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
GENERAL INFORMATION
September 2, 2022

Dear Nursing Students,

Welcome to the 2022-2023 academic year of the Red Deer Polytechnic (RDP) Bachelor of Science, Nursing (BScN) program. The faculty and staff of RDP 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.

In this handbook you will find valuable information that is specific to the BScN program. The information in the handbook is meant to supplement the general polices that you should be aware of (you can review them here).

The BScN Program is an extraordinarily successful program; an essential part of our success is student input. As a result, we continue to provide many opportunities to discuss the various 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 also invite you to approach faculty members and myself with your concerns and feedback about your experiences and progress in the program. The BScN faculty work in course-specific teaching teams, and each course has a designated course leader. You also have access to year leads who will help you to get familiar with your program. Please also do not hesitate to ask for help from the Department and Program Assistants when needed.

Staff and faculty will make every effort to support you throughout the year. I am also available by appointment should you wish to meet with me. Please make an appointment with me by emailing me at daphne.kennedy@rdpolytech.ca.

I wish you success in this coming year and in achieving your academic, personal, and professional goals.

Sincerely,
Daphne Kennedy, RN MN CCNE
Associate Dean, Bachelor of Science, Nursing Program
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 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.
# Red Deer Polytechnic Values

## Agility
- Our decision-making is guided by evidence-based practice, building capacity for resiliency, and preparing our organization, our communities and our learners for adaptability. Our actions are guided by the needs of our diverse communities.

## Bravery
- We are courageous to explore and embrace new ideas, new ways of thinking and encourage adaptive leadership. We create opportunities to act in the interest of equity, diversity and inclusion as well as empower individuals to share their voice, act with integrity and do the right thing.

## Connection
- We are effective educators, communicators, brokers, and facilitators of enriched authentic and inclusive learning experiences for local and global communities. Our learners, faculty, staff and partners grow within our community and remain engaged as learners for life.

## Discovery
- Driven by our culture of excellence, we take risks and try new things as role models of a growth mindset and creative thinking. We demonstrate diversity in action as we embrace opportunities to be researchers and problem-solvers, enabling invention, exploration, piloting and rapid change.

## Empowerment
- Our faculty, staff and learners are informed decision makers, critical thinkers, and advocates. We embrace our responsibility to advance learning, diversity, choice and equity for all.
President: Stuart Cullum
VP Academic & Research: Kylie Thomas
Dean, School of Health Sciences: Sharon Hamilton
Administrative Officer, Academic: Mei-Lin Ward
Associate Dean, BScN: Daphne Kennedy
Operations Manager: Joylynn Davidson
Program Assistant: Deedra Fenton

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

<table>
<thead>
<tr>
<th>Daphne Kennedy</th>
<th>Erin Lowe</th>
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<tbody>
<tr>
<td>Maggie Convey (Student Support Chairperson)</td>
<td>Sarah Malo</td>
</tr>
<tr>
<td>Raigne Symes (Faculty Support Chairperson)</td>
<td>Yalda Mohammad-Asef</td>
</tr>
<tr>
<td>Sara Daniels</td>
<td>Kari Nish</td>
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<td>Erin Acorn</td>
<td>Juliet Onabadejo</td>
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<td>Sherry Davey</td>
<td>Brenda Query</td>
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<td>Shelley Ellis</td>
<td>Lisa Rancier</td>
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<tr>
<td>Amy (Dyck) Eisan</td>
<td>Jennifer Reynolds</td>
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<td>Natalie Ford</td>
<td>Kathy Schepp</td>
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<td>Peggy Follis</td>
<td>Jean Smith</td>
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<tr>
<td>Tosha Giesbrecht</td>
<td>Kala Streibel</td>
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<tr>
<td>Larissa Gomes</td>
<td>Alanna Watts</td>
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<tr>
<td>Kristen Gulbransen</td>
<td>Sawyer Wright</td>
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<tr>
<td>Chantel Kiraly-Miller</td>
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</table>
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*

Red Deer Polytechnic Nursing Society

The Red Deer 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 RDP. 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 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 RDP Nursing Society is a great way to contribute to political action, meet new people and have fun!

Making a difference starts here.

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 College of Registered Nurses of Alberta (CRNA) 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 required. 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 RED DEER POLYTECHNICNIC students who are working with clients at various agencies. RED DEER POLYTECHNICNIC 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.

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.
PROGRAM SPECIFIC
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 (UoA) 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-psycho-social-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.

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**
FUNDAMENTALS OF LEARNING FRAMEWORK USING RELATIONAL INQUIRY AND PEDAGOGY: PART B
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., 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.


UNIVERSITY OF ALBERTA
Faculty of Nursing Undergraduate Programs:
BScN COLLABORATIVE PROGRAM
Grande Prairie Regional College, Keyano College,
Red Deer Polytechnic, University of Alberta
BScN AFTER DEGREE PROGRAMS
Edmonton and Camrose
RPN to BsCN Program
BScN Bilingual Program
BScN Honours Program

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.
<table>
<thead>
<tr>
<th>CRNA 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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<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>
</tr>
<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>
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<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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<tr>
<td>1.13 Implements therapeutic nursing interventions that contribute to the care and needs of the client.</td>
<td>N 208, 250, 253, 360, 361, 363, 364, 485.</td>
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<td>1.15 Incorporates knowledge about ethical, legal, and regulatory implications of medical assistance in dying (MAID) when providing nursing care.</td>
<td>N 422, 485.</td>
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<tr>
<td>1.16 Incorporates principles of harm reduction with respect to substance use and misuse into plans of care.</td>
<td>N 250, 253, 360, 361, 363, 364, 485.</td>
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<tr>
<td>1.18 Provides recovery-oriented nursing care in partnership with clients who experience a mental health condition and/or addiction.</td>
<td>N 363, 485.</td>
</tr>
<tr>
<td>1.21 Incorporates knowledge from the health sciences, including anatomy, physiology, pathophysiology, psychopathology, pharmacology, microbiology, epidemiology, genetics, immunology, and nutrition</td>
<td>N 208, 215, 217, 230, 231, 236, 237, 251, 252, 253, 301, 304, 360, 361, 363, 364, 425, 485.</td>
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<tr>
<td>1.24 Uses effective strategies to prevent, de-escalate, and manage disruptive, aggressive, or violent behaviour.</td>
<td>N 208, 250, 253, 360, 361, 363, 364, 485.</td>
</tr>
<tr>
<td>1.25 Uses strategies to promote wellness, to prevent illness, and to minimize disease and injury in clients, self, and others.</td>
<td>N 206, 208, 250, 253, 360, 361, 363, 425, 485.</td>
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<tr>
<td>1.27 Implements evidence-informed practices for infection prevention and control.</td>
<td>N 208, 236, 250, 253, 301, 304, 360, 361, 363, 485.</td>
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**PROFESSIONAL COMPETENCIES**

| 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, 363, 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, 363, 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, 363, 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, 363, 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 | N 206, 207, 208, 211, INDS 205, 250, 253, 360, 361, 363, 364, 422, 485. |
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.

| 2.11 Distinguishes between the mandates of regulatory bodies, professional associations, and unions. | N 207, 209, 362, 365, 485. |
| 2.12 Recognizes, acts on, and reports unprofessional conduct to the appropriate person, agency or professional body | N 206, 208, 211, 250, 253, 360, 361, 364, 422, 425, 485. |
| 2.13 Recognizes, acts on, and reports harmful incidences, near misses, and no harm incidences. | N 208, 211, 250, 253, 360, 361, 364, 422, 425, 485. |

**COMMUNICATOR COMPETENCIES**

<p>| 3.1 Introduces self to clients and health-care team members by first and last name, and professional designation (protected title). | N 206, 207, 208, 209, 211, 217, INDS 205, 250, 237, 253, 301, 304, 360, 361, 362, 363, 364, 365, 422, 425, 485, INTD 420. |
| 3.2 Engages in active listening to understand and respond to the client’s experience, preferences, and health goals | N 206, 207, 208, 209, 211, 217, INDS 205, 250, 237, 253, 301, 304, 360, 361, 362, 363, 364, 365, 422, 425, 485, INTD 420. |</p>
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<tr>
<th>3.7 Communicates effectively in complex and rapidly changing situations.</th>
<th>N 206, 207, 208, 209, 211, 217, INDS 205, 250, 237, 253, 301,</th>
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<tr>
<td><strong>COLLABORATOR COMPETENCIES</strong></td>
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<td>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.</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, INTD 420.</td>
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<tr>
<td>4.3 Determines their own professional and interprofessional role within the team by considering the roles, responsibilities, and the scope of practice of others</td>
<td>N 207, 208, 209, 211, 217, INDS 205, 250, 237, 253, 301, 304, 360, 361, 362, 363, 364, 365, 422, 425, 485, INTD 420.</td>
</tr>
<tr>
<td>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.</td>
<td>N 207, 208, 209, 211, 217, INDS 205, 250, 237, 253, 301, 304, 360, 361, 362, 363, 364, 365, 422, 425, 485, INTD 420.</td>
</tr>
<tr>
<td><strong>COORDINATOR COMPETENCIES</strong></td>
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<tr>
<td>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.</td>
<td>N 208, 211, 250, 253, 209, 360, 361, 362, 363, 364, 365, 422, 485.</td>
</tr>
<tr>
<td>5.2 Monitors client care to help ensure needed services happen at the right time and in the correct sequence.</td>
<td>N 250, 253, 209, 360, 361, 362, 363, 364, 365, 422, 425, 485.</td>
</tr>
<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, 422, 425, 485.</td>
</tr>
<tr>
<td>5.4 Demonstrates knowledge of the assignment and supervision process.</td>
<td>N 209, 250, 253, 360, 361, 362, 364, 422, 485.</td>
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<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, 422, 485.</td>
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</table>

**LEADER COMPETENCIES**

| 6.1 Acquires knowledge of the Calls to Action of the Truth and Reconciliation Commission of Canada. | N 206, INDS 205, 422. |
| 6.5 Recognizes the impact of organizational culture and acts to enhance the quality of a professional and safe practice environment. | N 209, INDS 205, 362, 365, 422, 425, 485. |
| 6.9 Provides constructive feedback to promote professional growth of other members of the health-care team. | N 206, 250, 253, 360, 361, 362, 363, 364, 365, 422, 425, 485. |

**ADVOCATE COMPETENCIES**

| 7.1 Recognizes and takes action in situations where client safety is actually or potentially compromised. | N 208, 211, INDS 205, 250, 253, 360, 361, 362, 363, 364, 422, 425, 485. |
| 7.2 Resolves questions about unclear orders, decisions, actions, or treatment. | N 250, 253, 360, 361, 363, 364, 485. |
| 7.4 Advocates for health equity for all, particularly for vulnerable and/or diverse clients and populations. | N 208, 209, 211, INDS 205, 250, 253, 360, 361, 362, 363, 364, 422, 485. |
| 7.7 | Supports and empowers clients in making informed decisions about their health care, and respects their decisions. | N 206, 208, 209, 211, INDS 205, 250, 253, 360, 361, 362, 363, 364, 365, 422, 485. |
| 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. | N 206, 208, 211, INDS 205, 250, 253, 360, 361, 362, 363, 364, 422, 485. |
| 7.11 | Uses knowledge of population health, determinants of health, primary health care, and health promotion to achieve health equity | N 206, 208, 209, 211, INDS 205, 250, 217, 237, 250, 253, 360, 361, 362, 363, 364, 365, 422, 485. |
| 7.12 | Assesses client’s understanding of informed consent, and implements actions when client is unable to provide informed consent. | N 208, 211, 250, 253, 360, 361, 362, 363, 364, 422, 485. |

**EDUCATOR COMPETENCIES**

| 8.1 | Develops an education plan with the client and team to address learning needs | N 206, 208, 209, 211, INDS 205, 250, 253, 360, 361, 362, 363, 364, 422, 485. |
| 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. | N 206, 208, 209, 211, INDS 205, 250, 253, 360, 361, 362, 363, 364, 422, 485. |
| 8.5 | Assists clients to access, review, and evaluate information they retrieve using ICTs. | N 206, 208, 209, 211, INDS 205, 250, 253, 360, 361, 362, 363, 364, 422, 485. |

**SCHOLAR COMPETENCIES**

<p>| 9.2 | Translates knowledge from relevant sources into professional practice. | N 206, 208, 209, 250, 253, 301, 304, INDS 205, 360, 361, 362, 363, 364, 365, 422, 485. Global health course |</p>
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<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, 362, 365, 425, 485, INDS 205, INTD 420</td>
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<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, INTD 420</td>
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<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. INTD 420</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. INTD 420</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. INTD 420</td>
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**Document History:**
*Document Created May 24, 2019*

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<tr>
<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 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 Red Deer Polytechnic, each graduate will be able to:

- Practice within the professional standards, guidelines, legislation and values of the nursing profession.
- Initiate and engage in collaborative practice.
- Contribute to the health of individuals, families and communities by applying concepts of population health, primary health care, and health promotion.
- Influence and advocate for wellness through the incorporation of knowledge of political, cultural, and social contexts on health and health care.
- Enhance health and healing of clients by establishing compassionate therapeutic partnerships.
- Use effective methods of verbal, non-verbal, and written communication.
- Promote and advocate for positive practice environments, nursing practice, and professional growth by self-reflection and leadership.
- Effect meaningful change and goal achievement in self and others through leadership.
- Provide care in evolving practice environments in rural, remote, or urban settings.
- 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, Red Deer 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 Red Deer 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. See Nursing Student Handbook for additional 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
The following has been created to clarify the student role when marking assistance is utilized in a course. 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 both 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, on or before 10 business days of receiving notification about graded work, you have reviewed the feedback provided and you need further clarification/have concerns about your mark, contact your designated instructor to set up a student-instructor review meeting as per the Reappraisal of Graded Term Work Procedure.
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 completed.
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. Read the email sent by the instructor after the meeting. This email will describe the outcome of the discussion and reasons for any decision.
7. Within three (3) business days of receiving the instructor’s email, if you remain dissatisfied, you may complete a Reappraisal of Final Grade or Graded Term Work form located at https://rdpolytech.ca/about/our-story/governance/policies/policies.

**Cross Marking**

Cross marking is one strategy used by course teams for selected assessments to enhance consistency of marking expectations across the teaching team and enhances fairness in marking for students. Cross marking occurs before assignments are returned to students. A select number of assignments may be reviewed by instructors on the course teaching team. If you have questions or concerns after receiving your grade, please, wait for 24 hours and reflect on feedback prior to reaching out to the instructor who marked your assignment. Unless formally built into a course and indicated in the assessment section of the course outline, assignments are not redone, nor additional assignments provided to improve a grade.

**GUIDELINES FOR WRITTEN COMMUNICATION WITH FACULTY**

The electronic form of communication will be Blackboard. Students are expected to access their Blackboard and RDP e-mails regularly to receive course and other information. Any communication with instructors 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.

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 Mon-Thurs 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 Rm. 1327</td>
<td>403-342-3452</td>
<td><a href="mailto:liz.sinclair@rdpolytech.ca">liz.sinclair@rdpolytech.ca</a></td>
</tr>
<tr>
<td>Michelle Archibald, BScN Lab Technician</td>
<td>1329/1326</td>
<td>403-342-3270</td>
<td><a href="mailto:Michelle.archibald1@rdpolytech.ca">Michelle.archibald1@rdpolytech.ca</a></td>
</tr>
<tr>
<td>Dr. Brenda Query, RN Lab Instructor</td>
<td>2219</td>
<td>403-342-3223</td>
<td><a href="mailto:Brenda.query@rdpolytech.ca">Brenda.query@rdpolytech.ca</a></td>
</tr>
<tr>
<td>Erin Acorn, RN Drop-in Lab Instructor</td>
<td>1208</td>
<td>N/A</td>
<td><a href="mailto:erin.acorn@rdpolytech.ca">erin.acorn@rdpolytech.ca</a></td>
</tr>
</tbody>
</table>

The Lab Staff and Faculty consist of:

- Lab Coordinator: Oversees the general running and ordering of supplies for the lab, sets up the ad hoc bookings for lab space, may assist instructors with set up for labs, set up for drop-in labs.
- Simulation Lab Coordinator: Oversees the general running of the Simulation Lab programming. Responsible for the set up and take down of each Simulation Lab.
- Lab Technician: Assists with preparation of equipment and supplies and ensures that equipment is available for the various labs and helps set up for labs. Assists the Simulation Coordinator in the set up and take down of the Simulation labs.
- Drop-in Lab Instructor: Oversees drop-in lab
- Nursing Lab Instructor: Delivers remediation and missed lab session.
- 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

- 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. 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.

Lab Etiquette
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
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. 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. Spray all used equipment with the disinfectant provided and place in the sink. Stack and tidy chairs not more than five high and tidy bedside tables and other furniture. Change any soiled bed linen. Clean linen can be found in 1326. During a pandemic, there will not be linen on the beds. Ensure all surfaces touched are cleaned after a lab.

LAB EQUIPMENT
Student Lab Equipment
Each student will maintain their 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
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. 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 an instructor available to provide feedback and guidance with lab skills and answer questions but they 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:

Missed Labs: Student Information
- All missed labs need to be made up within one week of missing lab. Once your course lab instructor has completed the Missed Lab form, please email the lab instructor at dropinlab2@rdc.ab.ca with available dates and times between 0800 and 1500 Monday to Friday to arrange a one-hour appointment to make up the lab. Students must make their clinical instructor aware that they have missed the lab so that the clinical instructor knows that the skill cannot be practiced on patients in clinical until the lab is made up.

- Students must arrive having completed requisite readings and other preparation and – if required (e.g. an assessment lab) - a fellow RDP student. Students must bring their lab kit supplies for the missed lab. The student should also bring any textbooks or notes needed for the lab.

- The student must come prepared to demonstrate the skill as the lab will not be retaught by the lab tutor. If a student comes unprepared, they will be sent away to do further preparation.

- After the missed lab is completed, the lab instructor will email both the course lab instructor and the student about the student’s progress.
Missing two or more labs will result in the student having to meet with the Student Support Chair. A Performance Improvement Plan may also be implemented if a pattern of missed labs persists.

**Drop-in Lab: Student Information**

This is the link to sign up for drop-in lab:

In the notes section of your booking please include a brief description of the skill you would like to practice in drop-in lab. This is to help our drop-in lab staff best prepare for your needs.

**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 Red Deer 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 will be used as teaching strategies and marked assessments in most nursing courses throughout the program (see below for included courses and outcomes).
- Safe medication administration assessments will be completed by students after the modules have been completed. Pass marks for safe medication administration assessments are determined by the teaching team. Students who fail their safe medication administration assessments will need to complete remediation.
- 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.

NURS 207:
By the end of 207 students will:
- Convert between decimals, proportions, fractions, ratios, percentages, and units of measurement.
- Solve simple calculation problems
- Identify components of physician’s medication orders as they relate to the rights of safe medication administration.
- Interpret information on medication labels.
- Differentiate among medication forms, units of measurement, routes and times of medication administration.
- Identify the rights of safe medication administration for self, using the nursing process.
- Describe links to nursing assessments and pathophysiology in relation to safe self-medication administration.
- Apply strategies to reduce risk in clinical calculations (eg. Estimation, independent double check)
- Describe how credible relevant resources support safe medication administration practices (ISMP Canada).
- Differentiate between approved and not-approved medication abbreviations that may impact patient safety

NURS 250:
By the end of 250 students will use the nursing process to safely:
- Interpret physician orders and medication administration records.
- Apply the rights of safe medication administration.
- Interpret and link pathophysiology, pharmacology and diagnostics to safe medication administration.
- Apply protocols such as Basal Bolus Insulin Therapy (BBIT), and bowel routines.
- Problem solve when to use different medication forms, units of measurement, routes, and times for medication administration.
- Differentiate among unit dose, multi dose, and combination drugs.
- Administer medications.
- Use credible relevant resources to safely administer medications.
- Reconcile medications.
- Handle high risk medications.

NURS 253:
By the end of 253 students will use the nursing process to safely:
- Administer IV fluids and IV medications using the appropriate equipment.
- Reconstitute and dilute medications.
- Interpret and link pathophysiology, pharmacology and diagnostics to safe medication administration.
- Prepare and administer IV fluids and tube direct, auxiliary, intermittent and continuous IV medications.
- Administer enteral feeding solutions.
- Irrigate wounds and catheters.
- Apply protocols for safe medication administration such as heparin, NSTEMI, STEMI, CIWA, and DKA.
- Use credible relevant resources to safely administer medications.

NURS 361 (Advanced Acute I)
By the end of NURS 361 students will use the nursing process to safely:
- Interpret and link pathophysiology, pharmacology and diagnostics to safe medication administration.
- Administer critical care IV medications (Labetolol, Mg SO4, syntocinon)
- Customize nursing care for clients receiving complex analgesia and anesthetics.

NURS 363 (Mental Health)
By the end of NURS 363 students will use the nursing process to safely:
- Interpret and link pathophysiology, pharmacology and diagnostics to safe medication administration.
- Customize nursing care for clients receiving medications to support their mental health.
- Customize nursing care for clients who are using alternative substances.

NURS 360 (Community/Pediatrics content)
By the end of NURS 360 students will use the nursing process to safely:
- Interpret and link pathophysiology, pharmacology and diagnostics to safe medication administration.
- Administer pediatric IV maintenance fluids.
• Customize oral and parenteral dosages based on weight
• Administer immunizations
• Prepare and administer medications using buretrols

**NURS 364 (Advanced Acute II)**
By the end of NURS 364 students will use the nursing process to safely:
- Interpret and link pathophysiology and diagnostics to safe medication administration.
- Customize care for complex clients across the lifespan when administering medications.

**NURS 485**
By the end of NURS 485 students will use the nursing process to safely:
- Interpret and link pathophysiology and diagnostics to safe medication administration.
- Customize care for complex clients across the lifespan when administering medications.

**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 Red Deer Polytechnic e-mail/telephone as these programs are protected by the Red Deer 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, smartphones) 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 on the student’s file. The document will be signed by both the instructor and the student. If the student does not come to sign the evaluation document, a note needs to be added indicating that the student did not come to sign the document (and, if relevant, the reason why) and that an electronic copy (pdf format) was sent to the student.
• 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 stores 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 instructor 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.

STUDENT SUCCESS PROTOCOL

Guided by faculty, students regularly participate in strategies for growth in knowledge, skills and attitude during coursework. If a student demonstrates a pattern of unprofessional or unethical behaviors in the clinical environment and is at risk for clinical failure the student is to be given the option to WD or enter into a Performance Improvement Plan (PIP). The algorithm below identifies the process that is used to address student clinical performance concerns. Please note that if instances of very unsafe practice or grossly unethical practice occurs, there may be no learning contract and immediate removal from the clinical site. Please see the below definition of unsafe practice.

Unsafe practice: Behaviours that place the client or staff in physical or emotional jeopardy, including the risk of physical harm, anxiety, or distress. Unsafe clinical practice is a singular occurrence or a pattern of behaviours involving unacceptable risk (Scanlan et al., 2001 as cited in Scanlan & Chernomas, 2016).

Policies relevant to this protocol:

- Student Academic Integrity and Academic Misconduct & Guidebook
- Student Misconduct: Non-Academic & Guidebook
- Academic Standing
- Workplace Learning
- Student Appeals

https://rdpolytech.ca/about/our-story/governance/policies/policies
Student demonstrates underperformance or unsafe practice (actual or risk) for the first time

- Instructor to continue monitoring performance.
- Instructor to offer feedback regularly.

Behavior changes. No additional concerns with practice.

Instructor offers verbal feedback. Follow up with written feedback/warning sent via Blackboard message.

Student must acknowledge reading and receiving feedback via email prior to next clinical day to return.

Consider contacting faculty navigator depending on student/faculty factors.

Concerns persist despite feedback OR student demonstrates global underperformance (many concerns that demonstrate limited improvement).

Instructor to consult Faculty Navigator.

Initiate Performance Improvement Plan (PIP)

Student signs PIP. Email copy to AD and Chair.

Student chooses to WD from clinical course.

Instructor to complete the post-performance improvement plan summary for student file.

Student to meet with AD.

Instructor/student to meet minimum weekly.

Feedback occurring regularly and may come from a variety of sources.

Faculty to use in-situ remedial activities to supplement learning.

Discontinue PIP when student consistently performs at expected level.

Student remains in clinical course.

Instructor completes post-improvement plan summary for student and submits a copy for the student file.

Is the student consistently meeting course requirements?

Has there been sufficient growth to ensure student will exit the course at the level expected for their year/sequence?

Have there been no new student practice concerns since initiation of the PIP?

Student removed from the clinical course.

Faculty to inform AD.

Instructor completes the post-performance improvement plan summary for student and submits a copy for the student file.

Student to meet with AD.
Unsafe Practice or Underperformance may include:

**Cognitive**
- Poor or weak interpersonal communication skills
- Does not ask questions about clinical setting or practice, does not ask for help when unsure
- Does not demonstrate independent thinking, repeats only rote memorization/mimicry
- Does not connect/apply practice to previously learned/concurrently learned theory
- OR has weak/deficient foundational knowledge including physiology, anatomy, or pharmacology
- Sets inappropriate priorities, or cannot identify priorities or is unable to plan care for clients at a level expected for the course
- Poor clinical judgement

**Affective**
- Consistently flustered, anxious, and/or freezing in practice
- May be over-confident in own ability/skills or lacks confidence in routine situations
- Inappropriately defensive, deflecting, or blaming others
- Makes excuses for own performance
- Falsifies data, covers up mistakes, failing to disclose errors, omissions in practice
- Lacking insight or self/ situational awareness, unable to use feedback to improve practice
- Does not recognize potential for doing harm
- Demonstrates inappropriate boundaries

**Psychomotor**
- Poor organizational skills
- Poor time management
- Poor preparation for clinical practice; not having a plan of care for expected client
- Un satisfactory documentation skills, which may include untimely documentation and/or illegibility
- Poor/weak math skills
- Poor motor skills that lead to clinical error (eg. breaking sterile field)
- Disregards or is unaware of policies
- Frequently late or absent

**Fitness to practice**
All students are expected to monitor their fitness to practice. If fitness to practice or incapacity is affecting student clinical performance, the student should meet with the AD and should not attend clinical until cleared through fitness to practice processes.

In order to preserve patient safety, a student can be temporarily removed from the clinical setting prior to a PIP meeting. This is a valuable action in offering reflection time for the student and planning time for the faculty member.

Suggestions for in-situ remedial activities include (but aren't limited to):
- Additional lab practice in drop in lab
- Provide additional resources/learning opportunities (case studies, learning modules, resources)
- Modify clinical learning to protect safety and support student mastery
- Referrals to student academic supports

**Actions/behaviors that warrant immediate clinical removal and failure**

Presenting to clinical under the influence of alcohol and/or drugs
- Engages in abuse, discrimination or harassment toward peers, staff, faculty or clients
- Theft from a client, peer, staff, or workplace
- Breaching confidentiality
- Significant harm event occurs to client

**FREQUENTLY ASKED QUESTIONS**

**What is a struggling student?**

Think of observations of behaviours and attributes. Behaviours may include: hedging (not getting a straight answer), late assignments, late arrivals, performing skills without supervision, chronic personal crises, lack of preparedness, inability to prioritize care. Attributes may include: lack of self-awareness, lack of insight into practice, inability to use feedback to improve performance & accept responsibility for practice, lack of self-initiative, places external blame for difficulties, anxiety that impedes performance and lack of self-confidence.

**What is the difference in outcomes between a ‘WD’ and a ‘F’ grade?**

The next steps between the two outcomes are the same (competency development, repeat clinical course). What is impacted is the GPA. An ‘F’ will bring the GPA down, possibly below 2.0 meaning you may not qualify for admission into 4th year at U of A. Fourth year students who drop below 2.0 go through a progress review and may be removed from the program. A ‘WD’ has no impact on the GPA.

For first year BScN students, there are additional in-program requirements that must be considered while registered in the program. They are described in the Academic calendar: [https://rdpolytech.ca/programs/health-sciences/bachelor-science-nursing-collaboration-university-alberta](https://rdpolytech.ca/programs/health-sciences/bachelor-science-nursing-collaboration-university-alberta)
What if I have been given immediate fail?

There are situations when an immediate fail is the most appropriate course of action. There are two paths to a possible outcome of receiving an F grade based on the pattern or severity of behaviours.

(1) The Performance Improvement Plan path is considered non-immediate but if unsuccessful in meeting the PIP outcomes, can result in an F grade. Going forward, students who successfully complete a contract should also be aware that breaches beyond the PIP but within the same course may still result in an F grade.

(2) A significant, severe incident or pattern of behaviours that pose a high level risk to patient safety can be grounds for an immediate F grade and removal from the clinical course.

How do students get into the remediation courses?

BScN students in years 2 and 3 who receive a ‘WD’ or ‘F’ grade are required to complete/pass INTP 303 before re-entering clinical courses. Please note that if students are not successful in INTP 303, they may not immediately re-enter the failed clinical course and note that subsequent program/course paths will vary. For 4th year students, additional U of A stipulations and recommendations from the AD may also apply.

FITNESS TO PRACTICE GUIDELINES - Red Deer Polytechnic BScN

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 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:

1. You will receive guidance and a medical clearance form titled Attending Physician’s Assessment and Recommendations via this link: 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.
2. It is important for you to communicate with the Associate Dean and the nurses at the Red Deer Polytechnic Health, Safety and Wellness Centre in a timely manner as FTP recovery processes unfold.

3. Once the Attending Physician’s Assessment and Recommendations medical clearance form has been submitted to the 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.

4. The nurses from the RED DEER 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.

5. 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.

6. In some cases, a remediation course (INTP 303 or NURS 420) may be required prior to your return to the practice setting.
BLOOD & BODY FLUID EXPOSURE MANAGEMENT

Blood and Body Fluid Exposure Management for Nursing Students at Red Deer College

Exposure at Red Deer College (RDC)
- Perform First Aid
- Send recipient and source to the nearest Emergency Department
- The Centre for Disease Control (CDC) will follow up with recipient and source
- Nursing instructor and student must complete the RDC Incident/Injury Report and submit it to Health Safety and Wellness
- Health Safety and Wellness will follow up with recipient to ensure RDC resources offered

Exposure at an Alberta Health Services facility (AHS)
- Perform First Aid
- Notify the charge nurse, supervisor or manager
- Obtain the Post-Exposure Management of Blood and Body Fluids (PBBF) ad folder
- Call the Workplace Health and Safety Office (WHS) or our Occupational Health Nurse, as listed in the WHS ad folder
- Call the Workplace Health and Safety Office (WHS) or our Occupational Health Nurse, as listed in the WHS ad folder
- Nursing instructor and student must complete the RDC Incident/Injury Report and submit it to Health Safety and Wellness
- Health Safety and Wellness will follow up with recipient to ensure RDC resources offered

Created By: Lynn MacFarlane, Karen Skingitski & Arline Hjortas
POLICIES - ALBERTA HEALTH SERVICES - CENTRAL ZONE
See Blackboard Nursing Lab Central
AHS Student Information and Orientation

LINKS TO OTHER POLICIES
You will find the following policies here: RDP Policies
Student Academic Integrity & Misconduct
Student Misconduct - Non-Academic
Student Appeals
Prior Learning Assessment & Recognition
Workplace Learning Policy
Academic Standing Policy
Student Rights & Responsibilities
Final Exam Policy
There are no supplemental examination privileges for failure in the clinical component of a nursing course.
Respectful Workplace and Learning Environment Policy
Collaborative Program | Faculty of Nursing
Learning Support (Library: 403-342-3264, help_learn@rdpolytech.ca)
Writing Skills Centre (writingskills@rdpolytech.ca)
Math Learning Centre (math concepts and advanced theoretical math)
Learning Strategies (note-taking, studying, and exam-writing strategies)
Peer-Assisted Study / Tutoring (one-on-one tutoring by students)
Accessibility Services (Library: 403-357-3629, accessibility@rdpolytech.ca )
Coordination of services (tutoring, alternate format text, note-taking, and so on)
Academic accommodations, including exam accommodations
Counselling Services (Room 1402: 403-343-4064, counselling@rdpolytech.ca)

The Nursing Program prepares nurses who practice according to the nursing profession’s Code of Ethics. Students are accountable for their behavior throughout the program.

Statements of policy in the Red Deer Polytechnic Calendar apply to all departments. All students are required to follow the Red Deer Polytechnic Policies
Red Deer Polytechnic Policies

The BScN Program has developed the following guidelines to assist in situations unique to programs in the BScN Program.
CLINICAL INFORMATION
CLINICAL REQUIREMENTS

Our clinical partners have requirements of BScN students, many of which you fulfill early in your program, and others that are required annually. Documentation of these requirements is required by the Career, Education and Experience Development offices and Health and Safety Offices. Prompt and timely submission of all clinically required documents is required to ensure you are eligible for clinical practice. Please ensure you review [https://rdpolytech.ca/programs/health-sciences/health-and-safety-requirements/health-and-safety-requirements](https://rdpolytech.ca/programs/health-sciences/health-and-safety-requirements/health-and-safety-requirements) for placement information. Students who fail to meet placement requirements prior to clinical start dates may be removed from their clinical courses.

Immunizations

Although Alberta Health Services (AHS) is not currently mandating COVID-19 vaccinations, not all sites where we currently place have announced changes to their policies. AHS rescinded its COVID-19 Immunization Policy effective July 18, 2022. This policy rescindment only applies to AHS, Covenant Health, Carewest, CapitalCare, and Alberta Precision Laboratories. Other sites may continue to require vaccinations in order for students to participate in clinical.

We continue to encourage you to submit your Package I: COVID-19 Immunization to prevent delays in your placement and program completion.

If you are not eligible or do not complete Package I, please be aware of the following:

**IMPORTANT!** If an outbreak is declared at your clinical site, affecting where you are doing a placement, you will be required to leave the placement if you do not have proof of vaccination. You will not be allowed to return until the outbreak declared by the Medical Officer of Health/Alberta Health to be over. Interruption of your placement can jeopardize program completion.

MISSED CLINICAL TIME GUIDELINES

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 Evaluation of Nursing Practice (ENP). Failure to notify the instructor/unit indicates a breach of professional and ethical conduct and will be reflected on the ENP. The student must discuss with the instructor the most appropriate way to replace learning experiences.

CLINICAL REQUEST PROCESS

Clinical experiences are an integral learning activity in a professional nursing program. Clinical learning environments and activities have been carefully selected to ensure that upon program completion, students have acquired the necessary knowledge, skills, and attributes required of a registered nurse (RN). The demands of clinical learning experiences align with the career expectations of the profession and include shifts of 8-12 hours occurring over the daytime and evenings, and in some cases nighttime hours. In addition, students will frequently be expected to arrive prior to the start of a shift to review client charts and plan and prepare for their day. Travel time is not included in the clinical shift, and travel requirements may exceed 150 km from the city of Red Deer. Transportation to and within the clinical setting is the responsibility of the
student and travel requirements will be communicated to students clearly and in advance of the clinical course to allow students to make necessary preparations.

In the second year of the program, students will be assigned to either Tuesday/Wednesday or Thursday/Friday clinical days. In the third year of the program, clinical days are scheduled for Tuesday/Wednesday/Thursday. In the fourth year of the program, clinical days may occur on any day of the week, including weekends. Again, these clinical shifts will be a mixture of days or evening shifts (years 2, 3) or days, evenings, and nights (year 4) so as to equip students with an understanding of the environment and expectations of nurses.

Students with recurring, extraordinary commitments (ie. RDP student-athletes, parents with significant childcare challenges, etc.) should communicate preferences for clinical days at minimum 6 months prior to the clinical term start date by emailing the Student Connect Centre (student.connect@rdpolytech.ca). Reasonable efforts will be made to accommodate student requests for clinical days where possible, however depending on clinical site partners, availability of sites, and volume of requests, there is no guarantee that requests will be granted.

Beyond recurring, extraordinary circumstances there will be no switching of student clinical days, classes, labs or sections. Students with concerns about their course schedule are encouraged to reach out to the Chairperson of Student Support for the BScN program.

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 RED DEER 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 Community, Wellness and Health BScN students maintain professional appearance and dress while in the Lab and clinical settings by adhering to the school’s 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.

**General Principles:**

**Lab**
Business casual
Clothes must be clean, pressed and in a state of good repair.
Clothing must fit properly (must be able to sit, bend, and work in clothing without restrictions)
No long necklaces
Hair must be tied back when performing assessments, skills, and client care.
Facial hair must be clean, well-groomed, and suited for lab activities (e.g. must be clean shaven to allow for safe N-95 mask use).
Name tag must be visible
Closed toe closed heel shoes that are non-slip and made from a wipeable material that covers the entire top of the foot.
Rings, wrist accessories, and nails to comply with AHS Hand Hygiene Policy
No scents (perfume, smoke, body odor, etc.)

**Clinical**
Scrubs if placement requirement- please refer to clinical site policy/clinical instructor
Business casual if placement requirement- please refer to clinical site policy/clinical instructor
Clean, pressed, in good repair, proper fit, and changed daily
Shoes must be non-slip, closed toe closed heel and made from a wipeable material that covers the entire top of the foot.
Name tag, RDP i-Card, and AHS student ID visible
Hair must be tied or pinned back
Facial hair must be clean, well-groomed, and suited for lab activities (e.g. must be clean shaven to allow for safe N-95 mask use).
Rings, wrist accessories, and nails to comply with AHS Hand Hygiene Policy
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 polices and guidelines inform Technology use which can be found on TheLoop

  - Red Deer Polytechnic
    - [Acceptable Use of Technology and Information Resources Policy](#)
    - [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

RESOURCES FOR STUDENTS’ SUCCESS

There are a number of Polytechnic Services which provide a range of support services and activities available to students. Nursing faculty are also available to assist with academic concerns and advisement concerning program direction and personal issues which affect your program. They can also help you access the various Polytechnic services. Detailed information about specific services is available on TheLoop (go to [www.rdpolytech.ca/](http://www.rdpolytech.ca/) and log in to TheLoop, then click on the “LEARNING SUPPORT” tab).

Examples of services available on the “LEARNING SUPPORT” TheLoop:

  - Learning Skills & Strategies
  - Tutoring
**Blackboard 9.1 Help**

Examples of services under the Red Deer Polytechnic INFO tab on TheLoop:
- **Counselling Services**
- **Student Funding & Awards**

Continuing students: Award recipients have been notified. Please check your Personal Announcements on The Loop. Please continue checking your announcements as some scholarships have not been decided yet. Only successful applicants will be notified. Thank you for your application!

**Faculty Year Leads**

We encourage students to connect with faculty for any other questions that they may have. Such questions may include choosing elective courses, discussing final practicum opportunities, and the clinical environment. Students may reach out to their Faculty Year Lead as indicated below for any other questions.

Year One: Maggie.convey@rdpolytech.ca
Year Two: Sarah.Malo@rdpolytech.ca
Year Three: Erin.Lowe@rdpolytech.ca
Year Four: Sara.Daniels@rdpolytech.ca
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 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: _________________________________________

Red Deer Polytechnic Student ID Number: ____________________________

Date: ____________________________

Please submit this completed form to your clinical instructor.