

COURSE DESCRIPTION/SUMMARY GOES HERE

Scoring Explanation:

Note: In order to pass (CR) a clinical course, all competency items must be met at a consistent level of S or higher at the end of term.

Score of F – Expected behaviours and practices not performed

- Unsatisfactory
- Unsafe
- Not achieving minimum acceptable level of performance for the expected level of practice
- Demonstrates behaviours infrequently/rarely
- Continuous verbal &/or physical **direction** required

Score of U – Expected behaviours and practices performed below acceptable/satisfactory standard

- Not yet satisfactory
- Demonstrates behaviours inconsistently
- Needs guidance to be safe
- Continuous verbal &/or physical **direction** required
- Requires close supervision.

Score of S – Expected behaviours and practices performed at a satisfactory/passing standard

- This is the passing standard
- Demonstrates behaviours consistently to a satisfactory and safe standard
- Occasional supportive cues (guidance) required
- The student has met this standard regardless of their experience, place in the course or length of the placement
- Have awareness of their limitations and where to seek assistance

Score of G – Expected behaviours and practices performed at a proficient standard

- The student is comfortable and performs above the minimum passing standard with respect to an item
- Practice performed at a safe standard
- Infrequent supportive cues (guidance) required
- The student's performance is consistent, reliable and confident

Score of E – Expected behaviours and practices performed at an excellent standard

- Demonstrates most behaviours for the item above minimum passing standard consistently

Behavioural Cues

- Demonstrates independence in practice with safety as a high priority
- Supportive cues rarely required Practices with minimal to no guidance
- Exhibits flexibility, adaptability, fluidity
- Has a high level of self-reflection and insight
- Has an ability to present cogent and concise arguments or rationale for clinical decisions.

Note: Client is defined as any care recipient (person, family, group, or community) in any setting (acute care, community care, or simulation)

1. Clinician <i>The provision of safe, competent, compassionate, and evidence-informed care in response to client needs.</i>	2. Professional <i>Committed to the health and well-being of clients. Adhere to the profession practice standards and ethics.</i>	3. Communicator <i>Uses a variety of strategies and relevant technologies to create and maintain professional relationships, share information, and foster therapeutic environments.</i>
<p><i>Consistently demonstrates safe nursing care with individuals, families, groups, and communities as appropriate to the clinical setting.</i></p> <ol style="list-style-type: none"> 1. Provides care that is consistently safe and at no point jeopardizes client safety. 2. Performs environmental scan to ensure patient and personal safety <p><i>Conducts selected and holistic nursing assessments to collect information on the individual, family, group or community health status as appropriate to the clinical setting.</i></p> <ol style="list-style-type: none"> 3. Recognizes and responds to clients' verbal and nonverbal cues and reactions 4. Uses questioning skills effectively to gain appropriate assessment information. 5. Completes assessments in an acceptable timeframe 	<p><i>Consistently demonstrates accountability, accepts responsibility, seeks and accepts assistance for decisions and actions.</i></p> <ol style="list-style-type: none"> 1. Demonstrates accountability for all actions and decisions in the clinical setting 2. Provides rationale for care that is provided and/or omitted. <p><i>Consistently demonstrates a professional presence, confidence, honesty, integrity, and respect in all interactions with others.</i></p> <ol style="list-style-type: none"> 3. Demonstrates a professional presence through confidence, optimism, passion, and empathy through verbal and non-verbal actions. 4. Maintains client confidentiality 5. Arrives punctually and leaves at agreed time 6. Calls appropriate personnel to report intended absence 7. Wears an identification badge, observes uniform/dress code and personal hygiene as per agency RDP and guidelines (i.e.: 	<p><i>Consistently and independently introduces self to clients and others by first and last name, and professional designation.</i></p> <ol style="list-style-type: none"> 1. Introduces self to patient/client and other health care team members without prompting 2. Greets others appropriately and professionally 3. Uses communication skills to build effective, trusting, compassionate, and therapeutic relationships with clients and others. 4. Listens carefully and is sensitive to patient/client and others' views 5. Provides clear instructions in all activities; verifies comprehension 6. Describes what they are going to do before doing it 7. Asks permission to touch <p><i>Develop and employ relational nursing practice to adapt communication skills.</i></p> <ol style="list-style-type: none"> 8. Uses a variety of communication strategies to optimise client rapport and understanding (e.g. hearing impairment, non-English

Behavioural Cues

<p>6. Demonstrates sensitive and appropriate physical techniques during the assessment</p> <p>7. Compares assessment findings to expected findings</p> <p>8. Identifies, articulates and act assessment findings</p> <p>9. Communicates deviations from normal findings/critical assessments</p> <p><i>Uses the nursing process and clinical judgement to develop, implement, and evaluate a client centred plan of care.</i></p> <p>10. Includes supplemental information (i.e. lab values, medical records) to inform assessment and plan of care as appropriate</p> <p>11. Performs health interventions at an appropriate and safe level</p> <p>12. Evaluates effectiveness of care and nursing interventions</p> <p><i>Incorporates knowledge from nursing science (previous and concurrent course material), and health sciences (anatomy, physiology, pathophysiology, microbiology, and pharmacology)</i></p> <p>13. Integrates knowledge from previous courses to inform nursing care</p> <p>14. Client care is based on knowledge and clinical reasoning</p> <p><i>Applies models, theories, and evidence-informed care in providing care to clients when experiencing alterations in health.</i></p>	<p>hair tied back, fake nails) for simulation and on site clinical.</p> <p><i>Accesses and uses agency policies and procedures to guide practice</i></p> <p>8. Follows policies and procedures of the facility/organisation</p> <p><i>Reflects upon and identifies the influence of personal values and beliefs on interactions with others.</i></p> <p>9. Maintains appropriate professional boundaries with clients and others.</p> <p>10. Considers how own values, beliefs and positional power may affect clients and health care team to reduce bias.</p> <p><i>Identifies and acts upon real or potential safety and ethical issues, seeking support when necessary.</i></p> <p>11. Arrives fit for practice, recognizes own fitness to practice, and identifies how fitness to practice affects patient safety.</p> <p>12. Reports any real or potential safety risks</p>	<p>speaking, cognitive impairment, consideration of non-verbal communication)</p> <p>9. Communicates with patient/client is conducted in a manner and environment that demonstrates confidentiality, privacy and respect for client</p> <p><i>Consistently communicates assessment findings, plans of care, interventions, and evaluations to the client and health care team, in both routine and changing situations.</i></p> <p>10. Records and communicates patient/client outcomes where appropriate</p> <p><i>Documents and reports clearly, concisely, accurately, and in a timely manner.</i></p> <p>11. Uses suitable language, avoids jargon, and writes accurately with proper medical terminology, spelling, and approved abbreviations</p>
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Behavioural Cues

15. Uses relevant models and theories to guide practice.		
At risk Behaviors <ul style="list-style-type: none"> • Difficulty connecting previous knowledge and experiences to current practice or client context • Knowledge is superficial or consists of rote memorization. Does not demonstrate independent clinical judgement • Sets inappropriate priorities or cannot demonstrate flexibility in priority-shifting when necessary. Poor clinical judgement. • May be disorganized in their approach to care • Unprepared or underprepared for practice; lacks appropriate plan of care. • Demonstrates unsafe patient care, including, but not limited to consistently forgets to lower the patient's bed after care, unsafe transfer skills, forgets to perform environmental safety scan 	At risk Behaviors <ul style="list-style-type: none"> • Lacks insight into own performance; does not see potential for harm • Does not follow or take direction, leaves the unit without permission/reporting off. • Avoids or hides from others • Unaware of or does not follow policy. • Is not accountable to own practice, may blame others/the setting, or deflect practice concerns ("of course I wouldn't do that if I were on my own"). • Demonstrates lack of awareness for privacy, does not draw the blinds during care, forgets to seek for consents. 	At risk Behaviors <ul style="list-style-type: none"> • May freeze, be overwhelmingly anxious or fearful, and unable to function or communicate • Difficulty in communicating with others including written and verbal communication. • Gives false reassurance or ignores clients' responses • Makes assumptions related to client behaviors. • Limits communication during client care to superficial/casual or irrelevant conversation • Unable to pick up on client verbal and non-verbal cues of discomfort while performing a procedure.
4. Collaborator Collaborates to play an integral role in the health-care team partnership.	5. Coordinator Coordinates point-of-care health service delivery with clients, the health-care team, and others sectors to ensure continuous, safe care.	6. Leader Influences and inspires others to achieve optimal health outcomes for all.
<i>Consistently demonstrates collaborative personal relationships with faculty, peers, and the health-care team.</i> <ol style="list-style-type: none"> 1. Demonstrates and maintains positive and collegial working relationships with peers, faculty, and staff nurses 	<i>Consistently organizes own workload, sets priorities, and demonstrates effective time-management skills.</i> <ol style="list-style-type: none"> 1. Identifies workload/tasks required, identifies key priorities in workload and justifies priority setting. 	<i>Consistently reflects upon and assesses own practice.</i> <ol style="list-style-type: none"> 1. Engages in thoughtful and honest self-reflection <i>Seeks, responds, and integrates feedback to improve upon own practice.</i>

Behavioural Cues

<p>2. Gives thoughtful, respectful, and timely feedback to peers</p> <p><i>Articulates and adheres to the role and scope of practice of the student nurse.</i></p> <p>3. Articulates own scope of practice, including limitations in practice, to other health care team members as appropriate. Identifies own scope of practice based upon course learning and lab experiences</p> <p>4. Seeks appropriate level of supervision based on scope of practice and personal experience</p> <p><i>Identifies the roles, responsibilities, and scope of practice of others on the interprofessional team.</i></p> <p>1. Accesses and uses knowledge of the health care team roles to guide practice and identify health care team members</p> <p>2. Utilizes of multidisciplinary team members including delegation and the referral process.</p>	<p>2. Demonstrates effective time management strategies for current expected workload, communicates and seeks help when struggling with time management</p> <p><i>Consults with clients and others to make ongoing adjustments for care based on availability of resources or client health status.</i></p> <p>1. Consults with others (faculty, staff nurse) to make ongoing adjustments for care</p> <p>2. Makes ongoing adjustments of care in rapidly changing or unpredictable situations.</p> <p>3. Prepares clients for transitions in care and discharge where appropriate.</p>	<p>2. Seeks, responds to, and integrates formal and informal feedback from others into own practice</p> <p><i>Considers and develops knowledge of the health care system to identify its impact on client care and professional practice.</i></p> <p>3. Asks questions about the health care setting and health care system to understand impact on practice</p> <p>4. Identifies real or potential gaps in health services that affect individual or community health.</p> <p>5. Tailors practice to meet client care needs within changing health care system</p> <p><i>Takes action to support culturally safe and client-centred practice environments</i></p> <p>6. Practices sensitively within the cultural context</p> <p>7. Demonstrates respect for individual and cultural diversity</p> <p>8. Respects diversity and promotes a culturally safe and inclusive environment when interacting with essential care partners and with members of the health care team.</p>
<p>At risk Behaviors</p> <ul style="list-style-type: none"> • Demonstrates incivility toward others (gossiping, eye rolling, rudeness, any rude, discourteous or disrespectful actions) 	<p>At risk Behaviors</p> <ul style="list-style-type: none"> • Unable to demonstrate time management or organizational skills, despite feedback • Does not seek assistance when there is a change in client status or when lack of resources (eg. Time) • Avoids work by inappropriately delegating tasks to primary staff or team 	<p>At risk Behaviours</p> <ul style="list-style-type: none"> • Does not respond to feedback appropriately—may be dismissive, flippant, deflective or blames others • Demonstrates superficial self-reflection or does not consider areas for growth in their practice • Lacks insight into own practice, areas of growth, or how actions affect others.

Behavioural Cues

7. Advocate Supports clients to voice their needs to achieve health outcomes; supports clients who cannot advocate for themselves.	8. Educator Identifies learning needs with clients and applies a broad range of educational strategies toward improving health outcomes.	9. Scholar Demonstrates commitment to excellence in practice through critical inquiry, application of evidence to practice and continuous learning.
<p><i>Recognizes how nurses influence and advocate for safe, competent, ethical care for clients.</i></p> <ol style="list-style-type: none"> 1. Identifies ethical or moral dilemmas and takes action to resolve them 2. Demonstrates ethical reasoning in all health care activities. <p><i>Considers health disparities, health inequities, and vulnerability as barriers for optimized health outcomes for all.</i></p> <ol style="list-style-type: none"> 3. Considers client context (determinants of health), vulnerability, disparity or inequities in patient care. 4. Considers and integrates knowledge of culture, anti-racist practices and the Calls to Action of the Truth and Reconciliation Commission into own practice <p><i>Integrates knowledge of client's rights, informed consent, relevant policy and legislation in health care.</i></p> <ol style="list-style-type: none"> 1. Identifies and respects clients' rights in decision-making, including the role of informed consent. <p><i>Integrates knowledge of population, determinants of health, primary health care and health promotion to improve health.</i></p> <ol style="list-style-type: none"> 1. Considers how population health principles, primary health care and health promotion affect client health. 	<p><i>Applies the principles of teaching and learning in developing an education plan with the client and health care team.</i></p> <ol style="list-style-type: none"> 1. Prepares environment for client education 2. Assesses and provides information and client education using a range of strategies that consider individual needs. 3. Incorporates education into ongoing patient care. 4. Assists clients in identifying reliable, relevant and accurate health information 5. Applies strategies to improve client health literacy. 6. Individualizes and tailor's patient teaching based on their specific needs <p><i>Evaluates the effectiveness of health teaching, and revises education plan as necessary.</i></p> <ol style="list-style-type: none"> 7. Evaluates effectiveness of patient education 	<p><i>Uses and appraises evidence to make informed decisions in practice.</i></p> <ol style="list-style-type: none"> 1. Questions, appraises and critiques evidence to make decisions in practice 2. Applies evidence to guide clinical practice appropriately. <p><i>Takes initiative in accessing evidence-informed resources to guide learning needs and practice.</i></p> <ol style="list-style-type: none"> 3. Seeks and integrates relevant current evidence (i.e. Clinical practice guidelines, scholarly resources, textbooks) 4. Links course learning outcomes to own identified learning needs

Behavioural Cues

2. Assists patient in accessing community resources specific to their needs and providing referrals as needed.		
At risk Behaviours <ul style="list-style-type: none">• Demonstrates academic misconduct• Breaks confidentiality• Acts in a manner that is not congruent with the Code of Ethics for Registered Nurses.	At risk Behaviours <ul style="list-style-type: none">• Engages in client education that is not evidence-informed• Engages in client education that does not reflect the client context• Providing patient education is not reflective of growth and development principles.	At risk Behaviours <ul style="list-style-type: none">• Does not connect practice (current or future) to evidence-informed resources• Relies on others to tell what evidence to seek• Uses evidence used is irrelevant or inappropriate for the scope of practice of a nurse• Does not take initiative in seeking learning opportunities to improve own practice.

Definitions

Fitness to Practice: 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 their ability to practice nursing (Canadian Nurses Association [CNA], 2017).

Unsafe clinical 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).