

Part-time Faculty Resource Manual



uOttawa

L'Université canadienne
Canada's university

School of Nursing
Faculty of Health Sciences

August 2007

*Adapted from the original manual created by
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Welcome to the University of Ottawa, School of Nursing

A new and exciting academic session is beginning and thanks to your knowledge, expertise and dedication, students in the Baccalaureate of Science in Nursing Program will be exposed to a wide range of extremely valuable learning opportunities from which they will further grow and develop. We feel very fortunate to have you among us and to be able to benefit from your crucial contribution to the success of our educative mission!

The undergraduate program is proudly offered in collaboration with Algonquin College for the English section and La Cité collégiale for the French one. This program emphasizes critical thinking, evidence-based practice and enhancement of communication, clinical and organizational skills. In addition, it prepares students for graduate studies in nursing and related fields.

Once again thank you for choosing to join the School of Nursing part-time faculty and have a great and rewarding year!

Kirsten Woodend, RN, PhD
Director and Associate Dean
School of Nursing, Faculty of Health Sciences

Betty Cragg, RN, PhD
Assistant Director
Undergraduate Programs

Sylvie Corbeil, RN, MScN
Undergraduate Program Administrator

1.0 General Information

1.1 Mission Statement of the University of Ottawa

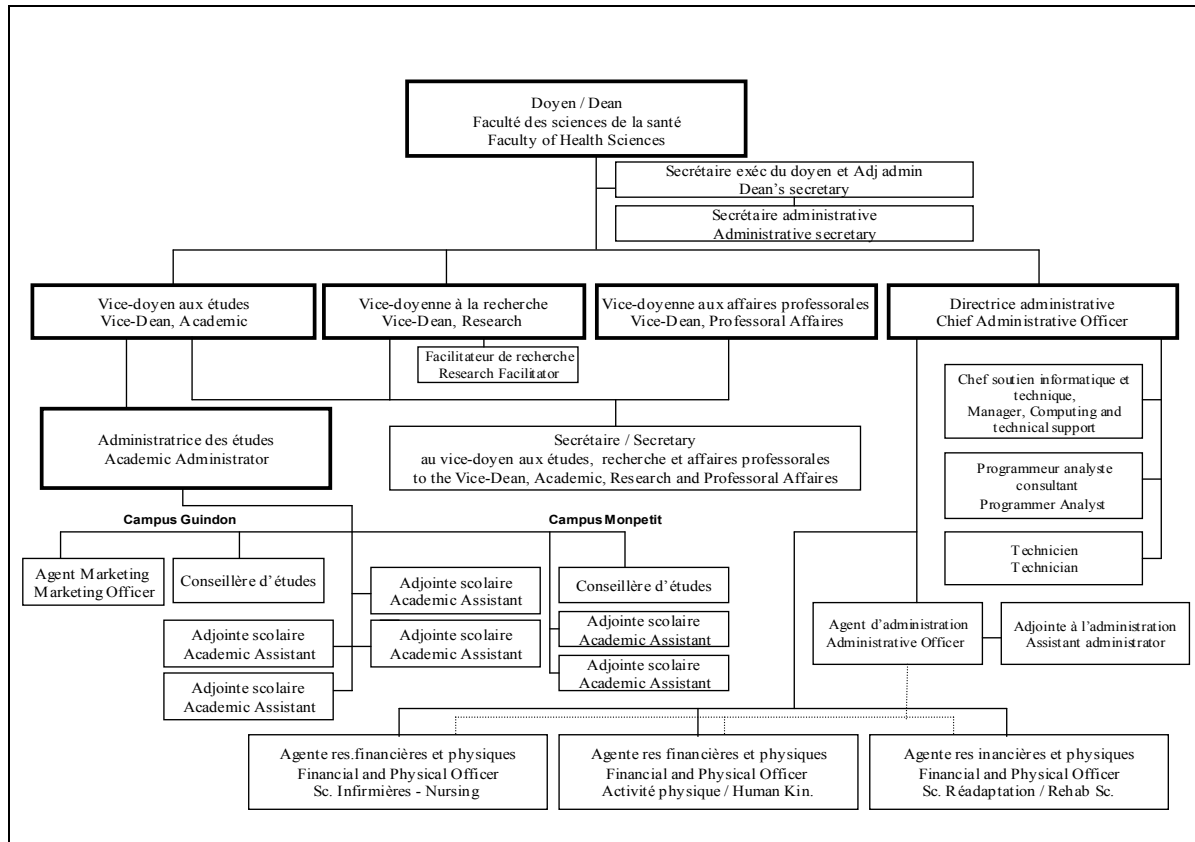
The location, tradition, character and special mission of the University of Ottawa make of it a reflection, in an academic setting, of the Canadian experience. Situated in the Capital of Canada at the juncture of English and French Canada, the University has been linked since the middle of the 19th century to both linguistic groups in Canada and notably to the Franco-Ontarian community. As a result it has developed as a major bilingual institution of higher learning serving Ontario and the whole of Canada.

It provides students and staff with an exceptional meeting ground for two of the prominent intellectual and scientific traditions of the western world; it offers a unique setting for cultural interaction and understanding; moreover, its proximity to government agencies and research centres places it in an optimal position to link Canadian scholarship with the external world. By virtue of its commitment to excellence in a bilingual and multicultural milieu, the University of Ottawa is Canada's premier bilingual university.

To preserve and enhance its stature, the University of Ottawa is pledged to quality of the highest standing in all the teaching programs and research undertakings of its academic and professional sectors: Administration, Arts, Education, Engineering, Graduate Studies, Health Sciences, Law, Medicine, Science and Social Sciences. This pledge leads it to declare the following intentions:

- to maintain and develop the widest range of teaching and research programs of national and international standing in both French and English;
- to attract first-class scholars, students and support staff;
- to maintain and enhance the bilingual and multicultural milieu of the University;
- to exercise leadership in the development of teaching, research and professional programs designed specifically for the French-speaking population in Ontario;
- to give priority consideration to those programs of excellent academic standing that reflect, or train professionals to contribute to the two main cultural traditions of Canada;
- to continue to be a leader in the promotion of women in all aspects of university life;
- to further international co-operation.

1.2 University of Ottawa, Faculty of Health Sciences Organization Chart



1.3 The School of Nursing

1.3.1 Vision

The School of Nursing is committed to making a significant contribution to health care in Canada and internationally through excellence and innovation in the preparation of nurses, the development of nursing knowledge, and leadership in nursing practice.

1.3.2 Mission

The School of Nursing educates professional nurses at the entry and advanced practice levels along with scientists in either decision support or multiple intervention. Research and other scholarly activities are carried out by members of the School to increase knowledge and improve the practice of the discipline. The School also fosters collaboration across disciplines to further develop the knowledge base for health care.

The School exercises its leadership role by supporting the dissemination of knowledge, promoting advanced nursing practice, and participating in nursing and interdisciplinary decisional bodies.

The School promotes the collaboration of faculty and students with health, social and educational agencies to foster evidence-based practice and promote innovative and effective delivery of nursing care.

By virtue of its bilingual mandate and multicultural milieu, the School recognizes its responsibility to provide nursing education and contribute to nursing scholarship in French and English. The School also actively promotes the development of nursing and health care nationally and internationally through partnerships in education, research, and practice.

1.3.3 Philosophy

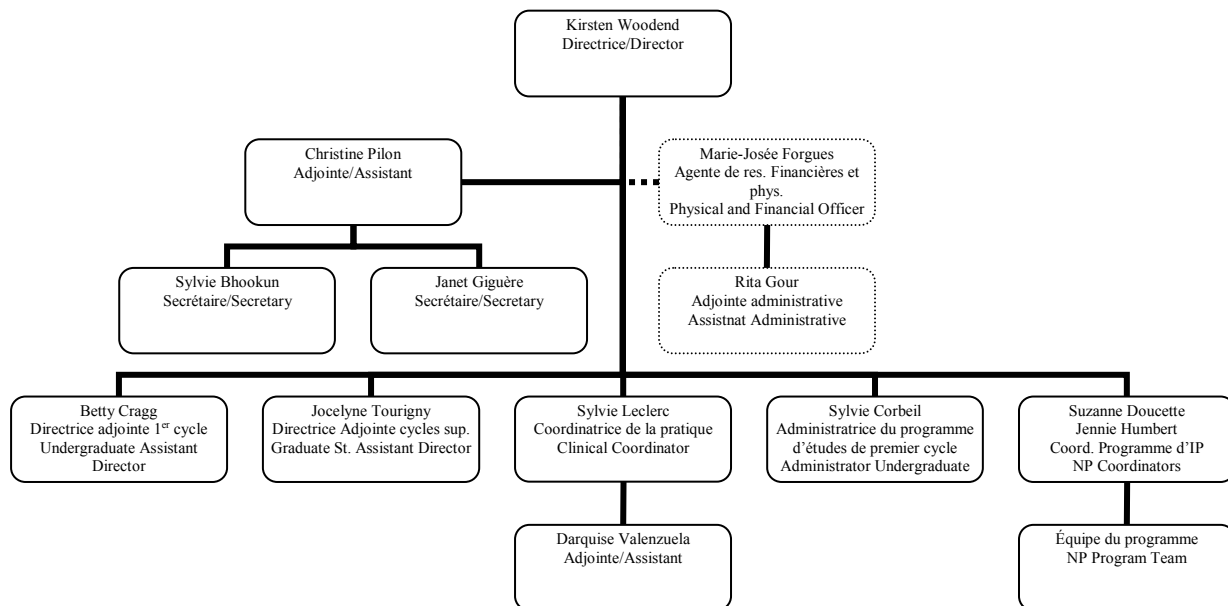
Nursing is a human science and a professional discipline with a holistic perspective on health. Nursing practice is a health care service accessible to health care consumers, delivered in collaboration with clients and other health care providers. The goal of nursing is to optimize human function and collective capability, thus contributing to the enhancement, maintenance, protection and restoration of health, or support towards a peaceful death.

Health is a dynamic process considered to be a profile of functioning over time. Ideas of health are influenced by many factors within the environment in which nursing occurs. Health choices within society are shaped by political, economic, social, cultural, and spiritual dimensions.

Nursing embraces multiple paradigms. The inter-relationship of nursing theory and research is essential to inform and validate nursing practice. Nurses' clients are individuals, families, aggregates, and/or communities, at all stages of their development. Nurses care for clients in situations of normality, risk, crisis, and morbidity, encouraging them to become responsible participants in their own health.

Baccalaureate nursing education is part of a continuum of preparation that extends to graduate and postdoctoral studies. Each level of nursing education aims to prepare graduates who can contribute to the advancement of nursing science and influence changes in the health care system. Faculty, in partnership with the students, engages in activities that foster self-direction, critical thinking, and learner maturity. Learning experiences are designed to promote both the personal and professional growth of each student. The graduate possesses a repertoire of knowledge, skills, and attributes that will serve as the foundation for safe, competent practice and life-long learning.

1.4 University of Ottawa, School of Nursing Organization Chart



1.5 The Baccalaureate of Science in Nursing Program

1.5.1 Goal and Outcomes of the Program

The goal of the undergraduate curriculum is the preparation of a generalist professional nurse who can function effectively and competently in a variety of health settings, respond to a variety of health care needs, and serve as a change agent. Graduates will be critical thinkers, self-directed learners, and practitioners who can function independently and interdependently in providing nursing care. They will have the appropriate academic preparation to enter graduate studies. The graduates of the program will function within the present and future health care system as:

- **Effective Communicators who:**
 - Use therapeutic communication skills;
 - Express their thoughts and positions in a coherent, clear and assertive manner;
 - Adapt communication appropriately to specific situations;
 - Apply teaching-learning principles to their clients;
 - Use effective strategies for conflict management;
 - Respect the linguistic and cultural particularities of clients.
- **Effective professionals who:**
 - Work collaboratively with other members of the health care team;
 - Coordinate the delivery of client care;
 - Establish a helping relationship with the clients;
 - Guide clients in taking responsibility for their health;
 - Supervise and delegate as appropriate;
 - Act as a client advocate when appropriate;

- Are accountable for their decisions;
- Adhere to the requirements of the professional regulating body;
- Modify care to respect client's culture;
- Demonstrate self-knowledge;
- Assert themselves personally and professionally.

➤ **Knowledge workers who:**

- Use constructs to guide practice and derive meaning from clinical situations;
- Use an appropriate mix of theories in clinical practice;
- Are discriminating users of research;
- Engage in praxis by integrating nursing ways of knowing, being and doing;
- Differentiate client situations of normality, risk, crisis and morbidity;
- Manage information effectively;
- Promote health of clients and of themselves;
- Use organizational change strategies in practice situations;
- Utilize a wide psychomotor skill set;
- Identify researchable questions;
- Work toward resolution of ethical dilemmas.

➤ **Self-Directed Learners who:**

- Identify areas for continued personal and professional growth, implement strategies to meet their goals and evaluate goal achievement themselves;
- Know their preferred learning style and use a wide repertoire of learning strategies;
- Identify career paths;
- Collaborate with others in learning;
- Effectively consult a wide variety of resources.

➤ **Critical Thinkers who:**

- Solve problems effectively using a variety of strategies;
- Analyze situations, identify assumptions and question their validity from a number of perspectives;
- Make connections among concepts in a variety of situations;
- Exercise clinical judgment and decision making in a range of situations;
- Prioritize and organize care;
- Anticipate client needs and changes in client status;
- Consider all the ways of knowing in making clinical judgments;
- Evaluate nursing care and outcomes.

1.5.2 The Curriculum Design

The Nursing's metaparadigm concepts (client, nursing, environment and health) form the basis for the nursing context within the program. Client situations of normality, risk, morbidity and crisis drive the content and milieu chosen for practice, rather than the traditional institutionally based speciality care. This approach ensures that the curriculum remains flexible in light of the rapidly changing health care environment. A focus on client situations fosters a holistic and comprehensive approach to client care.

Support courses in the biological sciences include: Anatomy and Physiology, Microbiology and Immunology, Pathophysiology and Pharmacology. With ever increasing client state acuity levels in hospitals, long term care settings and the community, understanding of the underlying causes of disease and pharmacotherapeutics are crucial to the practice of nursing. In the humanities, learners study Philosophy to broaden their perspectives and to enable reflection on different worldviews. Philosophical assumptions are explored as the foundation of theoretical underpinnings in nursing knowledge. Additionally, learners study scholarly writing in order to communicate more effectively as students and within the organizations in which they will practice. Social sciences support the curriculum with an emphasis on the principles that learners require to understand the psychological and sociological basis of human behaviour and interaction.

The structure of the curriculum fosters an integrated approach to client groups. Learners work with individuals, families, groups and communities as clients in a systematic manner throughout the curriculum. The curriculum content focuses on issues related to health and illness. The physical and socio-political environments are considered for every client situation. These emphases are necessary to foster development of skills in delivering care that responds to the unique needs of various populations. Such an emphasis also enables the development of leadership skills, preparing graduates to facilitate change in practice environments.

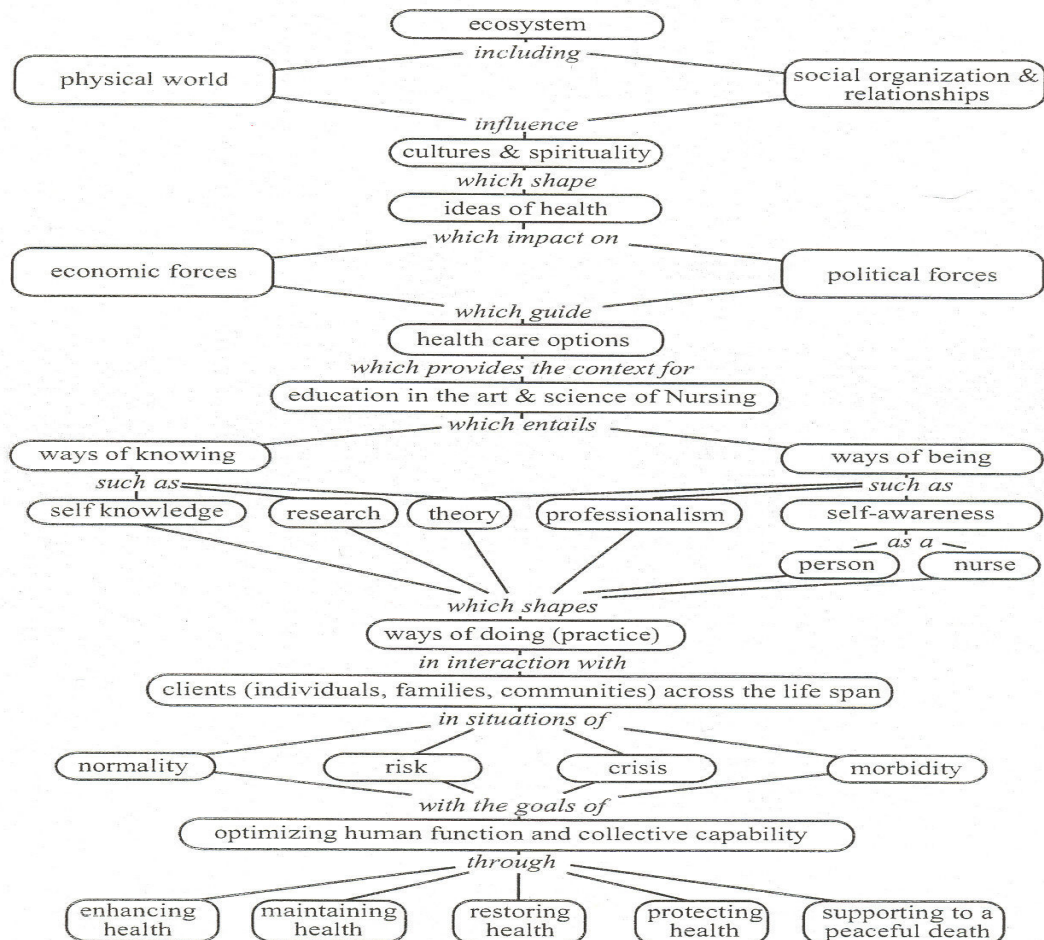
Theory and research themes are integrated across the curriculum. Evidence-based practice is the focus from the beginning of the program within the theory and practice courses. This focus is a necessary trajectory when applying a performance-based (outcome-based) curriculum. The curriculum emphasizes Nursing's ways of being, as well as knowing and doing, crucial aspects of nursing practice. Communication, critical thinking, self-directed learning, professional socialization and knowledge use are essential process threads that are levelled across the nursing curriculum. The program outcomes are organized around these process threads.

1.5.3 The Curriculum Conceptual Map

The dynamic nature of the curriculum is illustrated below including all client situations, concept threads, and inter-related health care options. The diagram is not hierarchical as it resonates in all directions.

Baccalaureate of Nursing Joint Curriculum Conceptual Map

Joint Nursing Curriculum Concept Map



1.5.4 The Structure of the Program

The generic program is four years in length and requires the successful completion of 133 credits. As of this September 2007, a new revised curriculum of 120 credits is implemented. Therefore the students admitted in September 2006 will be the last cohort of the 133 credits curriculum.

CURRICULUM -133 credits (last year 2010-2011)

YEAR 1 (non offered as of 2007-2008)		
FALL	Courses	cr.
ANP 1101	Introduction to Anatomy and Physiology	3
ENG 1100	Workshop in Essay Writing	3
NSG 1110	Introduction to Nursing and Health	3
NSG 1125	Professionalism and Socialization into Nursing	1
NSG 1315	Health Assessment: Adult	3
PSY 1101	Introduction to Experimental Psychology	3
Theory: 14 cr.; laboratory: 2 cr.; clinical: 0 cr.		Total Hours = 234
WINTER	Courses	cr.
ANP 1102	Musculoskeletal Anatomy and Neuroscience	3
ANP 1303	Systems: Anatomy and Physiology I	3
NSG 1120	Health of Individuals	3
NSG 1126	Professionalism and Ethics in Nursing	1
NSG 1135	Practicum: Individuals	2
NSG 1316	Health Assessment: Child/Senior	2
PSY 2114	Lifespan Psychology	3
Theory: 12 cr.; laboratory: 3 cr.; clinical: 2 cr.		Total Hours = 312

YEAR 2 (last year offered 2007-2008)		
FALL	Courses	cr.
ANP 1304	Systems: Anatomy and Physiology II	3
HSS 2381	Measurement and Data Analysis	3
NSG 2125	Professionalism and Family Nursing	1
NSG 2135	Practicum : Family Assessment	3
NSG 2301	Foundations of Family Health	3
PHA 3112	Pharmacology	3
Theory: 12 cr.; laboratory: 2 cr.; clinical: 2 cr.		Total Hours = 290
WINTER	Courses	cr.
NSG 2126	Professionalism and Ethics in Family Nursing	1
NSG 2136	Practicum: Family Nursing Interventions	3
NSG 2302	Theoretical Perspectives of Family Nursing Interventions	3
NSG 3302	Research in Nursing and Health	3
PHS 4300	Pathophysiology	3
PHI 1370	Philosophical Issues in Health Care	3
PSY or SOC	3 cr. of PSY from PYS1102, 2105*, 3105*, 3128* or SOC at the 2000 lever or above	3
Theory: 15 cr.; laboratory: 2 cr.; clinical: 2 cr.		Total Hours = 325

YEAR 3 (last year offered 2008-2009)		
FALL	Courses	cr.
BAC 2100	Microbiology and Immunology	3
NSG 3103	Theory in Nursing	3
NSG 3125	Professionalism and Nursing Practice	1
NSG 3131	Illness Experiences	3
NSG 3135	Practicum: Acute Care	3
NSG 3140	Community Health Nursing	2
NSG 3145	Practicum: Community Health	3
Theory: 11 cr.; laboratory: 1 cr.; clinical: 6 cr.		Total Hours = 403
WINTER	Courses	cr.
NSG 3126	Professionalism and Ethics in Nursing Practice	1
NSG 3132	Selected Illness Experiences Across the Life Span	2
NSG 3136	Practicum: Selected Illness Care	2
NSG 3137	Practicum: Mental Health	3
NSG 3152	Community Health Program Planning	3
NSG 3153	Practicum : Program Planning	2
NSG 3320	Mental Health Nursing	3
Elective		3
Theory: 11 cr.; laboratory: 1 cr.; clinical: 7 cr.		Total Hours = 442

YEAR 4 (last year offered as of 2009-2010)		
FALL	Courses	cr.
NSG 4125	Professionalism and Health Care Organizations	1
NSG 4130	Complex Health Situations	3
NSG 4435	Practicum: Complex Health Care	6
NSG 4134	Political and Economic Contexts of Health Care	3
Elective		3
Theory: 6 cr.; laboratory: 1 cr.; clinical: 6 cr.		Total Hours = 338
WINTER	Courses	cr.
NSG 4126	Professionalism and Nursing Services	1
NSG 4132	Nursing Informatics	3
NSG 4445	Consolidation Practicum	8
Theory: 6 cr.; laboratory: 1 cr.; clinical: 8 cr.		Total Hours = 416

New Curriculum -10 credits starting September 200

YEAR 1 offered in 2007-2008		
FALL	Courses	15 cr.
ANP 1105	Anatomy and Physiology I	3
ENG 1100	Workshop and Essay Writing	3
PSY 1101	Introduction to Experimental Psychology	3
HSS 1101	Determinants of Health	3
Elective		3
Theory: 15 cr	Total Hours = 195	
WINTER	Courses	15 cr.
ANP 1106	Anatomy and Physiology II	3
ANP1107	Anatomy and Physiology III	3
BAC 2100	Microbiology and Immunology	3
PHI1370	Philosophical Issues in Health Care	3
Theory: 15 cr.	Total Hours = 195	
YEAR 2 (offered 2008-2009)		
FALL	Courses	15 cr.
HSS 2381	Measurement and Data Analysis	3
NSG 2113	Introduction to Nursing	3
NSG 2117	Health Assessment	3
PHS 4300	Pathophysiology	3
PSY 2114	Lifespan Psychology	3
Theory: 15 cr	Total Hours = 221	
WINTER	Courses	15cr.
HSS 3101	Health Research: Quantitative and Qualitative Approaches	3
NSG 3113	Introduction to Nursing Practice	3
PHA3112	Pharmacology	3
Elective		3
Elective		3
Theory: 12 cr	Clinical: 3cr.	Total Hours =273

YEAR 3 (offered in 2009-2010)		
FALL	Courses	15cr.
NSG 3320	Mental Health Nursing	3
NSG 3137	Practicum: Mental Health Nursing	3
NSG 3111	Care of the Childbearing Family	3
NSG 3311	Practicum: Childbearing Family	3
NSG 3127	Nursing Professionalism and Ethics	3
Theory: 9 cr.	Clinical: 6 cr.	Total Hours = 351
WINTER	Courses	15 cr.
NSG 3107	Family-Centered Care of Children with Acute and Chronic Illness	3
NSG 3307	Practicum: Family Centered Care of Children with Acute and Chronic Illness	3
NSG 3105	Care of Adults Experiencing Illness	3
NSG 3305	Practicum: Care of Adults Experiencing Illness	3
NSG 3103	Theory in Nursing	3
Theory: 9cr.;	Clinical: 6 cr.	Total Hours 351

YEAR 4 (offered as of 2010-2011)		
FALL	Courses	15 cr.
NSG 3123	Community Health Nursing	3
NSG 3323	Practicum: Community Health Nursing	3
NSG 4330	Complex Nursing Care	3
NSG 4430	Practicum: Complex Nursing Care	6
Theory: 6 cr.	Clinical: 9 cr.	Total Hours = 429
WINTER	Courses	15 cr.
HSS 4120	Interprofessional Health Care Practice	3
NSG 4134	Political and Economic Contexts of Health Care	3
NSG 4245	Consolidation Practicum	9
Theory 6 cr.	Clinical: 9cr.	Total Hours = 429

1.5.5 *Student Praxis*

During the program, students acquire the knowledge, skills, and attitudes required for competent nursing practice. Bringing these three foundations of nursing together leads the student to begin demonstrating praxis – high level practice reflecting an evidence and theory base. In the first year, the three elements tend to be quite separate and the student’s ability to bring together new knowledge, skills and attitudes simultaneously is limited. By the end of the program, students are able to bring knowledge, skill and attitudes together and consistently demonstrate some level of praxis. There remains some separation of the 3 factors as new graduates have not yet achieved the fusion into seamless praxis evidenced by expert practitioners.

1.5.6 *A Collaborative Program*

The Generic Baccalaureate of Science in Nursing (BScN) is a collaborative program, which means that the curriculum was designed and is now delivered jointly by both the University of Ottawa, Algonquin College (Woodroffe and Pembroke Campuses) and *La Cité collégiale*. Specific agreements link the University with its College partners. The students registered at the Algonquin College (Woodroffe Campus) take their nursing courses (NSG) on the college campus and the non- courses at the University. Those students at Pembroke Campus take all their courses on site with some NSG courses delivered by distance. Finally, all students in the program in French are taking their courses together. Students are governed by the academic policies and regulations of the University of Ottawa.

The program in French also has a collaboration with the “Collège universitaire de St-Boniface”(CUSB), Manitoba. Once the students from CSUB have completed and graduate from their three years diploma program, they may choose to register in the fourth year of the Bachelor of Sciences in Nursing program at the University of Ottawa and upon completion have their Bachelor of Sciences in Nursing from the U of O.

2.0 **Information for Part-time Professors**

2.1 **Centre for University Teaching**

The Center for University Teaching exists to promote and provide support for the development and provision of the highest quality teaching throughout the University. The Center has developed tools and a number of programs and services to fulfill its mandate of promoting excellence and innovation in teaching. You are invited to visit their Web site at <http://www.uottawa.ca/services/tlss/cut>

2.1.1 *Handbook for Professors*

The Centre for University Teaching publishes a Handbook for Professors at the University of Ottawa. This online manual is your best source for general information on teaching, basic academic and administrative policies and procedures. The fourth edition is available at http://www.uottawa.ca/services/tlss/cut/prof_handbook/profhandbook_p1.htm

2.1.2 *Services*

The Centre for University Teaching offers the following free confidential services:

- Review of professor course evaluations and student comments;
- Selection and self-use of a feedback strategy;
- Observation of professor's class;
- Survey of students' reactions;
- Videotaping of professor's class.

Other services available at the Centre for University Teaching include:

2.1.3 *Orientation for New Professors*

The Centre, in cooperation with the faculties and services of the University, offers a program for new academic staff that takes place near the end of August. The program includes special Orientation Days and a variety of Workshops for New Professors. All new faculty members receive the handbook entitled Teaching at the University of Ottawa.

2.1.3.1 *Orientation Days*

The program includes presentations and information concerning the University, its many services, programs, and facilities. New professors are given the opportunity to meet and speak with some key people in the University as well as colleagues. The President greets all new professors and lunch is provided by the University.

2.1.3.2 *Workshops for New Professors*

A series of workshops designed to provide some of the basics that new professors may find helpful for their career in teaching. New professors are encouraged to participate in as many of these activities as possible. For more information go to:

http://www.uottawa.ca/services/tlss/cut/new_profs/new_professors_e.htm

All new academic staff may also participate in all programs and services offered by the Centre. For additional information, have a look at all the programs and services available at the Centre for University Teaching.

2.2 **APTPUO Collective Agreement**

Information on collective agreement benefits (e.g. pension plan) is available from Human Resources, Tabaret Hall Room 019. You can also access the whole document at www.uottawa.ca/services/hr/APTPUO.pdf.

2.3 Identity Cards

If you are new to the University, you will need to procure an identify (ID) card for access to resources such as the library. Your ID card can be obtained on the main campus at Human Resources, Tabaret Hall Room 019 between 0800 and 1600. You must bring a signed copy of your contract.

2.4 Name Tags

For nametags, contact the Administrative Assistant at extension 8428 rita.gour@uottawa.ca or visit room RGN 3051. Allow at least 2 weeks for delivery.

2.5 Office Supplies

Office supplies are available in Room 3051. Please sign the sheet to indicate the supplies taken.

2.6 Part-Time Faculty Work Area and Telephone

In **Room 3202** of Roger Guindon,(code 4-8-6-2) there is one section with three working stations where computers and telephones are available. Two interview rooms are also available and you may use them on reservation. You will be assigned an access code to use the photocopy machine. Part time mailboxes are located in this room. There is also a drop box for the students' assignments.

2.7 Voicemail

For voicemail access, complete the form attached to your contract. For further information, please contact the Administrative Assistant at extension 8428, Room 3051.

2.8 E-mail

Part-time professors can use their personal e-mail addresses to communicate with students. However you can obtain a uottawa.ca e-mail address by contacting the Regis Fore at extension 5606

For your Info web password to access class list, please contact the help desk at extension 6555.

<http://www.ccs.uottawa.ca/helpcentre/helpform.html>.

2.9 Requirements for clinical (immunisation, etc.)

It is mandatory that clinical professors submit evidence of several clinical requirements such as immunisation. See memo in Appendix A for detailed information.

3.0 Resources from the Faculty of Health Sciences

Please refer to the

Professor's handbook: Policies and Guidelines Pertaining to Undergraduate Studies prepared by the Academic Secretariat, Faculty of Health Sciences:

<http://www.health.uottawa.ca/pdf/professors%20handbook.pdf>

3.1 Academic Secretariat

The Academic Secretariat maintains student files, information on course offerings, timetable etc. and book rooms for classes and sessions. The Academic Secretariat is located in Room 2014. Office hours are 09:00 to 16:30. The *Academic Advisors for the Generic Program* are part of the Academic Secretariat. You can refer students in need of Academic Counselling to 562-5800 ext. 8063.

3.2 Access Service for Students with Special Needs

Access Service offers services to students who have motor or visual disabilities are deaf or hard-of-hearing, have learning disabilities, or physical or mental health problems.

Students must be formally identified as having a learning disability to access Special Needs Services through the Access Service.

The student is responsible for having a form signed by self and professor and sent to Access Service 10 working days before an exam. The form must also indicate course code, time, date, and length of exam. A copy of the exam can be sent by the professor, the secretary, or arrangements can be made for someone at Access Service to pick up the exam. Students receive one and one-half of the scheduled exam time to write.

Access Services is located at the University Centre, Room 339 and can be reached by phone at (613) 562 5976, e-mail at: adapt@uottawa.ca
www.sass.uottawa.ca/en/access/

3.3 Bookstores

Health Sciences Bookstore located at Ottawa Hospital General Campus Main Entrance (501 Smyth Rd) where nursing texts can be purchased. The bookstore can be reached by phone at (613)737-8847.

University Bookstore is located on Main Campus (University Centre, 85 University Priv.) The bookstore can be reached by phone at (613) 562 5348; 562- 5353 or e-mail at libbook@uottawa.ca.

3.4 Bulletin Boards

Each year of the English and French Generic programs has its own bulletin board on the wall of the third floor corridor. Messages for students are left there (e.g. timetables, student assignments). There is also a bulletin board where part-time professors' jobs vacancies and pertinent information are posted.

3.5 Foot patrol

The University of Ottawa Foot Patrol believes in "Safety in Numbers" and is available to be used. Instead of walking alone between 5pm and 2am Monday to Friday, call the Foot Patrol at 562-5800 ext. 7433 for a team of two patrollers to escort you to your destination. (Or try using the FREE yellow button on most payphones on campus to call) The Foot Patrol will take you anywhere within a 45 minute walking distance from the University, including vehicles and bus stops.

Arrangements can also be made to have a team meet you outside your class every week. To schedule a team, ask for more information, or inquire how you can become a volunteer, call ext. 7433 or stop by the office at UCU 08A.

3.6 Libraries

The Health Sciences Library (562 5800 ext. 5407) is located at the Health Sciences Complex. Text and journals on nursing and health subjects are housed here. Filmstrips, slides and videotaped can viewed. On-Line computer searches can be conducted for a reasonable fee. Cubicles with laptop/internet connection are available for use.

The Morisset library is on the main campus. They are part of the Library Network accessible to students at the University of Ottawa

3.7 Lounge and Eating Facilities

There is a staff lounge on the third floor to the right of the elevators. There isn't a cafeteria in the building; however, food can be purchased at:

- The Café and vending machines situated close to the student lounge, first floor.
- Ottawa Hospital TOH- General Site, Cafeteria (access through walkway)
- Ottawa Hospital Rehabilitation Centre Cafeteria (access through walkway)
- Children's Hospital of Eastern Ontario (C. H. E. O.) Cafeteria and Café (access through walkway).

3.6 Nursing Skills and Simulation Lab

The labs are located on the third floor of Roger Guindon Hall in rooms 3036, 3045 and 3046. They are locked with codes. Each lab is furnished with the same equipment. We now have high-fidelity simulators, baby, child, adult and birthing mannequin and virtual reality equipment for IV insertion. The labs are under the Clinical Coordinator whose office is located on the third floor across from the labs (ext. 8411).

4.0 Equipment and Reprography Information

4.1 Audiovisual Equipment at Guindon Hall

You can contact medtech@uottawa.ca or at extension 5648 to reserve audiovisual equipment. Please provide at least a 24-hour notice period for any reservation of equipment. You can pick up any reserved equipment in room RGN 2129.

Video cameras, tape recorders, overhead projectors, data-projectors, slide projectors, computers for presentation, teleconference equipment, flip chart, etc. are available. For more information visit our web site at: www.academic/med/medtech.

The help desk (extension 5648) is operational from 8 am to 5 pm Monday to Friday.

4.2 Copyright

The University has a CANCOPY license to allow copying of certain journal articles or portions of texts. In photocopying materials, please ensure that you are adhering to CANCOPY regulations. When placing documents on reserve, you must indicate the publisher on the front page.

If having documents copied for student packages, complete a form available from the Undergraduate Program Secretary who will then send the form and a copy of the articles to reprography. Reprography will obtain the clearance for copyright. For more CANCOPY License Information call 562-5800, ext. 3105 or obtain a handout from the Undergraduate Program Secretary.

It is not acceptable to distribute copies of articles to students without going through this process.

4.3 Photocopies and Reprography

You will be given a photocopy code and assigned a maximum number of photocopies for copying critical documents for evaluation in clinical courses and for class related activities. This information is sent to you by mail with your contract.

This number of copies is not meant to include course outlines, reserve readings or student packages, which should be submitted to the Undergraduate Program Secretary.

Professors must bring all documents to be reproduced at the reprography services to the Administrative Secretariat. Professors shall not go directly to the reprography services.

5.0 Course Information

For complete course information, please refer to the undergraduate studies calendar in paper version or online at

<http://www.uottawa.ca/academic/info/regist/crs/ssanEN/ssan-eng.htm>.

5.1 Course Outlines

The professor must distribute a course outline to students at the first regularly scheduled class. The outline should include the following information (see the template to use in Appendix B).

- Heading: University of Ottawa, Faculty of Health Sciences, School of Nursing
- Course code & course title
- Name of professor, qualifications, & contact information (Phone and Email)
- Description of the course as is written in the course calendar
- Outcomes or objectives
- Point form summary of weekly topics to be covered in class
- Methods of evaluation including the percentage weight of the different components of the final mark
- Information regarding the submission of assignments
- Attendance and participation requirements
- List of required readings
- Bibliography

A copy of the course outline must be submitted to the Generic Program Secretary in Room 3051. The deadline for submitting course outlines is the last week of July for the fall Semester and the 3rd week of November for the winter courses in order to allow enough time for reproduction.

5.2 Credit Hours and Student Workload

When determining the amount of after-class work to give students, please consider that each credit approximately corresponds to a total of 39 hours. The in-class hours and the personal time devoted by students to their coursework will vary according to the type of class, be it theory, laboratory or clinical practicum.

3.2.1 Theory Credits

One credit in a theory course is equivalent to 13 in-class hours per session with the expectation of 26 out-of-class hours of individual coursework for a total student input of 39 hours per credit.

3.2.2 Lab Credits

One credit in Lab is equivalent to 26 in-class hours per session with the expectation of 13 out-of-class hours of individual coursework for a total student input of 39 hours per credit.

3.2.3 Clinical Credits

One credit in Clinical is equivalent to 39 in-class hours per session with the expectation of no out-of-class hours of individual coursework for a total student input of 39 hours per credit. Personal work should be conducted during these 39 hours.

5.3 Teaching Evaluation

Each professor is evaluated for the courses given. The evaluation of teaching is conducted to (a) provide professors with data that might help them improve their teaching; (b) establish a means of tracking teaching performance when decisions are made regarding the re-hiring of teaching personnel; and (c) provide students with information on some aspects of their professors' teaching.

This process occurs towards the end of each course. The Academic Administrator sends a memorandum to the professor responsible for each course requesting that she(he) recruit a student to administer the evaluation and identify the exact date and location of the evaluation. Evaluations must take place within the time frame identified by the Academic Secretariat.

The professor responsible for the course must request from the Academic Secretariat an evaluation package for each person teaching at least 9 hours in the course.

For courses taught by more than one professor, the evaluation must take place as soon as possible once a professor's contribution to a course is complete.

Students should not evaluate more than one professor at a time.

The evaluation must take place during the first twenty to thirty minutes of the class.

The professor must not be present in the classroom during the evaluation.

The student returns the sealed envelopes to the Academic Secretariat.

5.4 Cancellation of Classes

Professors should not cancel classes without prior authorization of the Dean. In the case of events such as winter storms, decisions concerning the cancellation of classes are taken by the Office of the Vice-Rector (Academic), which also assumes responsibility for public announcement of cancellation. Individual professors should not take responsibility for such decisions.

Absence must be reported immediately to the Undergraduate Assistant Director.

6.0 The clinical experience

6.1 Guidelines for Clinical Experience

1. Knowledge

- a. The part-time professor will assign patients accordingly (See Patient Assignment Form in Appendix C).
- b. The student is encouraged to gather information relative to patients in order to effectively utilize the nursing process.
- c. The student, as a member of the nursing team, participates in team conferences and contributes to nursing care planning in order to ensure continuity of quality nursing care.
- d. The professor must obtain sufficient knowledge about the student's patients, thus the nursing staff with expertise may be sought as resource people.

2. Skills

a. *Observation*

In selecting observational situations, we recognize that staff with expertise can provide excellent learning experiences for the student.

b. *Practice*

The professor assumes responsibility for the teaching and supervision of nursing skills performed by the student. When this is not possible, the professor would either:

- i. Request that the nursing staff, responsible for the patient(s) to whom the students are assigned, perform the skill which the student cannot perform without supervision. The student may be invited to observe.

OR

- ii. Consult with the nursing staff and request that they supervise the skill being performed by the student.

c. *Communication*

- i. The School must assume the responsibility of continuously informing the hospitals and specific units of their nursing program, level of the student and objectives of the experience. The above information should be relayed to all staff members.
- ii. The professor recognizes the importance of consulting with the nursing staff in selecting an appropriate patient assignment, as the unit staff is ultimately responsible for all patient care.
- iii. The assignments will be made prior to each weekly experience and posted according to unit policies.
- iv. It is imperative that the student receive pertinent information from the unit staff prior to commencing patient care.
- v. As a responsible team member, the student must:

- Report observations and nursing actions to the nursing staff at the appropriate time, as well as to the professor, and record pertinent data according to unit policy.
- Report directly to the appropriate nursing personnel, whenever leaving the unit.
- Notify the unit and the clinical instructor prior to the shift if she(he) will be absent.

d. *Evaluation of the Student's Performance*

The professor is ultimately responsible for evaluating the student's progress for each experience and assuring that a written record is maintained.

In order to obtain a comprehensive report of the student's progress, input from the nursing staff is essential to the professor.

The professor requests that the nursing staff consult with her/him if there is an incident or area of concern regarding the student's performance.

6.2 Evaluation of Student Learning in Laboratory and Clinical Courses

The clinical evaluation is a crucial component of a professors' role. We cannot emphasize enough the importance to familiarize yourself with the philosophy underlying the evaluation process and to refer to the course professor for further assistance.

Specific forms have been developed by professors at the School to facilitate and standardize evaluation of students in the laboratory and in the various clinical settings. There are no grades assigned to lab and clinical courses, students either pass or fail.

A photocopy of the final evaluation is given to each student at termination of the clinical experience by the clinical professor at the School's expense. Prior to starting a new clinical course, students are asked to provide to their clinical professor the summary clinical evaluation record for the previous clinical experience which includes strengths and areas of improvement.

6.3 Anecdotal Notes

An anecdote is a description statement of a single incident. Anecdotal records allow the teacher to provide ongoing feedback to the student that provides reinforcement of successful performance and identifies areas that need improvement.

The critical incident technique is an adaptation of the use of anecdotal notes. Critical incidents are facts not opinions, judgments or generalizations.

Critical incidents encourage the student to concentrate on events that made a difference in the outcome of an activity. It could constitute an incident that was particularly demanding or that went unusually well.

The form enclosed is a blend of critical incident and anecdotal record technique. In this way, the student identifies the critical incidents in a weekly experience and yet is provided the opportunity to reflect on his/her performance.

Anecdotal notes are an excellent resource for helping students complete their self-evaluation and for monitoring weekly progress. It is expected that the students will write the anecdotal notes in the prescribed format. An effective anecdote must be relevant, significant, factual, concise and written in behavioural terms. These notes should be no more than one page in length for each critical incident described.

Anecdotal notes serve as an aid to memory. In many ways they are “verbal snapshots” (Craig, 1978) which, allow the recorder to recall incidents. By comparing behaviours that students exhibit at the beginning and end of a clinical experience, both the student and the clinical teacher are able to assess the amount of progress that has occurred.

Anecdotal records also illustrate patterns of performance or learning over time. This information may reveal difficulties that need to be rectified or areas requiring additional experience.

With this representative picture of the student’s performance on a week-by-week basis, the final evaluation should be straight forward with no surprises. When the time for final evaluation comes, the anecdotal records provide the data needed for determining the student’s strengths and areas for improvement. These effective and ineffective behaviours are related to the specific clinical course objectives and a decision is made as to whether the student has met these objectives. (See Appendix E, Liberto et al. (1999) article for further description of anecdotal notes).

6.4 An Example of Anecdotal Note Submission: NSG 4435

Anecdotal notes are reports of critical incidents that occur in clinical practice. During the four years of this program you will be asked to keep comprehensive anecdotal notes on your clinical practice. These notes are an excellent resource for helping you complete your clinical self evaluation and for monitoring your weekly progress clinically.

Reflection on clinical events can help you derive meaning and learning from practice. For example, reflection can help you approach a similar practice situation differently next time, help you perceive the experience through the patient’s eyes and help you examine aspects of yourself. A critical incident is:

1. An incident in which you feel your intervention really made a difference in patient outcome.
2. An incident that went unusually well.
3. An incident in which there was a breakdown.
4. An incident that was particularly demanding.

For submission of anecdotal reports, check your clinical practicum course outline and your clinical professor for details on the frequency and day of submissions. You are requested to keep all anecdotes in a binder, which is submitted, to the clinical professor. The clinical professor will review your anecdotal reports submitted must be dated and signed by you and by the clinical professor when reviewed.

The School's format for anecdotal reporting is described below. The report must include the 3 columns listed below. The clinical professor will fill in the third column only so these columns will be blank when you submit your report.

Format:

Objective	Subjective	Comments by Clinical Professor
This description must include the date; pt's initials and diagnosis; what happened (e.g. when, where, how and who was involved; what you did; what the patient or others felt and did) and what the outcomes were for all involved with the event.	This reflection must detail your own evaluation of the meaning of the incident in terms of your nursing practice. For example, include the importance of the incident to you; your understanding of the incident (e.g. why you and others acted the way you did) and your feelings and beliefs about the patient situation; what other approaches could you have taken; how you will prepare for this or a similar situation in the future; what future learning needs have you identifies as a result of this incident.	

Adapted from:

- Brokenshire, A. (1998). Towards reflective practice: learning from experience. *Registered Nurse*, 10, 7-8.
- Patton, J.G., Woods, S., Agarenzo, T., Brubaker, C., Metcalf, T. & Sherrer, L. (1997). Enhancing the clinical practicum experience through journal writing. *Journal of Nursing Education*. 36(5), 238-240.
- Perry, L. (1997). Critical incidents: crucial insights into the working lives of registered nurses. *Journal of Clinical Nursing*. 6, 131-137.

6.5 Responsibilities of Clinical Professors Regarding Anecdotes

- a. Comment on students anecdotes and add pertinent information. For example, teachers must give feedback regarding the student's performance. Is the student functioning at the level expected (based on the course objectives for that particular year)? What suggestions do you have to help the student improve? Comment later on as to whether student used any of these suggestions or carried out other remedial action. In addition, the teacher should point out any glaring discrepancies such as omission of mention of a medication error made by the student. This is called the "generosity error" whereby only desirable actions are recorded. The teacher should also comment, for example, if a student is being overly self-critical when in fact he/she has performed very well (the "severity error"). Sometimes two anecdotes are required about the same incident. For example, in a crisis the student might carry out appropriate physical measures but ignore the patient and family.
- b. Return anecdotes to student each week.

Note: In the event of the student who has difficulty meeting the clinical course objectives, the clinical professor will photocopy the anecdotal notes by the student with the professor's comments. The student will be notified of this measure. These photocopies will be kept by the professor until the final evaluation of the student for the clinical occurs. If the student, who is having clinical difficulties, passes the final clinical course evaluation, the professor will destroy the photocopied anecdotal notes. On the other hand, if the student fails the clinical course, the photocopied anecdotal notes will be kept on the student's file for a maximum of twelve months, after which period they will be destroyed.

6.6 Responsibilities of Students Regarding Anecdotal Records

- a. Use the "student guide to writing anecdotal notes" to assist you.
- b. Utilize the anecdotal notes format provided.
Write in ink please.
It is essential that you make subjective comments about your objective data. For example, if you are a second year student and a medical crisis occurred with your patient, you might comment that you felt your contribution in providing emergency measures was limited. This would be considered a natural reaction given that you are a second year student. However, what other contributions were you able to make, for example, in terms of support to family.
- c. Submit anecdotes to clinical teacher on the designated day. These notes must be in a binder or folder.
- d. Once the clinical teacher returns the anecdotes to you, read the teacher's comments and that sign the anecdotes.
- e. Use theses anecdotes to help you complete the clinical evaluation form designated for each year.
- f. You are encouraged to keep your anecdotal notes as a record of your progress from year to year.

6.7 Responsibilities Concerning Weak / Failing Students

6.7.1 Responsibilities of the Clinical Professor

- a. Identify specific student behaviours reflecting unsatisfactory clinical performance (orally as well as on student's weekly anecdotal notes.) (Detailed information is provided on anecdotal notes in section 9 of this manual).
- b. Develop with student and document a plan that reflects ways of improving performance.
- c. Contact professor organizing clinical course to review student's performance and strategies to assist student to improve clinical performance.
- d. Document interactions with student regarding clinical performance.
- e. Photocopy anecdotal notes of student with clinical professor's comments.
- f. Review documented anecdotal notes and **midterm/final evaluations** with professor organizing clinical course prior to giving an unsatisfactory student evaluation.
- g. Include in evaluation interview a review of all written documentation and advise student to discuss situation with professor organizing clinical course.

6.7.2 Responsibilities of the Professor Coordinating the Clinical Course

- a. Review with clinical professor student's behaviours reflecting unsatisfactory performance and plan of action for providing assistance.
- b. Review student file for information on previous pattern of clinical performance and academic progress. Communicate relevant data to clinical professor.
- c. Maintain communication with clinical professor to review implementation of proposed plan and documentation of student's performance and progress.
- d. Inform the Assistant Director of student difficulties and proposed plan of action.
- e. Review documented anecdotal notes and written clinical evaluation of failing student prior to clinical professor giving the evaluation.
- f. Meet with student who is failing/failed in order to obtain his/her perception of situation. Explain if the impact of a clinical failure and refer student to Assistant Director of the Generic Program considering an appeal of clinical course failure, or if considering withdrawal from course.

6.7.3 Responsibilities of the Assistant Director

- a. Review with professor organizing course;
 - Student's clinical performance;
 - Expected minimum performance to pass course;
 - Assistance provided by clinical professor;
 - Data from student's file re-progress.
- b. Meet with student to review impact of clinical failure, advise re-course of action and explain procedure of appealing a clinical course failure.
- c. Present student's case to Executive Committee in the event of appeal.
- d. Advise Director of appropriate professors to review appeal of clinical grade.
- e. Monitor student's performance of repeated clinical courses.

7.0 Academic Information

7.1 Evaluation of Student Learning in Theoretical Courses

Professors have the discretion to choose the method of student evaluation to be used. However, there must be at least two evaluations with neither one being worth more than 70% of the final mark (It is recommended that neither evaluation be worth more than 50%).

Professors are reminded that students may drop courses at predetermined dates. It is important for students to receive some feedback on their performance before the withdrawal date which allows them to receive back half of their tuition fees for the course. While there is no University policy, the School of Nursing recommends that students receive feedback covering 25-30% of their final grade by this date. Please consult the Timetable published by the University for specific dates or visit http://web1.uottawa.ca/uopr/regist/dates_e.asp

It is acceptable to assign students a final paper or presentation instead of a final examination.

It is acceptable to give students the choice between two or more options (e.g. a presentation or a paper for 10% of the mark) as long as the alternatives are equally demanding and effective in assessing the competence of the students in meeting the course objectives. However, if a choice is given, it is advised that a deadline be set for students to make their choice.

The use of statistical curves to determine the distribution of marks is contrary to University policy.

Before printing the course outline, part-time professors and new full-time professors are encouraged to discuss their planned evaluation mechanism as well as the distribution of their marks with the Assistant Director of Undergraduate Studies, to ensure the evaluation is appropriate. **Course grades should reflect a range of marks.**

7.2 Academic Fraud

If a professor suspects academic fraud, but it is not clear if it is intentional, they can speak to the student but the professor cannot decide on a sanction.

With suspected cases of Academic Fraud in exams the professor can submit the allegations in writing, with supporting documentation directly to the Dean. Subsequently a letter will be sent to the student informing her/him of the allegation, the student has 10 days to reply. The case will then be submitted to the Committee of Academic Standing. This Committee makes a decision on whether or not the allegations are founded and recommends when appropriate the sanctions. The student can appeal of the Committee's decision to the Senate.

For more information on Academic Fraud, consult the following webpage:

http://www.uottawa.ca/academic/info/regist/crs/home_5_ENG.htm

7.3 Confidentiality of Information Concerning Students

The University is committed to maintaining and protecting the confidentiality and privacy of personal information. Only the academic secretariat is allowed to use, modify or disclose student information. Student information is kept only for as long as required by law or to satisfy the purposes for which it was collected. When the personal information is no longer required, it is eliminated.

Type of information that might be collected includes:

- Identity-related (name, address, telephone number, etc.)
- Academic (programs of study, performance information, degree, etc.)
- Financial (charges, payments, credit card, bank account, etc.)
- Fiscal (social insurance number, tuition fees, bursary, etc.)

Clinical professors must prevent from discussing students' performance among themselves.

7.4 Grading System

For passing grades for each program within the Faculty please refer to page 8 of the 2005-2006 Health Sciences Faculty calendar or online at

http://www.uottawa.ca/academic/info/regist/crs/ssanEN/SSAN_7.htm

7.5 Grading of Multiple-Choice Exams Through the Computing Centre

It is possible to use the optical scanning facilities of the Computing Centre, 136 Jean-Jacques Lussier, Vanier Hall, Room 547, tel: (613) 562-5867 to score multiple-choice exams. The marks will be returned to you by e-mail. Please consult your secretariat for further information.

7.6 Special Allowance for Individual Students

If a student misinterprets an assignment and the misinterpretation of the assignment results in a failure in the course, it may be acceptable in rare circumstances to allow the student to rewrite the paper. (Please consult the Assistant Director). However, it is recommended that students who rewrite receive a minimal pass in the course.

The professor and student negotiate a date for submission. The student may need an extension beyond the end of the semester. If this is the case, **the student must obtain a deferral form from the Academic Secretariat** that the professor and student must complete and sign. Deferrals may be given for up to a year.

7.7 Students' Complaints/Appeals

The University recognises the right of all students to see upon request any of their written tests, assignments or examinations after they have been marked. Students dissatisfied with a mark are encouraged to first approach the professor to obtain a re-evaluation.

It is recommended that students put their concerns in writing and identify where they feel they deserve more marks. The professor then reviews with the students what they feel was unfair and why. The professor can choose to retain the original mark or change the mark.

Students who remain dissatisfied have the option to further challenge the mark by requesting (in writing to the Director), a re-evaluation of their assignment. The appeal procedure for the revision of marks is in the Health Sciences Calendar or online at http://www.uottawa.ca/academic/info/regist/crs/ssanEN/SSAN_7.htm. The mark received from this challenge usually stands, whether it is lower or higher than the original mark.

7.8 Submission of Marks to the Academic Secretariat

Final marks are to be submitted to the Academic Secretariat no later than 10 working days after the date of the final examination. Marks can be submitted electronically using GradeBook or Excel. Marks can also be submitted manually on the class list supplied by Academic Secretariat or by submitting a hard copy of the Excel file.

8.0 Miscellaneous

8.1 Clinical Attendance

Clinical attendance is compulsory (clinical refers to agency placements, laboratory sessions and community-based experiences including clinical seminars). Unjustified absence from labs and clinical courses will be grounds for failure.

If a student is absent from clinical practice, a form must be completed by the student and attached to the student's Summary Clinical Evaluation Record (See Form SN 113B, Appendix E).

8.2 Food and Drink in Labs

In keeping with the corporate Occupational Health and Safety (OHS System), the OHS Act of Ontario as well as other workplace legislation, it is policy that food and drink are banned from labs.

8.3 Guest Speakers

Professors select and approach guest speakers for their classes. It may be helpful to consult the list of joint appointees available from the Assistant to the Director. Please note that **the School does not pay an honorarium for guest speakers** but you can contact **the** Administrative Assistant to organize a parking voucher which is available for them. For exceptional circumstances, please contact the Assistant Director.

A thank you letter on University of Ottawa Letterhead is recommended.

Caution is advised in using several guest speakers in a course. Too many speakers can be disruptive and confusing for students. It is the professor's responsibility to integrate guest speaker content into overall course content to facilitate student understanding.

8.4 Use of Electronic Devices

During an examination or a test, students must not have the following in their possession: cameras, radio (radio with head set), tape recorders, pagers, calculator watches, palm technology, cellular phones or any other communication device which has not been previously authorized.

8.5 Student Misconduct

As much as possible, avoid reprimanding, insulting, or drawing attention to the disruptive student, particularly in front of others.

When dealing with general noise or chatter in the classroom the best strategy is to address it directly and immediately.

When dealing with directed hostility, consult an experienced colleague on possible courses of action. Professors are also invited to contact the Centre for University Teaching for assistance in dealing with these situations. If disruptive classroom behavior persists with a particular student this may be symptomatic of a serious personal problem with which the student needs professional assistance. It is not advisable to deal with such problems yourself. Refer the student to one of the student services described in this Handbook.

8.6 Uniform and Dress Code Policy

The following uniform and dress code guidelines apply to hospital and community settings.

Hospitals:

- a. Uniform: short-sleeved white, coloured, or coordinating prints.
- b. White Lab Coat (full or hip length).
- c. Shoes: solid white, completely closed front and back with flat heels (may include regulation duty shoes, leather walking shoes, leather or vinyl running shoes),
- d. Stockings/Socks: plain white only; no socks allowed with dress uniform.

- e. Jewellery: one pair of pierced ear studs or sleepers allowed; no other visible studs or rings on other parts of the body; one ring without raised stones.
- f. Hair: if longer than collar length, must be tied back with hair accessories that are simple and conservative in size and color.
- g. Nails: no nail polish; nails must be short and manicured.
- h. Identification: University Name Tag.
- i. No Perfumes

Community Settings:

In addition to the above guidelines (e to i), the following dress code shall apply.

- a. Conservative style, no jeans, tops must be tucked in or hip length.
- b. Shoes: completely closed front and back with flat heels.

NOTE: When the clinical agency policy contradicts the University of Ottawa policy, the clinical agency policy takes precedence.

8.7 Workplace Accident

A workplace accident in an educational placement may be related to:

- Contracting an illness at placement location e.g. measles, etc,
- Work related injury such as needlestick injury or back injury.

A Worker's Compensation Board package and forms to be completed in the case of an accident/incident are deposited in the Part-time Professors mailbox at the beginning of each session (See Memo in Appendix F).

If an accident/incident as the above takes place, please follow the procedure below:

First:

1. Follow the agency protocol
2. Complete agency forms with necessary signatures and remove the name of the client.

Then:

1. Complete the WCB forms
2. Bring the completed forms to the Assistant to the Director of the School as soon as possible.

Note that when an accident/incident occurs, the School has twenty-four (24) hours to send in the completed forms to Human Resources and will receive a penalty when sent later.

8.8 Policies and Protocol related to Blood Borne Diseases

Health care workers may become exposed to the blood and body fluids of a patient in the course of their work. Accidental exposure to blood or body fluids has been associated with the transmission of a variety of infectious agents such as Hepatitis B and C and HIV.

The following is a guide for clinical teachers in the event of exposure by themselves or their students in the clinical setting.

8.8.1 The risk of puncture injury can be reduced by

- a. Discarding used needles in puncture resistant and leak-proof disposal units.
- b. Obtaining assistance when administering parenteral injections or infusion therapy to uncooperative patients.
- c. Providing needle disposal units throughout the hospital in locations that facilitate their immediate use, for example patient rooms, nursing stations, etc.
- d. Not recapping needles. If a needle must be recapped, move it to a needle disposal unit and use a one hand system of recapping. **TWO HANDS SHOULD NEVER BE USED TO RECAP A NEEDLE.** (most agencies in city have needleless system but this is not the case frequently in the home setting)
- e. By using caution in cleaning up after patient care procedures.

8.8.2 Prevention of Mucous Membrane and Cutaneous Exposure

All contact between patient blood or body fluid and mucous membranes or skin of caregivers should be avoided. In a situation where contact with blood or body fluid is anticipated, gloves and if necessary gowns should be worn. If blood may be splashed on the caregiver (e.g. during childbirth, surgery or autopsy) then goggles should be worn.

8.8.3 Management of Exposures

In a situation of exposure, follow the institutional policy and procedures of the clinical agency .

8.9 Agency Guidelines

Please ask your clinical coordinator for the agency guidelines of your clinical practicum.

APPENDIX A

Clinical Requirements

MEMO

From: Christine Pilon
To: Clinical Instructors
Object: Requirements prior to Clinical Placements

It is mandatory that you submit evidence of current immunization, TB, CPR, College of Nurses registration, mask-fit testing and Police Records Check for the Vulnerable Sector before clinical placements can be arranged by the School of Nursing. You will find enclosed the forms to be filled.

➔➔ Note that reference to “students” on the forms enclosed applies to clinical instructors.

Use the checklist below to make sure that you include all the needed information.

Please submit the clinical requirements by mail, fax or in person to:

Darquise Valenzuela
Clinical Practice Assistant
School of Nursing, Room 3038
University of Ottawa
451 Smyth Rd.
Ottawa , ON, K1H 8M5

Telephone: (613)562-5800 ext. 8413

Fax: (613)562-5621

Checklist:

- CPR
- RN certificate of competence from the College of Nurses of Ontario
- Police Records Check
- TB (Mantoux test)
- Tetanus – diphtheria – polio
- MMR
- Hepatitis B – dates
- Hepatitis B
 - surface ANTIGEN serology
 - surface ANTIBODY seroly
- Varicella
- Flu vaccine
- Mask fit-testing (3M N95)

APPENDIX B
Course Outline Template

Course Outline Template

Please follow the template below when creating your course outlines.



University of Ottawa Faculty of Health Sciences School of Nursing

Course Code – Course Title Semester and Year

Class Schedule:	Day, Time, Room, Hall
Professor:	Name and qualifications Office Telephone Fax E-mail
Availability:	Specify the hours

Description of the course

Write the description of the course as is written in the Undergraduate Calendar here.

Goal(s) of the Course (if applicable)

Write the goal(s) of the course here

Objectives of the Course

Write the objectives of the course here.

At the end of session, the students will be in a position to:

-
-
-
-
-

Schedule and Content

date	Topic and readings (if you wish)
date	Topic and readings (if you wish)
date	Topic and readings (if you wish)
date	Topic and readings (if you wish)
date	Topic and readings (if you wish)
date	Topic and readings (if you wish)
date	Topic and readings (if you wish)
date	Topic and readings (if you wish)
date	Topic and readings (if you wish)
date	Topic and readings (if you wish)
date	Topic and readings (if you wish)
date	Topic and readings (if you wish)
date	Topic and readings (if you wish)
date	Topic and readings (if you wish)

Evaluation

Write how the students will be evaluated here and indicate the weight given to each evaluation.

Mandatory Readings

List the Mandatory Readings here if they are different from the ones cited above

Bibliography

Write the bibliography here.

APPENDIX C

Patient Care Assignment
Form SN 102

APPENDIX D

Liberto et al. (1999).

Liberto, T., Roncher, M., & Shellenbarger, T. (1999). Effective Clinical Evaluation and Record Keeping. *Nurse Educator*, 24(6), 15-18.

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Select these icons: Forum Discussions, Nursing Roles, and Academic Education

Abstract

Faculty use numerous techniques to evaluate student nurses' clinical performance. The development of keen observational skills is crucial to evaluating students' performance, but this is only the first step. Fair student evaluations require the faculty member to recall incidents and draw sound conclusions about clinical performance events. There are various tools to assist the nurse educator in evaluating students' clinical performance. The authors describe one such tool, the anecdotal record, used by nursing faculty for clinical record keeping and evaluation. Guidelines for anecdotal record keeping and solutions to common management issues related to anecdotal record keeping are provided.

Changes in educational environments and faculty roles have resulted in multiple measures of student performance over time. Before the development of the behaviorist model of education, evaluation was based on the assessment of learner characteristics such as appearance and personality. These early methods were biased, inconsistent, and ineffective in measuring the quality of student performance. The behaviorist approach led to the use of assessment of clinical performance through completion of expected checklist behaviors. Observation, focused on objectives, was used to record specific student behaviors in the clinical setting. However, clinical faculty found it difficult to differentiate between the various levels of student performance.¹ Measurable criterion-referenced standards emerged, and rating scales were implemented to evaluate the quality of student performance according to these standards. The most recent developments in performance evaluation involve outcome indicators.¹⁻⁴

Faculty use a number of tools to record their observations and evaluate students' performance. One such evaluation tool is the checklist, in which the faculty member watches for the demonstration of a predetermined listing of items and checks off the items demonstrated in the learning situation. Evaluating the performance of a skill that involves a consistent list of critical sequential steps lends itself to checklist rating. This type of evaluation allows the faculty member to observe the order and demonstration of clearly defined actions. However, not all clinical performance can be reduced to items on a checklist. Faculty can also use rating scales to record the frequency and quality of a demonstrated clinical behavior. Rating scales allow for a differentiation in performance such as excellent, good, or poor, rather than just "yes" or "no." Use of the rating scale can be a problem, however, if faculty members interpret the descriptors differently.

Another tool used to evaluate and record student performance is the anecdotal record. This type of evaluation is a brief narrative that describes observations of learner behaviors or instructor-learner interactions and outcomes.⁵ Anecdotal records are basically qualitative accounts of events and experiences that the clinical rater observes. Anecdotal records usually include only a description of the behaviors observed; the faculty member's impressions or interpretation of the behaviors is not usually included in the actual description of the incident.^{2,6}

Use of Anecdotal Records

Anecdotal records provide a factual, descriptive account of observed performance, offering pertinent information for the instructor, the program, and the learner. Faculty can use this documentation to detect patterns of performance. Anecdotal records are useful for substantiating consistent behaviors when making interpretations regarding

performance and can help plot the learner's progress toward attaining course goals and meeting expected outcomes. Faculty and students can identify learning difficulties, and performance problems can be identified early. Through formative evaluation, the learner becomes aware of problem areas and has an opportunity to correct deficiencies throughout the clinical experience. Ongoing dialogue between the learner and the instructor assists in the development of self-evaluation skills. This reflective process provides an opportunity for interaction between the faculty member and the student and may reinforce learning. The environment is less threatening and encourages the learner to participate in the process.⁵ Anecdotal records, when reviewed collectively, can also provide supporting information for summative evaluations and can serve as a basis for final clinical evaluations.

Anecdotal records are also useful for planning and evaluating students' clinical experiences. Using anecdotal records enables faculty to assess the method of instruction and to observe the effectiveness of teaching.^{5,7} Various learning styles influence students' comprehension and subsequent method of instruction. Anecdotal records provide written descriptions of actual student performance. Careful review and analysis of these documents provide faculty with a comparison of actual and expected clinical behaviors. Teaching methods can then be adapted to meet the specific learning needs of the students.

Data gathered through anecdotal record review can also be used to improve the effectiveness of the program: the instructor can continue using teaching methods that enhance learning and can improve those that do not produce the desired effects. Much like the nursing process, record keeping and evaluation produce assessment data that can be collected and analyzed. Goals can then be developed and strategies implemented to progress toward each goal. The process is then monitored regularly for effectiveness and adapted according to achievement of specific educational outcomes.

How to Write an Effective Anecdotal Note

Faculty members need to develop a systematic approach for anecdotal record keeping. Anecdotal records should be used for observations of behaviors that cannot be evaluated by other means. Anecdotal records should not duplicate other record-keeping methods. Ideally, the records should be a collection of observations of a student's clinical performance.

The first step in anecdotal record keeping is to decide which incidents to assess. A specific clinical objective or desired outcome should be used to guide the record keeping.^{2,6,8} The faculty member should view enough of the incident to make an accurate appraisal of the student's performance. Every observation does not need an anecdotal note. The record should be an accurate, brief, and factual description of a single incident. Anecdotal records should be limited to a description of the student's performance and should avoid evaluation, interpretation, and generalizations.^{5,6,9}

The essential elements of anecdotal records are shown in Figure 1. If the student will review the notes, a place for the student's signature may be appropriate. When recording the student's behavior, a description should be given of what the student did and said, and the situation in which the incident occurred should be included.^{6,9,10} The record should be detailed enough so that interpretation of the incident is possible. Faculty should ask who did what, where, when, and under what conditions. Using direct quotes from students, staff, patients, or others adds support and credibility to the note. All entries should be objective and free of biases (including stereotypes of race, gender, and

ethnicity). Figure 2 is an example of a poorly written anecdotal note; in contrast, Figure 3 is a well-written anecdotal note of the same incident.

Date of observation Student name Faculty signature Setting of observation Record of student actions

Figure 1. Key elements of effective anecdotal records

Student Name: Shauna Mills	Date: August 9, 1998
Instructor: Dr. Beverly James	Setting: 7A Surgical Unit
<hr/> Conducted head-to-toe physical assessment on postoperative client. Assessment not organized, lacks coordination and is inefficient during care. Student appears unprepared and forgetful. Followed agency assessment guide. Insensitive to client comfort needs. Student incorrectly used medical terminology during client physical assessment. Needs to work on communication skills and ensuring client safety.	

Figure 2. Poorly written anecdotal note.

Student Name: Shauna Mills	Date: August 9, 1998
Instructor: Dr. Beverly James	Setting: 7A Surgical Unit
Objective: Nursing Process	
<hr/> Postoperative client grimacing and clutching abdomen during head-to-toe physical assessment. Student did not assess client's pain and initiated no interventions to promote client comfort. Followed agency assessment guide. Student did not have equipment in room for assessment (left the room to get a thermometer, resumed assessment, and then left the room again to get a stethoscope). During assessment student said to client, "I'm going to palpitate your abdomen." After assessment completed, student left the client without the nurse's call bell.	

Figure 3. Well-written anecdotal note.

Recording should be done as soon as possible after the event. A delay forces the faculty member to rely on memory, and recalling the details of a specific incident becomes more difficult with time.

Anecdotal notes should not be limited to negative behaviors. It is important to include both positive and negative behaviors, thereby providing a complete picture of student performance.^{2,6,9}

There is no standardized form for recording anecdotal notes. Clinical evaluators should choose a specific format and stick with it. Anecdotal records can be written on notebook paper and stored in a three-ring binder, kept on disk, or written on 5x8 note cards or on a preprinted form created by the faculty member.

The notes should be easy to retrieve, easy to use, and filed. The use of small sheets of paper or scrap paper should be avoided because they may be lost and are difficult to file.

The anecdotal record form may also include a separate section for interpretation of the incident. These interpretations are personal impressions of the incident and should not be part of the student's public file.

The number of anecdotal notes recorded for each student may vary, depending on clinical experiences. Before entering the clinical area, faculty members should establish a minimum number of notes to serve as a baseline observation guide for each student.^{6,9} Otherwise, busy clinical faculty may end up focusing their observations and records on select students and will have minimal information on the rest of the clinical students.

Faculty need practice and training to write good anecdotal notes. Limiting bias in observation and recording will help ensure the validity and reliability of this evaluation tool. One way to develop these evaluation skills is to perform an observation with another faculty member and have each complete an anecdotal note. The notes can then be compared and discussed. A practice session will help faculty members identify potential problems or omissions in the note. Having another faculty member periodically read and analyze the anecdotal notes can help point out problems, check for biases, and identify steps that can be taken to improve the records.

After the Observation

Anecdotal notes can be used for both formative and summative evaluations of student performance. Once faculty has a collection of notes, the clinical instructor should review all the notes about a particular student, identifying similarities, differences, or patterns of behavior. A sufficient sample of behaviors is needed for this analysis. Colored markers can be used during the process of rereading to help identify and highlight patterns of behavior. The highlighted incidents should be summarized and interpreted during the evaluation process to identify significant behaviors or patterns.

For example, the anecdotal note describing a student who contaminated the sterile field during a Foley catheterization is significant. If the reviewer finds, while reviewing the anecdotal records over time, that the student contaminated the sterile field on five other occasions, a more significant pattern of behavior has emerged.

By analyzing the anecdotal records, students' strengths, weaknesses, and patterns of behavior in various situations can be identified, and faculty members can also assess their own teaching strengths and weaknesses.^{6,7,9} For example, if a faculty member writes most anecdotal records about student assessment skills but rarely writes anecdotal records about student teaching behaviors, a pattern of faculty behavior emerges. The clinical instructor can ask questions to determine whether other situations are appropriate for anecdotal record keeping; perhaps the faculty member needs to spend more time on other critical clinical skills. Faculty development needs can also be identified using the anecdotal record analysis. Reviewing the anecdotal records can help faculty members make decisions about instruction and can provide for a means of self-evaluation of their teaching performance.

Common Problems and Solutions

Anecdotal record keeping, like any other teaching strategy or technique, has its limitations. It takes practice and commitment to the system to become proficient. The faculty member needs to believe in the process and be willing to invest the time and energy into learning how to write effective anecdotal records.

One common road block is the time involved in using this method. It takes time to develop the skills needed to write good notes. More time is required to record the incidents and later to analyze them. Anecdotal records should be limited to specific clinical objectives or desired outcomes to help decrease the time needed. The note should focus on one specific event rather than on unrelated incidents; unnecessary details should be omitted. Many faculty members try to include too much information or more than one incident in a note. Faculty members should start with a few records per student daily and should progress to a reasonable number as their skill and proficiency with documentation increase.

Anecdotal records should not duplicate other evaluation methods. If checklists, rating scales, or other evaluation methods can be used, the faculty member should not waste time writing an anecdotal record.

If note cards or forms are used, lack of storage space and difficulty with retrieval are common problems. There is no perfect way to store the anecdotal records. They can be stored in alphabetical order according to the student's last name or by semester. If the records are written on a computer, they can be stored on disk. A standard method of naming files should be developed so that retrieving the files does not become a time burden.

No matter what the storage method, it is important to keep these records secure. They should be considered confidential and not shared indiscriminately. Institutional policy may dictate the length of time they are kept. Generally, it is best to maintain the files while the student is enrolled in the program.^{6,9}

Several internal and external factors can also be considered limitations in anecdotal record keeping. One internal factor that may affect faculty members' observation and recording of performance is negative perceptions about a student. Sometimes faculty has beliefs about a student that may not be borne out in observation but are based on intuition or personal factors. These negative perceptions may cloud the observation and emerge in the anecdotal record. Evaluation, regardless of the efforts of the evaluator, involves some subjectivity that may color the anecdotal record.

Another limiting factor is lack of consistency in record keeping. Clinical days are busy, faculty time is scarce, clinical groups are large, and students may be performing care involving complex patient situations in multiple units or areas. These factors may lead to a lack of consistent documentation and may cause evaluators to have an inadequate sampling of behaviors per student.¹¹

Finally, a lack of reliability and validity in the use of this performance measure limits its usefulness. Faculty members need to strive for consistent and accurate observations and anecdotal notes.

Educational programs have a contractual obligation to provide an effective learning environment for the student. Faculty need to evaluate the clinical performance of students accurately and fairly. Students should receive ongoing feedback related to their clinical performance, should be evaluated on the basis of consistent patterns of behaviors, should question evaluative interpretations, and should have access to their file.¹² The effective use of evaluation instruments to record clinical performance will accomplish these goals and may help avoid litigation. Anecdotal records can serve as documentation of a student's clinical performance and can provide support for academic failure in the clinical setting. Therefore, nursing faculty members must have adequate preparation and knowledge to use these tools effectively.

Conclusions

Anecdotal records, one tool for recording data about students' clinical performance, can be helpful in providing the faculty member with information about student performance, teaching effectiveness, and program outcomes. With practice, faculty can write appropriate anecdotal records by following the guidelines discussed in this article.

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APPENDIX E

Student Absence

Student Absence from Clinical Practice

Form must be completed by student and attached to student's Summary Clinical Evaluation Record

Student's name:

Course Code:

Clinical Professor:

Date(s) of Absence:

Reason(s) for Absence:

Clinical Professor's Signature:

Student's Signature:

APPENDIX F

Workers Compensation Board
Form SN 114



Université d'Ottawa · University of Ottawa

Faculté des sciences de la santé
École des sciences infirmières

Faculty of Health Sciences
School of Nursing

NOTES DE SERVICE/ MEMORANDUM

À/To: Tous les membres du corps professoral
All Members of the Teaching Staff

De/ From: Christine Pilon
Adjointe à la directrice/ Assistant to the Director

Sujet/ Re : Commission des accidents du travail
Workers Compensation Board

Vous trouverez ci-joint une trousse d'information ainsi que le formulaires nécessaires à être complétés lorsqu'un accident/incident se produit.

- Procédures à suivre
- Formulaires remplis à titre d'exemple
- Formulaires originaux

Veillez prendre note que lorsqu'un accident/incident se produit, nous avons vingt-quatre (24 heures pour soumettre les formulaires complétés au Service des ressources humaines. Je vous demande donc de m'apporter les formulaires complétés le plus rapidement possible afin d'éviter que l'Université soit pénalisée.

Merci

You will find enclosed an information package and the forms to be completed in case of an accident/incident.

- Procedures to follow
- Completed sample copies
- Original forms

Please note that when an accident/incident occurs, we have twenty-four (24 hours in order to send in the completed forms to Human Resources. I ask that you please bring me the completed forms as soon as possible to avoid a penalty to the University.

Thank you.

*Aux/to: professeur(e) à temps partiel/ part-time
Professors*

*Svp me retourner la trousse d'information à la
fin de votre contrat/Please return the
information package at the end of your contract*

INCIDENT REPORT
for **UNIVERSITY OF OTTAWA NURSING STUDENTS**

DATE OF INCIDENT: _____ **TIME:** _____ **PLACE:** _____

TYPE OF INCIDENT:

- Medication error
- Fall (patient, visitor)
- Other (specify, e.g. procedural error)

PERSON INVOLVED:

- Patient
- Visitor
- Staff
- Student

DESCRIPTION OF INCIDENT:

What happened (e.g. patient given ampicillin instead of tetracycline)

Outcome *(e.g. patient went to anaphylactic shock)*

Action taken: *(e.g. artificial airway inserted and physician called)*

Action taken with student *(e.g. discussed process of administering medications)*

Signatures:

Student

Clinical Professor

Supervisor Manager of Area

Student received copy

**University of Ottawa –Faculty of Health Sciences
SCHOOL OF NURSING**

Incident Report

Procedures

Note: An incident in an educational placement may be related to:

- **Errors, omissions in the distribution of medication**
- **Inappropriate technical procedures**
- **Processing information e.g. written (chart or verbal (daily report)**
- **Adherence to agency policies and procedures e.g. fire, safety measures, WHMIS**
- **Contracting an illness at placement location e.g. measles etc.**

If an incident such as the above takes place

Step 1 Clinical teacher must:

1. **follow agency protocol**
2. **complete agency form with necessary signatures and remove the name of the client**

Step 11 Clinical teacher must:

1. **Xerox agency form and send 2 copies to the office of the Director of the School (School records and Student's file)**
2. **Inform course coordinator who will then decide if the incident needs to be brought to the attention of the Assistant Director.**

Accident Reporting/ Workers Compensation Board Form

The Workers Compensation was designed to assist employees in the prompt payment of medical claims as well as lost wages in the event of serious injury.

Certain requirements are set by the Board prior to any claim being processed and the means by which the employer notifies the Board of a Compensatory claim.

The means by which the employer notifies the Board is generally through a REHU 231693/04 form.

IN ALL CASES OF ACCIDENTS

The University shall: (or University substitute e.g. clinical teacher)

1. Make sure that first-aid is given immediately
2. Record the first-aid treatment or advice given to the worker or student (REHU 231693/04)
3. Complete and give to the worker or student a copy of the Accident, Incident or Occupational Disease Report REHU 231693/04
4. Provide immediate transportation to a hospital, doctor's office, worker/student's home, if necessary
5. Submit to the Compensation Centre of the University of Ottawa, within two days of learning of an accident, an Employer's Report of the Accident, Incident or Occupational Disease Report REHU 231693/04 and the work education placement agreement.
6. pay full wages and benefits for the day or shift on which the injury occurred when compensation is payable for lost earnings

The worker or student shall:

1. Promptly obtain first-aid
2. Notify the employer, the clinical professor (if on home visit) and university unit immediately of any injury requiring health care and obtain from the employer or university unit a completed Accident, Incident or Occupational Disease Report to take to the doctor or the hospital.
3. Choose a doctor or other qualified practitioner, with the understanding that a change of doctor cannot be made without permission from the board.

The teacher shall:

1. Complete and promptly return the two report forms to the Human Resources Service through the Assistant to the Director of the School.

Health care includes medical, surgical, optometrical, and dental aid: the services of osteopaths chiropractors, and chiropodist: hospital and skilled nursing care; and the provision and maintenance of artificial members and appliances made necessary as a result of the injury. Employers are required by the Workers Compensation Act to keep this form posted in conspicuous place in full view of all workers.

**University of Ottawa - Faculty of Health Sciences
School of Nursing**

Workers Compensation Board

Procedures:

In accordance with the University of Ottawa Policy by the Workers Compensation Board

Step I Course coordinator must provide a list of students per course to which it is indicated:

7. Name of Student
8. Clinical agencies visited (hospital, community, family visits, other)
9. Dates and hours on site for each clinical experience as precisely as possible.
10. Hand in to the director's office

The dates, hours could be subject to changes depending on placement requirements.

Step II All clinical teachers should have one copy of the Accident, Incident or Occupational Disease Report REHU and one copy of the Work Education Placement Agreement in their clinical placement kit.

(Please return all unused forms to the Director's office)

Step III If an accident happens in educational placements:

1. Immediately fill in the two forms listed in STEP II and obtain the appropriate signatures.
2. Follow steps of Accident Report – Workers Compensation Board form
3. Send to the Director's office (the filled-out forms need to be forwarded immediately to the benefit section, Human Resources Service of the University of Ottawa.

NB: If a student pricks his/her finger with a contaminated needle, it is considered an accident. Follow the above procedures.

Part-time Faculty Resource Manual



uOttawa

L'Université canadienne
Canada's university

School of Nursing
Faculty of Health Sciences

August 2007

*Adapted from the original manual created by
Frances Fothergill-Bourbonnais and Laura Giannantonio
School of Nursing, Faculty of Health Sciences
July 2007*

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Welcome to the University of Ottawa, School of Nursing

A new and exciting academic session is beginning and thanks to your knowledge, expertise and dedication, students in the Baccalaureate of Science in Nursing Program will be exposed to a wide range of extremely valuable learning opportunities from which they will further grow and develop. We feel very fortunate to have you among us and to be able to benefit from your crucial contribution to the success of our educative mission!

The undergraduate program is proudly offered in collaboration with Algonquin College for the English section and La Cité collégiale for the French one. This program emphasizes critical thinking, evidence-based practice and enhancement of communication, clinical and organizational skills. In addition, it prepares students for graduate studies in nursing and related fields.

Once again thank you for choosing to join the School of Nursing part-time faculty and have a great and rewarding year!

Kirsten Woodend, RN, PhD
Director and Associate Dean
School of Nursing, Faculty of Health Sciences

Betty Cragg, RN, PhD
Assistant Director
Undergraduate Programs

Sylvie Corbeil, RN, MScN
Undergraduate Program Administrator

1.0 General Information

1.1 Mission Statement of the University of Ottawa

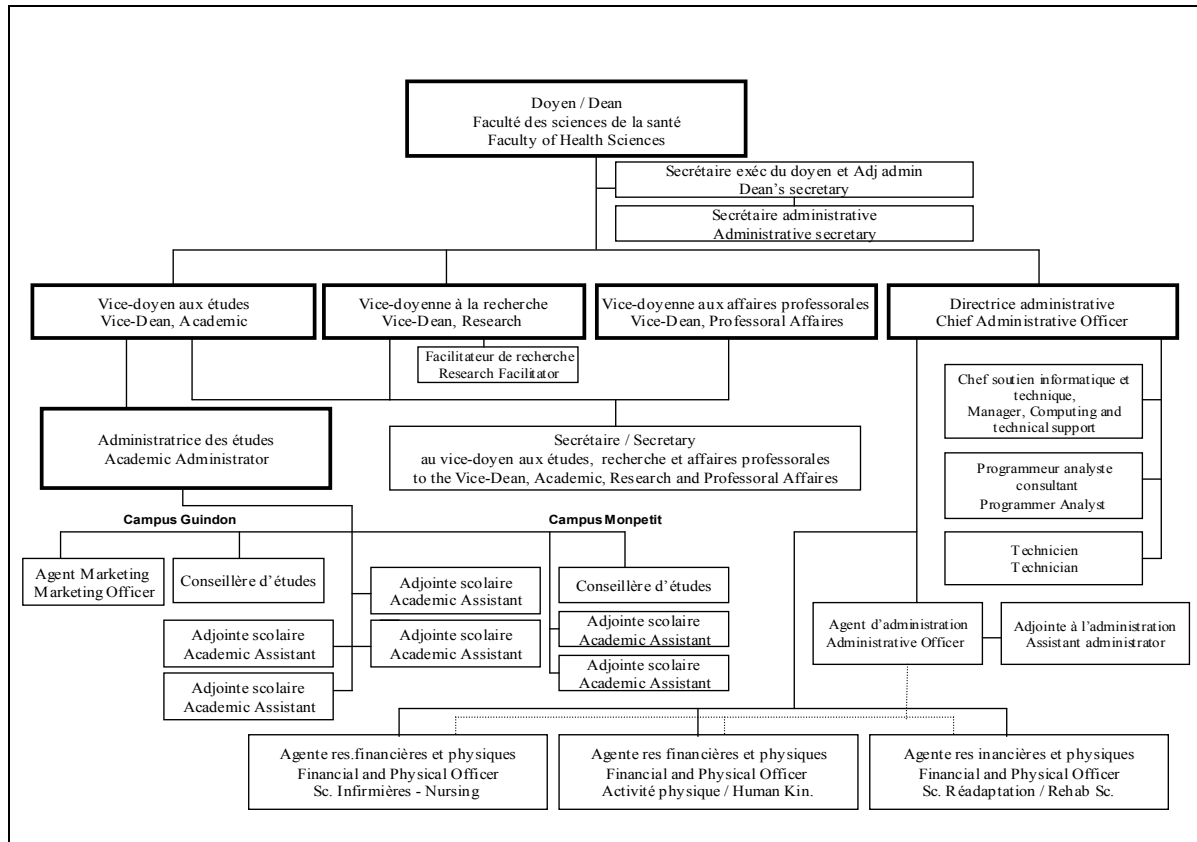
The location, tradition, character and special mission of the University of Ottawa make of it a reflection, in an academic setting, of the Canadian experience. Situated in the Capital of Canada at the juncture of English and French Canada, the University has been linked since the middle of the 19th century to both linguistic groups in Canada and notably to the Franco-Ontarian community. As a result it has developed as a major bilingual institution of higher learning serving Ontario and the whole of Canada.

It provides students and staff with an exceptional meeting ground for two of the prominent intellectual and scientific traditions of the western world; it offers a unique setting for cultural interaction and understanding; moreover, its proximity to government agencies and research centres places it in an optimal position to link Canadian scholarship with the external world. By virtue of its commitment to excellence in a bilingual and multicultural milieu, the University of Ottawa is Canada's premier bilingual university.

To preserve and enhance its stature, the University of Ottawa is pledged to quality of the highest standing in all the teaching programs and research undertakings of its academic and professional sectors: Administration, Arts, Education, Engineering, Graduate Studies, Health Sciences, Law, Medicine, Science and Social Sciences. This pledge leads it to declare the following intentions:

- to maintain and develop the widest range of teaching and research programs of national and international standing in both French and English;
- to attract first-class scholars, students and support staff;
- to maintain and enhance the bilingual and multicultural milieu of the University;
- to exercise leadership in the development of teaching, research and professional programs designed specifically for the French-speaking population in Ontario;
- to give priority consideration to those programs of excellent academic standing that reflect, or train professionals to contribute to the two main cultural traditions of Canada;
- to continue to be a leader in the promotion of women in all aspects of university life;
- to further international co-operation.

1.2 University of Ottawa, Faculty of Health Sciences Organization Chart



1.3 The School of Nursing

1.3.1 Vision

The School of Nursing is committed to making a significant contribution to health care in Canada and internationally through excellence and innovation in the preparation of nurses, the development of nursing knowledge, and leadership in nursing practice.

1.3.2 Mission

The School of Nursing educates professional nurses at the entry and advanced practice levels along with scientists in either decision support or multiple intervention. Research and other scholarly activities are carried out by members of the School to increase knowledge and improve the practice of the discipline. The School also fosters collaboration across disciplines to further develop the knowledge base for health care.

The School exercises its leadership role by supporting the dissemination of knowledge, promoting advanced nursing practice, and participating in nursing and interdisciplinary decisional bodies.

The School promotes the collaboration of faculty and students with health, social and educational agencies to foster evidence-based practice and promote innovative and effective delivery of nursing care.

By virtue of its bilingual mandate and multicultural milieu, the School recognizes its responsibility to provide nursing education and contribute to nursing scholarship in French and English. The School also actively promotes the development of nursing and health care nationally and internationally through partnerships in education, research, and practice.

1.3.3 Philosophy

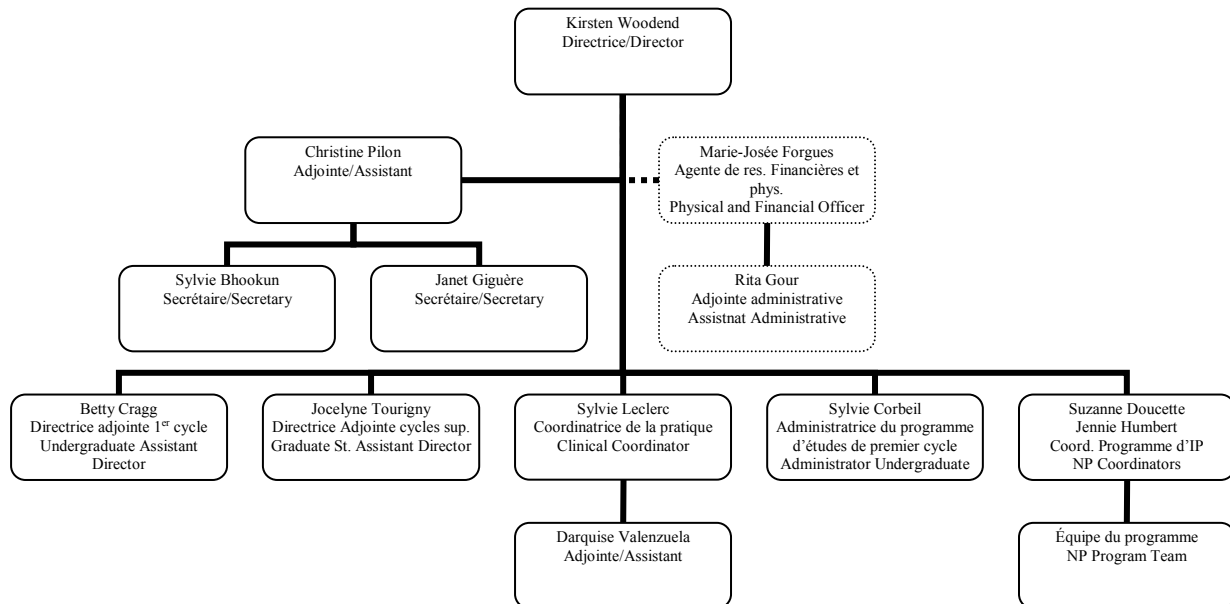
Nursing is a human science and a professional discipline with a holistic perspective on health. Nursing practice is a health care service accessible to health care consumers, delivered in collaboration with clients and other health care providers. The goal of nursing is to optimize human function and collective capability, thus contributing to the enhancement, maintenance, protection and restoration of health, or support towards a peaceful death.

Health is a dynamic process considered to be a profile of functioning over time. Ideas of health are influenced by many factors within the environment in which nursing occurs. Health choices within society are shaped by political, economic, social, cultural, and spiritual dimensions.

Nursing embraces multiple paradigms. The inter-relationship of nursing theory and research is essential to inform and validate nursing practice. Nurses' clients are individuals, families, aggregates, and/or communities, at all stages of their development. Nurses care for clients in situations of normality, risk, crisis, and morbidity, encouraging them to become responsible participants in their own health.

Baccalaureate nursing education is part of a continuum of preparation that extends to graduate and postdoctoral studies. Each level of nursing education aims to prepare graduates who can contribute to the advancement of nursing science and influence changes in the health care system. Faculty, in partnership with the students, engages in activities that foster self-direction, critical thinking, and learner maturity. Learning experiences are designed to promote both the personal and professional growth of each student. The graduate possesses a repertoire of knowledge, skills, and attributes that will serve as the foundation for safe, competent practice and life-long learning.

1.4 University of Ottawa, School of Nursing Organization Chart



1.5 The Baccalaureate of Science in Nursing Program

1.5.1 Goal and Outcomes of the Program

The goal of the undergraduate curriculum is the preparation of a generalist professional nurse who can function effectively and competently in a variety of health settings, respond to a variety of health care needs, and serve as a change agent. Graduates will be critical thinkers, self-directed learners, and practitioners who can function independently and interdependently in providing nursing care. They will have the appropriate academic preparation to enter graduate studies. The graduates of the program will function within the present and future health care system as:

➤ **Effective Communicators who:**

- Use therapeutic communication skills;
- Express their thoughts and positions in a coherent, clear and assertive manner;
- Adapt communication appropriately to specific situations;
- Apply teaching-learning principles to their clients;
- Use effective strategies for conflict management;
- Respect the linguistic and cultural particularities of clients.

➤ **Effective professionals who:**

- Work collaboratively with other members of the health care team;
- Coordinate the delivery of client care;
- Establish a helping relationship with the clients;
- Guide clients in taking responsibility for their health;
- Supervise and delegate as appropriate;
- Act as a client advocate when appropriate;

- Are accountable for their decisions;
- Adhere to the requirements of the professional regulating body;
- Modify care to respect client's culture;
- Demonstrate self-knowledge;
- Assert themselves personally and professionally.

➤ **Knowledge workers who:**

- Use constructs to guide practice and derive meaning from clinical situations;
- Use an appropriate mix of theories in clinical practice;
- Are discriminating users of research;
- Engage in praxis by integrating nursing ways of knowing, being and doing;
- Differentiate client situations of normality, risk, crisis and morbidity;
- Manage information effectively;
- Promote health of clients and of themselves;
- Use organizational change strategies in practice situations;
- Utilize a wide psychomotor skill set;
- Identify researchable questions;
- Work toward resolution of ethical dilemmas.

➤ **Self-Directed Learners who:**

- Identify areas for continued personal and professional growth, implement strategies to meet their goals and evaluate goal achievement themselves;
- Know their preferred learning style and use a wide repertoire of learning strategies;
- Identify career paths;
- Collaborate with others in learning;
- Effectively consult a wide variety of resources.

➤ **Critical Thinkers who:**

- Solve problems effectively using a variety of strategies;
- Analyze situations, identify assumptions and question their validity from a number of perspectives;
- Make connections among concepts in a variety of situations;
- Exercise clinical judgment and decision making in a range of situations;
- Prioritize and organize care;
- Anticipate client needs and changes in client status;
- Consider all the ways of knowing in making clinical judgments;
- Evaluate nursing care and outcomes.

1.5.2 The Curriculum Design

The Nursing's metaparadigm concepts (client, nursing, environment and health) form the basis for the nursing context within the program. Client situations of normality, risk, morbidity and crisis drive the content and milieu chosen for practice, rather than the traditional institutionally based speciality care. This approach ensures that the curriculum remains flexible in light of the rapidly changing health care environment. A focus on client situations fosters a holistic and comprehensive approach to client care.

Support courses in the biological sciences include: Anatomy and Physiology, Microbiology and Immunology, Pathophysiology and Pharmacology. With ever increasing client state acuity levels in hospitals, long term care settings and the community, understanding of the underlying causes of disease and pharmacotherapeutics are crucial to the practice of nursing. In the humanities, learners study Philosophy to broaden their perspectives and to enable reflection on different worldviews. Philosophical assumptions are explored as the foundation of theoretical underpinnings in nursing knowledge. Additionally, learners study scholarly writing in order to communicate more effectively as students and within the organizations in which they will practice. Social sciences support the curriculum with an emphasis on the principles that learners require to understand the psychological and sociological basis of human behaviour and interaction.

The structure of the curriculum fosters an integrated approach to client groups. Learners work with individuals, families, groups and communities as clients in a systematic manner throughout the curriculum. The curriculum content focuses on issues related to health and illness. The physical and socio-political environments are considered for every client situation. These emphases are necessary to foster development of skills in delivering care that responds to the unique needs of various populations. Such an emphasis also enables the development of leadership skills, preparing graduates to facilitate change in practice environments.

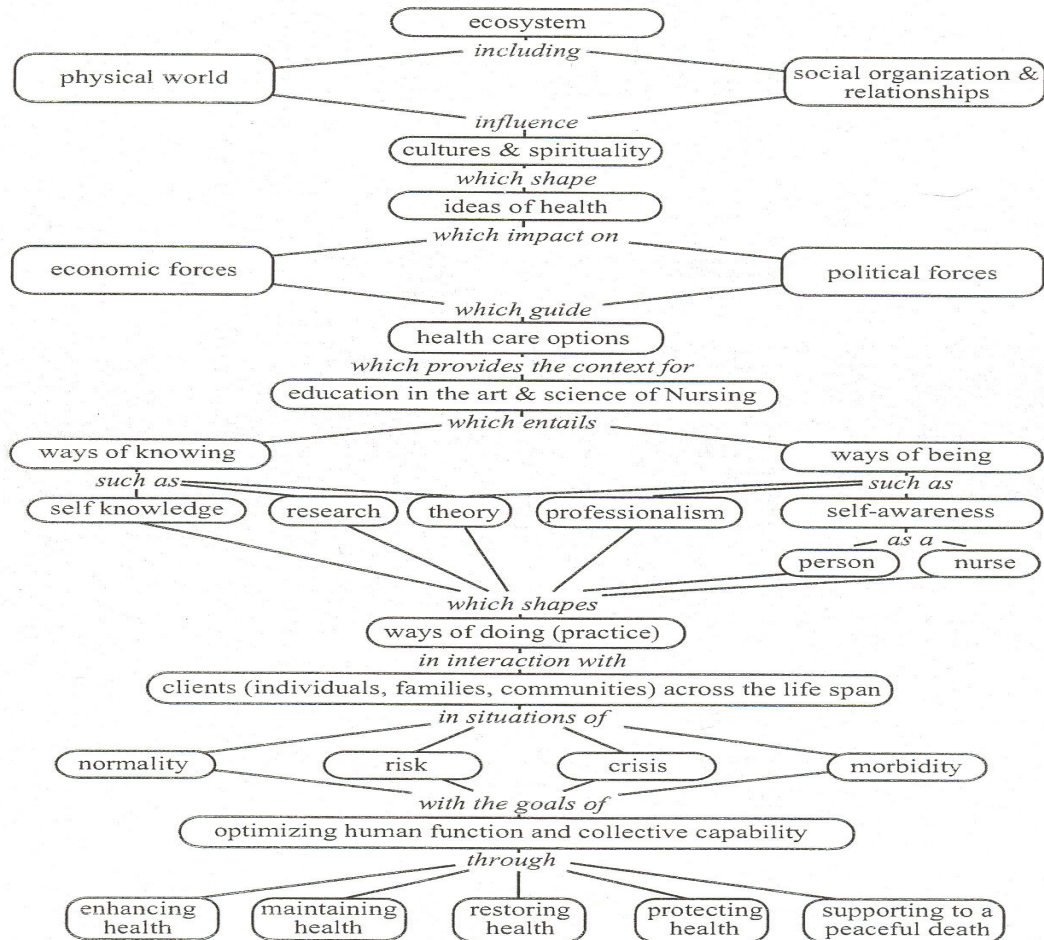
Theory and research themes are integrated across the curriculum. Evidence-based practice is the focus from the beginning of the program within the theory and practice courses. This focus is a necessary trajectory when applying a performance-based (outcome-based) curriculum. The curriculum emphasizes Nursing's ways of being, as well as knowing and doing, crucial aspects of nursing practice. Communication, critical thinking, self-directed learning, professional socialization and knowledge use are essential process threads that are levelled across the nursing curriculum. The program outcomes are organized around these process threads.

1.5.3 The Curriculum Conceptual Map

The dynamic nature of the curriculum is illustrated below including all client situations, concept threads, and inter-related health care options. The diagram is not hierarchical as it resonates in all directions.

Baccalaureate of Nursing Joint Curriculum Conceptual Map

Joint Nursing Curriculum Concept Map



1.5.4 The Structure of the Program

The generic program is four years in length and requires the successful completion of 133 credits. As of this September 2007, a new revised curriculum of 120 credits is implemented. Therefore the students admitted in September 2006 will be the last cohort of the 133 credits curriculum.

CURRICULUM -133 credits (last year 2010-2011)

YEAR 1 (non offered as of 2007-2008)		
FALL	Courses	cr.
ANP 1101	Introduction to Anatomy and Physiology	3
ENG 1100	Workshop in Essay Writing	3
NSG 1110	Introduction to Nursing and Health	3
NSG 1125	Professionalism and Socialization into Nursing	1
NSG 1315	Health Assessment: Adult	3
PSY 1101	Introduction to Experimental Psychology	3
Theory: 14 cr.; laboratory: 2 cr.; clinical: 0 cr.		Total Hours = 234
WINTER	Courses	cr.
ANP 1102	Musculoskeletal Anatomy and Neuroscience	3
ANP 1303	Systems: Anatomy and Physiology I	3
NSG 1120	Health of Individuals	3
NSG 1126	Professionalism and Ethics in Nursing	1
NSG 1135	Practicum: Individuals	2
NSG 1316	Health Assessment: Child/Senior	2
PSY 2114	Lifespan Psychology	3
Theory: 12 cr.; laboratory: 3 cr.; clinical: 2 cr.		Total Hours = 312

YEAR 2 (last year offered 2007-2008)		
FALL	Courses	cr.
ANP 1304	Systems: Anatomy and Physiology II	3
HSS 2381	Measurement and Data Analysis	3
NSG 2125	Professionalism and Family Nursing	1
NSG 2135	Practicum : Family Assessment	3
NSG 2301	Foundations of Family Health	3
PHA 3112	Pharmacology	3
Theory: 12 cr.; laboratory: 2 cr.; clinical: 2 cr.		Total Hours = 290
WINTER	Courses	cr.
NSG 2126	Professionalism and Ethics in Family Nursing	1
NSG 2136	Practicum: Family Nursing Interventions	3
NSG 2302	Theoretical Perspectives of Family Nursing Interventions	3
NSG 3302	Research in Nursing and Health	3
PHS 4300	Pathophysiology	3
PHI 1370	Philosophical Issues in Health Care	3
PSY or SOC	3 cr. of PSY from PYS1102, 2105*, 3105*, 3128* or SOC at the 2000 lever or above	3
Theory: 15 cr.; laboratory: 2 cr.; clinical: 2 cr.		Total Hours = 325

YEAR 3 (last year offered 2008-2009)		
FALL	Courses	cr.
BAC 2100	Microbiology and Immunology	3
NSG 3103	Theory in Nursing	3
NSG 3125	Professionalism and Nursing Practice	1
NSG 3131	Illness Experiences	3
NSG 3135	Practicum: Acute Care	3
NSG 3140	Community Health Nursing	2
NSG 3145	Practicum: Community Health	3
Theory: 11 cr.; laboratory: 1 cr.; clinical: 6 cr.		Total Hours = 403
WINTER	Courses	cr.
NSG 3126	Professionalism and Ethics in Nursing Practice	1
NSG 3132	Selected Illness Experiences Across the Life Span	2
NSG 3136	Practicum: Selected Illness Care	2
NSG 3137	Practicum: Mental Health	3
NSG 3152	Community Health Program Planning	3
NSG 3153	Practicum : Program Planning	2
NSG 3320	Mental Health Nursing	3
Elective		3
Theory: 11 cr.; laboratory: 1 cr.; clinical: 7 cr.		Total Hours = 442

YEAR 4 (last year offered as of 2009-2010)		
FALL	Courses	cr.
NSG 4125	Professionalism and Health Care Organizations	1
NSG 4130	Complex Health Situations	3
NSG 4435	Practicum: Complex Health Care	6
NSG 4134	Political and Economic Contexts of Health Care	3
Elective		3
Theory: 6 cr.; laboratory: 1 cr.; clinical: 6 cr.		Total Hours = 338
WINTER	Courses	cr.
NSG 4126	Professionalism and Nursing Services	1
NSG 4132	Nursing Informatics	3
NSG 4445	Consolidation Practicum	8
Theory: 6 cr.; laboratory: 1 cr.; clinical: 8 cr.		Total Hours = 416

New Curriculum -10 credits starting September 200

YEAR 1 offered in 2007-2008		
FALL	Courses	15 cr.
ANP 1105	Anatomy and Physiology I	3
ENG 1100	Workshop and Essay Writing	3
PSY 1101	Introduction to Experimental Psychology	3
HSS 1101	Determinants of Health	3
Elective		3
Theory: 15 cr	Total Hours = 195	
WINTER	Courses	15 cr.
ANP 1106	Anatomy and Physiology II	3
ANP1107	Anatomy and Physiology III	3
BAC 2100	Microbiology and Immunology	3
PHI1370	Philosophical Issues in Health Care	3
Theory: 15 cr.	Total Hours = 195	
YEAR 2 (offered 2008-2009)		
FALL	Courses	15 cr.
HSS 2381	Measurement and Data Analysis	3
NSG 2113	Introduction to Nursing	3
NSG 2117	Health Assessment	3
PHS 4300	Pathophysiology	3
PSY 2114	Lifespan Psychology	3
Theory: 15 cr	Total Hours = 221	
WINTER	Courses	15cr.
HSS 3101	Health Research: Quantitative and Qualitative Approaches	3
NSG 3113	Introduction to Nursing Practice	3
PHA3112	Pharmacology	3
Elective		3
Elective		3
Theory: 12 cr	Clinical: 3cr. Total Hours =273	

YEAR 3 (offered in 2009-2010)		
FALL	Courses	15cr.
NSG 3320	Mental Health Nursing	3
NSG 3137	Practicum: Mental Health Nursing	3
NSG 3111	Care of the Childbearing Family	3
NSG 3311	Practicum: Childbearing Family	3
NSG 3127	Nursing Professionalism and Ethics	3
Theory: 9 cr.	Clinical: 6 cr.	Total Hours = 351
WINTER	Courses	15 cr.
NSG 3107	Family-Centered Care of Children with Acute and Chronic Illness	3
NSG 3307	Practicum: Family Centered Care of Children with Acute and Chronic Illness	3
NSG 3105	Care of Adults Experiencing Illness	3
NSG 3305	Practicum: Care of Adults Experiencing Illness	3
NSG 3103	Theory in Nursing	3
Theory: 9cr.;	Clinical: 6 cr.	Total Hours 351

YEAR 4 (offered as of 2010-2011)		
FALL	Courses	15 cr.
NSG 3123	Community Health Nursing	3
NSG 3323	Practicum: Community Health Nursing	3
NSG 4330	Complex Nursing Care	3
NSG 4430	Practicum: Complex Nursing Care	6
Theory: 6 cr.	Clinical: 9 cr.	Total Hours = 429
WINTER	Courses	15 cr.
HSS 4120	Interprofessional Health Care Practice	3
NSG 4134	Political and Economic Contexts of Health Care	3
NSG 4245	Consolidation Practicum	9
Theory 6 cr.	Clinical: 9cr.	Total Hours = 429

1.5.5 Student Praxis

During the program, students acquire the knowledge, skills, and attitudes required for competent nursing practice. Bringing these three foundations of nursing together leads the student to begin demonstrating praxis – high level practice reflecting an evidence and theory base. In the first year, the three elements tend to be quite separate and the student’s ability to bring together new knowledge, skills and attitudes simultaneously is limited. By the end of the program, students are able to bring knowledge, skill and attitudes together and consistently demonstrate some level of praxis. There remains some separation of the 3 factors as new graduates have not yet achieved the fusion into seamless praxis evidenced by expert practitioners.

1.5.6 A Collaborative Program

The Generic Baccalaureate of Science in Nursing (BScN) is a collaborative program, which means that the curriculum was designed and is now delivered jointly by both the University of Ottawa, Algonquin College (Woodroffe and Pembroke Campuses) and *La Cité collégiale*. Specific agreements link the University with its College partners. The students registered at the Algonquin College (Woodroffe Campus) take their nursing courses (NSG) on the college campus and the non- courses at the University. Those students at Pembroke Campus take all their courses on site with some NSG courses delivered by distance. Finally, all students in the program in French are taking their courses together. Students are governed by the academic policies and regulations of the University of Ottawa.

The program in French also has a collaboration with the “Collège universitaire de St-Boniface”(CUSB), Manitoba. Once the students from CSUB have completed and graduate from their three years diploma program, they may choose to register in the fourth year of the Bachelor of Sciences in Nursing program at the University of Ottawa and upon completion have their Bachelor of Sciences in Nursing from the U of O.

2.0 Information for Part-time Professors

2.1 Centre for University Teaching

The Center for University Teaching exists to promote and provide support for the development and provision of the highest quality teaching throughout the University. The Center has developed tools and a number of programs and services to fulfill its mandate of promoting excellence and innovation in teaching. You are invited to visit their Web site at <http://www.uottawa.ca/services/tlss/cut>

2.1.1 Handbook for Professors

The Centre for University Teaching publishes a Handbook for Professors at the University of Ottawa. This online manual is your best source for general information on teaching, basic academic and administrative policies and procedures. The fourth edition is available at http://www.uottawa.ca/services/tlss/cut/prof_handbook/profhandbook_p1.htm

2.1.2 *Services*

The Centre for University Teaching offers the following free confidential services:

- Review of professor course evaluations and student comments;
- Selection and self-use of a feedback strategy;
- Observation of professor's class;
- Survey of students' reactions;
- Videotaping of professor's class.

Other services available at the Centre for University Teaching include:

2.1.3 *Orientation for New Professors*

The Centre, in cooperation with the faculties and services of the University, offers a program for new academic staff that takes place near the end of August. The program includes special Orientation Days and a variety of Workshops for New Professors. All new faculty members receive the handbook entitled Teaching at the University of Ottawa.

2.1.3.1 *Orientation Days*

The program includes presentations and information concerning the University, its many services, programs, and facilities. New professors are given the opportunity to meet and speak with some key people in the University as well as colleagues. The President greets all new professors and lunch is provided by the University.

2.1.3.2 *Workshops for New Professors*

A series of workshops designed to provide some of the basics that new professors may find helpful for their career in teaching. New professors are encouraged to participate in as many of these activities as possible. For more information go to:

http://www.uottawa.ca/services/tlss/cut/new_profs/new_professors_e.htm

All new academic staff may also participate in all programs and services offered by the Centre. For additional information, have a look at all the programs and services available at the Centre for University Teaching.

2.2 **APTPUO Collective Agreement**

Information on collective agreement benefits (e.g. pension plan) is available from Human Resources, Tabaret Hall Room 019. You can also access the whole document at www.uottawa.ca/services/hr/APTPUO.pdf.

2.3 Identity Cards

If you are new to the University, you will need to procure an identify (ID) card for access to resources such as the library. Your ID card can be obtained on the main campus at Human Resources, Tabaret Hall Room 019 between 0800 and 1600. You must bring a signed copy of your contract.

2.4 Name Tags

For nametags, contact the Administrative Assistant at extension 8428 rita.gour@uottawa.ca or visit room RGN 3051. Allow at least 2 weeks for delivery.

2.5 Office Supplies

Office supplies are available in Room 3051. Please sign the sheet to indicate the supplies taken.

2.6 Part-Time Faculty Work Area and Telephone

In **Room 3202** of Roger Guindon,(code 4-8-6-2) there is one section with three working stations where computers and telephones are available. Two interview rooms are also available and you may use them on reservation. You will be assigned an access code to use the photocopy machine. Part time mailboxes are located in this room. There is also a drop box for the students' assignments.

2.7 Voicemail

For voicemail access, complete the form attached to your contract. For further information, please contact the Administrative Assistant at extension 8428, Room 3051.

2.8 E-mail

Part-time professors can use their personal e-mail addresses to communicate with students. However you can obtain a uottawa.ca e-mail address by contacting the Regis Fore at extension 5606

For your Info web password to access class list, please contact the help desk at extension 6555.

<http://www.ccs.uottawa.ca/helpcentre/helpform.html>.

2.9 Requirements for clinical (immunisation, etc.)

It is mandatory that clinical professors submit evidence of several clinical requirements such as immunisation. See memo in Appendix A for detailed information.

3.0 Resources from the Faculty of Health Sciences

Please refer to the

Professor's handbook: Policies and Guidelines Pertaining to Undergraduate Studies prepared by the Academic Secretariat, Faculty of Health Sciences:

<http://www.health.uottawa.ca/pdf/professors%20handbook.pdf>

3.1 Academic Secretariat

The Academic Secretariat maintains student files, information on course offerings, timetable etc. and book rooms for classes and sessions. The Academic Secretariat is located in Room 2014. Office hours are 09:00 to 16:30. The *Academic Advisors for the Generic Program* are part of the Academic Secretariat. You can refer students in need of Academic Counselling to 562-5800 ext. 8063.

3.2 Access Service for Students with Special Needs

Access Service offers services to students who have motor or visual disabilities are deaf or hard-of-hearing, have learning disabilities, or physical or mental health problems.

Students must be formally identified as having a learning disability to access Special Needs Services through the Access Service.

The student is responsible for having a form signed by self and professor and sent to Access Service 10 working days before an exam. The form must also indicate course code, time, date, and length of exam. A copy of the exam can be sent by the professor, the secretary, or arrangements can be made for someone at Access Service to pick up the exam. Students receive one and one-half of the scheduled exam time to write.

Access Services is located at the University Centre, Room 339 and can be reached by phone at (613) 562 5976, e-mail at: adapt@uottawa.ca
www.sass.uottawa.ca/en/access/

3.3 Bookstores

Health Sciences Bookstore located at Ottawa Hospital General Campus Main Entrance (501 Smyth Rd) where nursing texts can be purchased. The bookstore can be reached by phone at (613)737-8847.

University Bookstore is located on Main Campus (University Centre, 85 University Priv.) The bookstore can be reached by phone at (613) 562 5348; 562- 5353 or e-mail at libbook@uottawa.ca.

3.4 Bulletin Boards

Each year of the English and French Generic programs has its own bulletin board on the wall of the third floor corridor. Messages for students are left there (e.g. timetables, student assignments). There is also a bulletin board where part-time professors' jobs vacancies and pertinent information are posted.

3.5 Foot patrol

The University of Ottawa Foot Patrol believes in "Safety in Numbers" and is available to be used. Instead of walking alone between 5pm and 2am Monday to Friday, call the Foot Patrol at 562-5800 ext. 7433 for a team of two patrollers to escort you to your destination. (Or try using the FREE yellow button on most payphones on campus to call) The Foot Patrol will take you anywhere within a 45 minute walking distance from the University, including vehicles and bus stops.

Arrangements can also be made to have a team meet you outside your class every week. To schedule a team, ask for more information, or inquire how you can become a volunteer, call ext. 7433 or stop by the office at UCU 08A.

3.6 Libraries

The Health Sciences Library (562 5800 ext. 5407) is located at the Health Sciences Complex. Text and journals on nursing and health subjects are housed here. Filmstrips, slides and videotaped can viewed. On-Line computer searches can be conducted for a reasonable fee. Cubicles with laptop/internet connection are available for use.

The Morisset library is on the main campus. They are part of the Library Network accessible to students at the University of Ottawa

3.7 Lounge and Eating Facilities

There is a staff lounge on the third floor to the right of the elevators. There isn't a cafeteria in the building; however, food can be purchased at:

- The Café and vending machines situated close to the student lounge, first floor.
- Ottawa Hospital TOH- General Site, Cafeteria (access through walkway)
- Ottawa Hospital Rehabilitation Centre Cafeteria (access through walkway)
- Children's Hospital of Eastern Ontario (C. H. E. O.) Cafeteria and Café (access through walkway).

3.6 Nursing Skills and Simulation Lab

The labs are located on the third floor of Roger Guindon Hall in rooms 3036, 3045 and 3046. They are locked with codes. Each lab is furnished with the same equipment. We now have high-fidelity simulators, baby, child, adult and birthing mannequin and virtual reality equipment for IV insertion. The labs are under the Clinical Coordinator whose office is located on the third floor across from the labs (ext. 8411).

4.0 Equipment and Reprography Information

4.1 Audiovisual Equipment at Guindon Hall

You can contact medtech@uottawa.ca or at extension 5648 to reserve audiovisual equipment. Please provide at least a 24-hour notice period for any reservation of equipment. You can pick up any reserved equipment in room RGN 2129.

Video cameras, tape recorders, overhead projectors, data-projectors, slide projectors, computers for presentation, teleconference equipment, flip chart, etc. are available. For more information visit our web site at: www.academic/med/medtech.

The help desk (extension 5648) is operational from 8 am to 5 pm Monday to Friday.

4.2 Copyright

The University has a CANCOPY license to allow copying of certain journal articles or portions of texts. In photocopying materials, please ensure that you are adhering to CANCOPY regulations. When placing documents on reserve, you must indicate the publisher on the front page.

If having documents copied for student packages, complete a form available from the Undergraduate Program Secretary who will then send the form and a copy of the articles to reprography. Reprography will obtain the clearance for copyright. For more CANCOPY License Information call 562-5800, ext. 3105 or obtain a handout from the Undergraduate Program Secretary.

It is not acceptable to distribute copies of articles to students without going through this process.

4.3 Photocopies and Reprography

You will be given a photocopy code and assigned a maximum number of photocopies for copying critical documents for evaluation in clinical courses and for class related activities. This information is sent to you by mail with your contract.

This number of copies is not meant to include course outlines, reserve readings or student packages, which should be submitted to the Undergraduate Program Secretary.

Professors must bring all documents to be reproduced at the reprography services to the Administrative Secretariat. Professors shall not go directly to the reprography services.

5.0 Course Information

For complete course information, please refer to the undergraduate studies calendar in paper version or online at

<http://www.uottawa.ca/academic/info/regist/crs/ssanEN/ssan-eng.htm>.

5.1 Course Outlines

The professor must distribute a course outline to students at the first regularly scheduled class. The outline should include the following information (see the template to use in Appendix B).

- Heading: University of Ottawa, Faculty of Health Sciences, School of Nursing
- Course code & course title
- Name of professor, qualifications, & contact information (Phone and Email)
- Description of the course as is written in the course calendar
- Outcomes or objectives
- Point form summary of weekly topics to be covered in class
- Methods of evaluation including the percentage weight of the different components of the final mark
- Information regarding the submission of assignments
- Attendance and participation requirements
- List of required readings
- Bibliography

A copy of the course outline must be submitted to the Generic Program Secretary in Room 3051. The deadline for submitting course outlines is the last week of July for the fall Semester and the 3rd week of November for the winter courses in order to allow enough time for reproduction.

5.2 Credit Hours and Student Workload

When determining the amount of after-class work to give students, please consider that each credit approximately corresponds to a total of 39 hours. The in-class hours and the personal time devoted by students to their coursework will vary according to the type of class, be it theory, laboratory or clinical practicum.

3.2.1 Theory Credits

One credit in a theory course is equivalent to 13 in-class hours per session with the expectation of 26 out-of-class hours of individual coursework for a total student input of 39 hours per credit.

3.2.2 Lab Credits

One credit in Lab is equivalent to 26 in-class hours per session with the expectation of 13 out-of-class hours of individual coursework for a total student input of 39 hours per credit.

3.2.3 Clinical Credits

One credit in Clinical is equivalent to 39 in-class hours per session with the expectation of no out-of-class hours of individual coursework for a total student input of 39 hours per credit. Personal work should be conducted during these 39 hours.

5.3 Teaching Evaluation

Each professor is evaluated for the courses given. The evaluation of teaching is conducted to (a) provide professors with data that might help them improve their teaching; (b) establish a means of tracking teaching performance when decisions are made regarding the re-hiring of teaching personnel; and (c) provide students with information on some aspects of their professors' teaching.

This process occurs towards the end of each course. The Academic Administrator sends a memorandum to the professor responsible for each course requesting that she(he) recruit a student to administer the evaluation and identify the exact date and location of the evaluation. Evaluations must take place within the time frame identified by the Academic Secretariat.

The professor responsible for the course must request from the Academic Secretariat an evaluation package for each person teaching at least 9 hours in the course.

For courses taught by more than one professor, the evaluation must take place as soon as possible once a professor's contribution to a course is complete.

Students should not evaluate more than one professor at a time.

The evaluation must take place during the first twenty to thirty minutes of the class.

The professor must not be present in the classroom during the evaluation.

The student returns the sealed envelopes to the Academic Secretariat.

5.4 Cancellation of Classes

Professors should not cancel classes without prior authorization of the Dean. In the case of events such as winter storms, decisions concerning the cancellation of classes are taken by the Office of the Vice-Rector (Academic), which also assumes responsibility for public announcement of cancellation. Individual professors should not take responsibility for such decisions.

Absence must be reported immediately to the Undergraduate Assistant Director.

6.0 The clinical experience

6.1 Guidelines for Clinical Experience

1. Knowledge

- a. The part-time professor will assign patients accordingly (See Patient Assignment Form in Appendix C).
- b. The student is encouraged to gather information relative to patients in order to effectively utilize the nursing process.
- c. The student, as a member of the nursing team, participates in team conferences and contributes to nursing care planning in order to ensure continuity of quality nursing care.
- d. The professor must obtain sufficient knowledge about the student's patients, thus the nursing staff with expertise may be sought as resource people.

2. Skills

a. *Observation*

In selecting observational situations, we recognize that staff with expertise can provide excellent learning experiences for the student.

b. *Practice*

The professor assumes responsibility for the teaching and supervision of nursing skills performed by the student. When this is not possible, the professor would either:

- i. Request that the nursing staff, responsible for the patient(s) to whom the students are assigned, perform the skill which the student cannot perform without supervision. The student may be invited to observe.

OR

- ii. Consult with the nursing staff and request that they supervise the skill being performed by the student.

c. *Communication*

- i. The School must assume the responsibility of continuously informing the hospitals and specific units of their nursing program, level of the student and objectives of the experience. The above information should be relayed to all staff members.
- ii. The professor recognizes the importance of consulting with the nursing staff in selecting an appropriate patient assignment, as the unit staff is ultimately responsible for all patient care.
- iii. The assignments will be made prior to each weekly experience and posted according to unit policies.
- iv. It is imperative that the student receive pertinent information from the unit staff prior to commencing patient care.
- v. As a responsible team member, the student must:

- Report observations and nursing actions to the nursing staff at the appropriate time, as well as to the professor, and record pertinent data according to unit policy.
- Report directly to the appropriate nursing personnel, whenever leaving the unit.
- Notify the unit and the clinical instructor prior to the shift if she(he) will be absent.

d. *Evaluation of the Student's Performance*

The professor is ultimately responsible for evaluating the student's progress for each experience and assuring that a written record is maintained.

In order to obtain a comprehensive report of the student's progress, input from the nursing staff is essential to the professor.

The professor requests that the nursing staff consult with her/him if there is an incident or area of concern regarding the student's performance.

6.2 Evaluation of Student Learning in Laboratory and Clinical Courses

The clinical evaluation is a crucial component of a professors' role. We cannot emphasize enough the importance to familiarize yourself with the philosophy underlying the evaluation process and to refer to the course professor for further assistance.

Specific forms have been developed by professors at the School to facilitate and standardize evaluation of students in the laboratory and in the various clinical settings. There are no grades assigned to lab and clinical courses, students either pass or fail.

A photocopy of the final evaluation is given to each student at termination of the clinical experience by the clinical professor at the School's expense. Prior to starting a new clinical course, students are asked to provide to their clinical professor the summary clinical evaluation record for the previous clinical experience which includes strengths and areas of improvement.

6.3 Anecdotal Notes

An anecdote is a description statement of a single incident. Anecdotal records allow the teacher to provide ongoing feedback to the student that provides reinforcement of successful performance and identifies areas that need improvement.

The critical incident technique is an adaptation of the use of anecdotal notes. Critical incidents are facts not opinions, judgments or generalizations.

Critical incidents encourage the student to concentrate on events that made a difference in the outcome of an activity. It could constitute an incident that was particularly demanding or that went unusually well.

The form enclosed is a blend of critical incident and anecdotal record technique. In this way, the student identifies the critical incidents in a weekly experience and yet is provided the opportunity to reflect on his/her performance.

Anecdotal notes are an excellent resource for helping students complete their self-evaluation and for monitoring weekly progress. It is expected that the students will write the anecdotal notes in the prescribed format. An effective anecdote must be relevant, significant, factual, concise and written in behavioural terms. These notes should be no more than one page in length for each critical incident described.

Anecdotal notes serve as an aid to memory. In many ways they are “verbal snapshots” (Craig, 1978) which, allow the recorder to recall incidents. By comparing behaviours that students exhibit at the beginning and end of a clinical experience, both the student and the clinical teacher are able to assess the amount of progress that has occurred.

Anecdotal records also illustrate patterns of performance or learning over time. This information may reveal difficulties that need to be rectified or areas requiring additional experience.

With this representative picture of the student’s performance on a week-by-week basis, the final evaluation should be straight forward with no surprises. When the time for final evaluation comes, the anecdotal records provide the data needed for determining the student’s strengths and areas for improvement. These effective and ineffective behaviours are related to the specific clinical course objectives and a decision is made as to whether the student has met these objectives. (See Appendix E, Liberto et al. (1999) article for further description of anecdotal notes).

6.4 An Example of Anecdotal Note Submission: NSG 4435

Anecdotal notes are reports of critical incidents that occur in clinical practice. During the four years of this program you will be asked to keep comprehensive anecdotal notes on your clinical practice. These notes are an excellent resource for helping you complete your clinical self evaluation and for monitoring your weekly progress clinically.

Reflection on clinical events can help you derive meaning and learning from practice. For example, reflection can help you approach a similar practice situation differently next time, help you perceive the experience through the patient’s eyes and help you examine aspects of yourself. A critical incident is:

1. An incident in which you feel your intervention really made a difference in patient outcome.
2. An incident that went unusually well.
3. An incident in which there was a breakdown.
4. An incident that was particularly demanding.

For submission of anecdotal reports, check your clinical practicum course outline and your clinical professor for details on the frequency and day of submissions. You are requested to keep all anecdotes in a binder, which is submitted, to the clinical professor. The clinical professor will review your anecdotal reports submitted must be dated and signed by you and by the clinical professor when reviewed.

The School's format for anecdotal reporting is described below. The report must include the 3 columns listed below. The clinical professor will fill in the third column only so these columns will be blank when you submit your report.

Format:

Objective	Subjective	Comments by Clinical Professor
This description must include the date; pt's initials and diagnosis; what happened (e.g. when, where, how and who was involved; what you did; what the patient or others felt and did) and what the outcomes were for all involved with the event.	This reflection must detail your own evaluation of the meaning of the incident in terms of your nursing practice. For example, include the importance of the incident to you; your understanding of the incident (e.g. why you and others acted the way you did) and your feelings and beliefs about the patient situation; what other approaches could you have taken; how you will prepare for this or a similar situation in the future; what future learning needs have you identifies as a result of this incident.	

Adapted from:

- Brokenshire, A. (1998). Towards reflective practice: learning from experience. *Registered Nurse*, 10, 7-8.
- Patton, J.G., Woods, S., Agarenzo, T., Brubaker, C., Metcalf, T. & Sherrer, L. (1997). Enhancing the clinical practicum experience through journal writing. *Journal of Nursing Education*. 36(5), 238-240.
- Perry, L. (1997). Critical incidents: crucial insights into the working lives of registered nurses. *Journal of Clinical Nursing*. 6, 131-137.

6.5 Responsibilities of Clinical Professors Regarding Anecdotes

- a. Comment on students anecdotes and add pertinent information. For example, teachers must give feedback regarding the student's performance. Is the student functioning at the level expected (based on the course objectives for that particular year)? What suggestions do you have to help the student improve? Comment later on as to whether student used any of these suggestions or carried out other remedial action. In addition, the teacher should point out any glaring discrepancies such as omission of mention of a medication error made by the student. This is called the "generosity error" whereby only desirable actions are recorded. The teacher should also comment, for example, if a student is being overly self-critical when in fact he/she has performed very well (the "severity error"). Sometimes two anecdotes are required about the same incident. For example, in a crisis the student might carry out appropriate physical measures but ignore the patient and family.
- b. Return anecdotes to student each week.

Note: In the event of the student who has difficulty meeting the clinical course objectives, the clinical professor will photocopy the anecdotal notes by the student with the professor's comments. The student will be notified of this measure. These photocopies will be kept by the professor until the final evaluation of the student for the clinical occurs. If the student, who is having clinical difficulties, passes the final clinical course evaluation, the professor will destroy the photocopied anecdotal notes. On the other hand, if the student fails the clinical course, the photocopied anecdotal notes will be kept on the student's file for a maximum of twelve months, after which period they will be destroyed.

6.6 Responsibilities of Students Regarding Anecdotal Records

- a. Use the "student guide to writing anecdotal notes" to assist you.
- b. Utilize the anecdotal notes format provided.
Write in ink please.
It is essential that you make subjective comments about your objective data. For example, if you are a second year student and a medical crisis occurred with your patient, you might comment that you felt your contribution in providing emergency measures was limited. This would be considered a natural reaction given that you are a second year student. However, what other contributions were you able to make, for example, in terms of support to family.
- c. Submit anecdotes to clinical teacher on the designated day. These notes must be in a binder or folder.
- d. Once the clinical teacher returns the anecdotes to you, read the teacher's comments and that sign the anecdotes.
- e. Use theses anecdotes to help you complete the clinical evaluation form designated for each year.
- f. You are encouraged to keep your anecdotal notes as a record of your progress from year to year.

6.7 Responsibilities Concerning Weak / Failing Students

6.7.1 Responsibilities of the Clinical Professor

- a. Identify specific student behaviours reflecting unsatisfactory clinical performance (orally as well as on student's weekly anecdotal notes.) (Detailed information is provided on anecdotal notes in section 9 of this manual).
- b. Develop with student and document a plan that reflects ways of improving performance.
- c. Contact professor organizing clinical course to review student's performance and strategies to assist student to improve clinical performance.
- d. Document interactions with student regarding clinical performance.
- e. Photocopy anecdotal notes of student with clinical professor's comments.
- f. Review documented anecdotal notes and **midterm/final evaluations** with professor organizing clinical course prior to giving an unsatisfactory student evaluation.
- g. Include in evaluation interview a review of all written documentation and advise student to discuss situation with professor organizing clinical course.

6.7.2 Responsibilities of the Professor Coordinating the Clinical Course

- a. Review with clinical professor student's behaviours reflecting unsatisfactory performance and plan of action for providing assistance.
- b. Review student file for information on previous pattern of clinical performance and academic progress. Communicate relevant data to clinical professor.
- c. Maintain communication with clinical professor to review implementation of proposed plan and documentation of student's performance and progress.
- d. Inform the Assistant Director of student difficulties and proposed plan of action.
- e. Review documented anecdotal notes and written clinical evaluation of failing student prior to clinical professor giving the evaluation.
- f. Meet with student who is failing/failed in order to obtain his/her perception of situation. Explain if the impact of a clinical failure and refer student to Assistant Director of the Generic Program considering an appeal of clinical course failure, or if considering withdrawal from course.

6.7.3 Responsibilities of the Assistant Director

- a. Review with professor organizing course;
 - Student's clinical performance;
 - Expected minimum performance to pass course;
 - Assistance provided by clinical professor;
 - Data from student's file re-progress.
- b. Meet with student to review impact of clinical failure, advise re-course of action and explain procedure of appealing a clinical course failure.
- c. Present student's case to Executive Committee in the event of appeal.
- d. Advise Director of appropriate professors to review appeal of clinical grade.
- e. Monitor student's performance of repeated clinical courses.

7.0 Academic Information

7.1 Evaluation of Student Learning in Theoretical Courses

Professors have the discretion to choose the method of student evaluation to be used. However, there must be at least two evaluations with neither one being worth more than 70% of the final mark (It is recommended that neither evaluation be worth more than 50%).

Professors are reminded that students may drop courses at predetermined dates. It is important for students to receive some feedback on their performance before the withdrawal date which allows them to receive back half of their tuition fees for the course. While there is no University policy, the School of Nursing recommends that students receive feedback covering 25-30% of their final grade by this date. Please consult the Timetable published by the University for specific dates or visit http://web1.uottawa.ca/uopr/regist/dates_e.asp

It is acceptable to assign students a final paper or presentation instead of a final examination.

It is acceptable to give students the choice between two or more options (e.g. a presentation or a paper for 10% of the mark) as long as the alternatives are equally demanding and effective in assessing the competence of the students in meeting the course objectives. However, if a choice is given, it is advised that a deadline be set for students to make their choice.

The use of statistical curves to determine the distribution of marks is contrary to University policy.

Before printing the course outline, part-time professors and new full-time professors are encouraged to discuss their planned evaluation mechanism as well as the distribution of their marks with the Assistant Director of Undergraduate Studies, to ensure the evaluation is appropriate. **Course grades should reflect a range of marks.**

7.2 Academic Fraud

If a professor suspects academic fraud, but it is not clear if it is intentional, they can speak to the student but the professor cannot decide on a sanction.

With suspected cases of Academic Fraud in exams the professor can submit the allegations in writing, with supporting documentation directly to the Dean. Subsequently a letter will be sent to the student informing her/him of the allegation, the student has 10 days to reply. The case will then be submitted to the Committee of Academic Standing. This Committee makes a decision on whether or not the allegations are founded and recommends when appropriate the sanctions. The student can appeal of the Committee's decision to the Senate.

For more information on Academic Fraud, consult the following webpage:

http://www.uottawa.ca/academic/info/regist/crs/home_5_ENG.htm

7.3 Confidentiality of Information Concerning Students

The University is committed to maintaining and protecting the confidentiality and privacy of personal information. Only the academic secretariat is allowed to use, modify or disclose student information. Student information is kept only for as long as required by law or to satisfy the purposes for which it was collected. When the personal information is no longer required, it is eliminated.

Type of information that might be collected includes:

- Identity-related (name, address, telephone number, etc.)
- Academic (programs of study, performance information, degree, etc.)
- Financial (charges, payments, credit card, bank account, etc.)
- Fiscal (social insurance number, tuition fees, bursary, etc.)

Clinical professors must prevent from discussing students' performance among themselves.

7.4 Grading System

For passing grades for each program within the Faculty please refer to page 8 of the 2005-2006 Health Sciences Faculty calendar or online at

http://www.uottawa.ca/academic/info/regist/crs/ssanEN/SSAN_7.htm

7.5 Grading of Multiple-Choice Exams Through the Computing Centre

It is possible to use the optical scanning facilities of the Computing Centre, 136 Jean-Jacques Lussier, Vanier Hall, Room 547, tel: (613) 562-5867 to score multiple-choice exams. The marks will be returned to you by e-mail. Please consult your secretariat for further information.

7.6 Special Allowance for Individual Students

If a student misinterprets an assignment and the misinterpretation of the assignment results in a failure in the course, it may be acceptable in rare circumstances to allow the student to rewrite the paper. (Please consult the Assistant Director). However, it is recommended that students who rewrite receive a minimal pass in the course.

The professor and student negotiate a date for submission. The student may need an extension beyond the end of the semester. If this is the case, **the student must obtain a deferral form from the Academic Secretariat** that the professor and student must complete and sign. Deferrals may be given for up to a year.

7.7 Students' Complaints/Appeals

The University recognises the right of all students to see upon request any of their written tests, assignments or examinations after they have been marked. Students dissatisfied with a mark are encouraged to first approach the professor to obtain a re-evaluation.

It is recommended that students put their concerns in writing and identify where they feel they deserve more marks. The professor then reviews with the students what they feel was unfair and why. The professor can choose to retain the original mark or change the mark.

Students who remain dissatisfied have the option to further challenge the mark by requesting (in writing to the Director), a re-evaluation of their assignment. The appeal procedure for the revision of marks is in the Health Sciences Calendar or online at http://www.uottawa.ca/academic/info/regist/crs/ssanEN/SSAN_7.htm. The mark received from this challenge usually stands, whether it is lower or higher than the original mark.

7.8 Submission of Marks to the Academic Secretariat

Final marks are to be submitted to the Academic Secretariat no later than 10 working days after the date of the final examination. Marks can be submitted electronically using GradeBook or Excel. Marks can also be submitted manually on the class list supplied by Academic Secretariat or by submitting a hard copy of the Excel file.

8.0 Miscellaneous

8.1 Clinical Attendance

Clinical attendance is compulsory (clinical refers to agency placements, laboratory sessions and community-based experiences including clinical seminars). Unjustified absence from labs and clinical courses will be grounds for failure.

If a student is absent from clinical practice, a form must be completed by the student and attached to the student's Summary Clinical Evaluation Record (See Form SN 113B, Appendix E).

8.2 Food and Drink in Labs

In keeping with the corporate Occupational Health and Safety (OHS System), the OHS Act of Ontario as well as other workplace legislation, it is policy that food and drink are banned from labs.

8.3 Guest Speakers

Professors select and approach guest speakers for their classes. It may be helpful to consult the list of joint appointees available from the Assistant to the Director. Please note that **the School does not pay an honorarium for guest speakers** but you can contact **the** Administrative Assistant to organize a parking voucher which is available for them. For exceptional circumstances, please contact the Assistant Director.

A thank you letter on University of Ottawa Letterhead is recommended.

Caution is advised in using several guest speakers in a course. Too many speakers can be disruptive and confusing for students. It is the professor's responsibility to integrate guest speaker content into overall course content to facilitate student understanding.

8.4 Use of Electronic Devices

During an examination or a test, students must not have the following in their possession: cameras, radio (radio with head set), tape recorders, pagers, calculator watches, palm technology, cellular phones or any other communication device which has not been previously authorized.

8.5 Student Misconduct

As much as possible, avoid reprimanding, insulting, or drawing attention to the disruptive student, particularly in front of others.

When dealing with general noise or chatter in the classroom the best strategy is to address it directly and immediately.

When dealing with directed hostility, consult an experienced colleague on possible courses of action. Professors are also invited to contact the Centre for University Teaching for assistance in dealing with these situations. If disruptive classroom behavior persists with a particular student this may be symptomatic of a serious personal problem with which the student needs professional assistance. It is not advisable to deal with such problems yourself. Refer the student to one of the student services described in this Handbook.

8.6 Uniform and Dress Code Policy

The following uniform and dress code guidelines apply to hospital and community settings.

Hospitals:

- a. Uniform: short-sleeved white, coloured, or coordinating prints.
- b. White Lab Coat (full or hip length).
- c. Shoes: solid white, completely closed front and back with flat heels (may include regulation duty shoes, leather walking shoes, leather or vinyl running shoes),
- d. Stockings/Socks: plain white only; no socks allowed with dress uniform.

- e. Jewellery: one pair of pierced ear studs or sleepers allowed; no other visible studs or rings on other parts of the body; one ring without raised stones.
- f. Hair: if longer than collar length, must be tied back with hair accessories that are simple and conservative in size and color.
- g. Nails: no nail polish; nails must be short and manicured.
- h. Identification: University Name Tag.
- i. No Perfumes

Community Settings:

In addition to the above guidelines (e to i), the following dress code shall apply.

- a. Conservative style, no jeans, tops must be tucked in or hip length.
- b. Shoes: completely closed front and back with flat heels.

NOTE: When the clinical agency policy contradicts the University of Ottawa policy, the clinical agency policy takes precedence.

8.7 Workplace Accident

A workplace accident in an educational placement may be related to:

- Contracting an illness at placement location e.g. measles, etc,
- Work related injury such as needlestick injury or back injury.

A Worker's Compensation Board package and forms to be completed in the case of an accident/incident are deposited in the Part-time Professors mailbox at the beginning of each session (See Memo in Appendix F).

If an accident/incident as the above takes place, please follow the procedure below:

First:

1. Follow the agency protocol
2. Complete agency forms with necessary signatures and remove the name of the client.

Then:

1. Complete the WCB forms
2. Bring the completed forms to the Assistant to the Director of the School as soon as possible.

Note that when an accident/incident occurs, the School has twenty-four (24) hours to send in the completed forms to Human Resources and will receive a penalty when sent later.

8.8 Policies and Protocol related to Blood Borne Diseases

Health care workers may become exposed to the blood and body fluids of a patient in the course of their work. Accidental exposure to blood or body fluids has been associated with the transmission of a variety of infectious agents such as Hepatitis B and C and HIV.

The following is a guide for clinical teachers in the event of exposure by themselves or their students in the clinical setting.

8.8.1 The risk of puncture injury can be reduced by

- a. Discarding used needles in puncture resistant and leak-proof disposal units.
- b. Obtaining assistance when administering parenteral injections or infusion therapy to uncooperative patients.
- c. Providing needle disposal units throughout the hospital in locations that facilitate their immediate use, for example patient rooms, nursing stations, etc.
- d. Not recapping needles. If a needle must be recapped, move it to a needle disposal unit and use a one hand system of recapping. **TWO HANDS SHOULD NEVER BE USED TO RECAP A NEEDLE.** (most agencies in city have needleless system but this is not the case frequently in the home setting)
- e. By using caution in cleaning up after patient care procedures.

8.8.2 Prevention of Mucous Membrane and Cutaneous Exposure

All contact between patient blood or body fluid and mucous membranes or skin of caregivers should be avoided. In a situation where contact with blood or body fluid is anticipated, gloves and if necessary gowns should be worn. If blood may be splashed on the caregiver (e.g. during childbirth, surgery or autopsy) then goggles should be worn.

8.8.3 Management of Exposures

In a situation of exposure, follow the institutional policy and procedures of the clinical agency .

8.9 Agency Guidelines

Please ask your clinical coordinator for the agency guidelines of your clinical practicum.

APPENDIX A

Clinical Requirements

MEMO

From: Christine Pilon
To: Clinical Instructors
Object: Requirements prior to Clinical Placements

It is mandatory that you submit evidence of current immunization, TB, CPR, College of Nurses registration, mask-fit testing and Police Records Check for the Vulnerable Sector before clinical placements can be arranged by the School of Nursing. You will find enclosed the forms to be filled.

➔➔ Note that reference to “students” on the forms enclosed applies to clinical instructors.

Use the checklist below to make sure that you include all the needed information.

Please submit the clinical requirements by mail, fax or in person to:

Darquise Valenzuela
Clinical Practice Assistant
School of Nursing, Room 3038
University of Ottawa
451 Smyth Rd.
Ottawa , ON, K1H 8M5

Telephone: (613)562-5800 ext. 8413

Fax: (613)562-5621

Checklist:

- CPR
- RN certificate of competence from the College of Nurses of Ontario
- Police Records Check
- TB (Mantoux test)
- Tetanus – diphtheria – polio
- MMR
- Hepatitis B – dates
- Hepatitis B
 - surface ANTIGEN serology
 - surface ANTIBODY serology
- Varicella
- Flu vaccine
- Mask fit-testing (3M N95)

APPENDIX B
Course Outline Template

Course Outline Template

Please follow the template below when creating your course outlines.



University of Ottawa Faculty of Health Sciences School of Nursing

Course Code – Course Title Semester and Year

Class Schedule:	Day, Time, Room, Hall
Professor:	Name and qualifications Office Telephone Fax E-mail
Availability:	Specify the hours

Description of the course

Write the description of the course as is written in the Undergraduate Calendar here.

Goal(s) of the Course (if applicable)

Write the goal(s) of the course here

Objectives of the Course

Write the objectives of the course here.

At the end of session, the students will be in a position to:

-
-
-
-
-

Schedule and Content

date	Topic and readings (if you wish)
date	Topic and readings (if you wish)
date	Topic and readings (if you wish)
date	Topic and readings (if you wish)
date	Topic and readings (if you wish)
date	Topic and readings (if you wish)
date	Topic and readings (if you wish)
date	Topic and readings (if you wish)
date	Topic and readings (if you wish)
date	Topic and readings (if you wish)
date	Topic and readings (if you wish)
date	Topic and readings (if you wish)
date	Topic and readings (if you wish)

Evaluation

Write how the students will be evaluated here and indicate the weight given to each evaluation.

Mandatory Readings

List the Mandatory Readings here if they are different from the ones cited above

Bibliography

Write the bibliography here.

APPENDIX C

Patient Care Assignment
Form SN 102

APPENDIX D

Liberto et al. (1999).

Liberto, T., Roncher, M., & Shellenbarger, T. (1999). Effective Clinical Evaluation and Record Keeping. *Nurse Educator*, 24(6), 15-18.

To discuss this article, go to Nurse Educator's Forum; <http://www.nursingcenter.com>;
Select these icons: Forum Discussions, Nursing Roles, and Academic Education

Abstract

Faculty use numerous techniques to evaluate student nurses' clinical performance. The development of keen observational skills is crucial to evaluating students' performance, but this is only the first step. Fair student evaluations require the faculty member to recall incidents and draw sound conclusions about clinical performance events. There are various tools to assist the nurse educator in evaluating students' clinical performance. The authors describe one such tool, the anecdotal record, used by nursing faculty for clinical record keeping and evaluation. Guidelines for anecdotal record keeping and solutions to common management issues related to anecdotal record keeping are provided.

Changes in educational environments and faculty roles have resulted in multiple measures of student performance over time. Before the development of the behaviorist model of education, evaluation was based on the assessment of learner characteristics such as appearance and personality. These early methods were biased, inconsistent, and ineffective in measuring the quality of student performance. The behaviorist approach led to the use of assessment of clinical performance through completion of expected checklist behaviors. Observation, focused on objectives, was used to record specific student behaviors in the clinical setting. However, clinical faculty found it difficult to differentiate between the various levels of student performance.¹ Measurable criterion-referenced standards emerged, and rating scales were implemented to evaluate the quality of student performance according to these standards. The most recent developments in performance evaluation involve outcome indicators.¹⁻⁴

Faculty use a number of tools to record their observations and evaluate students' performance. One such evaluation tool is the checklist, in which the faculty member watches for the demonstration of a predetermined listing of items and checks off the items demonstrated in the learning situation. Evaluating the performance of a skill that involves a consistent list of critical sequential steps lends itself to checklist rating. This type of evaluation allows the faculty member to observe the order and demonstration of clearly defined actions. However, not all clinical performance can be reduced to items on a checklist. Faculty can also use rating scales to record the frequency and quality of a demonstrated clinical behavior. Rating scales allow for a differentiation in performance such as excellent, good, or poor, rather than just "yes" or "no." Use of the rating scale can be a problem, however, if faculty members interpret the descriptors differently.

Another tool used to evaluate and record student performance is the anecdotal record. This type of evaluation is a brief narrative that describes observations of learner behaviors or instructor-learner interactions and outcomes.⁵ Anecdotal records are basically qualitative accounts of events and experiences that the clinical rater observes. Anecdotal records usually include only a description of the behaviors observed; the faculty member's impressions or interpretation of the behaviors is not usually included in the actual description of the incident.^{2,6}

Use of Anecdotal Records

Anecdotal records provide a factual, descriptive account of observed performance, offering pertinent information for the instructor, the program, and the learner. Faculty can use this documentation to detect patterns of performance. Anecdotal records are useful for substantiating consistent behaviors when making interpretations regarding

performance and can help plot the learner's progress toward attaining course goals and meeting expected outcomes. Faculty and students can identify learning difficulties, and performance problems can be identified early. Through formative evaluation, the learner becomes aware of problem areas and has an opportunity to correct deficiencies throughout the clinical experience. Ongoing dialogue between the learner and the instructor assists in the development of self-evaluation skills. This reflective process provides an opportunity for interaction between the faculty member and the student and may reinforce learning. The environment is less threatening and encourages the learner to participate in the process.⁵ Anecdotal records, when reviewed collectively, can also provide supporting information for summative evaluations and can serve as a basis for final clinical evaluations.

Anecdotal records are also useful for planning and evaluating students' clinical experiences. Using anecdotal records enables faculty to assess the method of instruction and to observe the effectiveness of teaching.^{5,7} Various learning styles influence students' comprehension and subsequent method of instruction. Anecdotal records provide written descriptions of actual student performance. Careful review and analysis of these documents provide faculty with a comparison of actual and expected clinical behaviors. Teaching methods can then be adapted to meet the specific learning needs of the students.

Data gathered through anecdotal record review can also be used to improve the effectiveness of the program: the instructor can continue using teaching methods that enhance learning and can improve those that do not produce the desired effects. Much like the nursing process, record keeping and evaluation produce assessment data that can be collected and analyzed. Goals can then be developed and strategies implemented to progress toward each goal. The process is then monitored regularly for effectiveness and adapted according to achievement of specific educational outcomes.

How to Write an Effective Anecdotal Note

Faculty members need to develop a systematic approach for anecdotal record keeping. Anecdotal records should be used for observations of behaviors that cannot be evaluated by other means. Anecdotal records should not duplicate other record-keeping methods. Ideally, the records should be a collection of observations of a student's clinical performance.

The first step in anecdotal record keeping is to decide which incidents to assess. A specific clinical objective or desired outcome should be used to guide the record keeping.^{2,6,8} The faculty member should view enough of the incident to make an accurate appraisal of the student's performance. Every observation does not need an anecdotal note. The record should be an accurate, brief, and factual description of a single incident. Anecdotal records should be limited to a description of the student's performance and should avoid evaluation, interpretation, and generalizations.^{5,6,9}

The essential elements of anecdotal records are shown in Figure 1. If the student will review the notes, a place for the student's signature may be appropriate. When recording the student's behavior, a description should be given of what the student did and said, and the situation in which the incident occurred should be included.^{6,9,10} The record should be detailed enough so that interpretation of the incident is possible. Faculty should ask who did what, where, when, and under what conditions. Using direct quotes from students, staff, patients, or others adds support and credibility to the note. All entries should be objective and free of biases (including stereotypes of race, gender, and

ethnicity). Figure 2 is an example of a poorly written anecdotal note; in contrast, Figure 3 is a well-written anecdotal note of the same incident.

Date of observation Student name Faculty signature Setting of observation Record of student actions

Figure 1. Key elements of effective anecdotal records

Student Name: Shauna Mills	Date: August 9, 1998
Instructor: Dr. Beverly James	Setting: 7A Surgical Unit
<hr/> Conducted head-to-toe physical assessment on postoperative client. Assessment not organized, lacks coordination and is inefficient during care. Student appears unprepared and forgetful. Followed agency assessment guide. Insensitive to client comfort needs. Student incorrectly used medical terminology during client physical assessment. Needs to work on communication skills and ensuring client safety.	

Figure 2. Poorly written anecdotal note.

Student Name: Shauna Mills	Date: August 9, 1998
Instructor: Dr. Beverly James	Setting: 7A Surgical Unit
Objective: Nursing Process	
<hr/> Postoperative client grimacing and clutching abdomen during head-to-toe physical assessment. Student did not assess client's pain and initiated no interventions to promote client comfort. Followed agency assessment guide. Student did not have equipment in room for assessment (left the room to get a thermometer, resumed assessment, and then left the room again to get a stethoscope). During assessment student said to client, "I'm going to palpitate your abdomen." After assessment completed, student left the client without the nurse's call bell.	

Figure 3. Well-written anecdotal note.

Recording should be done as soon as possible after the event. A delay forces the faculty member to rely on memory, and recalling the details of a specific incident becomes more difficult with time.

Anecdotal notes should not be limited to negative behaviors. It is important to include both positive and negative behaviors, thereby providing a complete picture of student performance.^{2,6,9}

There is no standardized form for recording anecdotal notes. Clinical evaluators should choose a specific format and stick with it. Anecdotal records can be written on notebook paper and stored in a three-ring binder, kept on disk, or written on 5x8 note cards or on a preprinted form created by the faculty member.

The notes should be easy to retrieve, easy to use, and filed. The use of small sheets of paper or scrap paper should be avoided because they may be lost and are difficult to file.

The anecdotal record form may also include a separate section for interpretation of the incident. These interpretations are personal impressions of the incident and should not be part of the student's public file.

The number of anecdotal notes recorded for each student may vary, depending on clinical experiences. Before entering the clinical area, faculty members should establish a minimum number of notes to serve as a baseline observation guide for each student.^{6,9} Otherwise, busy clinical faculty may end up focusing their observations and records on select students and will have minimal information on the rest of the clinical students.

Faculty need practice and training to write good anecdotal notes. Limiting bias in observation and recording will help ensure the validity and reliability of this evaluation tool. One way to develop these evaluation skills is to perform an observation with another faculty member and have each complete an anecdotal note. The notes can then be compared and discussed. A practice session will help faculty members identify potential problems or omissions in the note. Having another faculty member periodically read and analyze the anecdotal notes can help point out problems, check for biases, and identify steps that can be taken to improve the records.

After the Observation

Anecdotal notes can be used for both formative and summative evaluations of student performance. Once faculty has a collection of notes, the clinical instructor should review all the notes about a particular student, identifying similarities, differences, or patterns of behavior. A sufficient sample of behaviors is needed for this analysis. Colored markers can be used during the process of rereading to help identify and highlight patterns of behavior. The highlighted incidents should be summarized and interpreted during the evaluation process to identify significant behaviors or patterns.

For example, the anecdotal note describing a student who contaminated the sterile field during a Foley catheterization is significant. If the reviewer finds, while reviewing the anecdotal records over time, that the student contaminated the sterile field on five other occasions, a more significant pattern of behavior has emerged.

By analyzing the anecdotal records, students' strengths, weaknesses, and patterns of behavior in various situations can be identified, and faculty members can also assess their own teaching strengths and weaknesses.^{6,7,9} For example, if a faculty member writes most anecdotal records about student assessment skills but rarely writes anecdotal records about student teaching behaviors, a pattern of faculty behavior emerges. The clinical instructor can ask questions to determine whether other situations are appropriate for anecdotal record keeping; perhaps the faculty member needs to spend more time on other critical clinical skills. Faculty development needs can also be identified using the anecdotal record analysis. Reviewing the anecdotal records can help faculty members make decisions about instruction and can provide for a means of self-evaluation of their teaching performance.

Common Problems and Solutions

Anecdotal record keeping, like any other teaching strategy or technique, has its limitations. It takes practice and commitment to the system to become proficient. The faculty member needs to believe in the process and be willing to invest the time and energy into learning how to write effective anecdotal records.

One common road block is the time involved in using this method. It takes time to develop the skills needed to write good notes. More time is required to record the incidents and later to analyze them. Anecdotal records should be limited to specific clinical objectives or desired outcomes to help decrease the time needed. The note should focus on one specific event rather than on unrelated incidents; unnecessary details should be omitted. Many faculty members try to include too much information or more than one incident in a note. Faculty members should start with a few records per student daily and should progress to a reasonable number as their skill and proficiency with documentation increase.

Anecdotal records should not duplicate other evaluation methods. If checklists, rating scales, or other evaluation methods can be used, the faculty member should not waste time writing an anecdotal record.

If note cards or forms are used, lack of storage space and difficulty with retrieval are common problems. There is no perfect way to store the anecdotal records. They can be stored in alphabetical order according to the student's last name or by semester. If the records are written on a computer, they can be stored on disk. A standard method of naming files should be developed so that retrieving the files does not become a time burden.

No matter what the storage method, it is important to keep these records secure. They should be considered confidential and not shared indiscriminately. Institutional policy may dictate the length of time they are kept. Generally, it is best to maintain the files while the student is enrolled in the program.^{6,9}

Several internal and external factors can also be considered limitations in anecdotal record keeping. One internal factor that may affect faculty members' observation and recording of performance is negative perceptions about a student. Sometimes faculty has beliefs about a student that may not be borne out in observation but are based on intuition or personal factors. These negative perceptions may cloud the observation and emerge in the anecdotal record. Evaluation, regardless of the efforts of the evaluator, involves some subjectivity that may color the anecdotal record.

Another limiting factor is lack of consistency in record keeping. Clinical days are busy, faculty time is scarce, clinical groups are large, and students may be performing care involving complex patient situations in multiple units or areas. These factors may lead to a lack of consistent documentation and may cause evaluators to have an inadequate sampling of behaviors per student.¹¹

Finally, a lack of reliability and validity in the use of this performance measure limits its usefulness. Faculty members need to strive for consistent and accurate observations and anecdotal notes.

Educational programs have a contractual obligation to provide an effective learning environment for the student. Faculty need to evaluate the clinical performance of students accurately and fairly. Students should receive ongoing feedback related to their clinical performance, should be evaluated on the basis of consistent patterns of behaviors, should question evaluative interpretations, and should have access to their file.¹² The effective use of evaluation instruments to record clinical performance will accomplish these goals and may help avoid litigation. Anecdotal records can serve as documentation of a student's clinical performance and can provide support for academic failure in the clinical setting. Therefore, nursing faculty members must have adequate preparation and knowledge to use these tools effectively.

Conclusions

Anecdotal records, one tool for recording data about students' clinical performance, can be helpful in providing the faculty member with information about student performance, teaching effectiveness, and program outcomes. With practice, faculty can write appropriate anecdotal records by following the guidelines discussed in this article.

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APPENDIX E

Student Absence

Student Absence from Clinical Practice

Form must be completed by student and attached to student's Summary Clinical Evaluation Record

Student's name:

Course Code:

Clinical Professor:

Date(s) of Absence:

Reason(s) for Absence:

Clinical Professor's Signature:

Student's Signature:

APPENDIX F

Workers Compensation Board
Form SN 114



Université d'Ottawa · University of Ottawa

Faculté des sciences de la santé
École des sciences infirmières

Faculty of Health Sciences
School of Nursing

NOTES DE SERVICE/ MEMORANDUM

À/To: Tous les membres du corps professoral
All Members of the Teaching Staff

De/ From: Christine Pilon
Adjointe à la directrice/ Assistant to the Director

Sujet/ Re : Commission des accidents du travail
Workers Compensation Board

Vous trouverez ci-joint une trousse d'information ainsi que le formulaires nécessaires à être complétés lorsqu'un accident/incident se produit.

- Procédures à suivre
- Formulaires remplis à titre d'exemple
- Formulaires originaux

Veillez prendre note que lorsqu'un accident/incident se produit, nous avons vingt-quatre (24 heures pour soumettre les formulaires complétés au Service des ressources humaines. Je vous demande donc de m'apporter les formulaires complétés le plus rapidement possible afin d'éviter que l'Université soit pénalisée.

Merci

You will find enclosed an information package and the forms to be completed in case of an accident/incident.

- Procedures to follow
- Completed sample copies
- Original forms

Please note that when an accident/incident occurs, we have twenty-four (24 hours in order to send in the completed forms to Human Resources. I ask that you please bring me the completed forms as soon as possible to avoid a penalty to the University.

Thank you.

*Aux/to: professeur(e) à temps partiel/ part-time
Professors*

*Svp me retourner la trousse d'information à la
fin de votre contrat/Please return the
information package at the end of your contract*

INCIDENT REPORT
for **UNIVERSITY OF OTTAWA NURSING STUDENTS**

DATE OF INCIDENT: _____ **TIME:** _____ **PLACE:** _____

TYPE OF INCIDENT:

- Medication error
- Fall (patient, visitor)
- Other (specify, e.g. procedural error)

PERSON INVOLVED:

- Patient
- Visitor
- Staff
- Student

DESCRIPTION OF INCIDENT:

What happened (e.g. patient given ampicillin instead of tetracycline)

Outcome *(e.g. patient went to anaphylactic shock)*

Action taken: *(e.g. artificial airway inserted and physician called)*

Action taken with student *(e.g. discussed process of administering medications)*

Signatures:

Student

Clinical Professor

Supervisor Manager of Area

Student received copy

**University of Ottawa –Faculty of Health Sciences
SCHOOL OF NURSING**

Incident Report

Procedures

Note: An incident in an educational placement may be related to:

- **Errors, omissions in the distribution of medication**
- **Inappropriate technical procedures**
- **Processing information e.g. written (chart or verbal (daily report)**
- **Adherence to agency policies and procedures e.g. fire, safety measures, WHMIS**
- **Contracting an illness at placement location e.g. measles etc.**

If an incident such as the above takes place

Step 1 Clinical teacher must:

1. **follow agency protocol**
2. **complete agency form with necessary signatures and remove the name of the client**

Step 11 Clinical teacher must:

1. **Xerox agency form and send 2 copies to the office of the Director of the School (School records and Student's file)**
2. **Inform course coordinator who will then decide if the incident needs to be brought to the attention of the Assistant Director.**

Accident Reporting/ Workers Compensation Board Form

The Workers Compensation was designed to assist employees in the prompt payment of medical claims as well as lost wages in the event of serious injury.

Certain requirements are set by the Board prior to any claim being processed and the means by which the employer notifies the Board of a Compensatory claim.

The means by which the employer notifies the Board is generally through a REHU 231693/04 form.

IN ALL CASES OF ACCIDENTS

The University shall: (or University substitute e.g. clinical teacher)

1. Make sure that first-aid is given immediately
2. Record the first-aid treatment or advice given to the worker or student (REHU 231693/04)
3. Complete and give to the worker or student a copy of the Accident, Incident or Occupational Disease Report REHU 231693/04
4. Provide immediate transportation to a hospital, doctor's office, worker/student's home, if necessary
5. Submit to the Compensation Centre of the University of Ottawa, within two days of learning of an accident, an Employer's Report of the Accident, Incident or Occupational Disease Report REHU 231693/04 and the work education placement agreement.
6. pay full wages and benefits for the day or shift on which the injury occurred when compensation is payable for lost earnings

The worker or student shall:

1. Promptly obtain first-aid
2. Notify the employer, the clinical professor (if on home visit) and university unit immediately of any injury requiring health care and obtain from the employer or university unit a completed Accident, Incident or Occupational Disease Report to take to the doctor or the hospital.
3. Choose a doctor or other qualified practitioner, with the understanding that a change of doctor cannot be made without permission from the board.

The teacher shall:

1. Complete and promptly return the two report forms to the Human Resources Service through the Assistant to the Director of the School.

Health care includes medical, surgical, optometrical, and dental aid: the services of osteopaths chiropractors, and chiropodist: hospital and skilled nursing care; and the provision and maintenance of artificial members and appliances made necessary as a result of the injury. Employers are required by the Workers Compensation Act to keep this form posted in conspicuous place in full view of all workers.

**University of Ottawa - Faculty of Health Sciences
School of Nursing**

Workers Compensation Board

Procedures:

In accordance with the University of Ottawa Policy by the Workers Compensation Board

Step I Course coordinator must provide a list of students per course to which it is indicated:

7. Name of Student
8. Clinical agencies visited (hospital, community, family visits, other)
9. Dates and hours on site for each clinical experience as precisely as possible.
10. Hand in to the director's office

The dates, hours could be subject to changes depending on placement requirements.

Step II All clinical teachers should have one copy of the Accident, Incident or Occupational Disease Report REHU and one copy of the Work Education Placement Agreement in their clinical placement kit.

(Please return all unused forms to the Director's office)

Step III If an accident happens in educational placements:

1. Immediately fill in the two forms listed in STEP II and obtain the appropriate signatures.
2. Follow steps of Accident Report – Workers Compensation Board form
3. Send to the Director's office (the filled-out forms need to be forwarded immediately to the benefit section, Human Resources Service of the University of Ottawa.

NB: If a student pricks his/her finger with a contaminated needle, it is considered an accident. Follow the above procedures.