-informed care which places priority on trauma survivors’ safety, choice, and control.</td>
<td>N 363, 364, 485.</td>
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<td>1.8 Recognizes and responds immediately when client safety is affected.</td>
<td>N 208, 250, 253, 360, 361, 363, 364, 485.</td>
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<tr>
<td>1.9 Recognizes and responds immediately when client’s condition is deteriorating.</td>
<td>N 208, 250, 253, 360, 361, 363, 364, 485.</td>
</tr>
<tr>
<td>1.10 Prepares clients for and performs procedures, treatments, and follow up care</td>
<td>N 250, 253, 360, 361, 363, 364, 485.</td>
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</table>

1.13 Implements therapeutic nursing interventions that contribute to the care and needs of the client. N 208, 250, 253, 360, 361, 363, 364, 485.


1.15 Incorporates knowledge about ethical, legal, and regulatory implications of medical assistance in dying (MAID) when providing nursing care. N 422, 485.

1.16 Incorporates principles of harm reduction with respect to substance use and misuse into plans of care. N 208, 230, 231, 236, 250, 253, 301, 304, 360, 361, 363, 364, 485.


1.18 Provides recovery-oriented nursing care in partnership with clients who experience a mental health condition and/or addiction. N 363, 485.


1.21 Incorporates knowledge from the health sciences, including anatomy, physiology, pathophysiology, psychopathology, pharmacology, microbiology, epidemiology, genetics, immunology, and nutrition N 208, 215, 217, 230, 231, 236, 237, 251, 252, 253, 301, 304, 360, 361, 363, 364, 425, 485.


1.24 Uses effective strategies to prevent, de-escalate, and manage disruptive, aggressive, or violent behaviour. N 208, 250, 253, 360, 361, 363, 364, 485.

1.25 Uses strategies to promote wellness, to prevent illness, and to minimize disease and injury in clients, self, and others. N 206, 208, 250, 253, 360, 361, 363, 364, 425, 485.
<p>| 2.1 | Demonstrates accountability, accepts responsibility, and seeks assistance as necessary for decisions and actions within the legislated scope of practice. | N 208, 250, 253, 360, 361, 364, 422, 425, 485. |
| 2.2 | Demonstrates a professional presence, and confidence, honesty, integrity, and respect in all interactions. | N 206, 208, 211, 250, 253, 360, 361, 364, 422, 425, 485. |
| 2.3 | Exercises professional judgment when using agency policies and procedures, or when practising in their absence. | N 208, 211, 250, 253, 360, 361, 364, 422, 425, 485. |
| 2.4 | Maintains client privacy, confidentiality, and security by complying with legislation, practice standards, ethics, and organizational policies. | N 207, 208, 211, 250, 253, 360, 361, 364, 422, 425, 485. |
| 2.5 | Identifies the influence of personal values, beliefs, and positional power on clients and the health-care team and acts to reduce bias and influences. | N 206, 207, 208, 209, 211, INDS 205, 250, 253, 360, 361, 364, 422, 425, 485. |
| 2.6 | Establishes and maintains professional boundaries with clients and the healthcare team. | N 206, 207, 208, 211, INDS 205, 250, 253, 360, 361, 364, 422, 425, 485. |
| 2.7 | Identifies and addresses ethical (moral) issues using ethical reasoning, seeking support when necessary. | N 207, 422, 425, 485. |
| 2.8 | Demonstrates professional judgment to ensure social media and information and communication technologies (ICTs) are used in a way that maintains public trust in the profession. | N 206, 209, 362, 365, 425, 485. |
| 2.9 | Adheres to the self-regulatory requirements of jurisdictional legislation to protect the public by: a. assessing own practice and individual competence to identify learning needs, b. developing a learning plan using a variety of sources, c. seeking and using new knowledge that may enhance, support, or influence competence in practice, and d. implementing and evaluating the effectiveness of the learning plan and developing future learning plans to maintain and enhance competence as a registered nurse. | N 206, 207, 208, 211, INDS 205, 250, 253, 360, 361, 363, 364, 422, 485. |
| 2.10 | Demonstrates fitness to practice. | N 206, 207, 208, 209, 211, 217, INDS 205, 250, 237, 253, |</p>
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<td>2.11 Distinguishes between the mandates of regulatory bodies, professional associations, and unions.</td>
<td>N 207, 209, 362, 365, 485.</td>
</tr>
<tr>
<td>2.12 Recognizes, acts on, and reports unprofessional conduct to the appropriate person, agency or professional body</td>
<td>N 206, 208, 211, 250, 253, 360, 361, 363, 364, 422, 425, 485.</td>
</tr>
<tr>
<td><strong>COMMUNICATOR COMPETENCIES</strong></td>
<td></td>
</tr>
<tr>
<td>3.1 Introduces self to clients and health-care team members by first and last name, and professional designation (protected title).</td>
<td>N 206, 207, 208, 209, 211, 217, INDS 205, 250, 237, 253, 301, 304, 360, 361, 362, 363, 364, 365, 422, 425, 485.</td>
</tr>
<tr>
<td>3.2 Engages in active listening to understand and respond to the client’s experience, preferences, and health goals</td>
<td>N 206, 207, 208, 209, 211, 217, INDS 205, 250, 237, 253, 301, 304, 360, 361, 362, 363, 364, 365, 422, 425, 485.</td>
</tr>
</tbody>
</table>
3.7 Communicates effectively in complex and rapidly changing situations.

3.8 Documents and reports clearly, concisely, accurately, and in a timely manner.

**COLLABORATOR COMPETENCIES**

4.1 Demonstrates collaborative professional relationships.

4.2 Initiates collaboration to support care planning and safe, continuous transitions from one health-care facility to another, or to residential, community or home and self-care.

4.3 Determines their own professional and interprofessional role within the team by considering the roles, responsibilities, and the scope of practice of others

4.4 Applies knowledge about the scopes of practice of each regulated nursing designation to strengthen intraprofessional collaboration that enhances contributions to client health and well-being.

4.5 Contributes to health-care team functioning by applying group communication theory, principles, and group process skills.

**COORDINATOR COMPETENCIES**

5.1 Consults with clients and health-care team members to make ongoing adjustments required by changes in the availability of services or client health status.
<table>
<thead>
<tr>
<th>5.2 Monitors client care to help ensure needed services happen at the right time and in the correct sequence.</th>
<th>N 250, 253, 209, 360, 361, 362, 363, 364, 365, 422, 425, 485.</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.3 Organizes own workload, assigns nursing care, sets priorities, and demonstrates effective time management skills.</td>
<td>N 208, 211, 250, 253, 209, 360, 361, 362, 363, 364, 365, 422, 425, 485.</td>
</tr>
<tr>
<td>5.5 Participates in decision-making to manage client transfers within health-care facilities.</td>
<td>N 250, 253, 360, 361, 363, 364, 485.</td>
</tr>
<tr>
<td>5.6 Supports clients to navigate health-care systems and other service sectors to optimize health and well-being</td>
<td>N 207, 208, 211, INDS 205, 250, 253, 360, 361, 362, 363, 364, 365, 422, 485.</td>
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<tr>
<td><strong>LEADER COMPETENCIES</strong></td>
<td><strong>LEADER COMPETENCIES</strong></td>
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<tr>
<td>6.1 Acquires knowledge of the Calls to Action of the Truth and Reconciliation Commission of Canada.</td>
<td>N 206, INDS 205, 422.</td>
</tr>
<tr>
<td>6.5 Recognizes the impact of organizational culture and acts to enhance the quality of a professional and safe practice environment.</td>
<td>N 209, INDS 205, 362, 365, 422, 425, 485.</td>
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<tr>
<td>6.9 Provides constructive feedback to promote professional growth of other members of the health-care team.</td>
<td>N 206, 250, 253, 360, 361, 362, 363, 364, 365, 422, 425, 485.</td>
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**ADVOCATE COMPETENCIES**

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<tbody>
<tr>
<td>7.1 Recognizes and takes action in situations where client safety is actually or potentially compromised.</td>
<td>N 208, 211, INDS 205, 250, 253, 360, 361, 363, 364, 422, 425, 485.</td>
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<tr>
<td>7.2 Resolves questions about unclear orders, decisions, actions, or treatment.</td>
<td>N 250, 253, 360, 361, 363, 364, 485.</td>
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<td>7.4 Advocates for health equity for all, particularly for vulnerable and/or diverse clients and populations.</td>
<td>N 208, 209, 211, INDS 205, 250, 253, 360, 361, 362, 363, 364, 365, 422, 485.</td>
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<td>7.7 Supports and empowers clients in making informed decisions about their health care, and respects their decisions.</td>
<td>N 206, 208, 209, 211, INDS 205, 250, 253, 360, 361, 362, 363, 364, 365, 422, 485.</td>
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<tr>
<td>7.9 Assesses that clients have an understanding and ability to be an active participant in their own care, and facilitates appropriate strategies for clients who are unable to be fully involved.</td>
<td>N 206, 208, 211, INDS 205, 250, 253, 360, 361, 363, 364, 422, 485.</td>
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<tr>
<td>7.11 Uses knowledge of population health, determinants of health, primary health care, and health promotion to achieve health equity</td>
<td>N 206, 208, 209, 211, INDS 205, 250, 253, 360, 361, 362, 363, 364, 365, 422, 485.</td>
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<tr>
<td>7.12 Assesses client’s understanding of informed consent, and implements actions when client is unable to provide informed consent.</td>
<td>N 208, 211, 250, 253, 360, 361, 364, 365, 422, 485.</td>
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<tr>
<td>7.13 Demonstrates knowledge of a substitute decision maker’s role in providing informed consent and decision-making for client care.</td>
<td>N 208, 211, 250, 253, 360, 361, 363, 364, 422, 485.</td>
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</table>

**EDUCATOR COMPETENCIES**

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<tr>
<th>8.1 Develops an education plan with the client and team to address learning needs</th>
<th>N 206, 208, 250, 253, 360, 361, 363, 364, 485.</th>
</tr>
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<tbody>
<tr>
<td>8.3 Selects, develops, and uses relevant teaching and learning theories and strategies to address a diversity of clients and contexts, including lifespan, family, and cultural considerations.</td>
<td>N 206, 208, 250, 253, 360, 361, 363, 364, 485.</td>
</tr>
<tr>
<td>SCHOLAR COMPETENCIES</td>
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<tr>
<td><strong>8.5</strong> Assists clients to access, review, and evaluate information they retrieve using ICTs.</td>
<td>N 206, 208, 250, 253, 360, 361, 363, 364, 485.</td>
</tr>
<tr>
<td><strong>9.3</strong> Engages in self-reflection to interact from a place of cultural humility and create culturally safe environments where clients perceive respect for their unique healthcare practices, preferences, and decisions.</td>
<td>N 209, 301, 304, INDS 205, 362, 365, 425, 485, INDS 205</td>
</tr>
<tr>
<td><strong>9.4</strong> Engages in activities to strengthen competence in nursing informatics.</td>
<td>N 209, 301, 304, 362, 365, 425, 485.</td>
</tr>
<tr>
<td><strong>9.5</strong> Identifies and analyzes emerging evidence and technologies that may change, enhance, or support health care</td>
<td>N 209, 301, 304, INDS 205, 362, 365, 425, 485.</td>
</tr>
<tr>
<td><strong>9.6</strong> Uses knowledge about current and emerging community and global health care issues and trends to optimize client health outcomes.</td>
<td>N 209, 301, 304, INDS 205, 362, 365, 425, 485.</td>
</tr>
<tr>
<td><strong>9.7</strong> Supports research activities and develops own research skills.</td>
<td>N 209, 301, 304, 362, 365, 425, 485.</td>
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**Document History:**

*Document Created May 24, 2019*

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<th>Revision Number</th>
<th>Change Description</th>
<th>Approved Date</th>
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GRAD PROFILE

Graduates of the Red Deer Polytechnic/University of Alberta BScN Collaborative program will meet the College and Association of Registered Nurses of Alberta Entry to Practice Competencies. In addition they:

1. Practice collaboratively with other professionals and sectors in order to improve health outcomes.
2. Have an awareness of how political and social issues at global, national, provincial, and local levels influence health.
3. Will communicate purposefully to enhance health outcomes.
4. Actively facilitate strength based health maintenance, health education and health advocacy.
5. Are visionaries who are committed to the growth of knowledge for the purpose of enhancing nursing practice.
6. Demonstrate confidence, resilience and self-awareness to advocate for the client, self, and the profession.
7. Practice compassionate care, using sound judgement, in remote, rural, and urban communities.
PROGRAM OUTCOMES

At the end of the 4 year BScN Program at RD POLYTECHNIC, each graduate will be able to:

1. Practice within the professional standards, guidelines, legislation and values of the nursing profession.
2. Initiate and engage in collaborative practice.
3. Contribute to the health of individuals, families and communities by applying concepts of population health, primary health care, and health promotion.
4. Influence and advocate for wellness through the incorporation of knowledge of political, cultural, and social contexts on health and health care.
5. Enhance health and healing of clients by establishing compassionate therapeutic partnerships.
6. Use effective methods of verbal, non-verbal, and written communication.
7. Promote and advocate for positive practice environments, nursing practice, and professional growth by self-reflection and leadership.
8. Effect meaningful change and goal achievement in self and others through leadership.
9. Provide care in evolving practice environments in rural, remote, or urban settings.
10. Critically assess information and technology in order to choose appropriate tools and sources that positively influence health and health care.
BSCN EXPECTATIONS FOR STUDENT NCLEX PREPAREDNESS

The BSCN program faculty are committed to providing a high quality four year degree program with exceptional learning experiences that serve to prepare nursing students to be safe, competent graduate nurses upon the completion of their degree. The NCLEX RN exam is the national tool used to measure the competence and safety of new graduates wanting to become RN’s. Therefore, RD POLYTECHNIC is responsible to provide students with opportunities that will help prepare them for their entry-to-practice exam.

It is asserted that first time NCLEX test-taker success is directly related to grades obtained in foundational nursing courses as well as in the foundational science courses (Quinn, Smolinski, & Peters, 2017). Achieving a high level of success in these foundational courses is key to success on the NCLEX examination and in nursing practice. It is critical then that students engage in the required learning that enables them to be successful in these courses. These foundational courses include: Anatomy, Physiology, Pathophysiology, Microbiology, Pharmacology, Foundational Nursing Theory, and Foundational Health Assessment.

Our Commitment to Your Success:
❖ We will provide a safe, respectful learning environment conducive to learning
❖ We will promote competence mastery and provide remediation
❖ We will clearly communicate program and course expectations
❖ We will be clear and consistent in our communication
❖ We will discuss concerns about NCLEX preparedness directly with you
❖ We will provide you with specific required NCLEX-guided test taking strategies and exams that have been proven to support student growth and preparedness.

Your Commitment to Your Own Success:
❖ You will communicate in a clear, respectful and professional manner.
❖ You will access RD POLYTECHNIC learning support resources in a timely manner and as recommended - these include writing support, test taking support, financial aid, and mental health and wellness resources.
❖ You will meet with your Faculty Advisor if you are unsure about what resources are available to you, or are struggling and need guidance
❖ You will take full advantage of the required resources that have been chosen by BScN faculty to support your learning.
❖ You will use these resources to challenge yourself to meet recommended mastery levels.
❖ You will engage in remediation activities that support success.
❖ You will assume full responsibility for completing the required NCLEX success strategies.
GUIDELINES AND POLICIES

MARKING ASSISTANCE: ROLE CLARIFICATION
The following has been created to clarify the student role when marking assistance is utilized in a course. Sometimes there will be a marker hired in a course with the purpose of grading assignments. Clearly defined roles and responsibilities will assist in the process of and support in grading and marking, and in the facilitation of student learning.

Student Role:
1. Submit assignment through Blackboard or requested method by the assignment deadline.
2. Once the grade and marks have been released, view the feedback as a learning opportunity. Consider the constructive and positive feedback, and suggestions for improvement. You may need to review the rubric, and do further research as requested to assist in understanding your grade, and to facilitate deeper learning.
3. If, after 24 hours of your posted grade, you have reviewed the above, and you need further clarification of your grade, contact your designated instructor to set up a meeting.
4. To prepare for your meeting with your instructor, formulate questions of clarification based upon the marker’s feedback, your own consideration of the feedback, and the associated research that you have done.
5. Your meeting with your instructor needs to be objective and professional in nature. Please consider the feedback and the explanations that your instructor discusses with you during this meeting.
6. If, after your instructor meeting, you disagree with your grade, you are able to have an informal appeal: where the team leader will grade your paper, and that mark will stand.

References

Developed by Chris Christiansen, October 31, 2018
Consultation by Lynne Madsen, Carol Sherrer, Jessica Green, Connie Cooper

GUIDELINES FOR WRITTEN COMMUNICATION WITH FACULTY

The electronic form of communication will be Blackboard. Students are expected to access their Blackboard messages regularly to receive course and other information.
- any communication on Blackboard is expected to conform to the expectations of professional communication including:
  - respectful, non-jargon language
  - full sentences
  - non-texting format
  - correct grammar and spelling in all communication (e-mails, letters, notes)
RED DEER POLYTECHNIC E-MAIL ACCOUNT

Important Red Deer Polytechnic information will be sent to your Red Deer Polytechnic account. firstname.lastname@rdpolytech.ca (i.e. course registration information, communication from the Department Program Assistant or Chair.)

NOTE: This e-mail account can be configured to your smart phone.

Student and Faculty Guide to the Academic Calendar Requirements in the BScN Concept-Based Program

What is the academic calendar?
A document published by Red Deer College that outlines the policies, procedures, and program requirements.

Where do I find the academic calendar for the BScN program?
https://rdc.ab.ca/programs/health-sciences/bachelor-science-nursing-collaboration-university-alberta

Where should I look on the academic calendar for relevant information?
Down at the bottom of the above link are tabs with detailed information. Most of the information included in this document is included on the “continuation requirements” tab.

What is a foundational course?
Foundational courses are linked to success in the BScN program and the NCLEX and have a C+ grade requirement to progress in the BScN program. There are 9 courses identified as foundational in years 1 and 2 of the BScN concept-based program. The foundational courses were identified in alignment with the U of A as well as the other collaborative sites (Grande Prairie Regional College & Keyano College). A list of foundational courses is included on the “continuation requirements” tab in the academic calendar.

What is a non-foundational course?
A non-foundational course is every other course in years 1 - 3 that is not already identified as a foundational course. A list of non-foundational courses is included on the “continuation requirements” tab in the academic calendar.

Do students need to achieve the grade requirements in all courses in order to progress?
Yes. Each course in years 1 – 3 has a grade requirement of C+, C or CR. Students must achieve the grade requirement in all of those courses to progress into the next semester.

What is a clinical course?
A clinical course has a substantial amount of clinical hours completed at a clinical placement. Clinical courses are included in years 2, 3, & 4 of the concept-based program.

All clinical courses in year 2 & 3 are Credit/No-credit (CR/NCR) courses. In order to receive Credit (CR), students need to achieve above 67%.

**What is a co-requisite?**

Co-requisites are courses that have content/concepts that are linked to one another. It is extremely beneficial for students to learn that information in tandem; therefore, students should ideally be registered for those courses at the same time.

If a student is considering withdrawing from a course that has a co-requisite, it is important that the students meet with the Student Advisor in order to discuss implications of the withdrawal.

**What happens when a student withdraws from a course?**

A course withdrawal is processed within the School of Health Sciences. A review of the student’s courses takes place as students may also be required to withdraw from other co-requisite courses.

**What should I consider or know if I have a final exam in my course?**

Please be sure you refer to the final exam policy and guidebook for final exam requirements.


It is important to note that students might be able to apply for a supplemental exam in a course. A supplemental exam is a rewrite of the final exam and is normally done in order to try to increase your final grade in the course.

Students may request a supplemental if they did not achieve the course requirements in an attempt to increase their grade.

Students may also request a supplemental even if they DID achieve the grade requirement in order to improve their GPA. This request becomes more important when the competitive year 2 process is needed (ie. there are more than 96 students that are eligible to progress into year 2 of the program). Boost your grade in a course to raise your overall GPA.

For more information regarding the decision to write a supplemental or inquire about your program status, contact healthsciences@rdc.ab.ca.

**What is the competitive year 2 process?**

The information about the competitive year 2 process is located under the “academic progression criteria” in the academic calendar.
Currently, we have access to clinical placements for a maximum of 96 students in the BScN program. Since there may be more than 96 students eligible to progress into year 2 of the BScN program, a BScN program GPA may be used to fill the 96 seats.

GENERAL LAB INFORMATION

Lab Staff

<table>
<thead>
<tr>
<th>Name</th>
<th>Office</th>
<th>Phone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joanne Schollie, RN Lab Coordinator</td>
<td>07:30-15:30 hrs. Rm. 1331</td>
<td>403-342-3564</td>
<td><a href="mailto:joanne.schollie@rdpolytech.ca">joanne.schollie@rdpolytech.ca</a></td>
</tr>
<tr>
<td>Liz Sinclair, RN Simulation Lab Coordinator</td>
<td>0830-1630 hrs. Rm. 1329</td>
<td>403-342-3452</td>
<td><a href="mailto:liz.sinclair@rdpolytech.ca">liz.sinclair@rdpolytech.ca</a></td>
</tr>
<tr>
<td>Missed Lab Coordinator</td>
<td>See Nursing Lab Central</td>
<td></td>
<td><a href="mailto:dropinlab@rdc.ab.ca">dropinlab@rdc.ab.ca</a></td>
</tr>
<tr>
<td>Jen Wescott</td>
<td>Drop-in Lab Instructor</td>
<td></td>
<td><a href="mailto:Jennifer.Westcott@rdpolytech.ca">Jennifer.Westcott@rdpolytech.ca</a></td>
</tr>
<tr>
<td>Marjorie Craig, Lab Technician</td>
<td>0730-1530 hrs. Rm. 1326 Variable days.</td>
<td>403-342-3562</td>
<td><a href="mailto:marjorie.craig@rdpolytech.ca">marjorie.craig@rdpolytech.ca</a></td>
</tr>
</tbody>
</table>

The Lab Staff and Faculty consist of:

- Lab Coordinator: (RN) Oversees the general running and ordering of supplies for the School of Health Sciences labs and Central Alberta Consortium (CAC) sites, sets up the ad hoc bookings for lab space, may assist instructors with set up for labs and for drop in labs.

- Simulation Lab Coordinator: (RN) oversees the general running of the Simulation Lab programming. Responsible for the set up and take down of each Simulation Lab.

- Lab Technician: For Nursing: Part-time Lab Technician assists with preparation of equipment and supplies for all nursing labs on main campus and CAC sites. Ensures that equipment is available for the various labs and also helps set up for labs.

- For Allied Health: Part-time Lab Technician assists the Simulation Coordinator in the set up and take down of the Simulation labs and the Allied Health areas of the School of Health Sciences.
Missed Lab Coordinator: (RN) Faculty member who facilitates the competency screening and remediation processes by providing appropriate guidance, instruction and resources to students and also reports results and recommendations made during these processes to appropriate faculty members. The Missed Lab Coordinator is also responsible for providing guidance and assistance with skill development during drop in labs and also during scheduled appointments for missed labs as required.

Drop-in Lab Instructor: (RN) oversees drop-in lab tutoring, scheduled appointments for missed labs, and collaborates with the Lab Instructor in relation to competency screening and remediation as required.

- The Lab Staff encourage students to make use of their “open-door” policy and will answer questions or accommodate requests as they are able and as time permits.

Leaving Messages for Lab Staff
- If you need to communicate with one of the Lab Staff who is unavailable, messages can be left by phone or by individual email.
- Be sure to leave the date, time, contact information and your full name along with any message. Although the Lab Staff check messages frequently and respond as promptly as possible, please allow a 24-hour turnaround time for a response.

Lab Classrooms
Lab classes are held in Red Deer Polytechnic Rooms 1330, 1332, 1325 and 1309. Simulation Labs are in 1307 and 1324. Please check your schedule to determine in which room you will be attending Lab.

Occupational Health and Safety Requirements
No food, gum, or drinks of ANY KIND including water are permitted in the nursing labs. This is due to the Center for Disease Control (CDC) regulations and concerns with equipment safety and rodents. Comfort and/or nutrition breaks will be scheduled into the lab times.

The hazard assessment performed by OH&S states that leather or vinyl supportive shoes including running shoes and oxford style shoes should be worn in labs (canvas is not acceptable). Soft soled, low heeled, closed-toe shoes with good grips and clogs of professional styling with backs will offer adequate support/protection against injury of chemical spills and injury from equipment and supplies.

Students who appear in lab without proper shoes will be asked to leave to retrieve proper footwear.

After Lab
Following a lab class:
1. Place all sharps in sharps containers; these containers are available in each lab classroom. Sharps are not to leave the lab area under any circumstances. This is due to regulations around the proper disposal of sharps – i.e. needles and IV Cathlons.
2. Throw away all single-use or disposable lab supplies (e.g. tongue depressors, syringes, etc.). Please pay attention to signage in lab for proper disposal of vials, etc. SHARPS ONLY in the sharps containers. Leave the area free of wrappers and debris.
3. Spray all used equipment with the disinfectant provided and place in the sink.
4. Stack and tidy chairs not more than five high and tidy bedside tables and other furniture.
5. Change any soiled bed linen. Clean linen can be found in 1326. During times of COVID, there will not be linen on the beds.
6. Ensure all surfaces touched are cleaned after a lab.

**LAB EQUIPMENT**

**Student Lab Equipment**
Each student will maintain his/her own lab kit. Sharps will be distributed during lab time or drop-in labs when students present the appropriate coupons. The lab staff accepts no responsibility for the sterility (or lack thereof) of equipment. All lab supplies are for practice only and not for human use or consumption.

**Signing Out Lab Equipment**
Certain types of lab equipment may be borrowed by students for practice. All equipment must be signed out in-person from one of the Lab employees in 1326. Nursing instructors are not able to sign out or accept returned lab equipment.

Resource books are for in-lab use only and cannot be signed out.

**Signing Out Equipment for Community & Clinical Activities**
Certain types of lab equipment may be borrowed by students for practice. Some of the equipment can be signed out at the library and other equipment must be signed out in-person from one of the Lab employees in 1326. Nursing instructors are not able to assist student with signing out or returning lab equipment.

A student may sign out small practice kits available from the Red Deer Polytechnic Library using a Library Card. There are a variety of kits that contain practice materials for preparing to teach hand washing to pre-school children, school-aged children, or the general public. Additionally, there are adult and pediatric assessment kits with a variety of tools that may be signed out.

Resource books are for in-lab use only and cannot be signed out.

**Signing Out Equipment for Community & Clinical Activities**
Some students or student groups may coordinate or volunteer for clinical activities (i.e. blood pressure clinics or data gathering exercises) that require the use of lab equipment or supplies. **All requests for equipment/supplies must be received by the Lab Coordinator at least 48 hours in advance.** Lab resources used for community and clinical activities must be signed out and back in by Lab employees only.

**IMPORTANT:** Faculty and Students are not to remove any type of sharp from the lab. Sharps (i.e. IV Cathlons and needles) will be held in the lab for practice.

**LAB PRACTICE**

**Drop-in Lab**
It is expected that students will practice lab skills outside of Lab class time in order to become confident and proficient. To support students learning, there are tutored drop-in times for students to make use of lab space and equipment to practice. **A schedule of weekly drop-in lab times for practice will be posted outside the Red Deer Polytechnic Lab Classrooms as well as on Lab Central within Blackboard.** Drop in Lab times are based on lab availability and lab staff availability. Every effort is made to provide a variety of times to assist the majority of the students in all of the nursing programs.
When coming to drop in lab please sign in to the lab on the documentation provided by the lab staff. This helps track what the lab is used for, when it is being used, and who is using it. Faculty may also use these statistics to track student practice times. Please note that if you do not sign in, it will be assumed that you were not there.

**Drop in Labs** will have a Registered Nurse instructor available to provide feedback and guidance with lab skills and answer questions but s/he will not teach or re-teach a particular lab. The Lab Instructor does not formally evaluate student performance in the drop-in setting, but instead provides a setting for students to practice skills and develop confidence.

**Missed Labs**
Students are expected to be responsible and accountable for their learning. This includes preparation **prior** to lab hours. Students are also expected to adhere to the following process if they miss a lab:

1. The student will email the Missed Lab Coordinator (dropinlab@rdc.ab.ca) and cc the Course Instructor requesting a Missed Lab Assessment/Observation within one week of a missed lab. The student will include a completed Missed Lab Planning Form (template available in Blackboard within the Lab Folder), which will include course name, lab title and missed content.
2. The Missed Lab Coordinator will email the student (and cc the Course Instructor) with the drop-in lab schedule and available time slots. Note: the missed lab content will not be taught to or reviewed with the student by the Lab Instructor.
3. The student will need to come prepared for the missed lab by reviewing readings and resources as well as consulting with peers. The student will be assessed/observed one-on-one by the Lab Instructor, which will include the student demonstrating understanding of knowledge as well as any practice skills associated with a missed lab.
4. The Missed Lab Coordinator will communicate to the Course Instructor the student’s completion of the missed lab (i.e. satisfactory or if unsatisfactory then a request for a meeting with the Lab Instructor).

Multiple missed labs (e.g. two or more) will result in the student having to meet with the Program Chair. A learning contract may also be required, especially if a pattern of missed labs persists.

**Scheduling Additional Practice Time**
If a student is unable to attend a drop-in lab but wishes to practice in the lab setting or make use of lab equipment, s/he may contact the Lab Instructor to schedule a lab drop-in time. Please note that any requests for practice time outside of the scheduled drop-in labs will be dependent on lab space and staff availability. The request must be received 24 to 48 hours in advance in order to be accommodated.

**Lost & Found**
Please contact lab staff for lost and found inquiries. Please also check with Security in the Arts Center and at the main Security Office.
Lab Kits

- Course specific lab kits are available for purchase in the RD POLYTECHNIC bookstore. These provide students with the required supplies to perform psychomotor skills in scheduled labs and drop in practice labs. Access to these supplies ensures that students can practice skills which enables them to be successful in their course work.

- Every student in courses with labs is required to purchase the course lab kit. Course teams have ordered supplies to best support student learning. Quantities have been ordered to allow students to participate in their scheduled labs and in additional drop in practice labs. Therefore the sharing of lab kits is not appropriate.

- Students should only purchase a lab kit for the course they are currently enrolled in (i.e. do not purchase a kit in September for a course you will be taking in January). A set number of a kits are packed per term which is linked to the number of students enrolled in that term. Buying a lab kit for future courses will leave currently enrolled students without lab supplies.

- Students need to be aware that if they do not bring their lab supplies to their scheduled lab no additional supplies will be provided.

- Instructors may ask students who come without lab supplies to leave, leading to students needing to schedule a time to make up that lab.

- Students should not open their kit prior to their first lab day. On that first day, students will review that their kits have the correct supplies with their instructor. If supplies are missing, the instructor will inform the Lab Technician who will arrange for providing those supplies. **Students need to note: if the lab kit is open prior to the first lab class, no additional supplies will be provided as it is unclear if the student has removed and/or lost supplies prior to classes starting.**

- Students should keep reusable supplies (i.e. paper gowns, isolation gowns, tape measures, etc.) and any unused supplies for future use as they may be needed in upcoming courses.
BScN PROGRAM GUIDELINES FOR SAFE MEDICATION ADMINISTRATION
CONCEPT-BASED CURRICULUM

Goal: Safe medication administration is required for safe nursing practice.

Principles:

● The student MUST demonstrate the ability to safely administer medications in a timely manner to successfully meet course outcomes.
● Safe medication modules, lab time and other teaching strategies may be used in addition to marked assessments in most nursing courses throughout the program.
● Medication modules may be used formatively to learn or reinforce content or summatively to assess content that they have been taught in the course.
● It is the responsibility of students to seek instructor support if needed.
● All prerequisite knowledge regarding safe medication administration may be evaluated in subsequent courses.

GUIDELINES FOR HANDLING & STORAGE OF CONFIDENTIAL INFORMATION

Red Deer Polytechnic Nursing Programs
Red Deer Polytechnic nursing students, faculty, and staff members are privy to and responsible for a wide variety of confidential information. An important aspect of this responsibility is safe and appropriate communication, storage, and disposal of confidential information. In our world of rapidly changing information technology, ensuring confidentiality and privacy is an increasingly difficult challenge. This document describes general and specific principles to consider when handling confidential information within the Red Deer Polytechnic BScN program. Given rapid technological change, the guidelines are not exhaustive. Readers are encouraged to refer to provincial, professional, and Polytechnic resources for specific information.

General principles that apply to students, faculty, and staff members:

● Confidential information is defined as personal information regarding a patient, family, staff member, agency, student, or instructor.
● As part of professional responsibility, faculty, staff members and students are required to follow their professional Code of Ethics and/or workplace/Polytechnic standards and guidelines regarding handling and storage of confidential information.
● Any documentation regarding patients, families, etc. in any format (electronic or hard copy) is handled, stored and disposed of in a confidential manner. Examples include, but are not limited to, patient preparation notes, personal notes, assignments, student evaluations, instructor-student communication, grade sheets, class lists, informal personal notes, tutorial notes, notes on student performance, etc.
● Confidential information is only shared with individuals for the purpose of enhancing patient care and/or student learning and evaluation.
● All patient preparation information is handled and stored in a confidential manner.

Communication of Confidential Information:

● Confidential information is disclosed on a need to know basis with the highest degree of anonymity possible (i.e. use patient’s initials).
● Information is disclosed only as necessary and only to those necessary.
● All confidential communication is to be transmitted/communicated on blackboard or RD POLYTECHNIC e-mail/telephone as these programs are protected by the RD POLYTECHNIC firewall. Confidential information is not to be transmitted /communicated through other communication devices or systems (i.e. smart phones or personal e-mail).
● In the event that confidential information is to be transmitted by fax, the sender will ensure as much as possible that the receiver is standing by the fax to retrieve the communication to ensure that faxed information is not sitting in a public area.
● References to other students, staff members, agencies, or instructors are not to be included in evaluation documents.
● Faculty, staff members, and students are required to password protect all devices that they will be using to communicate or store any confidential information.
● Storage of confidential information on information storage devices (i.e. memory keys, smart phones) is not recommended as a routine practice. Should this be necessary, the devices are to be treated in the same manner as any confidential file. Stored confidential information must be deleted by the end of term.
● Faculty and students are to use patient initials and/or room numbers when collecting confidential information.

Student Files:
● For programs of more than one year, faculty are to include the final summary evaluation and the student’s final mark of student performance in clinical, tutorial, or classroom in the student’s file.
● Faculty will maintain electronic or hard copies of the documents used to determine the student’s grade for at least one year.
● File cabinets in 1506 where student files are stored are to be kept locked at all times.
● Access to individual student files must go through the Associate Dean.
● Students are to retain their own self-evaluation and tutor evaluations as a record of their performance in clinical or tutorial. Faculty do not need to store the student’s self-evaluation in the student file.
● Students will not include documents with confidential information or information that potentially identifies a third party in their portfolios.

Disposal of Confidential Information:
● All confidential information will be disposed of in a confidential manner.
● Patient preparation information is disposed of in a confidential manner at the end of the term.
● Faculty and students are to dispose of confidential information at the end of each term in a confidential manner. There are confidential recycling bins at the Polytechnic should students not have access to shredders.
● Faculty and students are to dispose of daily shift reports and daily patient notes in the confidential recycling bins on the unit at the end of a shift and are not to take notes home.
● Disposal of confidential information from a computer is also to include removal of the document from the recycle bin or trash bin.

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Faculty Name</th>
<th>PIP Initiated:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

**Description of Student Performance Concerns**

<table>
<thead>
<tr>
<th>Cognitive</th>
<th>Affective</th>
<th>Psychomotor</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Poor or weak interpersonal communication skills</td>
<td>□ Consistently flustered, anxious, and/or freezing in practice</td>
<td>□ Poor organizational skills</td>
</tr>
<tr>
<td>□ Does not ask questions about clinical setting or practice, does not ask for help when unsure</td>
<td>□ May be over-confident in own ability/skills or lacks confidence in routine situations</td>
<td>□ Poor time management</td>
</tr>
<tr>
<td>□ Does not demonstrate independent thinking, repeats only rote memorization/mimcry</td>
<td>□ Inappropriately defensive, deflecting, or blaming others</td>
<td>□ Poor preparation for clinical practice, not having a plan of care for expected client</td>
</tr>
<tr>
<td>□ Does not connect practice to previously learned/concurrently learned theory OR has weak/deficient foundational knowledge including physiology, anatomy, or pharmacology</td>
<td>□ Makes excuses for own performance</td>
<td>□ Unsatisfactory documentation skills, which may include untimely documentation and/or illegibility</td>
</tr>
<tr>
<td>□ Is unable to set priorities or is unable to plan care for clients at a level expected for the course</td>
<td>□ Falsifies data, covers up mistakes, failing to disclose errors, omissions in practice</td>
<td>□ Poor/weak math skills</td>
</tr>
<tr>
<td>□ Poor clinical judgement</td>
<td>□ Lacking insight or self/situational awareness, unable to use feedback to improve practice</td>
<td>□ Poor motor skills that lead to clinical error (i.e. breaking sterile field)</td>
</tr>
<tr>
<td></td>
<td>□ Does not recognize potential for doing harm</td>
<td>□ Disregards or is unaware of policies</td>
</tr>
<tr>
<td></td>
<td>□ Demonstrates inappropriate boundaries</td>
<td>□ Frequently late or absent</td>
</tr>
</tbody>
</table>

Additional notes and description of concerns
Red Deer College Nursing Program
Performance Improvement Plan

<table>
<thead>
<tr>
<th>Description of Strategies Already Used to Address/Remediate Concerns</th>
</tr>
</thead>
<tbody>
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</table>

<table>
<thead>
<tr>
<th>Course Objectives Impacted by Student Performance</th>
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<tbody>
<tr>
<td>1.</td>
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<tr>
<td>2.</td>
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<tr>
<td>3.</td>
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<td>4.</td>
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<table>
<thead>
<tr>
<th>Remediation Plan</th>
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<tbody>
<tr>
<td>The instructor will…</td>
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<tr>
<td>-------------------</td>
</tr>
<tr>
<td>- Review student preparation daily for accuracy and completeness</td>
</tr>
<tr>
<td>- Meet with the student daily/weekly (circle one) to review progress to date</td>
</tr>
<tr>
<td>- Provide additional learning activities to support student learning</td>
</tr>
<tr>
<td>- Observe student assessments and care</td>
</tr>
<tr>
<td>- Observe medication administration</td>
</tr>
<tr>
<td>- Obtain additional student feedback from nurses, patients, and others</td>
</tr>
<tr>
<td>[other]</td>
</tr>
<tr>
<td>[other]</td>
</tr>
<tr>
<td>- Reduce outside work hours</td>
</tr>
<tr>
<td>- Practice in college lab tutor during remedial lab time</td>
</tr>
<tr>
<td>- Attend additional drop-in lab time</td>
</tr>
<tr>
<td>- Ensure they are present and on time for all clinical learning</td>
</tr>
<tr>
<td>- Develop patient-centred plans of care prior to clinical</td>
</tr>
<tr>
<td>- Not administer medications without instructor observation</td>
</tr>
<tr>
<td>[other]</td>
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<tr>
<td>[other]</td>
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<tr>
<td>[other]</td>
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</table>
If, despite remedial activities and additional feedback, you are unable to demonstrate consistent safe, competent, and/or ethical care at a minimal level expected for your year, you will receive a failing grade (non-credit or F) in this clinical course: ______________________________.

- I have read and acknowledged that as a student I have responsibilities to ensuring my continued growth as a learner.

- I understand that my clinical instructor will be completing a Post-Performance Improvement Summary to be placed on my student file, in order to support my success in my next clinical course.

- I understand that I have the right to withdraw from the clinical course without academic penalty except in instances where my practice results in patient harm (actual or potential) OR if I demonstrate any of the actions/behaviors that warrant immediate clinical failure.

<table>
<thead>
<tr>
<th>Signature (Student)</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature (Instructor)</td>
<td>Date</td>
</tr>
</tbody>
</table>

Faculty Notes on Student Progress
Use this to detail student performance and responses to remedial learning activities, feedback etc.

<table>
<thead>
<tr>
<th>Date</th>
<th>Note</th>
<th>Initials (student and faculty)</th>
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</thead>
<tbody>
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FITNESS TO PRACTICE GUIDELINES - RD POLYTECHNIC BScN and PN PROGRAMS

Overarching statement:
In order to provide safe, competent patient/client care, you are required to indicate and demonstrate your Fitness to Practice. Fitness to Practice is being free from any cognitive, physical, psychological or emotional condition and/or dependence on alcohol or drugs that impairs one’s ability to provide safe, competent patient care (CLPNA, 2018; CNA, 2017).

The purpose of this document is to outline the guidelines that need to be met for you to demonstrate your Fitness to Practice and the actions that are to be taken should there be a concern with your Fitness to Practice.

Declaration Form
- The Personal Declaration Form will be attached to any course with clinical hours and you will be required to sign the form once per year at the beginning of the term
- Your signed form will be collected by your instructor and then provided to the nursing office to be filed in your student file
- You are required to sign the form prior to going to clinical in order to demonstrate that you are ready to provide safe, competent patient/client care

Fitness to Practice Procedure:

1. If you present yourself to class, lab, or clinical, you are declaring your fitness to practice to your instructor.

2. It is important that you develop the professional habit of self-reflection and self-assessment regarding Fitness to Practice (FTP). If you feel that there are emerging circumstances or conditions that may compromise your ability to practice safely, you need to immediately inform your instructor. You may also take steps to improve your health and wellbeing by accessing appropriate resources as outlined in your course outline. It may be that through collaboration between you, your instructor, and the Associate Dean, you may be able to avoid a situation where your FTP is actually compromised.

3. Sometimes your FTP is compromised in ways that cannot be avoided. For example, you may experience an injury or an illness that affects your physical or emotional health. When you recognize that your FTP is potentially compromised, you must discuss the situation immediately with your instructor, who will notify the Associate Dean (AD) in writing, so that processes to support you in your efforts to regain your ability to practice safely can be initiated. A written summary of the concerns will be provided to you and the AD within 24 hours.

4. Sometimes, factors impairing your FTP also impair your ability to self-assess your FTP. In that case, it may be that someone else in the practice setting identifies concerns about your FTP; note that staff and peers have a duty to report concerns with your
fitness to practice. These concerns will be directed to your instructor, who will then initiate a conversation with you about the concerns. This conversation will also involve the AD so that if needed, the processes to support you in your efforts to regain your ability to engage safely in practice can be initiated. If, in the judgment of your instructor or staff in the practice setting, your personal safety or the safety of patients, staff or others in the practice is compromised, you will be required to leave the practice environment in a safe and supported manner, and FTP processes will be initiated.

5. Once the FTP concern has been identified (via one of the processes above), you must make an appointment to see the AD.

6. Once you have met with the AD you need to book an appointment and meet with nurses from the Red Deer Polytechnic (RD POLYTECHNIC) Health, Safety and Wellness Centre.

7. If you receive a failing grade related to unsafe practice and you later identify a medical condition that impacted your FTP, you will also be required to follow the process outlined below.

**Process for medical clearance related to FTP:**

If, upon discussion with the AD, it is determined that your FTP has indeed been compromised, you will not be permitted to return to the practice setting until appropriate steps have been taken:

a. You will receive guidance and a medical clearance form titled Attending Physician’s Assessment and Recommendations via this link: [https://rdc.ab.ca/sites/default/files/uploads/documents/Attending%20Physician%20Assessment%20and%20Recommendations%20for%20Nursing%20Students%20Form_2020.pdf](https://rdc.ab.ca/sites/default/files/uploads/documents/Attending%20Physician%20Assessment%20and%20Recommendations%20for%20Nursing%20Students%20Form_2020.pdf) so that you can seek an occupational health assessment by an appropriate, regulated health care professional. Seeking that assessment and any associated costs will be your responsibility.

b. It is important for you to communicate with the Associate Dean and the nurses at the Red Deer Polytechnic (RD POLYTECHNIC) Health, Safety and Wellness Centre in a timely manner as FTP recovery processes unfold.

c. Once the Attending Physician’s Assessment and Recommendations medical clearance form has been submitted to the Red Deer Polytechnic (RD POLYTECHNIC) Health, Safety and Wellness Centre, a follow-up face to face appointment will need to be booked by the student with nurses at the centre for review of the assessment.

d. The nurses from the RD POLYTECHNIC Health, Safety and Wellness Centre will then provide a summary of recommendations to the AD in order to make a
decision about your possible return to clinical practice and or lab/classroom settings.

e. The Associate Dean will review the summary from the assessment and make a decision about your potential return based on the outcomes of the course and seat availability.

f. In some cases, a remediation course (INTP 303 or NURS 420) may be required prior to your return to the practice setting.
Regular attendance is one of the keys to success. Vital information is learned in lab and clinical and each clinical course has a set number of hours that are required for completion. Your attendance is essential to your learning and success. Should an absence be necessary (due to illness or other circumstances), please contact the instructor at least one hour prior to the beginning of clinical or the lab. Any absence is a disruption of the learning process and could impact successful achievement of the objectives on the Clinical Assessment Tool (CAT). Failure to notify the instructor/unit indicates a breach of professional and ethical conduct and will be reflected on the CAT. The student must discuss with the instructor the most appropriate way to replace learning experiences.
Students who miss more than 10% of the total clinical hours in the course will need to consult with their clinical instructor to consider the consequences for missed clinical learning. The instructor may consult with the Chairperson and/or Associate Dean. Each situation is unique and depends on a number of factors so each situation needs to be considered on an individual basis.

GUIDELINES FOR MAKING DECISIONS REGARDING TRAVEL FOR CLINICAL PLACEMENTS

All students need access to transportation for travel both inside and outside of Red Deer. Depending on the course and the circumstances, the transportation may be public transit, carpooling, shared vehicle, or personal vehicle. It is the responsibility of the student to ensure that the appropriate arrangements have been made so that course requirements can be completed.

All students will be expected to travel for a variety of clinical placements during their nursing program. The expectation for travel will apply to all students regardless of their personal circumstances.

If a student is unable to travel as expected, due to personal circumstance, it will be the responsibility of the student to make alternate arrangements.

The expectation for travel will be communicated to prospective and current students clearly and in a variety of ways, so that students can make the necessary preparations well in advance.

Reasonable efforts will be made by course teams to collaborate with students to determine placements to areas where the least amount of travel will be required, or where the student can make arrangements for accommodations.

RED DEER POLYTECHNIC NURSING PROGRAMS
PERSONAL APPEARANCE/DRESS CODE/PROFESSIONAL PRESENCE

Introduction and Rationale
This is a guideline for professional dress in all lab and clinical settings and applies to all nursing students enrolled in Lab and Clinical courses at Red Deer Polytechnic. This document aims to uphold RD POLYTECHNIC’s principles of excellence in professional standards. By providing guidelines for the students we can promote professional image, appropriate personal hygiene while preventing the spread of infection. Guidelines also provide a safe environment for the students and clients.

Statement
The School of Health Sciences Nursing students maintain professional appearance and dress while in the Lab and clinical settings by adhering to the schools standards of dress. If an agency dress code or professional appearance policy exists the students must adhere to that. If a student is not adhering to the dress code they will be given specific feedback and may be asked to leave the setting and will not be able to return until the infringement is rectified. This will be lost time and will be up to the student to make arrangements to make up. All instructors in the lab and clinical setting will need to enforce the guidelines at all times.
STUDENT SUPPORT

TECHNOLOGY GUIDELINES

- The BScN Program at Red Deer Polytechnic recognizes that the use of technology in nursing has the potential to enhance learning and communication.
- You may be required to bring a functional laptop or computer to class for activities and/or quizzes. Please refer to course outline for details on the use of technology in each of your classes, labs and clinical.
- We also recognize our obligation to use this technology responsibly and in a way that complies with the standards outlined by Red Deer Polytechnic and by professional organizations such as CARNA and CLPNA. We are also aware of our obligation to represent nursing in a professional manner outside of the Red Deer Polytechnic context.
- For specific technology requirements for your program, please refer to the Red Deer Polytechnic Academic Calendar.
- The following policies and guidelines inform Technology use which can be found on TheLoop
  - Red Deer Polytechnic – Information Management & Technology
  - Red Deer Polytechnic – Student Academic Integrity & Misconduct Student Misconduct - Non-Academic
  - CARNA – Social Media Guidelines. Similar principles apply to patients as apply to students

STUDENT HELP – IT SERVICES

Students can access IT related documents via TheLoop
- Login to TheLoop
- Click on Services on the right hand side of the page
- Scroll down to “Tech Help” under this tab, you can find helpful information to include:
  - VM Ware Installation
  - Black Board
  - Student Accounts & Password Reset
  - VM Horizon Client Installation

FACULTY ADVISOR & LOGBOOK

Faculty Advisor

Students will be assigned to a Faculty Advisor at the beginning of the program, who will act as a program resource. Students will engage in regular discussions with their faculty advisor and in turn, Faculty will provide advisement in navigating the BScN program with outcomes such as:
❖ Students will feel support in developing and achieving academic and career goals
❖ Students will demonstrate increased competency and ability in meeting program progression and graduation requirements
❖ Students will verbalize support in preparing to enter the nursing profession

Course Logbook

A course logbook has been developed as a course tracking tool to help ensure BScN program course requirements are met. Please see course logbook in the appendices of this handbook.

You may bring the course logbook to Faculty Advisor meetings only as needed. Visual tracking of courses may help anticipate upcoming course needs and maintain awareness of overall program achievements. Tracking of GPA and overall good academic standing is recommended as it will impact your ability for 4th year transfer to University of Alberta.

APPENDIX
PERSONAL DECLARATIONS BScN STUDENTS

FITNESS TO PRACTICE

I, ____________________________________________________________________, in accordance with the following definition of fitness to practice, declare that, to the best of my knowledge I have “all the qualities and capabilities of an individual relevant to their practice as a nurse, including but not limited to freedom from any cognitive, physical, psychological or emotional condition and dependence on alcohol or drugs that impairs [my] ability to practice nursing” (CRNBC; CRNNS, as cited in CNA, 2017, p. 22).

I am aware that, when presenting myself to class, lab, or clinical, I am declaring my fitness to practice to my instructor.

Should I develop a physical or mental impairment, disability, condition or disorder (including substance abuse or dependence) that detrimentally affects, or is likely to detrimentally affect, my capacity to undertake safe, competent clinical practice at any time after the making of this declaration, I will immediately inform my instructor.

I understand that I may need to provide further documentation to the Red Deer Polytechnic (RD POLYTECHNIC) Health, Safety and Wellness Centre, such as a medical clearance, if I have been previously unfit for practice.

_____________ INITIALS

POLICE INFORMATION CHECK

I, ____________________________________________________________________, acknowledge that if, during my nursing program, I am charged or convicted of a criminal offence, it is my obligation to inform the Associate Dean as soon as possible.

_____________ INITIALS

Name: (print) ______________________________________

Signature:  ______________________________________

RD POLYTECHNIC Student ID Number: ____________________________

Date:    _______________________________________

Please submit this completed form to your clinical instructor.
COURSE LOGBOOK

RED DEER POLYTECHNIC BSCN PROGRAM

Concept Based Curriculum

Name:

Faculty Advisor:

8/1/2019
Why the Log?

Purpose:
❖ The purpose of this booklet is to provide a visual tracking guide of the courses required to complete the four years of the BScN program.
❖ The log book is divided to ensure multiple progress ‘checkpoints’.
❖ Visual tracking of your courses may help you anticipate up-coming course needs and maintain awareness of your overall program achievements.
❖ Course Credits are included in order to keep a tally of course credits achieved.
❖ It is recommended you also track your GPA as it will impact your ability to transfer to University of Alberta for your 4th year.

Using the Log

How To’s:
❖ The course layout for the program year is located on page 2 and 3
❖ Record the completion of each course including the GPA (suggestion to highlight or check mark if you need extra visual in addition to GPA insertion).
❖ Please refer to the Student Handbook to ensure you have the most current information about academic standing and overall requirements for block transfer to the University of Alberta.
❖ Please ensure that it is kept up to date and brought to your Faculty Advisor meetings. Your Faculty Advisor can be ‘another set of eyes’ to assist you with course tracking via this document, anticipate upcoming needs or address gap areas.
❖ Use reminder pages for
  ➢ Questions to ask your Faculty Advisor or other
  ➢ Reminders to yourself (i.e. required to complete courses)
### Year 1: Month/Year of Program Start: ____________

<table>
<thead>
<tr>
<th>Course</th>
<th>Description</th>
<th>Grade</th>
</tr>
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<tbody>
<tr>
<td>NURS 215</td>
<td>Anatomy</td>
<td></td>
</tr>
<tr>
<td>NURS 230</td>
<td>Physiology and Pathophysiology I</td>
<td></td>
</tr>
<tr>
<td>NURS 236</td>
<td>Medical Microbiology</td>
<td></td>
</tr>
<tr>
<td>NURS 206</td>
<td>Foundations for Success in Nursing</td>
<td></td>
</tr>
<tr>
<td>ENGLISH</td>
<td>University Transfer English Course</td>
<td></td>
</tr>
<tr>
<td>NURS 231</td>
<td>Physiology and Pathophysiology II</td>
<td></td>
</tr>
<tr>
<td>NURS 207</td>
<td>Foundations of Nursing I</td>
<td></td>
</tr>
<tr>
<td>NURS 208</td>
<td>Health Assessment &amp; Nursing Process</td>
<td></td>
</tr>
<tr>
<td>NURS 209</td>
<td>Innovation, Systems Thinking &amp; Leadership in Healthcare</td>
<td></td>
</tr>
<tr>
<td>NURS 211</td>
<td>Community Engagement in a Healthcare Context</td>
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</tr>
<tr>
<td>INDS 205</td>
<td>Indigenous Peoples in Canada</td>
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GPA =

### Year 2:

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<tr>
<th>Course</th>
<th>Description</th>
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<tbody>
<tr>
<td>NURS 217</td>
<td>Foundations of Nursing II</td>
<td></td>
</tr>
<tr>
<td>NURS 250</td>
<td>Introductory Acute Care Nursing Practice I (P/F)</td>
<td></td>
</tr>
<tr>
<td>NURS 251</td>
<td>Pharmacology I</td>
<td></td>
</tr>
<tr>
<td>NURS 304</td>
<td>Statistics and Knowledge Management</td>
<td></td>
</tr>
<tr>
<td>NURS 301</td>
<td>Evidence Informed Nursing Practice</td>
<td></td>
</tr>
<tr>
<td>NURS 252</td>
<td>Pharmacology II</td>
<td></td>
</tr>
<tr>
<td>NURS 237</td>
<td>Foundations of Nursing III</td>
<td></td>
</tr>
<tr>
<td>NURS 253</td>
<td>Introductory Acute Care Nursing Practice II (P/F)</td>
<td></td>
</tr>
<tr>
<td>Elective *</td>
<td>Must transfer to U of A</td>
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</table>

GPA =
### Year 3:

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<tr>
<th>Course</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>NURS 360</td>
<td>Community Nursing through the Lifespan (P/F)</td>
<td></td>
</tr>
<tr>
<td>NURS 361</td>
<td>Advanced Acute Care Nursing Practice I (P/F)</td>
<td></td>
</tr>
<tr>
<td>NURS 362</td>
<td>Health Policy, Health Care Organizations, Change Management</td>
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<td>NURS 363</td>
<td>Mental Health &amp; Wellness in Nursing (P/F)</td>
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<td>NURS 364</td>
<td>Advanced Acute Care Nursing Practice II (P/F)</td>
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<td>NURS 365</td>
<td>Leadership in Nursing and Interprofessional Practice</td>
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### Year 4:

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<tr>
<th>Course</th>
<th>Description</th>
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<tr>
<td>NURS 485</td>
<td>Nursing Practice in a Focused Area (Graded)</td>
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<td>NURS 422</td>
<td>Contemporary Issues in Healthcare Ethics and Law</td>
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<td>NURS 425</td>
<td>Nursing Leadership in a Focus Area (Graded)</td>
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