McGill | Ingram School of Nursing | École des sciences infirmières Ingram

Undergraduate Programs
Student and Faculty Handbook
2019-2020 Edition

Ingram School of Nursing
Undergraduate Programs
Student and Faculty Handbook
2019-2020

Grandescunt Aucta Labore
("By work, all things increase and grow.")

Ingram School of Nursing
McGill University
680 Sherbrooke St. West, Suite 1800
WEB: www.mcgill.ca/nursing
Montreal, QC H3A 2M7

Fax: 514-398-8455

@McGillNursing
@McGillNursing

Nursing Student Affairs Office:
Undergraduate Nursing Student Affairs Office (UG-NSAO)
Room 1941 – undergraduate.nursing@mcgill.ca - 514-398-3784
Graduate Nursing Student Affairs Office (GR-NSAO)
Room 1940 – graduate.nursing@mcgill.ca and graduate2.nursing@mcgill.ca - 514-398-4151
Nursing Student Affairs Officer (UG student advisor) – Margie Gabriel
Room 1944 – student-affairs-officer.nursing@mcgill.ca - 514-398-4159

Satoko Shibata Clinical Nursing Laboratories – 20th floor - lab.nursing@mcgill.ca – 514-398-3506

General Information - info.nursing@mcgill.ca – 514-398-4144

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This handbook has been developed for students, faculty members, the administrative support team, and clinical agencies to provide relevant information about the Ingram School of Nursing and its undergraduate programs so as to facilitate the efficient, effective, and enjoyable delivery of our programs. It is updated on an annual basis; however, some policies and procedures may change between updates – notices of change are posted on the Ingram School of Nursing website and/or communicated via direct email (using mail.mcgill.ca address) or via the Faculty and/or Nursing Undergraduate Society and/or Nursing Student Affairs Office.

Essential companion documents include:

Health Sciences Calendar
Policies on Student Rights and Responsibilities
Quebec Code of Ethics of Nurses
Faculty of Medicine Code of Conduct
Outlook on the Practice of Nursing (OIIQ, 2010) (includes legal scope of practice)
The Therapeutic Nursing Plan

Editors: Senior Leadership, Ingram School of Nursing
Managing Editor: Margie Gabriel, Student Affairs Officer

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Section 1 – Mission, History, Organization of the Ingram School of Nursing

Mission of McGill University

"The mission of McGill University is the advancement of learning and the creation and dissemination of knowledge, by offering the best possible education, by carrying out research and scholarly activities judged to be excellent by the highest international standards, and by providing service to society."

Mission and Vision of the Ingram School of Nursing

The mission of the Ingram School of Nursing is to educate current and future nurses; advance the art and science of nursing; and optimize health and health equity globally through academic excellence, strengths-based nursing, and innovation.

Vision Statement:

Creating conditions for health and healing through knowledgeable, compassionate, strengths-based nursing.

Strategic goals of the Ingram School of Nursing include:

1. Implement strength-based nursing approaches in the education of current and future nurses.
2. Lead nursing scholarship, research and knowledge development that has a substantive impact on quality healthcare.
3. Initiate, develop and sustain dynamic community partnerships locally, nationally, and globally that create mutually beneficial outcomes.
4. Ensure welcoming, sustainable environments and healthy workplaces for all students, staff and faculty.
5. Demonstrate efficient, effective and transparent management of fiscal, human and other resources to achieve strategic outcomes.

Overview of the Ingram School of Nursing

The Ingram School of Nursing (ISoN) is the only English speaking Québec University to offer undergraduate, graduate, and doctoral education in nursing. It is recognized internationally for its approach to clinical practice with theoretical foundations currently guided by the Strengths-Based Nursing and formerly by the McGill Model of Nursing. The ISoN has a unique relationship with its clinical partners including community agencies that enables the development of strong working partnerships amongst students, faculty, clientele, clinicians, administrators and others.
The ISoN is known for its Direct-Entry Master's program, the only one of its kind in Canada. The ISoN is one of three schools (Schools of Communication Sciences and Disorders, Nursing, Physical and Occupational Therapy) within the Faculty of Medicine. The Director of the ISoN holds the position of Associate Dean of Medicine (Nursing).

The School was established in 1920. Originally located in Beatty Hall, then in Wilson Hall, as of August 2017, the ISoN now occupies the 18 th, 19 th, and 20th floors of 680 Sherbrooke Street West. Previously known as the School for Graduate Nurses, the School offered certificate and degree programs developed for nurses holding diplomas from hospital Schools of Nursing between 1920-1957. In 2012, the School of Nursing was renamed the Ingram School of Nursing in recognition of Richard and Satoko Ingram and their exceptional support for Nursing at McGill University.

Programs

The School offers several programs with variations within to accommodate the educational background of different learners and specialized interests.

1. Bachelor of Science (Nursing) – B.Sc.(N) established in 1957 – *a three-year program for CEGEP science graduates or people with a degree; a four-year program for out-of-province high school graduates or mature students. The B.Sc.(N) program is fully accredited until 2024.*

2. Bachelor of Nursing – B.N. – a post RN program first offered 1944 – 1977; reopened 1998; Integrated option (B.N.(I)) for DEC 180 A.0 CEGEP graduates opened in 2004 – *a two-year program that complements and enhances the learning from the CEGEP Nursing program. The B.N.(I) program is fully accredited until 2024.*

3. Master of Science (Applied) – M.Sc.(A)

    - Direct Entry - established in 1974 (formerly called Generic Masters) *The only program of its kind in Canada.* For candidates with a B.A. or B.Sc. degree in academic fields of study other than nursing. *A 10-month qualifying year of study followed by two years of full-time studies.* Options include: M.Sc.(A) Direct Entry concentration or the M.Sc.(A) Global Health Direct Entry concentration.

    - Nurse Bachelor Entry- established in 1961 for candidates RNs with a baccalaureate degree in Nursing. Options include: Advanced Clinical Practice; Global Health.

    - Nurse Practitioner – four Nurse Practitioner concentrations are offered: Neonatology (opened 2005), Primary Care (opened 2007), Mental Health (opened 2017), and Acute Pediatrics (opened 2017).

4. Graduate Certificate and Graduate Diploma in Nursing — for nurses seeking to become nurse practitioners and who already have a master's degree.

5. Ph.D. Program established in 1994 as a joint program with Université de Montréal. Research programs include nursing intervention research.

6. Postdoctoral studies and graduate research traineeships are also offered.

Approach to Nursing Practice – Strengths-Based Nursing

In 2016, the Ingram School of Nursing adopted *Strengths-Based Nursing (SBN)* as its foundation for practice, education, and research. SBN is the culmination of an approach to nursing whose values have been an integral part of the McGill School of Nursing since its' founding in 1920.
Every profession has a social contract. Nursing's contract is to promote health, facilitate healing, and alleviate suffering. This is the work of nurses; this is the essence of nursing. SBN provides the approach and framework to fulfill its contract.

SBN has evolved from the McGill Model of Nursing and is rooted in precepts of Florence Nightingale's approach to nursing. SBN views people as assets to develop and empower rather than merely as liabilities to fix, manage, and control. It is a philosophy of care that is based on a comprehensive set of values founded on principles of person/family centered care, empowerment and agency, relational care, and innate and acquired capacities of health and mechanisms of healing.

SBN recognizes that the most undervalued resource in the health care system is the patient and their family whose inner and outer strengths, if harnessed successfully, can enable them to self-heal. It does so by mobilizing and capitalizing on people's innate powers to heal as well as developing new skills that are required if people are to assume greater control to manage all aspects of their lives that affect their health. It requires nurses to have the skills to engage in relational care where patients/clients feel trusted, respected, and valued and to engage patients as partners to work with them to "unlock" their strengths and harness their healing capacities.

A strengths-based approach considers the whole, both inner and outer strengths together with problems and deficits. It is about seeing and dealing with the whole and understanding how aspects of the whole are interrelated and act synergistically. Strengths reside at cellular, individual, family, community, social, and environmental levels and can be used to contain, minimize, overcome, compensate, or circumvent that which is diseased and poorly functioning. Moreover, SBN situates the person/family/community in context, culture, and circumstances because each shapes and is being shaped by the other.

As a philosophy of nursing, SBN expands the nurses' imaginary horizons that reflect a way of being and influences how nurses create health-promoting and healing environments for persons/patients and families and communities; how educators create healthy learning environments for learners; and how clinical leaders and managers create healthy workplace environments for their staff. SBN serves as a roadmap for researchers to develop the art and science of the discipline to base practices.

SBN is an integrated, comprehensive approach that can be used to align actions with intentions. It is this integrated, comprehensive, value-driven holistic approach that gives SBN its unique place in the health care system and works in tandem with the Medical Model whose primary focus is diagnosis and treatment. SBN positions nurses and nursing to be agents of change for patients, families, and communities and to imbue new meaning to the words "health" and "care" for our current healthcare system. Key writings include:

Gottlieb, L. N. (2013) *Strengths-based Nursing Care: Health and healing for person and family.* Gottlieb, L. N., & Feeley, N. (2006). *The collaborative partnership approach to care: A delicate balance.*

Philosophy of Teaching and Learning

Nursing education at McGill is guided by a collaborative, student-centered approach to teaching and learning. The teacher assumes the role of facilitator, stimulator, co-investigator, motivator and promoter of student learning. Faculty engage in the learning process with students and, together, student and teacher participate in learning activities such as: observing and exploring; sharing knowledge, perspectives and experiences; reflecting, raising questions and dialoguing; experimenting, and problem-solving. Promoting student-centered learning involves creating a supportive learning environment such as starting where students are at, pacing learning and

setting expectations for success, identifying and working with student strengths and competencies, addressing and responding to student stress, anxiety and other emotions, building confidence and promoting cooperative learning amongst students (Young & Patterson, 2007).
Throughout their interactions with students, faculty serve as role models for the application to practice of a strengths-based, collaborative partnership approach to working with people. Faculty and students roles include:

The role of Faculty is to:

- work to promote the development of student knowledge, interpersonal skills, critical thinking and clinical reasoning, psychomotor skills, creativity, curiosity, leadership, decision-making, self-awareness, accountability, professionalism, initiative and self- direction.
- inspire and shape student learning.
- tailor learning experiences and educational methods in response to student learning needs.
- pace teaching and learning activities to fit student readiness.
- identify and build on student strengths by focusing on the knowledge and skills that students already possess.

The role of the Student is to:

- assume responsibility for and participate actively in the learning process..
- demonstrate respect, integrity and openness in their interactions with faculty, classmates, and colleagues in the classroom and clinical setting.
- provide feedback to faculty, classmates, and clinical agencies in a way that is helpful and constructive.
- participate actively, professionally, and knowledgeably in the care of people, families, and communities.
- be aware of course objectives and personal learning goals.
- identify gaps in knowledge and skills and makes use of available resources and demonstrates the ability to fill these gaps over time.
- actively explore and analyze the clinical situation by: making observations, raising critical questions, applying knowledge from campus and previous clinical courses, and seeking new knowledge/information. The student generates ideas and hypotheses, validates (confirms) them and tests strategies.
- actively seek learning experiences to challenge his/her thinking and to develop skills.
- recognize the limits of own knowledge and experience and ask questions when uncertainties arise and actively seek assistance as required.
- maintain regular contact with teachers or health professionals and share observations, assessments findings and plans, and report outcomes of nursing care activities including prompt follow up on issues raised and plans made with clients and staff.

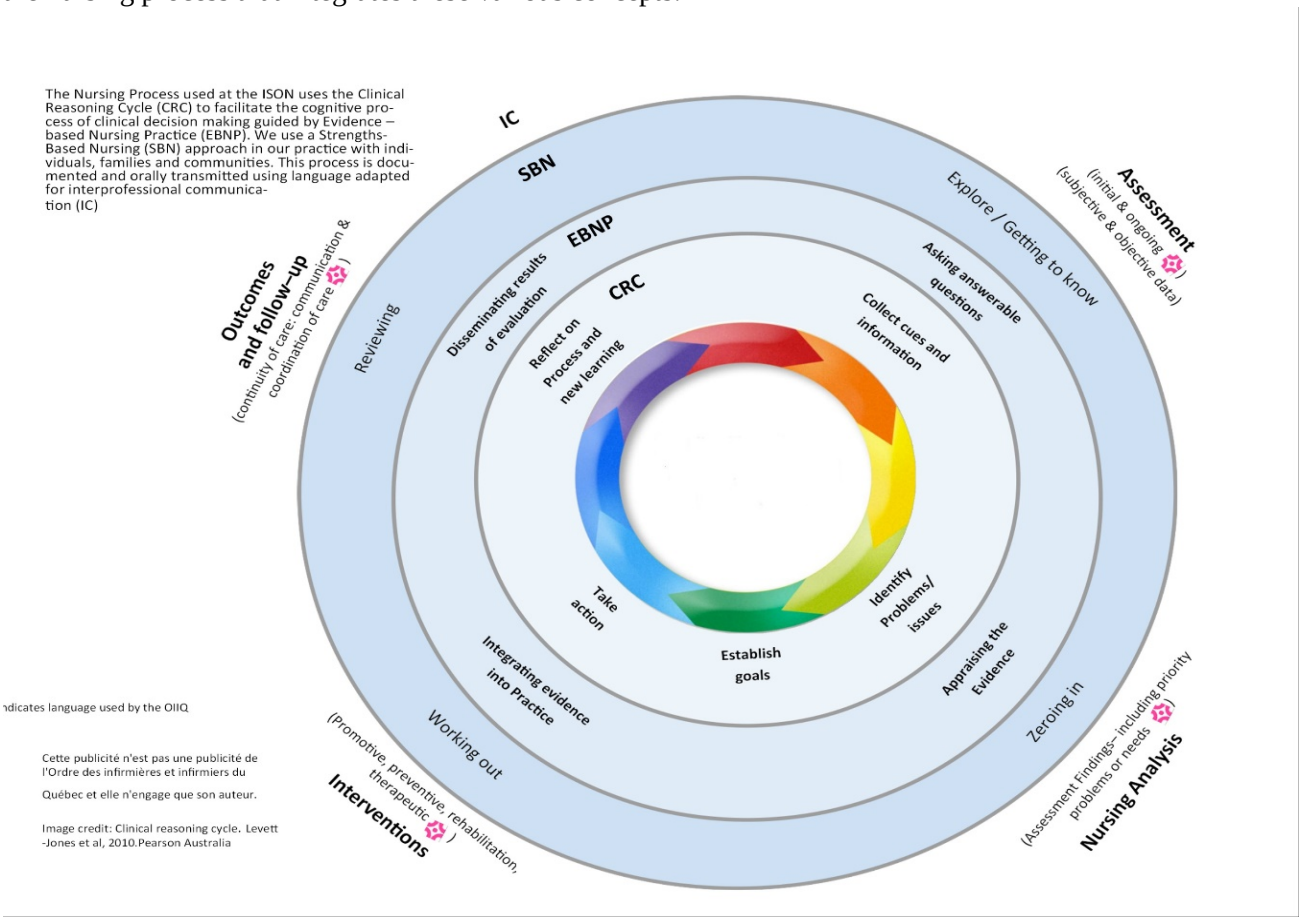
The Undergraduate Programs offer theoretical courses, clinical courses (includes health and physical assessment labs, clinical technical skills labs, labs on communication, clinical agency studies), and inquiry-based learning courses. The latter is a pedagogical approach whereby “students are involved in their learning, formulate questions, investigate widely and then build new understandings, meanings and knowledge. That knowledge is new to the students and may be used to answer a question, to develop a solution or to support a position or point of view. The knowledge is usually presented to others and may result in some sort of action” (University of Alberta, 2017). The benefits of inquiry-based learning include the development of critical thinking, clinical reasoning, creative thinking, and problem solving.

Critical Thinking, Clinical Reasoning, Evidence Informed Practice

Critical thinking is a highly valued process and outcome in education, particularly so in relation to higher education and in the education of health professionals (Daly, 1998). Profetto-McGrath defines critical thinking as 'an active, ongoing, cognitive process of logical reasoning in which the individual methodically explores and analyzes issues, interprets complex ideas, considers all aspects of a situation and/or argument and where appropriate follows with prudent judgment'. The ideal critical thinker is 'inquisitive, well-informed, open-minded, flexible, fair-minded in evaluation, honest in facing personal biases, prudent in making judgments, willing to reconsider, diligent in seeking relevant information, focused on inquiry, and persistent in seeking results' (American Philosophical Association, 2015).

Clinical reasoning is the ability to reason in clinical situations while taking into account the context and concerns of the patient and family (Benner, et.al. 2010). Clinical reasoning is developed throughout the undergraduate programs of study.

Students are challenged to use inductive and deductive inquiry to understand the clinical/nursing situations under study through the lens of strengths-based nursing. The terminology related to 'critical thinking' and 'clinical reasoning' can vary within the nursing profession. This variation will depend on where the nurse was educated, the philosophy of the program of study, and what clinical agencies choose to use. For example, some nursing textbooks discuss the 'nursing diagnosis' as the end result of clinical analysis while the OIIQ uses the term 'priority assessment or priority needs' and the clinical reasoning cycle identifies it as 'identifying problems/issues'. Teachers seek to clarify the various terms that students encounter. The nursing process espoused by the ISoN is a strengths-based nursing approach guided by evidence informed practice methodology within a clinical reasoning cycle. The following model depicts the nursing process that integrates these various concepts.



Professionalism

Nursing students are introduced to the concepts of professionalism and interprofessionalism within their first semester of their programs. The ISoN espouses that Profession is an occupation whose core element is work based upon the mastery of a complex body of knowledge and skills…Its members are governed by codes of ethics and profess a commitment to competence, integrity, morality, altruism, and the promotion of the public good within their domain. These commitments form the basis of a social contract between a profession and society, which in return grants the profession a monopoly over the use of its knowledge base, the right to considerable autonomy in practice and the privilege of self-regulation. Professions and their members are accountable to those served and to society.

Attributes of the Professional

Responsibility to the Profession: the commitment to maintain the integrity of the moral and collegial nature of the profession and to be accountable for one's conduct to the profession.
Self-regulation: the privilege of setting standards; being accountable for one's actions and conduct in professional practice and for the conduct of one's colleagues.
Responsibility to Society: the obligation to use one's expertise for, and to be accountable to, society for those actions, both personal and of the profession, which relate to the public good.
Teamwork: the ability to recognize and respect the expertise of others and work with them in the patient's best interest.

Attributes of the Professional Nurse

Caring and Compassion: sympathetic consciousness of another's distress together with a desire to alleviate it.
Insight: self-awareness; the ability to recognize and understand one's actions, motivations and emotions.
Openness: willingness to hear, accept and deal with the views of others without reserve or pretence.
Respect for the Resilience of the Person: the ability to recognize, elicit and foster the power to heal and grow inherent in each person.
Respect for Persons' Dignity and Autonomy: the commitment to respect and ensure subjective wellbeing and sense of worth in others and recognize the individual's personal freedom of choice and right to participate fully in his/her care.
Presence: to be fully present, without distraction and to fully support and accompany persons throughout care.
Competence: to master and keep current the knowledge and skills relevant to health professionals.
Commitment: being obligated or emotionally impelled to act in the best interest of the patient; a pledge given by way of the Hippocratic Oath or its modern equivalent.
Confidentiality: to not divulge patient information without just cause.
Autonomy: the health professional's freedom to make independent decisions in the best interest of the patients and for the good of society.
Altruism: the unselfish regard for, or devotion to, the welfare of others; placing the needs of the person receiving care before one's self-interest.
Integrity and Honesty: firm adherence to a code of moral values; incorruptibility.
Morality and Ethics: to act for the public good; conformity to the ideals of right human conduct in dealings with patients, colleagues, and society.
(Based on the writings of R. & S. Cruess, 2002)

Professional Comportment is defined as the way one conducts oneself in relation to classmates/peers, Faculty/Clinical instructors/Preceptors, patients/persons/families, standardized patients/persons, the inter-professional healthcare team, and the clinical placement institution/site personnel. The following table summarizes professional comportment expectations: The student:

Prepares for studies and updates knowledge in light of gaps.
Demonstrates organizational skills & manages time efficiently.
Responds appropriately, competently, safely, and effectively to person/family/clinical questions, needs & concerns.
Recognizes the limits of one's knowledge and skills and seeks assistance and adjusts direct involvement in care as required. Is able to express learning needs to Faculty/CI/Preceptor or to appropriate personnel.
Actively seeks to understand clinical situations; fulfills roles and responsibilities.
Acknowledges and learns from mistakes and errors.
Engages in self-correction and practices until proficient.
Frames/re-frames constructive feedback as an opportunity to learn and grow.
Reflects critically on own decisions/actions and their impact on person/family/clinical care and teamwork. Assumes responsibility for the consequences for own decisions and actions. Adjusts professional conduct to maintain ethical & legal standards in nursing.
Demonstrates the ability to challenge ideas and be challenged.
Maintains close and regular contact with nursing staff/clinical instructor/preceptor: shares knowledge, learning needs, clinical observations, assessments, plans of care, outcomes, etc.
Adheres to "Attributes of the Professional Nurse" and the OIIQ Code of Ethics for Nurses.
Is punctual and demonstrates attentive presence.
Adheres to ISoN dress code/appearance guidelines.

Interprofessional Collaborative Practice

Interprofessional collaborative practice is espoused by the ISoN and represents "a partnership between a team of health professionals and a client in a participatory, collaborative and coordinated approach to shared decision-making around health issues" (Orchard & Curran, 2005). The ISoN has adopted the National Interprofessional Competency Framework as the basis for developing interprofessional courses and activities – as have all Schools within the Faculty of Medicine. All Nursing, Medical, Dentistry, Physical Therapy, Occupational Therapy, and Communications Sciences and Disorders students come together in three formal compulsory interprofessional courses (IPEA 500, IPEA 501, and IPEA 502) to learn with, about, and from each other as a means of fostering interprofessional collaborative practice.

Academic and Professional Integrity

Academic Integrity: "McGill places a great deal of importance on honest work, the art of scholarship, and the fair treatment of all members of the university community, and demands a rigid insistence on giving credit where credit is due. Offences such as plagiarism and cheating and breaches of research ethics undermine not only the value of our collective work, but also the academic integrity of the University and the value of a McGill degree." As most students do not even realize they are cheating, plagiarizing (e.g., quoting someone without proper referencing), or do so because of extreme stress, McGill has developed Keeping it Honest and FairPlay as resources for students and teachers. Visit http://libraryguides.mcgill.ca/citation for citation summaries.

All new students must complete an on-line Academic Integrity Tutorial on MINERVA by the end of November. If not completed, a Hold is placed on their record thus blocking add/drop. Returning students (i.e., those admitted before Fall 2019) were required to complete the tutorial via invitation and through MyCourses. A grade of C for Complete or I for Incomplete appears on the unofficial transcript to reflect this.

Professional Integrity Students are expected to adhere to the highest standard of professional integrity at all times during classroom and clinical studies (including performance in clinical labs and agencies). The Quebec Code of Ethics of Nurses (Code de déontologie des infirmières et infirmiers), the McGill Charter of Students' Rights, and the Faculty of Medicine Code of Conduct provide guidelines for professional integrity. While minor lapses can be expected when learning about professionalism, some behaviours are major breeches of professional integrity and can affect a student's standing in the program, including dismissal, when the actions signify that the student is unsuitable for the practice of Nursing. The following are examples of major breeches:

- Falsifying or fabricating a patient record or report (e.g., making up a home visit report) (Item
- 1.2.14 OIIQ Code of Ethics)
- Failing to report an incident or accident in caring for a patient (e.g., not informing anyone of a medication error) – Remember: reporting an error is seen as 'positive' – it is the NOT reporting that is the problem! (Item 1.2.12 OIIQ Code of Ethics)
- Abusing the trust of a patient (e.g., acting disrespectfully, stealing, physical or psychological abuse, accepting money for personal use) (Items 11.1.28, 3.37 OIIQ Code of Ethics)
- Appropriation of medications or other substances for personal use (e.g., taking a narcotic)
- Failure to preserve the secrecy of confidential information (e.g., discussing a patient on a bus; posting a comment about a patient on Facebook). (Item 21.2.31 OIIQ Code of Ethics)
- Entering clinical studies in a condition liable to impair the quality of care (e.g., drunk or under the influence of other drugs impairing function). (Item 1.3.16 OIIQ Code of Ethics)

Social Media, Anonymous Feedback and Professionalism Professional integrity also applies to social media and course evaluations. It is unprofessional to post any information about a client, any photos of clients, or derogatory commentary on a clinical institution on social media.
Students are not to become 'friends' with their patients/clients. Course evaluations are helpful to teachers when the feedback is factual and respectful; they are taken seriously and are available to the teacher's colleagues and supervisors – as such, demeaning or destructive language is not helpful. The following (excerpted with minor modification from Faculty of Medicine) provides considerations when using social media:

- Maintain a safe professional distance between patients and superiors online. Accepting invitations to become 'friends' with patients, their families, and instructors is discouraged.
- Conduct yourself online as you would in public places. Your online identity is a projection of your own behavior, and thus it is important to maintain professionalism.
- Do not discuss clinical encounters openly. It is critical to maintain the confidentiality of patients. Failure to do so is a breach of professionalism and can result in sanctions.
- Do not post photos or any details of clinical encounters to avoid breaching confidentiality.
- Always treat colleagues with respect. Don't publicize your frustrations.
- Never discriminate. It is easy to click 'Like' or post a comment, which might be inappropriate. By posting such a comment it might be linked to you for an indefinite period of time!

"Cleaning Up" Your Social Media Identity

- Search your name to ensure that there is no inappropriate content associated with you.
- Subscribe to Google Alerts so you know if a public posting about you has been made.

- Review the privacy settings of all your social media accounts.
- Review your friend list on a regular basis.
- Read through any blogs you have written, your tweets, and your profiles. Remove any posts that might be considered unprofessional/inappropriate.

The following postings from a nursing student about the link between social media and professionalism may be helpful: Understanding modern-day first impressions: a student nurse's story of social media use; Guidelines for social media use: a student nurse's story – being mindful of professional boundaries

Faculty

Faculty members are committed to excellence and strive to develop in all areas of scholarship i.e., discovery, teaching, service, integration, and application. Most are involved in teaching across programs and participate in local, national, and international initiatives. The clinical and affiliated faculty network includes Directors of Nursing, Advance Practice Nurses, Nurse Researchers, Nurse Educators, and allied health professionals. This network ensures that our programs are relevant and accountable to society, students, and our institutions. Most faculty members have appointments within clinical agencies. Sessional appointees with advanced clinical skills support clinical education needs as they facilitate students' studies within the clinical agency and are the most up-to-date on clinical practice guidelines within their setting. Preceptors play a vital role in supporting student learning in a variety of clinical courses. Lab educators, teaching assistants, exam invigilators, and graders also support students and faculty.

Students

Nursing students are diverse in culture, age, educational background, and work experience. They are known in practice settings for their family and strengths-based focus; they are seen as bright, dynamic, professional, and eager to learn. Students have formal representation on School Council and other committees. Formal student organizations include:

Nursing Undergraduate Society (NUS) – The NUS mandate is "to act as a liaison between the staff and students, and also provide a means of contact with organizations and groups on campus, in addition to promoting communication with professional nursing groups throughout Canada." The NUS organizes extracurricular activities for nursing students. NUS Office: 19th floor - nus.nursing@mail.mcgill.ca

Canadian Nursing Students Association (CNSA) The national voice of Canadian nursing students. In 1971 McGill University, along with University of Ottawa and New Brunswick, was a founding member of the Canadian University Nursing Students Association (CUNSA) – now called CNSA. McGill hosts Quebec regional conferences and participates in national CNSA initiatives. McGill's reps to CNSA can be reached at mcgill@cnsa.ca.

McGill Nurses for Global Health Committed to global health issues from a nursing perspective. MNGH encourages students to be global citizens and to work towards achieving health equity and social justice. The group also aims to work in solidarity with community-based health organizations in the majority world, and to advocate for the right to accessible healthcare - globalhealth.nus@mail.mcgill.ca

Section 2 – Programs

B.Sc.(N.) and B.N.(I.) Program Objectives – CASN National Nursing Educational Framework

Domain 1: Knowledge - Essential Competencies	
1.1	Foundational knowledge of nursing including nursing history, nursing theories, and other theories relevant to nursing practice.
1.2	Foundational knowledge of human development and functioning over the life-span that builds on secondary education, from natural & life sciences, and from behavioural & social sciences (anatomy, physiology, microbiology, biochemistry, pharmacology, nutrition, pathophysiology, genetics, psychology, sociology).
1.3	Foundational knowledge of the health-related needs of diverse clients to provide promotive, preventive, curative, rehabilitative, and end-of- life nursing care.
1.4	Knowledge of professional and organizational structures (i.e. regulatory, professional and union), socio-political, historical, and economic contexts of nursing practice.
1.5	Knowledge of the use of information technology in nursing care, including epidemiology and statistics.
1.6	Foundational knowledge of relational practice (focusing attention on intrapersonal, interpersonal and contextual variables) to impact health outcomes of individuals, families, and communities.
1.7	Knowledge of ethical nursing practice within a legal context in dynamic healthcare systems and in emergent and multifaceted health situations.
1.8	Knowledge of primary healthcare in relation to health disparities, vulnerable populations, and the determinants of health.
1.9	Knowledge of social justice, population health, environment and global health issues.
1.10	Knowledge regarding healthy work environments including collaborative skills, leadership theories, and effective team functioning and conflict resolution.
1.11	Knowledge of the art and science of professional caring for persons, families, or communities.
Domain 2: Research, Methodologies, Critical Inquiry & Evidence - Essential Competencies	
2.1	An appreciation of the salience of inquiry for nursing as a profession and a discipline.
2.2	The ability to seek, locate and interpret a broad range of information, knowledge, evidence, methodologies, and practice observations within the profession and across disciplines.
2.3	Critical thinking skills to use relevant information, knowledge, and communication technologies to support evidence-informed nursing practice.
2.4	The ability to formulate research questions arising from nursing practice and analyze research findings.
2.5	The ability to compose a written academic argument.
Domain 3: Nursing Practice - Essential Competencies	
3.1	Holistic and comprehensive assessment of diverse clients, to plan and provide competent, ethical, safe, and compassionate nursing care.
3.2	The use of clinical reasoning, nursing knowledge, and other evidence to inform decision making in diverse practice situations.
3.3	The ability to recognize and respond safely, competently and ethically to rapidly changing client conditions and contexts.
3.4	The ability to monitor and manage complex care of clients in stable and unstable contexts using multiple technologies.

3.5	The use of information technologies to support quality patient care.
3.6	The capacity to engage in RN entry-level scope of practice as defined by the provincial/territorial regulatory body.
3.7	Engagement and leadership in the provision of comfort care, including pain and symptom Management.
3.8	The ability to counsel and educate clients to promote health, and symptom and disease management.
3.9	The coordination of patient care in collaboration with individuals, families and other members of the healthcare team.
3.10	The ability to facilitate client navigation through health-care services.
3.11	The ability to promote the health of individuals, families, communities, and populations through actions to address health disparities.
3.12	The use of the core elements of patient safety and quality care.
Domain 4: Communication & Collaboration - Essential Competencies	
4.1	The ability to communicate and collaborate effectively with diverse clients and members of the health care team to provide high quality nursing care.
4.2	The ability to self-monitor one's beliefs, values, and assumptions, and recognize their impact on interpersonal relationships with clients and team members.
4.3	The ability to communicate using information technologies to support engagement with patients/clients and the interprofessional team.
4.4	The ability to articulate a nursing perspective and the scope of practice of the registered nurse in the context of the health care team.
4.5	The ability to collaborate with diverse clients, adapt relational approaches appropriately, and accommodate varying contextual factors in diverse practice situations.
4.6	The ability to contribute to positive health-care team functioning through consultation, application of group communication theory, principles, and group process skills.
Domain 5: Professionalism - Essential Competencies	
5.1	The ability to practice within the context of professional standards of practice, ethical, regulatory, and legal codes.
5.2	An understanding of the significance of fitness to practice as it relates to self-care and life-long learning.
5.3	The ability to act as a role model for the intraprofessional nursing team.
5.4	The ability to maintain professional boundaries with clients and other members of the health care team.
5.5	The ability to ensure client confidentiality and privacy.
5.6	An understanding of the importance of participating in a professional nursing organization.
5.7	Foundational knowledge and skills required to pursue graduate studies as desired.
Domain 6: Leadership – Essential Competencies	
6.1	The ability to influence the development of programs to improve health outcomes.
6.2	Leadership abilities in the coordination of a healthcare team, including the delegation of tasks, performance evaluation, and facilitation of continuity of care.
6.3	The ability to collaborate with and act as a resource for LPNs or other members of the health care team to meet the patient/client needs.
6.4	The ability to analyze and influence public policy related to health.
6.5	The ability to advocate for change to address issues of social justice, health equity, and other disparities affecting the health of clients.

Bachelor of Science (Nursing) Program – B.Sc.(N)

The B.Sc.(N) program extends over three years (including summer sessions in U0, U1, and U2) equipping students with the expertise to effectively deal with complex and contemporary nursing issues. High school entrants complete an additional U0 year to meet freshman science requirements. Completion of this program entitles graduates to sit licensure examinations in Quebec, Canada, and other countries. The B.Sc.(N) program has been accredited by the Canadian Association of Schools of Nursing since 1990 with the most recent full accreditation status granted until 2024. *As of 2017, entry points to the program include:*

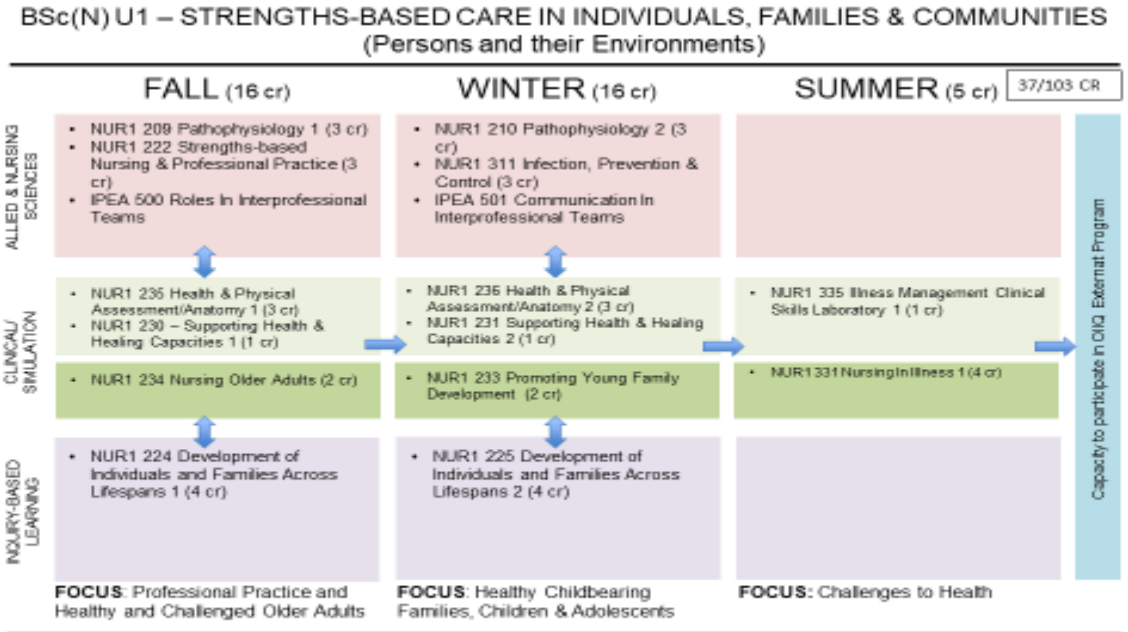
Entry type	**Transfer credits**	**Credits at McGill**	**Total**
CEGEP Diplôme d'études collégiales (DEC)	33 CEGEP science credits transferred	103 credits over 3 years (U1 to U3)	136 credits
High School graduates (Canadian, international)	Applicable AP/IB credits	136 credits over 4 years (U0 to U3) less AP/IB credits	
Mature student	Applicable Freshman Sciences	103-127 credits over 3 or 4 years (U0 or U1 to U3) depending on Freshman Science credits	
University transfer or second degree	Applicable Freshman Sciences	103 credits over 3 years (U1 to U3) minus transfer credits plus remaining Freshman Science credits	

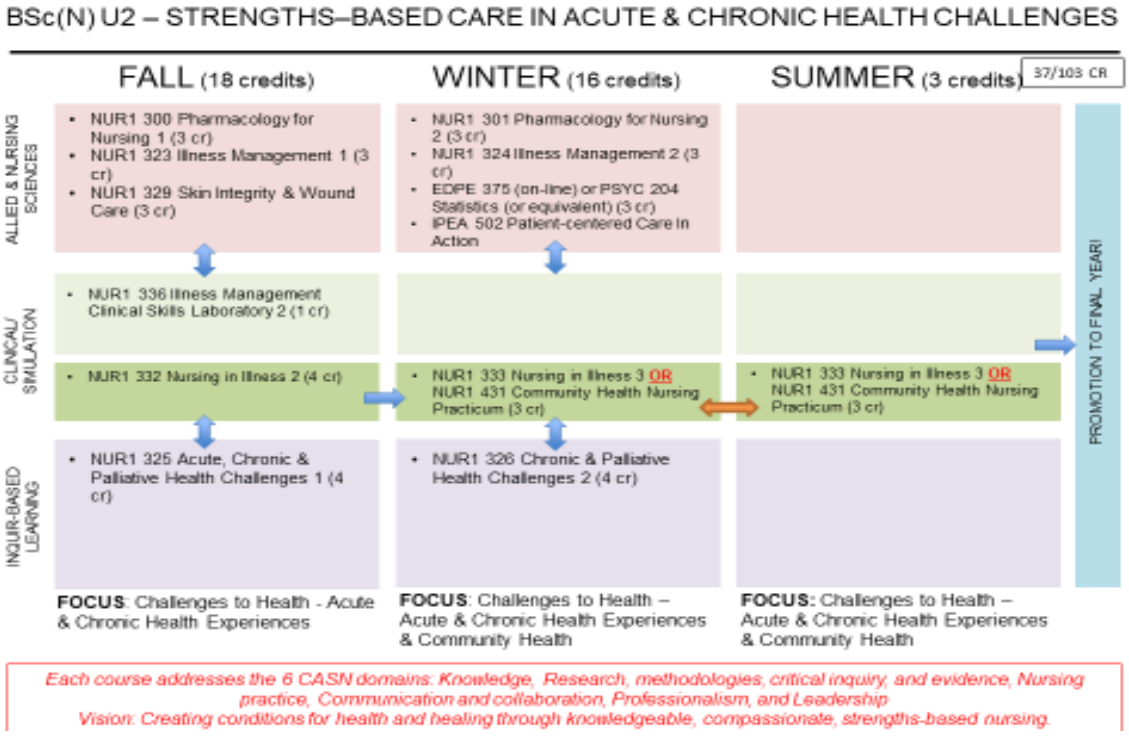
The B.Sc.(N) program prepares graduates to meet the entry level scope of practice outlined in the *Mosaïque des compétences cliniques de l'infirmière (OIIQ) & Quebec Nurses Act - Nursing consists on assessing a person's state of health, determining and carrying out of the nursing care and treatment plan, providing nursing and medical care and treatment in order to maintain or restore health and prevent illness, and providing palliative care. The following activities are reserved for nurses:*

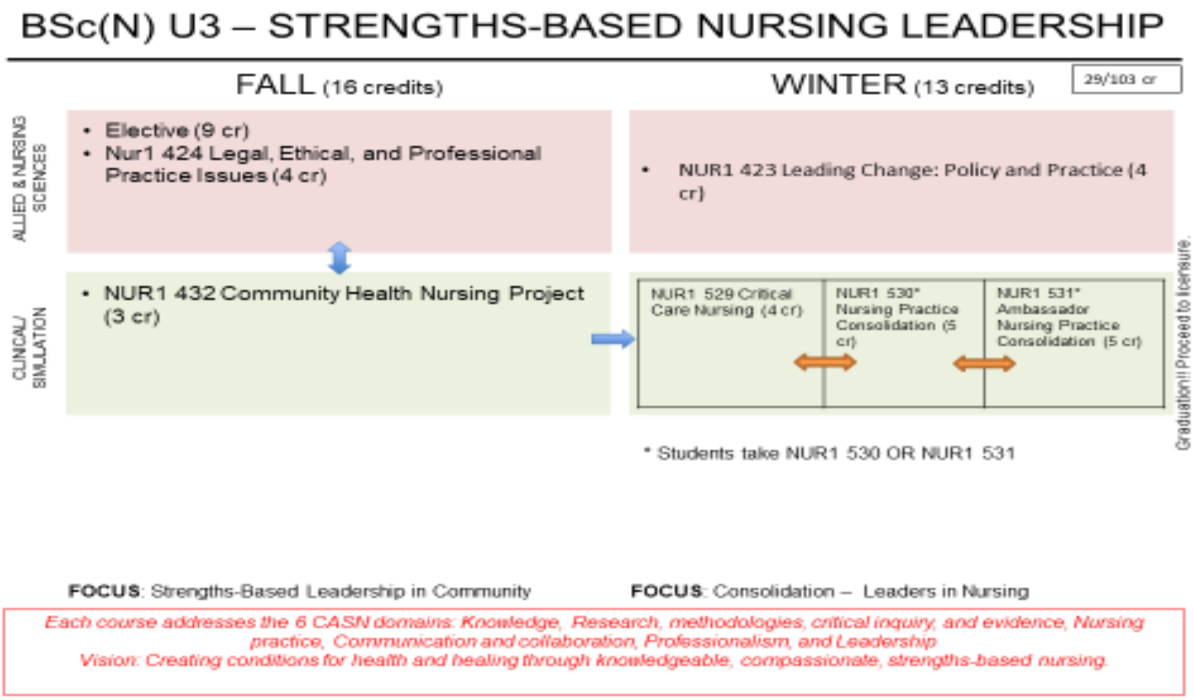
(1) assessing the physical and mental condition of a symptomatic person
(2) providing clinical monitoring of the condition of persons whose state of health is problematic, including monitoring and adjusting the therapeutic nursing plan;
(3) initiating diagnostic and therapeutic measures, according to a prescription;
(4) initiating diagnostic measures for the purposes of a screening operation under the Public Health Act (2001, chapter 60);
(5) performing invasive examinations and diagnostic tests, according to a prescription;
(6) providing and adjusting medical treatment, according to a prescription;
(7) determining the treatment plan for wounds and alterations of the skin and teguments and providing the required care and treatment;
(8) applying invasive techniques;
(9) participating in pregnancy care, deliveries and postpartum care;
(10) providing nursing follow-up for persons with complex health problems;
(11) administering and adjusting prescribed medications or other prescribed substances;
(12) performing vaccinations as part of a vaccination operation under the Public Health Act;
(13) mixing substances to complete the preparation of a medication, according to a prescription;
(14) making decisions as to the use of restraint measures;
(15) deciding to use isolation measures in accordance with the Act respecting health services and social services (chapter S-4.2) and the Act respecting health services and social services for Cree Native persons (chapter S-5);
(16) assessing mental disorders, except mental retardation, if the nurse has the university degree and clinical experience in psychiatric nursing care required under a regulation made in accordance with paragraph g of section 14; and
(17) assessing a child not yet admissible to preschool education who shows signs of developmental delay, in order to determine the adjustment and rehabilitation services required.

Bachelor of Science (Nursing) Program of Study

Any variation in sequence must be approved by Program Director. (Submit request to Nursing Student Affairs Office)







Note: Clinical may be scheduled in any of these combinations: DEWN: D = Days; E = Evenings; W = Weekends; N = Nights

Note re Electives – Students who entered in U1: 9 credits with a minimum of 6 credits at ≥ 300 level; students who entered in U0 12 credits with a minimum 6 credits at ≥ 300 level. Upper level courses (>300 level) are advised for students planning on graduate studies. Credit French courses (e.g., FRSL) are considered '300' level regardless of the actual level.

NOTE: IPEA courses are a mandatory component of the curriculum. Successful completion of these courses (Pass) is noted on the official transcript and they are mandatory for graduation.

Students who complete U0 to meet freshman science requirements follow this course of study:

Semester	Course	Cr	Course Title	Pre/co-requisites
U0 Fall	CHEM 110	4	General Chemistry 1	
	PHYS 101	4	Introductory Physics - Mechanics	
	MATH 140 or 139	3/4	Calculus 1 or Calculus 1 with Precalculus	High School Calculus
	Elective*	3		
U0 Winter	CHEM 120	4	General Chemistry 2	College level mathematics and physics
	PHYS 102	4	Intro Physics - Electromagnetism	PHYS 101/ MATH 139 or 140
	MATH 141	4	Calculus 2	MATH 139 or 140
	BIOL 112	3	Cell and Molecular Biology	
U0 Summer	CHEM 212**	4	Organic Chemistry 1	CHEM 110/ CHEM 120

U0 electives are generally 100 or 200 level courses deemed manageable. U0 students should not take 300 or 400 level electives.
**Students in satisfactory standing can 'study away' during summer session as long as the course is deemed equivalent to McGill's CHEM 212. See 'Study Away' section.

Bachelor of Nursing (Integrated) Program

Students enter this 2-year, 5-semester, 92-credit program* (3 year part-time option available) following completion 180 A.0 Diplôme d'études collégiales (DEC) in Nursing from CEGEP. The program aims to advance the practice of students by expanding their knowledge base, strengthening critical thinking skills, promoting a strength-based, family-centred perspective and preparing them for roles expected of a baccalaureate nurse. Students admitted in the BN(I) program must have successfully completed OIIQ licensing requirements within the first year of their studies. The BN(I) program is fully accredited by the Canadian Association of Schools of Nursing until 2024.

Bachelor of Nursing (Integrated) Program of Study

Semester	Course	Cr	Course Title
U2 Fall	NUR1 222	3	Strengths-Based Nursing and Professional Practice
	NUR1 209	3	Pathophysiology for Nursing 1
	NUR1 312	3	Research in Nursing
	NUR1 338	3	Applied Health and Physical Assessment/Anatomy 1©
	NUR1 318	4	Chronic Illness and Palliative Health Challenges
	IPEA 500	0	
U2 Winter	NUR1 210	3	Pathophysiology for Nursing 2
	NUR1 339	3	Applied Health and Physical Assessment/Anatomy 2©
	NUR1 320	3	Critical Care Nursing Theory
	NUR1 327	4	Critical Health Challenges
	EDPE 375 OR PSYC 204	3	Introductory Statistics OR Introduction to Psychological Statistics
	IPEA 501	0	
U2 Summer	NUR1 434 OR NUR1 435	4	Critical Care Nursing Practicum© OR Ambassador Critical Care Practicum©
U3 Fall	NUR1 423 OR NUR1 424	4	Leading Change: Policy & Practice OR Legal and Ethical Issues: Nursing
	NUR1 300	3	Pharmacology for Nursing 1
	NUR1 431	3	Community Health Nursing Practicum©
	NUR1 329	3	Skin Integrity & Wound Care
	Elective	3	Elective*
U3 Winter	NUR1 301	3	Pharmacology for Nursing 2
	NUR1 423 OR NUR1 424	4	Leading Change: Policy & Practice OR Legal and Ethical Issues: Nursing
	NUR1 432	3	Community Health Nursing Project©
	IPEA 502	0	
	Elective	3	Elective*
		65	+ 27 credits CEGEP
		92	

* The program is 92 credits: 27 awarded as advanced standing credits based on the CEGEP DEC 180.0 + 65 credits at McGill. (Up to 5 of these 65 credits may be awarded as transfer credits based on other university studies if they qualify.)

© = Clinical / *6 credits of electives in total with a minimum of 3 credits at ≥ 300 level

The Part Time program of study is posted on our website at: https://www.mcgill.ca/nursing/prospective/bachelor-programs/bachelor-nursing-integrated under the Revised Course of Study tab. Any changes in course of study needs to be approved by the program director. They must therefore make the request via NSAO for our approval.

NOTE: IPEA courses are a mandatory component of the curriculum - these IPEA courses appear on students' official transcripts and successful completion of these courses (Pass) is mandatory for graduation.

Registration and Study Guidelines

Registration is completed on Minerva. Students must ensure that they are registered in the required courses of their program and follow the regulations of the ISoN (see Health Sciences Calendar for undergraduate programs and details within this Handbook). Students must ensure that they have the adequate pre- or co-requisites when registering for a course.

Degree Evaluation Students are responsible for ensuring that they are taking the required courses as set out in their program of study to meet the degree requirements. The Degree Evaluation tool in Minerva (Student Menu, Student Records submenu) can be used to review the met and unmet requirements.

Credit Load Students must be registered in a minimum of 12 credits a semester to be considered a full-time student; < 12 credits = part-time studies. Note: in-course awards are granted only to students who complete a minimum of 26 graded credits in fall and winter semesters. Students seeking to take more than 18 credits/semester must obtain approval from the Nursing Student Affairs Office. Approval is generally granted if the CGPA is above 3.50 and it is determined that the additional credit load will not interfere with achieving program requirements.

Registration Difficulties Students with registration difficulties must note name, ID #, course name, number, CRN, and section, details about the problem and the error code in all communication related to registration difficulties. Email: undergraduate.nursing@mcgill.ca. Regardless of the registration difficulties with required courses, continue to attend.

Registration Dates Registration dates and add/drop deadlines are noted in Important Dates. Deadlines in nursing clinical courses are earlier than other courses to ensure placements. A placement cannot be guaranteed for those registering after the following dates:

	Register Deadline
Winter Clinical courses	November 15
Summer Clinical courses	March 15
Fall Clinical courses	June 15

Proof of Enrolment and Official Transcript Students requiring confirmation of their status at McGill (e.g., for loans) can obtain a proof of enrolment and/or official transcript via Minerva. Only students themselves can request an official transcript!

Satisfactory/Unsatisfactory (S/U) Option The S/U option has limited application in the ISoN. All required courses must be graded or Pass/Fail so only electives can be graded "S/U". S/U is generally only advised when the student is taking an upper level course (e.g., 500) and does not want to compromise the GPA. S/U may preclude students from receiving awards as most require graded credits. Once a course is taken as S/U, the student cannot be assigned a grade. Students who accidentally select the S/U option for a mandatory course must redo the course.

Registering for Courses in Continuing Education or Faculties other than Arts and Science. Students must complete a Minerva Course Selection Form and obtain the appropriate signatures and bring the form to the Nursing Student Affairs Office.

Electives Things to consider in choosing electives:

- *Personal interest* – students often choose courses in anthropology, political science, sociology, religious studies, and philosophy; students are free to opt for topics based on their interest!
- *Career plans* – students can take a course in line with their career goals e.g., health geography for those interested in global health; advanced statistics for those pursuing graduate studies.

- *Timetabling, prerequisites* – practical issues can prevail! Students lacking prerequisites should contact the course coordinator as some prerequisites can be waived in light of nursing studies.

Inter-University Transfer (IUT) Agreement Students in the B.Sc.(N.) program may take three or, exceptionally, six credits at another Quebec university while paying tuition to McGill without having to formally register at the other university - see Quebec IUT Agreement. Students in the BN(I) program may take up to 5 credits at another Quebec University. Students in Satisfactory Standing apply at: https://mobilite-cours.crepuq.qc.ca/4DSTATIC/ENAccueil.html.* If approved, the student is responsible for applying to and following the requirements and deadlines of the host university. On successful completion of the course(s) ***(minimum grade of C)***, the credits will be recognized by McGill as pass/fail towards the student's degree. The grade received at the host institution will not appear on the McGill transcript and will therefore not impact the student's GPA. Students seeking to take a required course as IUT must ensure that the course is deemed equivalent. Under the IUT agreement, grades are automatically sent from the other Quebec University to McGill. ***Note that failed grades at the host university are recorded as '0 credits transferred' on the McGill transcript and apply as failed courses in student standing decisions.***

*The platform for the IUT requests is changing as of Summer 2020 term. See https://www.mcgill.ca/transfercredit/iut for links to the new site if the above-mentioned one is no longer valid.

Study Away Students wishing to take a course at a university or college outside of Quebec must apply for Study Away on Minerva. Students are responsible for applying to and following the requirements and deadlines of the host university. Study away generally applies to:

- U0 students in satisfactory standing seeking to complete CHEM 212 in their home province/country.
- Students in satisfactory standing wishing to complete an elective or other required course (that has been deemed equivalent) at another university outside Quebec.

On successful completion of the course ***(minimum grade of McGill's C)***, the student must ensure that NSAO receives an official transcript from the educational institution.

The following steps apply to Study Away:

Step 1: Ensure that the institution where you wish to study is outside of Quebec. If it is a Quebec institution, follow the procedure for Inter-University Transfer credits (IUTs) instead.

Step 2: Make sure that you are in satisfactory standing at McGill – if yes, then you are eligible for study away; if not then you must take the course at McGill.

Step 3: Find a course that is equivalent to the required course at the university/college you want to attend – see Course Equivalency System. Any course not found in the Course Equivalency must be assessed by the respective department (e.g., physiology, chemistry). Submit a new request for this assessment using the link provided; you may be required to upload a copy of the course description and/or syllabus to complete this request. https://nimbus-ssl.mcgill.ca/exsa/search/searchEquivalency

Step 4: Once the approved equivalent has been found, find out if the course is actually offered in the session you want and whether you meet the host university criteria for visiting or special student. Avoid study away in the graduating term to avoid delays in graduation.

Step 5: If the above steps are all positive then apply for Study Away on Minerva. If a letter needs to be sent from McGill, you can generate this from the Study Away module. Students are strongly urged to register for the course at McGill to ensure a space in the event that the host university refuses the student. (Don't forget to drop the McGill course if all works out with study away!) If you have been approved for Study Away but decide not to go through with the course, please cancel your Study Away application on Minerva.

Step 6: Once study away is approved on Minerva, register for the course at the university/college you want to attend and follow their admission/registration policies/procedures.

Step 7: Once completed (even if not passed), ensure that NSAO receives an official transcript from the institution so that credits can be transferred.
Step 8: Allow for processing time, then verify your Minerva transcript to ensure that the transfer credits have been processed. If they are not, contact the Nursing Student Affairs Office.

Exemptions and Transfer Credits Students with previous university studies may be eligible for exemptions and transfer credits. A minimum of 60 credits must be completed at McGill to receive a degree. Enrolment Services grants credits for all freshman sciences (e.g., 33 credits for CEGEP Health DEC; 27 for CEGEP DEC 180A0); the Program Directors grant exemptions/transfer credits for non-Freshman science courses. Exemptions for required courses are granted when:

- The course is deemed equivalent to the McGill course. The Course Equivalency System outlines non-NUR1 equivalent courses that have been assessed; if the course is not listed, provide a course outline and submit it to Course Equivalency System for assessment. A login using your @mail.mcgill.ca credentials is required for new assessment or reassessment consideration. When a course is equivalent to any NUR1 course, it must have been successfully completed in the last 3–5 years with a minimum grade of B.
- The request is made within the first semester of studies – any requests made after this deadline will likely not be granted owing to government reporting deadlines (GDEU); if granted, a fee will generally apply.
- *A faculty decision* is made to exempt the student.
- Generally, required courses that meet the above criteria are exempted with credit; courses that are equivalent but were not taken at university (e.g., statistics at CEGEP) exempt the student from the course but the credits must be replaced.
- In the case of an interfaculty transfer, all previous McGill courses (credits & grades, including failures) that are part of the Nursing program are included in the transcript of Nursing. All previous McGill courses (credits & grades) that are not part of the Nursing program are excluded from GPA calculations, except for minor degree studies when minor courses are carried forward. Courses from previous McGill studies that are used to fill B.Sc.(N) elective credit requirements will receive credit transfer (no grade) except for a U0 student transferring into U1 Nursing. The policy of transferring credit without grade is determined to avoid the false elevation of GPA that would take place by selecting electives with high grades.

This table notes courses that have been granted credit to date. It is not comprehensive. Equivalencies for nursing students may not apply to non-nursing students in other programs.

Course Requirement	**Equivalent course** (not comprehensive; equivalencies for nursing students may not apply to non-nursing students)
CHEM 110, 120,212	McGill AECH 110, AECH 111, & FDSC 230 **OR** see Course Equivalency System
MATH 140 &141	McGill AEMA 101 and AEMA 102 **OR** see Course Equivalency System
PHYS 101 & 102	McGill PHYS 131 & 142; AEPH 112 & 114 **OR** see Course Equivalency System
BIOL 112	McGill AEBI 122 OR see Course Equivalency System
NUR1 209 & 210	McGill PHGY 209, 210 AND PATH 300 – those who have taken PHGY 209 and 210 but not PATH 300 can opt to take NUR1 209 & 210 OR take PATH 300 in winter of U1 ***if timetable allows***
NUR1 224 & 225	McGill NUR1 221, 223 AND 422
NUR1 300 & 301	McGill PHAR 300 & 301 – note, because the order in which PHAR and NUR1 addresses medication classes is different, PHAR 300 ≠ NUR1 300. BOTH PHAR 300 & 301 must have been taken to receive exemption from NUR1 300 & 301

EDPE 375 or PSYC 204	Students with 75% in CEGEP Math 201-307 or 201-337 are exempted but must replace the 3 university credits. McGill: MATH 203, AEMA 310, BIOL 373, ECON 227D1, D2, ECON 257D1/D2, EPSC 215, GEOG 202, MGCR 271, SOCI 350

Minor Degrees for B.Sc.(N) Students Minor degrees are offered by several academic units (e.g., Women's Studies, Psychology). Minors involve a specified program of study – generally 18-24 credits. The option is generally only applicable to transfer or second degree students.
Those seeking to complete a minor must complete the following form and be able to respond 'yes' to each of the questions. Submit to NSAO for approval.

STUDENT NAME			
STUDENT McGill ID			
TITLE OF MINOR DEGREE			
DEPARTMENT OFFERING MINOR DEGREE			
		YES	NO
You are in satisfactory standing and have never been in unsatisfactory or probationary standing			
Your CGPA is ≥3.0.			
You have obtained a list of courses required in the minor and ensure that you are able to complete the courses (e.g., prerequisites, no scheduling conflicts).			
The department offering the minor degree will accept overlapping courses (e.g., the department will accept courses that apply to both the Nursing and minor degree).			
You will be able to complete the minor degree without extending your nursing studies beyond the original graduation date at admission.			
You will be able to complete the minor degree without interfering with your performance in the B.Sc.(N) program.			
You have attached the list of courses required for the minor**.			
You agree that if either your CGPA drops < 3.0 or you are placed in a standing other than satisfactory that permission to complete a minor will be revoked.			

**Students whose previous courses have been excluded (EXC) from the Minerva record and who now require these courses to be included in the minor must indicate the courses to be included:

FOR USE BY UNDERGRADUATE NURSING STUDENT AFFAIRS OFFICE

	YES	NO
The student is granted permission to complete a minor degree		

Student services and support

Student services and support – within ISoN and the Faculty of Medicine

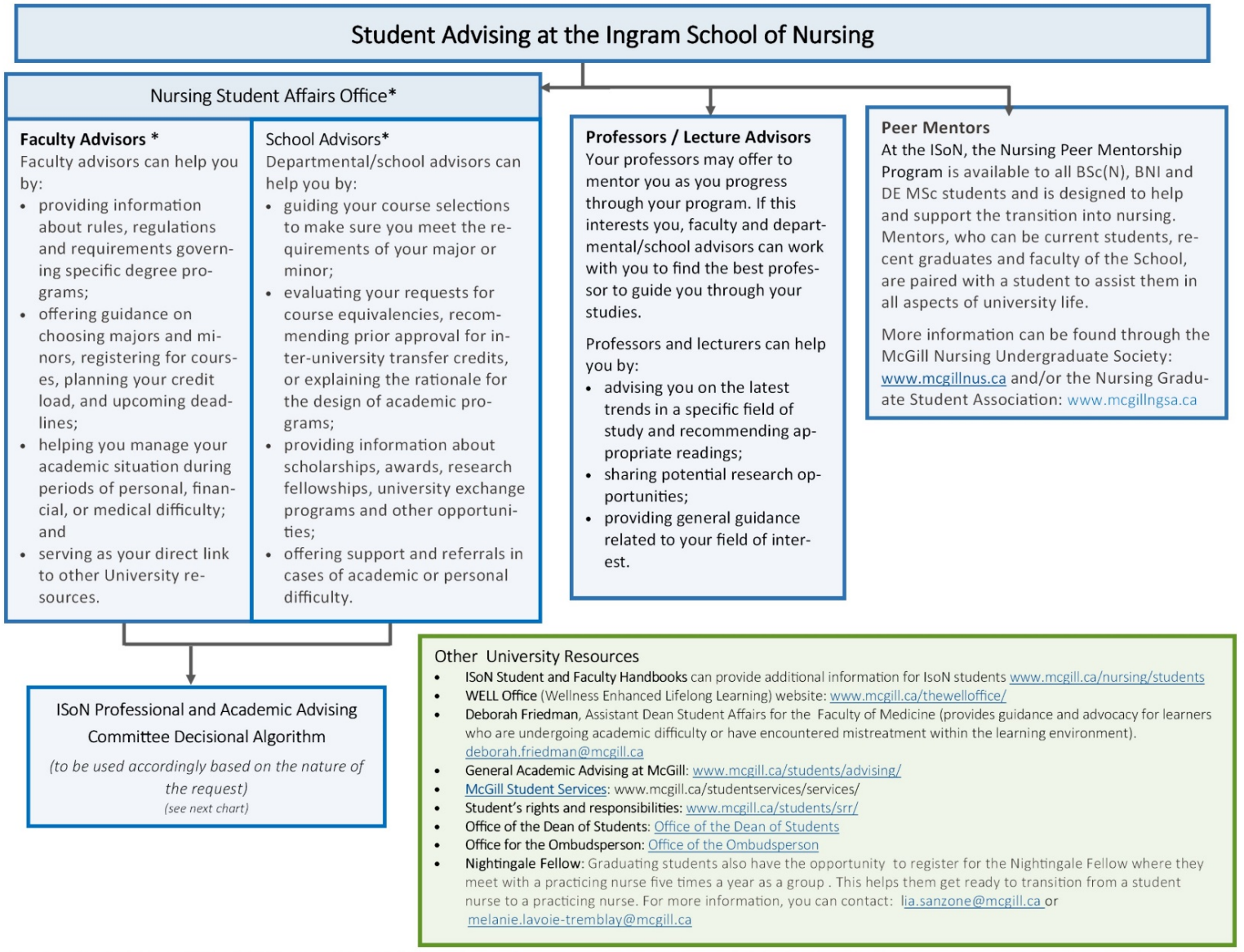
Nursing Student Affairs Office

Undergraduate Nursing Student Affairs Office – UG-NSAO – 19th Floor

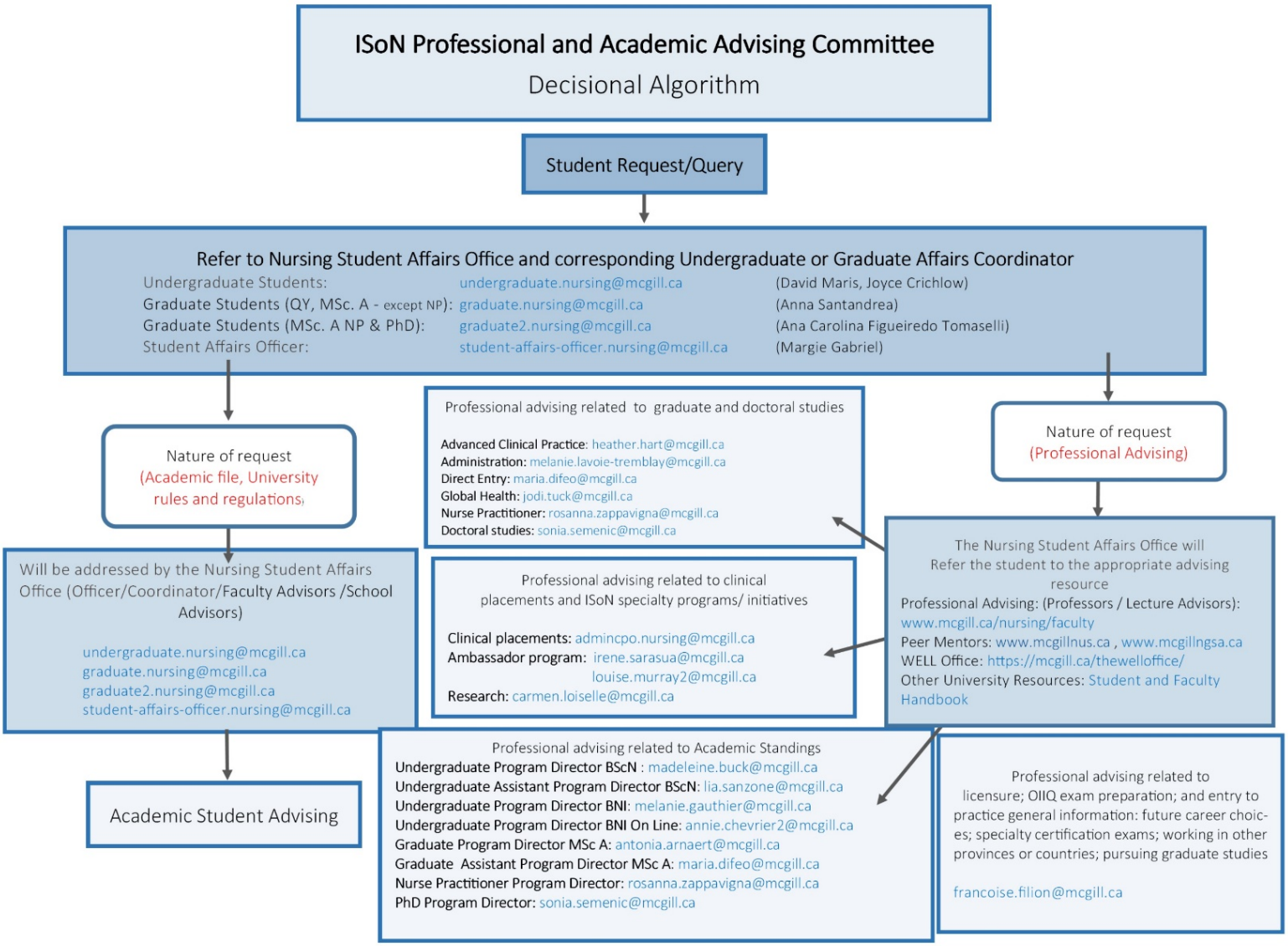
- Undergraduate Student Affairs Coordinators – Rm 1941; 514-398-3784; undergraduate.nursing@mcgill.ca
- Student Affairs Officer - Margie Gabriel - Rm 1944; 514-398-4159; student-affairs-officer.nursing@mcgill.ca. The Student Affairs Officer also services as the Nursing Undergraduate Student Advisor. Students are to notify NSAO if this is not reflected on their advising transcript.

Advising within the Ingram School of Nursing

All student advising requests are addressed by the Nursing Student Affairs Office. The NSAO analyses the request and uses the flowcharts below to refer students to the appropriate resource.



* The terms Faculty Advisor and School Advisor are used by the University in the advising context. In the Ingram School of Nursing, these functions are performed by or via Nursing Student Affairs Office.



Program Directors

Program	Name/Role	Location
B.Sc.(N)	Madeleine Buck – Program Director	Rm 1931, 514-398-4155 madeleine.buck@mcgill.ca
	Lia Sanzone – Assistant Program Director	Rm 1927, 514-398-2488 lia.sanzone@mcgill.ca
BN(I)	Mélanie Gauthier –Program Director	Rm 1929, 514-398-7329 melanie.gauthier@mcgill.ca
BN(I) Online and CNE	Annie Chevrier – Program Director	Rm 2034 , 514-398-2105 annie.chevrier2@mcgill.ca
M.Sc.(A)	Antonia Arnaert – Program Director	Rm 1906, 514-398-5624 antonia.arnaert@mcgill.ca
	Maria DiFeo – Assistant Program Director	Rm 1903, 514-398-6725 maria.difeo@mcgill.ca
	Susan Drouin – Nurse Practitioner	Room 2024; 514-398-7412 susan.drouin@mcgill.ca
PhD	Sonia Semenic – Program Director	Rm 1810, 514-398-1281 sonia.semenic@mcgill.ca

Satoko Shibata Clinical Nursing Learning Laboratories – 680 Sherbrooke, 20th Floor

The labs include a clinical skills laboratory, a health and physical assessment laboratory, critical care area (5 clinical beds), simulated apartment, and two large debriefing rooms. Several lab courses are offered in the Learning Laboratories. Remedial sessions are available for students. Six Nurse Educators, three lab technicians, and a Standardized Patient Coordinator are available to support learning activities in the Nursing Laboratories.

- Hugo Marchand: Laboratory Director – hugo.marchand@mcill.ca
- Satoko Shibata Clinical Nursing Learning Laboratory: lab.nursing@mcgill.ca
- Standardized Patient Coordinator: sp-coordinator.nursing@mcgill.ca

Ingram School of Nursing Scholarships & Awards

In-course awards are granted (no application) in July to students who have completed full-time a minimum of 26 graded credits in fall and winter and who are in the top 5% SGPA e.g., Luella Downing Prize, Mildred B. Lande Scholarship, Robert H. Lennox and Elizabeth Graham Lennox Scholarship, Women's General/Reddy Memorial and A. W. Lindsay Prize, Nursing Bursary Fund. *Alumni awards* are granted to students who have demonstrated strong academic performance, contributions to the ISoN, the university, and the community at large. Students apply for alumni awards in the fall of each academic year. *Graduation awards* are granted at convocation – there are various categories including prizes for top ranking academic standing (e.g., Lexy L. Fellowes Memorial Prize, Barbara Ann Altshuler Prize in Nursing , Pearson Education Book Prizes) and leadership during the Nursing program (e.g., Anne Marie Fong Hum Memorial Prize, Evelyn Rocque Malowany Prize in Nursing).

Nursing Peer Mentorship Program

The NPMP program is available to nursing students and is designed to support them in their transition into nursing and throughout the program. Mentors, who can be current students, recent graduates and faculty of the School, are paired with a student to assist them with university life. Students who are interested in the program (as a mentor or as a mentee) and would like more information should contact npmp.nursing@mcgill.ca.

Nightingale Fellows Project

The McGill Nursing Collaborative for Education and Innovation in Patient- and Family-Centered Care has established the Nightingale Fellows Project to assist graduating students transitioning into clinical practice. The project provides a group mentoring experience to students in their final year of studies. Small groups of 4-6 students are placed and mentored by experienced clinical nurses. The groups meet 4 times throughout the school year and one time post-graduation to discuss topics related to the transition from nursing student to nurse.

The Steinberg Centre for Simulation and Interactive Learning - 3575 du Parc # 5640 - 398- 8978.

The SCSIL is an interprofessional centre that uses simulation to enhance the skills of health care professionals. The Centre offers skills training, high fidelity simulation suite, 10 clinical encounter rooms, simulated apartment, simulated ward, hybrid operating room, and a virtual reality trainer room. Users adhere to the policies set by the Centre, including uniform/lab coat and name tag when working with Standardized Patients.

WELL (Wellness Enhanced Lifelong Learning) Office

The WELL Office services includes: Academic Support, Wellness support such as counselling, workshops, support groups and liaison with McGill University services on wellness related issues.

Student services and support* – *Campus based

Enrolment Services Service Point - 3415 McTavish Street; 514-398-7878. Services include certified copies, ID cards, legal documents, tuition & fees and more.

Student Services - Brown Student Services Building, 3600 McTavish

Campus Life and Engagement - supports students at the different stages in their life at McGill. By collaborating with various University departments and student groups, acts as a go-to hub for connecting students with resources and opportunities. Offers leadership programs, programs for new students, and assistance for Francophone Students.

Career Planning Service - CaPS assists students in their career development and search for permanent, part-time, and summer jobs, as well as internships, by providing workshops, individual advising, a comprehensive job posting service, and a Career Resource Centre

Dean of Students – Dr. Christopher Buddle - 3600 McTavish, Suite 2100 - 514-398-4990
http://www.mcgill.ca/deanofstudents/

First Peoples' House – a gathering place and resource centre for First Nations, Inuit and Métis students. Located at 3505 Peel Street.

International Student Services - Health insurance guide, Buddy Program to acclimate international students, assistance with immigration

Library Services: Francesca Frati is the Nursing Liaison Librarian.
The Health and Biological Sciences collection at McGill is located in two libraries:

- Schulich Library of Physical Sciences, Life Sciences and Engineering - collection of nursing and medical materials. Located in Macdonald-Stewart Building. [N.B. for this academic year, the library is under renovations and is closed. A virtual library is available for students' use].
- Osler Library of the History in Medicine - McIntyre Medical building - study space.
- Writing and citation guides (e.g., APA) and writing tools (e.g., Five Steps to a Better Paper) are compiled by resource librarians and are wonderful resources!
- The Nursing Study Guide provides valuable links to CINAHL, PsycInfo, evidence-based resources (e.g., Cochrane, Joanna Briggs Institute); TRIP (Turning Research into Practice), Up- to-Date; e-books and journals; streaming videos (e.g., clinical skills) and more!!
- McGill University Teaching Hospital Libraries provide loans to McGill University students on presentation of McGill University ID.

Office for Students With Disabilities - myAccess services for a variety of situations e.g., medical diagnoses, mental health issues, anxiety disorders, long term support to accompany students with Learning Disabilities, ADD or ADHD, Asperger's and autism.

Office for Sexual Violence Response, Support & Education - O-SVRSE - 550 Sherbrooke O. Suite 585 (west tower 1-11 elevator); 514-398-3786 or 514-398-4486; svoffice@mcgill.ca. Note: It Takes All of Us: Creating a Campus Community Free of Sexual Violence is a mandatory new online learning program that strives to increase awareness of sexual violence by addressing topics like consent, bystander intervention, and supporting survivors. Over the course of the coming year, all faculty, administrative and support staff will also be required to complete this program. *It Takes All of Us* represents one piece of a much larger campus effort to address and prevent sexual violence, and to provide increased support to all those affected. The program's University-wide roll-out is not only aligned with this commitment to address this critical topic head-on, but also with Quebec's Bill 151, which stipulates that all Quebec post-secondary institutions implement mandatory training on the topic of sexual violence. You can access *It Takes All of Us*—which should take approximately 45 minutes to complete—in myCourses, the University's online Learning Management System. You must complete it by the end of your first term, and failure to do so will result in a registration block for the following term. For more information, FAQs, and an overview of what to expect from the program, visit mcgill.ca/sv-education. To learn more about other sexual violence initiatives at McGill, or to find support, don't hesitate to reach out to the Office for Sexual Violence Response, Support and Education—they're here to help.

Office of Religious and Spiritual Life – serves as students' religious and spiritual hub; Presbyterian College, 2'nd floor, 3495 University.

Ombudsperson – Dr. Dimitrios Berk - 3610 McTavish, Suite 14 - 514-398-7059

Scholarships and Student Aid - General information: Undergraduate Scholarships and Awards Calendar.

Study Skills Workshops and Achievement Builders – Student Services – http://www.mcgill.ca/counselling/workshops .

The ***Student Wellness Hub*** is our students' place to go for their holistic health and wellness needs. It provides access to basic physical and mental health services, as well as health promotion and peer support programs, in convenient locations at both our Macdonald and downtown campuses. Brown Student Services Building: Third Floor. :(514) 398-6017

Counselling Services - provides students with effective therapy, knowledgeable support, and the opportunity to develop the skills they need to be successful in both school and life. They also offer offers workshops to ensure university success e.g., study skills, coping with stress, writing papers, MCQ exams
Health Services – walk-in and by-appointment nursing and medical services, immunizations, mask fitting, sexual and physical health, Shag Shop (safe sex products).
Psychiatric Services - students who wish to see a psychiatrist should visit Psychiatric

Urgent Care – Safety Appointments - students experiencing a crisis situation where they might be a harm to self or others may present themselves at the Brown Building, suite 5500 to request a Safety Appointment. Students will be seen briefly and given a referral as appropriate. Safety appointments are available daily and are offered on a first-come, first-served basis Monday through Friday from 11:00 a.m. to 1:00 p.m.

Clinical Studies

Clinical studies are enhanced by a strong relationship with the McGill Academic Health Network and the Réseau Universitaire Intégré de Santé (RUIS) agencies. Students in the Ambassador Program study provincially, nationally and internationally; students in the Ashukin project study in indigenous communities.

Students must budget to travel to and from a clinical agency for the duration of their clinical courses (funds may be available for Ashukin; Ambassadors can apply for travel bursaries).

Clinical courses may require study during the day, evening, nights and weekends.

Policy for Clinical Placements

Faculty members across the ISoN use due diligence to select clinical placements, based on general requirements for clinical hours, availability of clinical sites, and patient populations, including the need for French language skills. Clinical placement selections are also subject to the various clinical settings' capacity to accommodate students at any given time. Student clinical experiences will necessarily vary however all sites chosen will fulfill specified course objectives. Placement settings will vary from term-to-term due to a multiple factors, including the realities of the rapidly changing healthcare system, the clinical environments, and the individual patients and families who are receiving care at any given time. Clinical placement selections are **not** made on the basis of student choice except for the following exclusions*:

- NUR1 530 Nursing Practice Consolidation and NUR1 531 Ambassador Nursing Practice Consolidation.
- NUR1 431 and NUR1 432 Ashukin Project
- When the student must avoid a particular setting for the following reasons:
  - the student or close family member is employed on the placement unit
  - the student is or has been followed as a patient on the placement unit
  - the Service d'évaluation des risques de transmission d'infection hématogène (SERTIH) of the Québec Institut national de santé publique has indicated restrictions on the student's placements
  - other legitimate reasons (e.g., pregnancy) determined by the Clinical Placement Coordinator in consultation with the student and faculty.

*For courses where student choice is taken into consideration, no guarantees can be made that students will be assigned their choices.

The Clinical Partnerships Office is the link between the ISoN and the clinical agencies. The Office tracks the placements of all students using HSPnet. Students are placed based on their previous clinical experiences, the clinical settings that have been deemed appropriate to meet the course objectives, their performance in previous clinical courses, and level or proficiency in French.

Note that the OIIQ does not have pre-established clinical hours in specific settings – as such, there is no formal requirement for placements in such areas as acute care pediatrics or acute psychiatry. The Clinical Partnerships Office will consider a community placement in Enfance Famille Jeunesse as both a 'community' and 'pediatric' placement setting.

Clinical Course Coordinator Role The clinical course coordinator is responsible for overseeing the academic integrity of the clinical course. The coordinator often assumes a "behind the scenes" role working with clinical instructors and preceptors who work directly with the student in the agency. The coordinator establishes the course schedule and organizes introductory classes, simulation experiences and on-boarding procedures. The coordinator will visit clinical sites and communicate with the clinical instructors frequently with respect to student performance. Should students present with challenges in

their placements, the coordinator is available for individual consultation. With respect to evaluation of student performance and grade assignment, the coordinator works with the clinical instructors/preceptors to ensure that evaluation rubrics are applied fairly and consistently across settings.

Requirements for Clinical studies and the Student Portal

It is the student's responsibility to ensure that all clinical studies requirements are met. The ISoN has an online student portal where students upload and submit important documents, check the status of certain files, and more. Multiple documents must be integrated into ONE (1) PDF file for upload for each of the requirements. A detailed table of pre-clinical requirements and their respective deadlines are listed at https://www.mcgill.ca/nursing/students/student-portal/clinical. Scroll down the page to the table and across to your program for the deadlines related to you.

The following list summarizes the list of requirements for clinical studies. Details about each of these are also provided both on the website https://www.mcgill.ca/nursing/students/student-portal/clinical as well as in the section below:

1. Faculty of Medicine Code of Conduct
2. OIIQ registration
3. HSPnet release form
4. Immunizations
5. Annual Flu Vaccine
6. Mask Fitting
7. Declaration of blood-borne infections
8. Exposure – Blood and Body fluids
9. CPR HPC certification
10. SafeTalk
11. Work Coop Permit (International students only)
12. Professional Appearance: name tags, uniform, watch
13. Criminal Background Verification & Criminal Background Reference Check

Faculty of Medicine Code of Conduct

Purpose: To meet health care professional program requirements.
As a newly admitted student to one of our professional programs, it is important that you read the Faculty of Medicine's Code of Conduct, one of the essential references and foundational documents for your Nursing studies. The Code of Conduct can be found at https://www.mcgill.ca/medicine/about/our-vision-mission-values/code-conduct
Print the document. On the last page, write your Lastname/Firstname and McGill ID number and sign and date. Scan these pages to one single pdf for upload to the Student Portal.

Ordre des Infirmières et Infirmiers du Québec (OIIQ) registration:

Purpose: To meet legal requirements of public protection.
BNI students upload their annual registration with the OIIQ as an RN to the student portal; BScN students upload their student registration with the OIIQ to the student portal.

Quebec legislation requires that a nursing student be registered with the Ordre des infirmières et infirmiers du Québec (OIIQ) to ensure protection of the public. The OIIQ grants registration under the following two conditions:
- as a student nurse with a Student Permit (i.e., B.Sc.(N) and M.Sc.(A) DE students);
- as a Nurse (i.e., BN(I) student* who has successfully completed the licensure examination and the

Office Québécois de la Langue Française (OQLF) requirement (as needed)).

*BN(I) students who are Nurses must maintain OIIQ registration with annual fees paid as invoiced. The OIIQ does not waive fees, even if the Nurse is not working during studies. A student who does not maintain full OIIQ licensure cannot enter clinical studies. Full licensure includes successfully passing the OIIQ exam and the Office Québécois de la Langue Française (OQLF) requirement (as needed)

The OIIQ refers to the above process as *'immatriculation'* so 'registration' and *'immatriculation'* may be used interchangeably. Any patient can verify the student's status or register a complaint with the OIIQ. Teachers and health facility agents can ask for proof of registration so students must carry this documentation at all times during clinical studies, including community visits.

OIIQ Nursing Student Registration procedure (B.Sc.(N)s only):
OIIQ sends application notice to new students in the ISoN. Notice is sent ONLY to students who have a Permanent Code, have a valid Quebec mailing address and have a North American telephone number so it is imperative that these are indicated on Minerva.
Student completes the application - must submit birth certificate (certified or original), a passport-sized & authenticated photograph, and fee payment. Authentication instructions are in the application package.
Newly admitted students who have not received the OIIQ registration application should contact Nursing Student Affairs Office.

OIIQ Nurse Registration procedure (BN(I)s only):
Student successfully completes the OIIQ licensing exam and proves French proficiency.
Student completes the registration with the OIIQ and pays the annual registration fee.
Newly admitted students who were not successful with the September OIIQ exam should contact Nursing Student Affairs Office.

Students holding an active registration with the profession adhere to the **Regulation respecting the professional activities which may be performed by persons other than nurses** (chapter I- 8, s. 3, Nurses Act). They may carry out the professional activities that nurses may perform that are required to complete the program of study in which they are registered, with the exception of the adjustment of the therapeutic nursing plan, when the following conditions have been met:

1. They perform them as part of the program of study
2. They perform them under the supervision of a nurse who supervises the training period and who is present in the care unit concerned in order to rapidly intervene (O.C. 551-2010.s.3)

With respect to the TNP: Selon l'article 3 du Règlement, vous ne pouvez pas ajuster un plan thérapeutique infirmier (PTI) sauf si l'enseignant l'ajuste pour vous de concert avec l'infirmière responsable de l'usager à des fins pédagogiques. Cependant, il appartiendra à l'infirmière responsable de l'usager d'en évaluer la pertinence et les modalités. Lors de votre stage, vous êtes en apprentissage et exercez sous la supervision d'une infirmière qui encadre votre stage alors que l'infirmière responsable de l'usager détermine par son jugement clinique le plan de soin et les traitements infirmiers requis pour cet usager.

"The nursing student shall record her interventions in the patient's record with her signature, followed by **"student n."** If her signature cannot be clearly identified, she shall write her name in block letters after it (O.C. 551-2010.s.4)."

Registration of a student in Nursing may be revoked by the OIIQ if the holder:

1. Has no longer been enrolled, for over one year, in a session of a program of studies leading to a diploma giving access to a permit from the Order or in a training course determined by the Order

(Section 9 of the Regulation respecting diploma or training equivalence for the issue of a permit by the Ordre des infirmières et infirmiers du Québec (chapter I-8.r.16);

2. Fails the program of studies leading to a diploma giving access to a permit from the Order or the training course determined by the Order in accordance with section 9 of said regulation;
3. Is expelled from the program of studies leading to a diploma giving access to a permit from the Order or the training course determined by the Order (Section 9 of said regulation);
4. Obtained the registration certificate under false pretences; or
5. Performs professional acts reserved to nurses other than those authorized in a regulation under subparagraph h of section 94 of the Professional Code (chapter C-26) or does not meet the conditions for performing these acts, in particular those relating to the respect of the ethical obligations applicable to members of the Order.

Unsatisfactory standing in Nursing; leave of Absence or withdrawal from Nursing and OIIQ registration: Students must return their registration certificate to the OIIQ on interruption or cessation of studies in the nursing program. The OIIQ returns the certificate free of charge upon request if the student returns to study within one year. In the case of an interruption of more than a year, a student must register again with the Order, providing required documents and fee.

Ordre des infirmières et infirmiers du Québec – 4200, rue Molson, Montréal (Québec) H1Y 4V4 – 514-935-2501; 1-800-363-6048 etudiants-br@oiiq.org; nurses : infirmieres-br@oiiq.org

HSPnet

Purpose: To upload students' names and emails into the clinical placement system HSPnet to manage and track their placements
Students upload the duly completed and signed HSPnet consent form found at the bottom of https://www.mcgill.ca/nursing/students/student-portal/clinical

Immunizations:

Purpose: As per Student Wellness Hub protocol to protect student, public, and to meet requirements of clinical agencies. At least tuberculosis testing for those at risk and at least first series of vaccinations for students with no previous record of vaccination

Compulsory immunization requirements are in place for nursing students to ensure protection of the public, their own protection, and to meet the minimum requirements set out by the clinical agencies. Students complete the immunization form for Nursing students and upload it on the Portal to be assessed by The Student Wellness Hub. The Student Wellness Hub Health Services receives all immunization documents and may provide immunization clinics, administers any follow-up required in such cases as positive tuberculosis test, re-immunization for hepatitis or varicella, and the like. Only students with proof of immunization can have access to patients/clients. **Students who do not meet the immunization requirements will not be able to complete clinical studies as health care agencies will refuse such students – students will then be required to withdraw.**

Annual Flu Vaccine

Purpose: as above (see Immunizations). Annual influenza (flu) vaccination is required - **students who have not received flu vaccine may not be allowed into certain facilities.**
Student upload the proof of flu vaccine annually to the student portal.

Mask Fitting

Purpose: Fitting with N-95 mask – Student Wellness Hub. Clinics will be organized for students by NSAO.
Mask fitting ensures that students are protected from transmissible airborne infections (e.g., tuberculosis). Student Wellness Hub determines the appropriate size of N-95 mask. Once fitted, the mask size required to ensure safety is noted on the student's Immunization card. Refitting is done every two years to ensure student safety. Any student who cannot be fitted despite attempts to do so must inform clinical teachers so as not to be assigned to a patient with active TB.

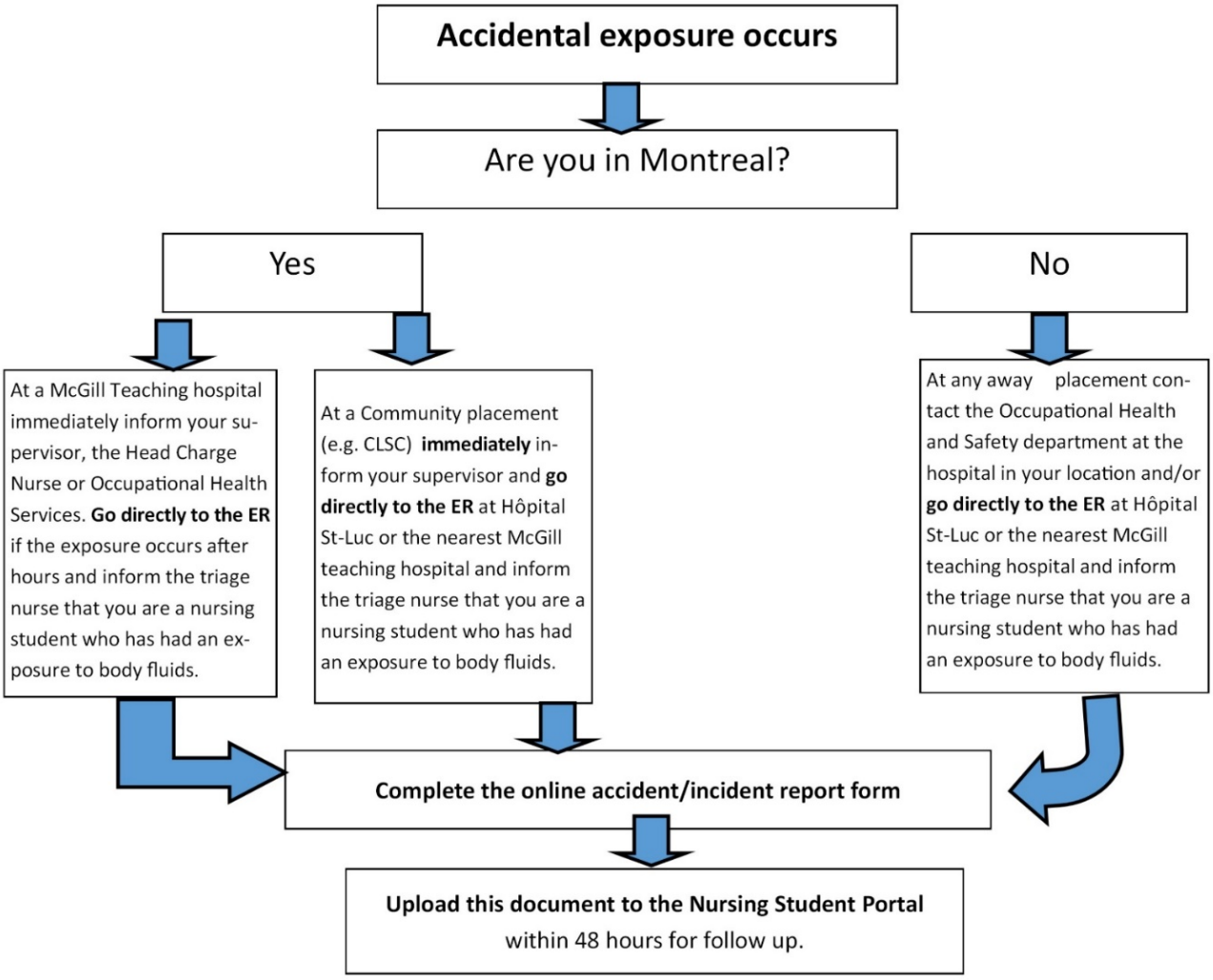
While Nursing Student Affairs does collaborate with the Student Wellness Hub to provide Mask Fitting clinics, it is the student's responsibility to ensure that he/she is fitted by the deadline stated. An alternative to the SWH mask fitting clinic could be through the Environmental Health and Safety office at McGill. There is a cost associated with this alternative. https://www.mcgill.ca/ehs/training/respiratory-protection-fit-testing

Declaration of blood-borne infections

Purpose: Students who are seropositive for Hepatitis B, C, HIV, and/or any other blood-borne pathogens must notify their Program Director
Students who are seropositive for Hepatitis B, C, or HIV and/or any other blood-borne pathogens are obliged to notify their Program Director. These students will be referred to the Blood-Borne Infection Risk Assessment Unit - Service d'évaluation des risques de transmission d'infection hématogène responsible for all infected workers, including nursing students. The service makes recommendations based on current scientific knowledge and relevant guidelines. The Service may recommend restricting practice of these students. This information is strictly confidential.

Accidental Exposure – Blood and Body fluids

Purpose: Percutaneous exposure to body substances or any other injury places students at risk and requires investigation, reporting, and follow-up.
Prevention of accidental exposure is paramount (e.g., never recap needles; wear gloves during venipuncture). Despite efforts, accidental exposure can occur. A percutaneous exposure to body substances, either by a needle stick injury, a laceration, or a splash on mucous membranes or non- intact skin, has the potential to transmit blood borne pathogens such as hepatitis B and HIV to the exposed individual. Students on any clinical rotation are covered for injuries sustained by the *Commission de la Santé et de la Sécurité du Travail.* All accidents, including exposure to body fluids, must be reported by completing the McGill University Accident and Incident Reporting Form. The notification of the exposure and the completed form must be uploaded to the ISoN student portal for clinical requirements *within 48 hours* to ensure that all the appropriate steps have been taken. The following chart indicates how to proceed in the event of an injury.



CPR HPC certification

Purpose: CPR Health Care Provider (HCP) (includes Automated External Defibrillation - AED)
All students must obtain and maintain Cardiopulmonary Resuscitation - Health Care Provider (CPR-HCP) training (5 or 6 hour courses are accepted as well as BLS Provider). Certification must be granted, or fully recognized, by one of the following organizations: *Heart and Stroke Foundation of Canada, Heart and Stroke Foundation of Quebec, Canadian Red Cross, St. John Ambulance, American Heart Association, American Red Cross*. The ISoN organizes CPR-HCP training sessions annually and students are notified via email regarding the training dates and registration deadlines.

SafeTalk

Purpose: ½ day suicide alertness training program. Exemptions: proof of previous course in mental health first aid (www.mentalhealthfirstaid.ca); volunteer experience on a suicide crisis hotline or clinical practice in psychiatry will be evaluated on a case by case basis.

SafeTALK is ½ day suicide alertness training program that is required for B.Sc.(N.) U1 and B.N.I. U2 students. Cost: $50.00. The workshop is coordinated by the ISoN and students are notified via email regarding the training dates and registration deadlines. Proof of certification is required. The deadlines to

submit proof of certification on the student portal vary as per training dates for each program, and are on our website: https://www.mcgill.ca/nursing/students/student-portal/clinical

Work Coop Permit (International students only)

If you have been admitted to a program as an international students, your study visa is not enough. The program to which you were admitted includes a mandatory practical work component (such as a co-op, placement or stage). Accordingly, if you are not a citizen or permanent resident of Canada and, whether or not you will be paid, you must obtain a "coop work permit" in addition to your study permit. Please see McGill's International Student Services website for details: https://mcgill.ca/internationalstudents/.

You will need to obtain the "co-op" work permit before you begin your clinical studies and clinical internship. In order to apply for the "co-op" work permit, you will need written confirmation that your program includes a mandatory practical work component. In order to obtain a letter that confirms that you have a mandatory practical work component, download the pdf below for the program to which you were admitted. You will accompany the letter below with your letter of offer of admission when applying for the Work Coop Permit. You will also need to submit a Medical Exam with your application. Detailed instructions can be found on the McGill's International Student Services' website at: https://mcgill.ca/internationalstudents/work/co-op-internship-work-permit

Students applying for the co-op work permit must include the International student letter found on our website https://www.mcgill.ca/nursing/students/student-portal/clinical in addition to their acceptance letter into their program at McGill. The work coop permit must remain valid throughout your studies.

Professional Appearance: name tags, uniform, watch
Purpose: Name tags to meet legal requirements. ISoN uniform/uniform for clinical studies; pendant watch.

Students and faculty aim to present themselves in a manner that ensures confidence, meets clinical agency requirements, and adheres to principles of infection prevention and control. The ISoN acknowledges the rights of students and faculty as well as the rights and expectations of clients encountered during studies, the public image of the ISoN and the nursing profession. Students and faculty identify themselves and dress in a manner that is professional, respectful, and reassuring at all times when interacting with the public, including during community and health care agency experiences. Uniform guidelines apply in agency-based courses and in lab courses. In settings where street clothing is worn (e.g., CLSC, out-patient units, certain mental health settings), this attire must project a professional image. Inappropriate clothing includes revealing apparel, shorts, flip-flops, underwear that is visible, and the like. Dress requirements must meet infection prevention and control recommendations (discussed in next section).

Identification: Students and faculty identify themselves with a name badge indicating first and last name as well as the McGill logo during all clinical learning activities (e.g., on hospital units, during community visits, in community placements, during Ambassador Nursing Practice Consolidation). The name badge must be worn above the waist for ease of visibility. Most hospitals require that students and faculty also have a hospital-issued name badge. Clinical placement coordinators generally arrange these and inform students/teachers of logistics.
Students/faculty can be asked at any time by a client/patient or hospital/clinical official for proof of identification including OIIQ registration certificate.

Uniform and Professional Appearance: The B.Sc.(N) uniform, designed by the NUS, consists of a navy top with McGill logo and light blue pants. It is purchased at the Bookstore. A minimum of three uniforms are required (one for HPA courses; 2 for patient-related clinical studies) to allow for laundering between

clinical days. B.N.(I) students wear the uniform normally worn in the workplace or uniforms that fit clinical agency guidelines. A lab coat may be required during interactions with standardized people/patients in IBL courses.

Guidelines for Professional Appearance (OIIQ, 2018; MUHC 2015)*:

- Identification card (that includes full name and McGill affiliation) must be worn at all times and must be visible to the user.
- *Nails* are clean and short with no nail polish; nail extensions are not permitted (*rationale: long nails can pierce gloves and may cause discomfort to client during percussion; artificial nails and chipped nail polish have been linked to bacterial colonization*).
- *Hair* is clean, up and away from the face and off the uniform collar; beards/moustaches must be groomed to ensure proper fitting of facial protective equipment and covered if there is a risk of contamination (*rationale: hair can fall into wound or lead to improper mask fitting*).
- The use of *jewelry* should be limited with no bracelets, rings, dangling earrings, or the like (*rationale: jewelry can cause injury to the client and can pierce gloves*). Lapel watches are required as wrist watches can cause injury. Body piercings are kept to a minimum – any piercing of a mucous membrane (e.g., tongue, lip, nose) poses a risk for transmission of bacteria – tongue and lip piercings are to be removed during clinical studies; nose piercings should be discrete studs rather than nose rings; nasal septum piercings (bull rings) are removed.
- *Uniforms* are clean** at all times; change into and out of uniforms on arrival/departure from the clinical setting (*rationale: microorganisms continue to live on inanimate objects e.g., uniform*). Long sleeve sweaters are avoided (*rationale: dangling sleeves can be contaminated or soiled and transmit microorganisms from patient to patient*).
- *Shoes*: white, closed, comfortable shoes are worn in the hospital setting and not worn outside of clinical (*rationale: protects the health care worker from injury; promotes infection control*).
- *Scents or perfumes*: no perfumes or colognes should be used to promote a 'scent free' environment; personal hygiene is required to prevent student malodour (*rationale: clients may find certain aromas offensive; perfumes can cause asthmatic exacerbation in some clients*).
- A *pendant style watch* is required (rather than a wrist watch) for infection prevention/control.

Source: OIIQ (2018). Image professionnelle des infirmières; MUHC Handbook for Students and Clinical Instructors.

**Note: Wash uniforms separately from other clothing with conventional laundry detergent. If contaminated with infectious material, wash in hot water (160 ºF) with sodium hypochlorite solution (e.g., Clorox) according to product concentration.

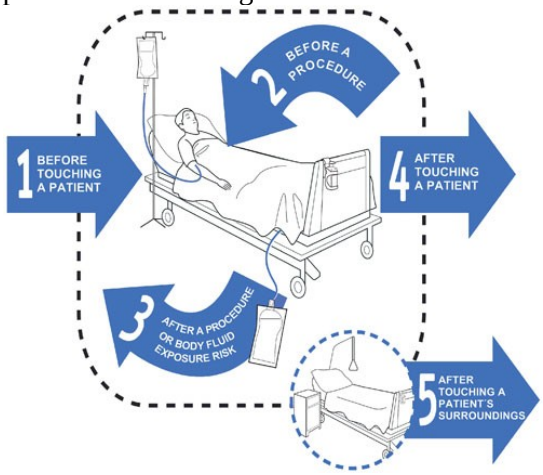
Infection Prevention and Control (IPC)

Infection prevention and control (IPC) is of great importance for the protection of the health care professional and the safety of patients. IPC procedures involve routine practices and additional precautions. **Routine Practices** are used in caring for <u>all</u> people regardless of diagnosis or possible infection status. They apply to blood, all body fluids, secretions, and excretions (except sweat), nonintact skin, and mucous membranes whether or not blood is present or visible.

Routine practices include:

- Hand hygiene with alcohol-based hand rubs/gels/rinses that contain > 60% alcohol is the preferred method for decontaminating hands that are not visibly soiled. Using ABHR is better than washing hands (even with an antibacterial soap) when hands are not visibly soiled (CHICA, 2013. See Hand Hygiene Procedure on next page.

- Hands are washed **before** touching a patient, **before** performing a procedure, **after** a procedure or exposure to body fluid, **after** touching a patient, and **after** touching a patient's surroundings.



- Wear clean gloves when touching blood, body fluids, secretions, excretions, non- intact skin and mucous membranes, and contaminated items (e.g., soiled gowns).

- Remove gloves before touching uncontaminated items and surfaces.

- Perform hand hygiene immediately before wearing and after removing gloves.

- Wear a mask, eye protection, or a face shield if splashes or sprays of blood, body fluids, secretions, or excretions can be expected.

- Wear a clean, unsterile gown if client care is likely to result in splashes or sprays of blood, body fluids, secretions, or excretions. The gown is intended to protect clothing.

- Remove soiled gowns carefully to avoid transfer of microorganisms to others. Perform hand hygiene after removing gown.

- Handle care equipment that is soiled with blood, body fluids, secretions, or excretions carefully to prevent the transfer of microorganisms to others and to the environment.

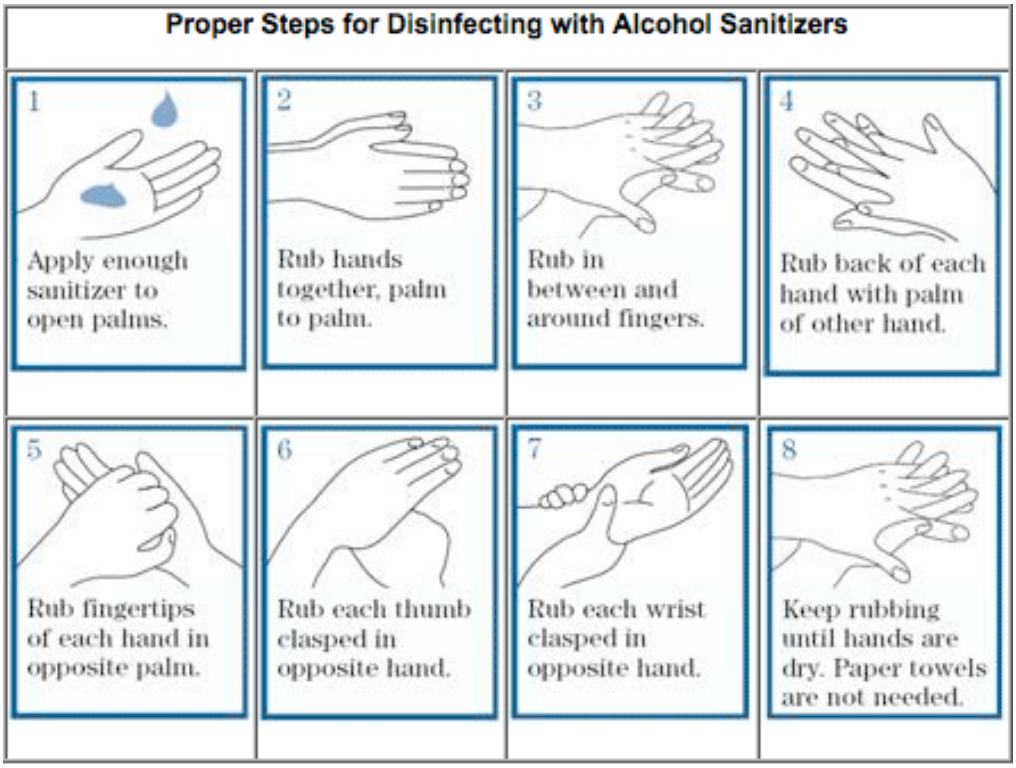
- Make sure reusable equipment is cleaned and reprocessed correctly.

- Handle, transport, and process linen that is soiled with blood, body fluids, secretions, or excretions in a manner to prevent contamination of clothing and the transfer of microorganisms to others and to the environment.

- Prevent injuries from used scalpels, needles, or other equipment, and place in puncture-resistant containers.

Hand Hygiene Hand hygiene removes or kills microorganisms on the hands. When performed correctly, hand hygiene is the ***single most effective*** way to prevent the spread of communicable diseases and infections. Hand hygiene may be performed either by using soap and running water, or with alcohol-based hand rubs; however, using alcohol based hand rubs is more effective than washing hands (even with an antibacterial soap) when hands are not visibly soiled.

Hand hygiene using alcohol-based hand rubs	*Hand hygiene using soap and water (IPAC)*
1. Remove hand and arm jewelry. 2. Apply enough ABHR (size of a quarter) onto hands, enough so that when hands are rubbed together all areas of the hands are covered, including under the nails. 3. Use a rubbing motion to evenly distribute the antiseptic product over all surfaces of the hands, particularly between fingers, fingertips, back of hands and base of thumbs. 4. Rub hands until they feel dry (minimum 15- 30 seconds).	1. Remove hand and wrist jewelry and wet hands with warm (not hot) running water. 2. Add soap, and then rub hands together, making a soapy lather for at least 15 seconds. Be careful not to wash the lather away. Wash the front and back of the hands, between the fingers, and under the nails. 3. Thoroughly rinse hands under warm running water, using a rubbing motion. 4. Wipe and dry hands gently with paper towel. 5. Turn off tap using paper towel so that hands are not re-contaminated.



Source: Infection Prevention and Control Canada (IPAC)

Additional precautions: used for patients with known or suspected infections that are spread by airborne, droplet, or contact (direct or indirect) transmission. These precautions may be used alone or in combination with each other but are always used ***in addition to Routine Practices.***

Type of Precaution	**Recommended Practice**
Airborne Precautions - used for pts known or suspected to have serious illnesses transmitted by airborne droplet nuclei smaller than 5 microns. Examples of such illnesses include measles (rubeola); varicella (including disseminated zoster); and tuberculosis.	• Pt in private room with negative air pressure & air discharge to the outside OR a filtration system. Keep doors closed. • If no private room, place pt with another pt who is infected with the same microorganism. • Wear a respirator (e.g., N95) on entering the room of a pt who is known/suspected of having 1º TB. • Susceptible people should not enter the room of a pt with rubella or varicella (chickenpox). • Limit movement of pt outside the room; use a surgical mask on the client during transport. • Perform hand hygiene after removing respirator.
Droplet Precautions - used for pts known/suspected of serious illnesses transmitted by particle droplets ≥5 microns (e.g., mumps, pertussis; rubella; influenza, pneumonia, scarlet fever.	• Place pt in private room OR with another pt infected with same microorganism. • Wear a mask if working within 1 to 2 metres of the client. • Limit pt movement outside the room to essential purposes. Place a surgical mask on the client during transport. • Perform hand hygiene after removing mask.
Contact Precautions – used if pt known/suspected of serious illnesses transmitted by direct pt contact or with items in the environment e.g., GI, resp, skin, wound infections or colonization with multidrug-resistant bacteria; clostridium difficile, Ecoli 0157:H7, Shigella, Hep A in diapered/incontinent clients; RSV, parainfluenza virus, enteroviral infections in infants/children; skin infections (HSV, impetigo, pediculosis, scabies).	• Place pt in private room OR with another who is infected with the same microorganism. • Wear gloves on entering room; change gloves after contact with infectious material; remove gloves before leaving room; perform hand hygiene immediately after removing gloves. • Wear a gown on entering room if a possibility of contact with infected surfaces/ items, or if the client is incontinent, has diarrhea, a colostomy, or wound drainage not contained by a dressing. • Remove gown in the client's room. • Ensure uniform doesn't contact contaminated objects. • Limit movement of client outside the room. • Dedicate the use of non-critical client care equipment to a single client or to clients with the same infecting microorganisms.

Cough Etiquette If a mask is not available, covering the mouth with a tissue or raise your arm up to your face to cough or sneeze into your sleeve is recommended. If using a tissue, dispose of it as soon as possible and perform hand hygiene.

Criminal Background Verification & Criminal Background Reference Check

Purpose: Completion of *Criminal Background Verification Form* by most clinical agencies; Assessment by police department to allow study in certain clinical agencies

Registration with the OIIQ is required for entry into clinical studies. Students must self-declarate any criminal offences at the time of application; in addition, if the student is accused of a criminal offence during studies in the nursing program, the OIIQ must be notified. A student who is not able to obtain an OIIQ registration cannot continue in the program.

All clinical agencies require that students complete a self-declaration on a *Criminal Background Verification Form* prior to being granted permission to enter their facility. Some agencies require that students undergo a formal criminal reference check (completed by a police department). Inability of the student to gain access to clinical study settings will preclude their ability to meet clinical course requirements within the program of study.

Language Requirements

The official language of instruction at McGill is English. In accord with McGill's Charter of Students' Rights, students have the right to submit in English or in French any written work that is graded. Students must be aware that most of the clinical affiliation placements undertaken in Quebec, including those in the greater Montreal, require proficiency in both English and French. As such, Nursing students are expected to have a working knowledge of the English and French languages. While French language testing is not currently required for entry to any program, students who lack proficiency in French must avail themselves of the opportunity to take French as a second language courses prior to or early in their program of studies.

The ISoN offers 'beginner' and 'intermediate' level French language workshops specific to Nursing students through the Nurse Peer Mentorship program. The McGill Faculty of Medicine offers French medical language workshops (basic, low, intermediate) for a minimal fee in fall and winter terms - http://www.mcgill.ca/ugme/french-workshop-form

The McGill French Language Centre offers credit and non-credit courses from beginner to Intermediate 11 to Advanced levels including courses for students in Health Disciplines (funded by McGill Training and Retention of Health Professionals Project).

Fall 2019	**Winter 2020**
FRSL 332-004 CRN 21560 Français élémentaire: santé et services sociaux	FRSL 333-004 CRN 15837 Français intermédiaire I: santé et services sociaux
FRSL 332-003 CRN 16510 Français oral intermédiaire l : diététique et nutrition	
FRSL 332-002 CRN 5438 Grammaire française en contexte I : santé et services sociaux	FRSL 333-002 CRN 4651 Grammaire française en contexte II : santé et services sociaux
	FIGF PMCO CRN 24760 Français oral intermédiaire ll-avancé : santé et services sociaux (tuition-free, non-credit)

Students must take a French Placement Test and be interviewed by an evaluator before registering for their first French course. Visit: https://www.mcgill.ca/flc/fr/inscription-0/tests-de- classement/dates-des-tests-de-classement or Contact **Sue Harrison** at sue.harrison@mcgill.ca.

Dawson College offers a French Language course specifically for health professionals.

Stress and Coping

Students may experience stress in their nursing studies, in particular in clinical studies when they may be working with clients/families experiencing complex illness situations, viewing invasive procedures, dealing with dying and death, witnessing emergencies, dealing with errors, or observing unprofessional behaviour. Students are encouraged to speak with clinical teachers, course coordinators, program directors, or the WELL Office if they are having difficulties so that they can be oriented to resources (e.g., The Wellness Hub, WELL Office counselling services, etc.).

Clinical Skills Guidelines

Students holding an OIIQ registration adhere to the **Regulation respecting the professional activities which may be performed by persons other than nurses** (chapter I-8, s. 3, Nurses Act). As such, ***nursing students may carry out the professional activities that nurses may perform that are required to complete the program of study in which they are registered, with the exception of the adjustment of the therapeutic nursing plan, when the following conditions have been met***:

- ***They perform them as part of the program of study***
- ***They perform them under the supervision of a nurse who supervises the training period and who is present in the care unit concerned in order to rapidly intervene (O.C. 551-2010.s.3)***

As per OIIQ : Selon l'article 3 du Règlement, vous ne pouvez pas ajuster un plan thérapeutique infirmier (PTI) sauf si l'enseignant l'ajuste pour vous de concert avec l'infirmière responsable de l'usager à des fins pédagogiques. Cependant, il appartiendra à l'infirmière responsable de l'usager d'en évaluer la pertinence et les modalités. Lors de votre stage, vous êtes en apprentissage et exercez sous la supervision

d'une infirmière qui encadre votre stage alors que l'infirmière responsable de l'usager détermine par son jugement clinique le plan de soin et les traitements infirmiers requis pour cet usager.

To perform clinical skills with minimal risk to patients, students should have knowledge of the technical skill and the risks and patient safety issues associated with it; they should know the infection prevention and control guidelines required to perform the skill safely and have prior safe practice of the skill. Adequate supervision during the actual skill implementation is imperative. In all cases, skills must be consistent with nursing acts conducted within legislative boundaries.

Knowledge of the Technical Skill: Students should understand the rationale for why the procedure is required and review all aspects of the skill to ensure a strong knowledge base as to the details of the procedure. *Students should refer to their Fundamentals in Nursing text and/or review the unit "policies and procedures" guidelines.* Prior to conducting the skill, students should verbalize the reasons why the procedure is required, review technique with the supervisor and determine the materials available or normally used on the host unit to complete the procedure. In the case of medication administration, students apply the "10 Rights" *(Appendix A)* and ensure a strong understanding of side effects as well as monitoring for such side effects.

Knowledge of Risks and Patient Safety: Before performing a skill, students must review risks of the procedure i.e., risks to the patient and to themselves (e.g., splash of body fluids). Precautions are to be taken based on such risks. To avoid undue anxiety in the student and the client when the student is performing a procedure for the first time, choose the client wisely. For example, don't attempt the first IV insertion on a dehydrated patient who is extremely anxious.

Adherence to Infection Prevention and Control Guidelines: see previous IPC guide and use unit- based Infection Prevention and Control Manual to ensure that site guidelines are followed.

Safe practice: It is recommended that students practise an invasive procedure in a simulated learning environment (e.g., task trainer) prior to doing the procedure on a patient. If a student has not had previous experience with a skill, he/she should first observe the procedure.

Adequate supervision: Performance of invasive technical skills requires supervision to ensure that adequate learning is/has taken place and that the patient is safe and comfortable.

What students cannot or should not do!

In general, students should 'not' be 'doing' what they do not know or if there is lack of adequate supervision. *Overall, students should NOT engage in any clinical/technical skill if*:

- they do not know how to do it or the supervisor feels the student lacks competence (in these cases, the student should visit the learning laboratory and perform the skill in a simulated environment before practicing on a human);
- there is no one to provide direct or indirect supervision;
- the patient is deteriorating rapidly - students cannot be expected to perform as a registered nurse in an emergency;
- there is no prescription or collective order (as per Law 90 in Quebec);
- the skill requires certification or special training (e.g., inserting a PICC line, administering certain cancer chemotherapy);
- legal or local institutional parameters do not allow for it (based on hospital/agency policy) e.g.,
    - most institutions require that only RNs can have access to narcotic 'keys';
    - most institutions required that only licensed nurses can accept a verbal or telephone order;

- only licensed nurses can adjust the therapeutic nursing plan (students can have input but cannot alter the TNP);
- most institutions require that only licensed nurses can transcribe medical orders or witness patients' consents for procedures.
- most institutions require that two licensed practitioners do an independent double check of high alert medications such as insulin and heparin, or to document narcotic wastage, or to determine blood product accuracy. In such cases, the student can co-sign as a witness however the signatures of 2 licensed nurses are required in addition to the student's signature.

Documentation (charting)

Throughout clinical studies nursing students play an important role in documenting their assessments and nursing care of patients. The patient's chart (electronic or hard copy) is a legal document that is used to record the comprehensive assessment and care a person receives within the health care system. The chart is an official means of communication among health professionals to ensure patient safety and continuity of care. The following guidelines are provided to help students with documentation so as to maintain the integrity of the patient's chart:

- Documentation must be *relevant, complete, and concise* to reflect at a minimum: the status of the patient's physical and mental health; any significant issues requiring monitoring; the patient's strengths (significant negatives are important e.g., 'no complaints of pain'), deficits and risks; the interventions that have been carried out and the evaluation of their effectiveness (positive or negative) on the patient's status (OIIQ, 2005). The documentation must at least reflect the issues identified in the Therapeutic Nursing Plan (TNP) that is found at the front of every patient's chart. (NOTE: nursing students can write about the various aspects of the TNP and must inform the RN of any issues needing follow up and update but nursing students ***CANNOT adjust the TNP*** – legally, only registered nurses can update the TNP.
- *Objective* (e.g., physical assessment) and *subjective* (patient statements) *data* are documented as well as the student's *analysis* of these data including strengths, deficits, and risks. *Goals* and the *interventions* (always written in past tense!) used to achieve these goals must be documented with an *evaluation* of the outcome and *recommendations for follow-up* noted.
- Documentation must be *timely* e.g., immediately for a critical deterioration; within the 'shift' for a stable patient; within 24 hours for a home visit (guidelines vary with the agency – students must follow the policies and procedures of their clinical placement site).
- Documentation must be *legible* and *clear* so that others can understand the information.
- *Accepted abbreviations* are allowed – e.g., LUQ (left upper quadrant), ROM (range of motion).
- If 'charting by exception' or on 'flow sheets', students complete these items *as well as* write a progress note so as to gain experience with documentation. (Note: it is likely that patients in acute settings have 'exceptions' that require documentation; there is no need to 'repeat' data that are documented in other parts of a chart (e.g., vital signs, I/O) in the progress note.
- *Professional terminology* that is precise is used at all times (e.g., '3 + pitting pedal edema' rather than 'feet swollen'; '500 mL urine' rather than 'peeing ++'), except if quoting patient.
- The patient's chart is a *confidential* document and cannot be read/shown to family members.
- "The nursing student shall record her interventions in the patient's record with her signature, followed by **"student n."** If her signature cannot be clearly identified, she shall write her name in block letters after it (O.C. 551-2010.s.4)."
- Errors in charting have a single line drawn through them with an initial and an indication of the error e.g., error – wrong patient. NO 'white out' or erasures are allowed as the original note must be legible; fill in blank spaces with a line so no one else can write in your charting.
- *What not to chart??* Complaints about other health professionals; data obtained from the patient's family about their own health and experience other than how it may directly relate to the patient –

remember that the patient has access to his/her chart and it is not the place where he/she learns about how 'frustrated' or 'out of love' his/her partner is!!

- A student's charting does ***not require countersignature*** by the teacher or RN ***unless*** the RN is using the student's charting in lieu of his/her own or if the teacher intervened in providing care to the patient. Otherwise, the RN writes notes which may/not be the same as the student notes. The RN may countersign the student's charting indicating agreement (not required). Refer to: Ordre des infirmières et infirmiers. (2005) *Avis concernant la signature des notes d'évolution rédigées par les étudiantes, les externes ou les candidates*
- Once charting is completed, reread the notes and ask "have I relayed the most important information about this patient for purposes of ensuring safety and continuity of care?", "have I documented my nursing assessment and care to reflect my professional responsibilities?", "will this documentation 'make sense' to the next person who reads it?"

Attendance in Clinical Studies

Full attendance in clinical studies is expected. Clinical hours are particularly important for B.Sc.(N) students to meet hours of practice required for licensure. Generally, a one-day absence due to illness does not negatively influence the overall clinical experience; however, multiple absent days, absence during orientation, or absence during the evaluation period may mean the student cannot meet the course expectations and will need to defer the course. If permitted by the course coordinator, students who miss important orientation sessions and allowed to continue in the course must follow-up to ensure gaps are filled and may not be allowed on the unit depending on unit policy/procedure. Those who miss a unique experience (e.g., prenatal class) may simply miss that experience if an alternate experience cannot be offered – the course coordinator determines whether missing this experience is integral to the course and whether the student continues in the course or retakes the course. Absences are addressed on a case by case basis with the clinical teacher and/or course coordinator determining the impact of the absence on the student's learning/evaluation in the course – teachers have the liberty to request formal medical documentation of illness as well as decide if a student can continue in a clinical course if they deem that the absence(s) impact on the achievement of learning objectives and/or patient safety; absences during formal evaluation periods may preclude teachers from obtaining sufficient evidence to provide an accurate grade and the student will not be able to be assessed. Students who are absent due to CNSA conference are not required to make up clinical time; they must, however, follow-up on missed material. Absence from clinical so as to meet obligations in other courses is unacceptable. The student is responsible for informing teachers and the agency of the absence in a timely fashion (e.g., prior to a clinical).

Culture of Safety in Clinical Studies

The ISoN espouses to a *culture of safety* where individuals feel safe to disclose errors or gaps in knowledge rather than hide errors or make up facts to appear competent, all in the name of promoting patient safety. The *shame and blame* culture is replaced with one where students report near misses and errors so that learning can take place; faculty support disclosure and provide support to students when errors are disclosed. Students are supported in dealing with the emotions that can occur in the event of an error; in particular, if there have been patient sequelae.

Evaluation in Clinical Studies

All clinical courses provide course outlines with details about course objectives and requirements. Clinical courses evaluate scope and specificity of knowledge, clinical reasoning, communication skills, technical/procedural skills, professionalism and comportment, and the ability to provide strength-based nursing care. Professionalism and comportment are measured *throughout* all clinical courses – unlike the

other elements that have formative and summative evaluation periods. Student must adhere to the Quebec Code of Ethics of Nurses.

Course coordinators orient students to the objectives of each course. All courses have a period of formative assessment (aimed at improvement; generally the first 2/3 of the course) and period of summative assessment (outcome evaluation; generally the last 1/3 of the course).

- Clinical assessments are based on evidence that includes the student's behaviour in various aspects of clinical studies (e.g., direct patient care, participation in unit-based activities, dialogue with the teacher, contributions in conference, learning logs, etc). Unlike MCQ exams where the teacher chooses the question AND the answer, the student can 'showcase' learning in a clinical situation i.e., if a teacher asks a question the student cannot answer, he/she has the opportunity to clarify and note other ideas.
- Inter-rater reliability (IRR) is assured in courses with multiple teachers through consistency of course objectives and application of evaluation criteria. Course coordinators provide support to teachers across sites; site teachers meet as a group and share anonymous clinical evidence of student learning and apply the evaluation criteria. ***The course coordinator ultimately provides the final grade in clinical courses.***
- The student's grade in any clinical course is irrespective of any previous grade. Except in the case of Clinical Support, clinical teachers are not informed of previous grades.
- Clinical teachers/preceptors provide formative feedback about learning. Students who are not meeting course objectives are informed so that a learning plan can be developed (see Section *Student not meeting course objectives in a clinical course*). Students play a role in reflecting on their learning, seeking clarification about their learning, and using available learning resources.
- Students who are assessed as being unsafe in their practice are removed from the clinical course and granted a failing grade.
- Students who are assessed as being unprofessional in their practice are removed from the clinical course and granted a failing grade.
- As with all interactions between students and teachers, the clinical evaluation dialogue is conducted in a professional manner – respectful, calm, non-confrontational. Students sign the clinical evaluation form to indicate that they have met and discussed the evaluation.

Remedial Lab sessions for Clinical Studies

Students and clinical course coordinators/instructors can ask for remedial lab sessions. These remedial sessions are meant to be a support tool and focus on the area where the student needs to improve. Every attempt is made to provide the remedial session with 48 hours of the request. No formal or graded evaluation will be done during these sessions. Instructors can request a ***Remedial Learning Lab Session*** by emailing the student name, course #, Instructor/Coordinator name, and area needing improvement to lab.nursing@mcgill.ca. ***Remedial labs are subject to availability of resources.***

See also Appendix B: Nursing Student's Guide to Thriving in Clinical.

Student not meeting course objectives in a Clinical Course

A student who is not meeting course objectives in a clinical course must be informed of such and, conjointly with the clinical instructor/preceptor and course coordinator, develop a *learning plan*. The following provides guidelines:

- The instructor/preceptor identifies actions/attitudes/behaviours indicating that the student is not meeting course objectives in one or more areas and validates the assessment with the course coordinator.

- The instructor/preceptor and course coordinator meet with the student to discuss the matter and indicate what course objectives/expectations are not being met.
- The clinical instructor and the student discuss the challenges and negotiate a learning plan to address the challenges with the aim to ensure success. The instructor/preceptor contributions and the student contributions to the learning plan are clearly identified (see sample learning plan below) and each person signs the plan.
- The student is then assessed daily relative to the course objectives and identified challenges to determine if the learning plan is being met.
- If the learning plan is met and the student demonstrates evidence that the course objectives are being met then the student continues in clinical studies; if the learning plan is unmet and the student demonstrates ongoing evidence that the course objectives are not being met then the course coordinator can determine that the student does not continue in the course thus not passing the course.

Learning objective	**Strategies and resources to achieve the objective**	**Evidence that goal/objective has been met**
I will assess patients' responses to medications including desired and undesired effects (e.g., side effects, allergic reactions, iatrogenic disease, and other adverse effects).	- Review pharmacology chapters of medications that are commonly used on the unit (e.g., diuretics, analgesics) - Use pharm & med-surg texts & e-CPS to identify nursing assessments to focus on. - Make cue cards and summary notes of the different medications & the desired and side effects/adverse effects as well as clinical indicators - Use past patients as case studies from which to identify assessment needs - Make a list of relevant questions to ask patients about their medications.	- Within one week, I will be able to assess each patient that I administer medications to and determine if the desired medication effect is being reached Within one week, I will be able to assess each patient that I administer medications to and determine if the most significant/riskiest undesired effects are being experienced. - Within two weeks, I will be able to present in post-conference an accurate and detailed summary comparing my patients' responses (desired and undesired) to their medication regimens and outline the nursing care modifications that I made as a result of these assessments.

Failure in Clinical Courses

Students are granted a grade of 'F' (failure) in a clinical course when they do not meet course objectives during the summative evaluation period OR do not demonstrate professionalism and proper comportment (measured *throughout* all clinical courses), OR place patients at significant risk during any of the clinical studies OR do not demonstrate professional behaviour in adherence with standards in classroom and clinical studies (including performance at the Steinberg Centre for Simulation and Interactive Learning and in the Satoko Shibata Clinical Nursing Learning Laboratories) OR violate the Quebec Code of Ethics

of Nurses, the McGill University Code of Student Conduct (see *Handbook on Student Rights and Responsibilities*), or the Faculty of Medicine Code of Conduct. The ISoN reserves the right to dismiss from the clinical course any student who is considered incompetent and/or unsuitable for the practice of Nursing. *See Section 3 for information on Student Standing*

Nursing Practice Consolidation –NUR1 530 and NUR1 531

The Nursing Practice Consolidation courses NUR1 530 or NUR1 531offer an intensive clinical experience that provides students with an opportunity to integrate the knowledge and skills acquired in the B.Sc.(N) program. Students opt for a community or hospital-based experience in any of the McGill Academic Health Network to achieve program and personal learning objectives.

The following considerations will help in determining the placement choice.

- *Career plan.* Students planning a career in a specific field (e.g., oncology, community nursing), may opt for a placement in that area.
- *Gaps in clinical education.* A lack of clinical experience in a clinical area that is needed to meet program objectives can be met during this placement e.g., students with no clinical experience on an acute medical unit may want to consider this area.
- *The type of work setting on graduation.* Students planning to work in a particular hospital, unit, or community can opt for a placement that will help in that setting e.g., a student who will work in an oncology day centre might consider a placement on the inpatient oncology unit.
- *Specific age group(s) of clientele.* Students interested in working with specific age groups may choose a placement based on demographics (e.g., someone wanting to work with adolescents might complete a placement in a high school or adolescent clinic).
- *Where students have avoided studying in the past.* Students who have purposefully avoided certain clinical areas because of fear or lack of confidence can use this placement as an opportunity to overcome this hesitancy e.g., students who avoid palliative care for fear that they will not know how to communicate with dying patients should consider a placement in palliative care where experts on communicating with dying patients are available to help.
- *Finances.* Local placements are less costly than out-of-province or -country internships.

Ambassador Program (NUR1 531) – BScN

The *Ambassador Program* provides students with an opportunity to complete the Ambassador Nursing Practice Consolidation (NUR1 531) course outside the McGill Academic Health Network in areas within Montreal/Quebec, other Canadian provinces, or internationally.

Students in the *Ambassador Program* are chosen carefully as they act as representatives of the students and faculty of the ISoN, McGill University. They also represent Montreal, Quebec, and Canada! Candidates must be in satisfactory standing and be self-directed, professional, have strong clinical reasoning and nursing practice skills, and demonstrate qualities of cultural humility and professionalism. They must have insight into the nature of the site being requested and the fit with that agency's ability to meet course and personal learning objectives. Applicants must complete an Ambassador Program Proposal. The Ambassador Program takes place in the latter half of the Winter semester of U3.

Requirements for participating in the Ambassador Program

Ambassador Program applicants must:

- Have a minimum CGPA (excluding freshman sciences) of 3.2 and NUR1 CGPA of ≥ 3.2 by the end of summer semester of U2 and no record of clinical performance 'below expectations' (or comparable). Students whose CGPA is < 3.2 but have a NUR1 CGPA ≥ 3.4 and a CGPA >3.0 may

apply. Use the GPA calculator at: http://gradecalc.info/ca/qc/mcgill/cumulative_gpa_calc.pl

- Demonstrate a good fit between the proposed site, the course & personal learning objectives.
- Submit a strong and complete Ambassador Program Proposal – see below for instructions.
- Perform strongly in an interview (approximately 20 minutes; takes place only if the placement proposal is accepted).
- Ensure that the prospective placement site is deemed safe for travel by Global Affairs Canada. Visit: https://travel.gc.ca/travelling/advisories. NB. Must not be a country or region with advisories to *'avoid all non-essential travel'* or *'avoid all travel'*.
- Complete a mandatory on-line pre-departure module and 1-day pre-departure workshop (likely end of January 2020). NB. Only for those travelling outside of Canada or to an indigenous community within Canada
- Pass a criminal reference check (as required by the site) & obtain a passport and/or visa (as required)
- Provide proof of immunizations, proof of registration with the OIIQ, and proof of health insurance, including emergency evacuation (as required by site)
- Collaborate closely with the Clinical Partnership Office (CPO) to ensure all requirements are met in a timely fashion
- Demonstrate the ability to fund any costs associated with the experience

Once accepted as an Ambassador, the final approval is based on: 1) the agreement of the site to receive the student, 2) the site's ability to provide sufficient supervision, and 3) the site signing of a clinical placement contract that ensures the site meets all placement criteria.

The following summarizes the various steps involved in applying for the Ambassador Program:

1. Attend and 'Ambassador Information Session' (May-June U2)
2. Review listings of sites with whom the University has a contract and of Agencies that place students – this document is updated annually. If there is no existing contract, the Clinical Placements Office will need to explore the feasibility of obtaining one with that site
3. Make initial contact with the site (if international/agency) and submit a "feasibility form" to the Clinical Partnerships Office (by mid-July). **NB. Students should NOT contact Canadian sites directly as this is done by the Clinical Partnership Office.
4. Complete the NUR1 530/531 Survey indicating Ambassador Program as 1st choice (the survey is sent to all U3 students the first week of class in September). ** At this time you may also want to consult the list of available funding opportunities: https://www.mcgill.ca/globalhealth/funding/travel-awards
5. Complete the Ambassador Program proposal by early October – instructions are circulated to all students.
6. If the proposal is acceptable, undergo an interview in mid-October. Students are informed if they are accepted by early November.

Ambassador Program Critical Care (NUR1 435) – BNI

The Ambassador Critical Care Practicum provides eligible students with an opportunity to complete the critical care practicum (NUR1 434/435) outside the McGill Teaching Hospital Network in areas within Montreal/Quebec, other Canadian provinces, or internationally.

Students in the Ambassador Critical Care Practicum (NUR1 435) are chosen carefully as they act as representatives of the students and faculty of McGill University's ISON. They also represent Montreal, Quebec, and Canada! Candidates must be in satisfactory standing, be self-directed, have strong clinical reasoning and nursing practice skills, and demonstrate qualities of cultural humility and professionalism. They must have insight into the nature of the selected site, the population being served and the fit with that Agency's ability to meet course and personal learning objectives.

The Ambassador Critical Care Practicum (NUR1 435) course is taken in lieu of the Critical Care Practicum (NUR1 434). The course takes place in the summer semester – May/June of U2.

Requirements for participating in the Critical Care Ambassador Program

Ambassador program applicants must:

- ✓ Have a valid OIIQ license (both OIIQ exam and OQLF exam must have been passed);
- ✓ Have a minimum CGPA of 3.2 by the end of fall semester of U2 with at least average performance in Health and Physical Assessment (HPA);
- ✓ Demonstrate a good fit between the proposed site, the course & personal learning objectives;
- ✓ Submit a complete curriculum vitae;
- ✓ Submit a reference letter from a past clinical instructor or other individual able to attest to clinical performance (educator, advanced practice nurse, manager, etc.);
- ✓ Submit a strong and complete 'Critical Care Ambassador Program' Proposal – see below for instructions;
- ✓ Perform strongly in an interview (approximately 20 minutes; takes place only if the placement proposal is accepted);
- ✓ Ensure that the prospective placement site is deemed safe for travel by Global Affairs Canada. Visit: https://travel.gc.ca/travelling/advisories. NB. Must not be a country or region with advisories to 'avoid all non-essential travel' or 'avoid all travel';
- ✓ Complete a mandatory on-line pre-departure module and 1-day pre-departure workshop (likely end of January 2020). NB. Only for those travelling outside of Canada or to an indigenous community within Canada;
- ✓ Pass a criminal reference check (as required by the site) & obtain a passport and/or visa (as required);
- ✓ Provide proof of immunizations, proof of registration with the OIIQ, and proof of health insurance, including emergency evacuation (as required by site);
- ✓ Collaborate closely with the Clinical Partnership Office (CPO) to ensure all requirements are met in a timely fashion;
- ✓ Indicate their ability to fund any costs associated with the experience.

Once accepted as a Critical Care Ambassador, the final approval is based on: 1) the agreement of the site to receive the student, 2) the site's ability to provide sufficient supervision, and 3) the site signing of a clinical placement contract that ensures the site meets all placement criteria.

The following summarizes the various steps involved in applying for the Critical Care Ambassador Program:

1. Review listings of sites with whom the University has a contract – this document is updated annually. If there is no existing contract with the institution/agency of your choosing, the Clinical Placements Office will need to explore the feasibility of obtaining one with the site. ** At this time you may also want to consult the list of available funding opportunities: https://www.mcgill.ca/globalhealth/funding/travel-awards;
2. Complete the NUR1 435 Survey that is sent out to all BNI U2 students in November.
3. Complete and submit the Critical Care Ambassador Program proposal, cv and letter of reference by early January. Instructions are circulated in November.
4. If the proposal is acceptable, undergo an interview in mid/late-January. Students are informed if they are accepted by the end of January.

Ashukin Program

Ashukin, which means *bridge* in different Indigenous languages, was created to establish partnerships and to foster relationships with Indigenous communities in Quebec enabling nursing students to work with Indigenous communities. Ashukin creates opportunities that support reconciliation by breaking barriers, dispelling myths and cultivating understanding through hands-on experiences in Indigenous settings and to create opportunities for mentorship with Indigenous students interested in pursuing nursing studies. The Program responds to the Truth and Reconciliation Commission (TRC) of Canada: Call to Action #23 i.e., "We call upon all levels of government to: Increase the number of Aboriginal professionals working in the health- care field; Ensure the retention of Aboriginal health-care providers in Aboriginal communities; Provide cultural competency training for all healthcare professionals. Learning to work with Indigenous populations provides students with an opportunity to apply strength-based nursing approaches and enables students to better understand and advocate for the population for which they provide care. This learning opportunity may challenge or align student's values and beliefs. The priority of choice will be given to nursing students that demonstrate an interest in working with Indigenous populations and demonstrate academic accomplishments.

Ashukin Program placements can take place in NUR1 431 and 432.

NUR1 431 Students in NUR1 431 Ashukin Program will meet the same objectives as their classmates placed in other community health nursing settings in Montreal. The same schedule is required (i.e., Monday and Tuesday on a weekly basis in 2019-2020 schedule). The two Indigenous communities are in local health centres either in Kahnawá:ke (fall and winter semesters) or Kanehsatà:ke (winter semester). The Ashukin program with provide students with a subsidy up to $600 for Kanehsatà:ke and $200 for Kahnawá:ke as well as cover the fee for the required Police background check.

NUR1 432 Students in NUR1 432 Ashukin Program will meet the same objectives as their classmates placed in other community organizations in Montreal i.e., developing, planning, implementing and evaluating a primary prevention project with a vulnerable population.

For the **fall** semester: the selected students will have the possibility to travel to a rural Indigenous community (within 5 hours of Montreal - travel by minivan, two times in the semester: 4 days at the beginning of the semester, 3 days at the end of the semester), or a local Indigenous community (within 100 km of Montreal) organization following a similar clinical schedule as the other students in the course. For the **winter** semester students can travel to the Far North (travel by plane two times in the semester: 4 days in January and 3 days during **study break**) or a Local (within 100km of Montreal) Indigenous community organization following a similar clinical schedule as the other students in the course.

Note: For all travel to rural and far north setting travel accommodation and food will be paid for by Ashukin. For students going to local settings outside of the STM network additional travel subsidies based on mileage will be available up to $600 depending on the location.

Mandatory Conditions:

1. Provide an application form to demonstrate interest in the Ashukin Program experience.
2. All applicants who meet the criteria will have a phone interview with the course coordinator and may require an interview in the setting itself.

Externship Program

Students in Satisfactory Standing and who have completed U2 studies are eligible to participate in the Quebec Externship Program. There are strict regulations regarding this program and students must adhere to the practice guidelines - see Regulations respecting the professional activities which may be performed by persons other than nurses. The program is not administered by McGill, rather by the OIIQ and the health agency. ***McGill's insurance does not cover students during the externship nor do students represent themselves as McGill nursing students in documentation or wear the McGill uniform.*** The OIIQ provides malpractice insurance.
Students interested in being an Extern should consult local hospitals. Students applying for this program must have OIIQ forms completed by the ISoN – it is the OIIQ that sends the form to the student as McGill has no involvement in this process other than signing the form. Once the form has been received, students complete the top portion submit the form to the Nursing Student Affairs Office for completion.

Communication from the OIIQ summarizes important points. Nursing Externs:

- may carry out activities outlined in the 'Regulation respecting the professional activities which may be performed by persons other than nurses' summarized at: https://www.oiiq.org/sites/default/files/uploads/pdf/admission_a_la_profession/etudiant/fiche-externe-ang.pdf
- cannot administer IV medications nor an IV solution with 'additive' e.g., KCl.
- can care for patients who are stable however not to care for any critically ill patient or a patient who is unstable i.e., 'Vous ne pouvez pas exercer d'activités professionnelles auprès d'un patient dont l'état de santé est dans une phase critique ou qui requiert des ajustements fréquents. https://www.oiiq.org/en/acceder-profession/parcours-etudiant/externat/activites- professionnelles-permises "
- sign their name 'nurs. ext.' or (externe inf.) (not 'student n.' as in university studies); no counter signature is required for charting
- must adhere to the OIIQ code of ethics, including ensuring the extern has the knowledge and skills to perform the activities outlined in the extern activities.
- must adhere to the Therapeutic Nursing Plan (TNP)/Plan Therapeutic Infirmière (PTI) that is in place however **cannot modify** the TNP/PTI as this is an act reserved only for registered nurses.
- Clarify scope of practice – Can an extern take a telephone or verbal order? Can an extern waste narcotics? Can an extern act as double verifier for a high alert medication? Find the answers (and more FAQs) at https://www.oiiq.org/en/acceder-profession/parcours-etudiant/externat/faq-externat
- The Extern program is not part of McGill studies so externs cannot wear the McGill uniform nor rely on McGill malpractice insurance.

Section 3 – Evaluation and Academic Standing

Academic standing matters are the jurisdiction of the Student Standing and Promotions Committee (SS&PC). The committee meets a minimum of three times a year following fall, winter, and summer sessions to review the performance of all students in the ISoN. The committee reviews student records and makes decisions on matters relating to standing, promotion, awards, and graduation. The committee also: assesses that students have fulfilled the Registration with the Profession requirements of the OIIQ; responds to requests for leave of absence; determines the policy for granting permission to write deferred and/or supplemental examinations (in NUR1 and non-NUR1 courses); receives requests for reassessments and rereads in examinations; receives first level appeals to standing decisions; and receives inquiries and/or complaints related to student conduct issues – disciplinary matters are referred to theAssociate Director- Undergraduate and Entry-to-Practice Educational Programs. The committee may defer certain decisions (e.g., LOA, deferrals) to the responsible Program Director, Assistant Program Director, or NSAO.

Grading

A student is allowed to write a final examination in a course only after the course requirements have been fulfilled, including attendance. Courses can be graded either by letter grades or in percentages, but the official grade in each course is the letter grade.

Grades	Grade Points	Numerical Scale of Marks
A	4.0	85 - 100%
A-	3.7	80 - 84%
B+	3.3	75 - 79%
B	3.0	70 - 74%
B-	2.7	65 - 69%
C+	2.3	60 - 64%
C*%	2.0	55 - 59%
D**	1.0	50 - 54%
F (Fail)	***0***	***0 - 49%***

* Minimum passing grade in any course in the undergraduate nursing programs is a 'C' (55%)
** designated a failure in the Ingram School of Nursing.
% IUT courses must be passed with a minimum letter grade of C (not the %)

Letter grades are assigned grade points according to the table shown above. Standing will be determined on the basis of a grade point average (GPA) computed by dividing the sum of the course credit times the grade points by the total course GPA credits.

$$\text{GPA} = \frac{\Sigma\ (\text{course credit x grade points})}{\Sigma\ (\text{GPA course credits})}$$

The term grade point average (TGPA) is the GPA for a given term calculated using all the applicable courses in that term. The cumulative grade point average (CGPA) is the grade point average calculated using the student's entire record in the program. **CGPA calculations will, therefore, include all passing grades, grades of D or F, grades from supplemental examinations, and grades from repeated courses.**

A GPA calculator is available at: http://gradecalc.info/ca/qc/mcgill/cumulative_gpa_calc.pl

Other letter grades include:

P – Pass; Pass/Fail grading is restricted to certain clinical courses (e.g., NUR1 530). Not included in GPA calculations unless the course is failed.

J – Unexcused absence (failed); the student is registered for a course but does not write the final examination or do other required work; calculated as a failure in the TGPA and CGPA.

K – Incomplete; deadline extended for submission of course work (maximum 4 months). This option is rarely used (e.g., illness, compassionate reasons) in the Undergraduate Program and can only be given after discussion with the Program Director. Grades of K must be cleared by April 30 for fall courses; July 30 for winter courses; November 30 for summer courses.

KF – Incomplete/failed: failed to meet the extended deadline for submission of work in a course. This is calculated in the TGPA and CGPA as a failure.

L – Deferred exam; the grade must be cleared within 4 months. A medical certificate or appropriate document must be submitted to the NSAO as per university deadlines (as soon as possible after the exam, but no later than January 15 for Fall courses or May 15 for Winter courses). Medical reasons brought forth after a grade is assigned are not be considered. By commencing to write any examination, the student waives the right to plead medical causes for deferral, unless the medical problem occurs in the course of the examination and is documented by examination authorities. Students apply on Minerva for a deferral – if the application is accepted, the exam will be written during the next deferred exam period. NOTE: courses taken during summer session (e.g., CHEM 212) do not offer deferred exams.

W – Withdrew; a course dropped, with permission of the Program Director, after the Course Change deadline; not included in GPA calculations.

WF – Withdrew failing; a course dropped, with special permission of the Program Director in an exceptional case, after faculty deadline for withdrawal from course, the student's performance in the course at that stage being on the level of an F; not included in GPA calculations.

WL – Withdrew from a deferred examination. Granted only with appropriate medical documentation and permission of the Program Director. Not calculated in GPA.

Standing

Satisfactory Standing

Any U1, U2, or U3 student who meets ALL of the following criteria is in Satisfactory Standing:

• A CGPA of 2.0 or higher;
• No more than seven (7) credits of failure in non-clinical courses in the program;
• No failures in any clinical course, i.e., NUR1 230, 231, 233, 234, 235, 236, 331, 332, 333, 335, 336, 338, 339, 431, 432, 434, 435, 529, 530, or 531.
• Demonstrated professional behaviour and integrity in adherence with standards in classroom and clinical settings (including performance in the Satoko Shibata Clinical Nursing Laboratories and Steinberg Centre for Simulation and Interactive Learning), and adherence to the Quebec Code of Ethics of Nurses, the McGill University Code of Student Conduct (as per the *Handbook on Student Rights and Responsibilities*), and the *Faculty of Medicine Code of Conduct*;
• No more than one clinical course with a grade of B or less or who has had no more than one final clinical evaluation indicating minimally meeting course objectives (e.g., below expectations, developing).

Any B.Sc.(N.) U0 student who meets all of the following criteria is in Satisfactory Standing:
• A CGPA of 2.0 or above;
• No more than 3 failures in the U0 year, including study away courses if applicable (note that the number of failures in U0 Freshman Science courses are zeroed when the student enters U1 and the above conditions apply).

The Committee takes into account several factors when making decisions as to whether a student can continue in the program and, if they do continue, what the student standing and conditions are. Standings decisions take into account factors such as:

- the student's pattern of performance in the program of study
- reason for failure in a clinical course
- extenuating circumstances (e.g. illness, family crisis)
- degree of violation of code of ethics and/or code of conduct

Probationary Standing
A student who has not met the criteria of Satisfactory Standing but who has been allowed to continue in the program is placed on probationary standing in the following conditions. When the student has:
• a CGPA of between 1.5–1.99 but has not exceeded the number of allowable failures in nursing and/or non-nursing courses and was previously in Satisfactory Standing;
• a CGPA of between 1.5–1.99 and has not failed more than 3 course in the U0 year of studies;
• a CGPA of between 1.5–1.99 and a TGPA in Fall or Winter greater than or equal to 2.5 and previously in Probationary Standing;
• been granted the exceptional decision to continue in the program in the event of more than one clinical course with a grade of B or less or final clinical evaluation indicating minimally meeting course objectives (i.e., below expectations, developing);
• failed to demonstrate professional behaviour or integrity by not adhering to standards in classroom and clinical settings (including performance at the Steinberg Centre for Simulation and Interactive Learning and in the Satoko Shibata Clinical Nursing Laboratories), by violating the Quebec Code of Ethics of Nurses, the McGill University Code of Student Conduct (as outlined in the *Handbook on Student Rights and Responsibilities*), or the *Faculty of Medicine Code of Conduct* and has been allowed to continue in the program with provisions;
• been readmitted as "Unsatisfactory Readmitted"; the student remains on probation until the conditions specified in their letter of readmission are met.

Students in probationary standing may continue in their program, but must carry a reduced load (maximum 14 credits per term). They must maintain a TGPA of a minimum 2.5 and obtain a CGPA of 2.0 or above at the end of the next academic year to return to satisfactory standing.

Students on probation cannot continue into clinical courses unless granted permission by the Student Standing and Promotions Committee.

Students on probation must also meet any requirements outlined by the Student Standing and Promotions Committee. Any student on probation should see the Nursing Student Affairs Officer to discuss their course selection and resources to support success.

Unsatisfactory Standing
Students in Unsatisfactory Standing have not met the minimum standards set by the Ingram School of Nursing. Students in Unsatisfactory Standing are required to withdraw from the program. These students should consult the Nursing Student Affairs Office for guidance, as their status in the University may be deemed satisfactory in programs with less rigorous standing requirements. Unsatisfactory Standing is granted if the student meets any of the following:

• obtains a CGPA of less than 1.5;
• obtains a CGPA of between 1.5–1.99 and the number of allowable failures in nursing and non-nursing courses has been exceeded and the student has not been granted permission to remain in the program;
• has a CGPA above 2.0, the number of allowable failures is exceeded, and the student has not been granted permission to remain in the program;
• was previously in Probationary Standing (includes Unsatisfactory Readmitted students) or interim Unsatisfactory Standing and the TGPA is below 2.5 and the CGPA is below 2.0 or the student fails to meet the requirements outlined by the Student Standing and Promotions Committee;
• has failed a clinical course and has not been allowed to repeat the course;
• has failed to demonstrate professional behaviour or integrity by not adhering to standards in classroom and clinical studies (including performance at the Steinberg Centre for Simulation and Interactive Learning and in the Satoko Shibata Clinical Nursing Laboratories) with relationship to teachers, classmates, standardized patients/persons, patients/families, community partners, or others involved in the learning process, and has not been allowed to continue in the program;
• has violated the *Quebec Code of Ethics of Nurses, the McGill University Code of Student Conduct* (as outlined in the *Handbook on Student Rights and Responsibilities*), or the *Faculty of Medicine Code of Conduct* and has not been allowed to continue in the program;
• is considered incompetent and/or unsuitable for the practice of Nursing;
• has had their student license revoked by the OIIQ;
• is not granted access to clinical studies following a criminal offence or due to an existing criminal offence.

Interim Standings
Any student, who, after only one semester of studies in the program, does not meet satisfactory standing requirements, is granted an interim standing (e.g., interim unsatisfactory, interim probation). Students in interim standing may continue in their program, but must meet with their faculty advisor to evaluate their course load (max 14 credits).

Clinical Support
Clinical Support (CS) ensures that student learning is supported while also providing for safe patient care throughout clinical studies. Excluding CS notices for absences in clinical studies, only one term of the clinical course giving rise to CS status is allowed in the program of study.

Clinical Support arises when:

- The student demonstrates performance of B, B-, C+ or C in a graded clinical course or a clinical evaluation indicating overall performance as minimally meeting course expectations (i.e., below expectations, developing).
- The student's conduct in the areas of professionalism or moral/ethical behaviour is a concern (but meets minimum standards).
- The student has been absent from clinical studies for two or more semesters. (For BN(I) students returning from LOA, the plan for CS will be determined on a case-by-case basis and in consultation with the student and program director)
- The student has been allowed to repeat a failed clinical course with permission from the Student Standings and Promotions Committee.

Clinical Support (CS) ensures that student learning is supported and patient safety needs are met. The student on CS is allowed to continue into the subsequent clinical course but must meet the criteria outlined in the learning plan that is established between the student and clinical course coordinators and must demonstrate progression toward meeting the course objectives; failure to do so results in a grade of F. Only one Clinical Support designation is allowed during the program of study. The CS designation is

not recorded on the student's Minerva record, but is included in the student's Ingram School of Nursing file.

The following table summarizes the situations giving rise to and the requirements of CS.

Category	**Clinical Course Situation**	**Clinical support requirements**
1.	Performance of B, B-, C+ , C or C+ in a graded clinical course OR a final clinical evaluation indicating performance is minimally meeting course objectives but not deemed as a failure (e.g., 'below expectations', 'developing') (NOTE: see table below for details related to specific clinical courses)	- Student develops a learning plan in the next clinical course (including learning objectives, plans to ensure learning, and outcome measures – see sample earlier in Handbook) and shares this with Course Coordinator and Clinical Instructor/Preceptor within the first two days of the course. - The Course Coordinator is informed of the student's CS status and receives a copy of the clinical assessment form to become aware of the challenges and to guide selection of clinical unit. - The student is provided additional support in the first 1/3 of the course. After this time, the student who is assessed as progressing in the clinical course according to the course objectives continues in the course with the usual supports as other students; if the student is assessed as not progressing toward attaining the course objectives, the student does not progress in the course and a grade of F is granted.
2.	Repeating a failed clinical course with permission from Student Standing & Promotions Committee	- Student develops a learning plan in the repeat clinical course (including learning objectives, plans to ensure learning, and outcome measures – see sample earlier in Handbook) and shares this with Course Coordinator and Clinical Instructor/Preceptor within the first two days of the course. - The Course Coordinator is informed of the student's CS status and receives a copy of the clinical assessment form from the failed course to become aware of the challenges and to guide selection of clinical unit. - The student is provided additional support in the first 1/3 of the course. After this time, the student who is assessed as progressing in the clinical course according to the course objectives continues in the course with the usual supports as other students; if the student is assessed as not progressing toward attaining the course objectives, the student does not progress in the course and a grade of F is granted.

3.	Absence from clinical studies for two or more semesters*	- Student develops a learning plan that addresses potential gaps related to absence from clinical studies. This plan is shared with Course Coordinator and Clinical Instructor/Preceptor in the first two days of the course (so that any additional supports can be identified). - The student is provided additional support in the first 1/3 of the course. - The student is expected to review clinical skills and relevant knowledge as it pertains to the course objectives and the clinical setting. - There is no sharing of the previous clinical evaluation - in this situation and the student is responsible for reflecting on previous strengths and challenges.
4.	Conduct in the areas of professionalism or moral/ethical behaviour is a concern (but meets minimum standards)	- Requirements are determined on a case-by-case basis by the Student Standing and Promotions Committee.

* BNIs returning from LOA will be determined on a case-by-case basis.

Students placed on CS based on performance in:	are placed on CS in subsequent	*Examples*	*Rationale:*
NUR1 230 or 231 or 235 or 236 or 335 or 336 or 338 or 339	Agency-based clinical course in the next semester	• Performance below course expectations in 230 or 235 leads to CS in NUR1 233 • Performance below course expectations in NUR1 335 leads to CS in NUR1 332	*Teachers in ISoN HPA lab or clinical skills courses may identify performance issues not identified in companion agency based courses as these teachers are able to observe students closely*
NUR1 234 or 233 or 331 or 332 or 333 or 431 or 432 or 434 or 435 or 529 or 530 or 531	Agency-based clinical course in the next semester	• Performance below course expectations in NUR1 234 leads to CS in NUR1 233 • Performance below course expectations in NUR1 434 leads to CS in NUR1 431 or 432 (depending on scheduling)	*Challenges identified in one clinical course will generally influence performance in the subsequent clinical course.*

Students whose performance in two or more clinical courses meets the criteria for Clinical Support are addressed on a case-by-case basis as these students are considered to have 'more than one clinical course with a grade of B or less or who has had more than one final clinical evaluation indicating minimally meeting course objectives (e.g., below expectations, developing).

Appeals of Student Standing Decisions

Only standing decisions that place the student in Unsatisfactory Standing or require the student to withdraw from the program the student can be appealed.

First level appeal In cases where the student is placed in Unsatisfactory Standing or is required to withdraw from the program and the student seeks to appeal this decision, a written appeal is made to that Student Standing & Promotions Committee (submit to Nursing Student Affairs Office), within 14 days of having been notified of the standing (students must check Minerva regularly to see their standing), stating the reason(s) for the appeal. The SS&P Committee reconvenes and considers the information provided in the appeal and either upholds the original decision or revokes the original decision and renders another one.

Second level appeal If the student disagrees with the results of the first level appeal, then further appeal is directed to the Associate Dean and Director of the ISoN who will either render a decision or invoke an impartial committee made up of members who have not previously been involved in the original decision making process to review the appeal and render a decision. The deadline for the second level appeal is 30 days after receiving the response to the first level appeal. Second level appeals are sent to the Nursing Student Affairs Office.

Third level appeal If the student disagrees with the second level appeal decision rendered through established review within the ISoN, a grievance may be lodged under the McGill University Code of Student Grievance Procedures. Students can consult the Handbook of Students Rights and Responsibilities for details if this level of appeal is being sought.

Promotions

Students are promoted throughout the program based on completion of academic requirements – promotion is not based on chronology e.g., a BSc(N) student who has spent three years at the university but has not successfully completed the U2 course requirements ending with NUR1 333, will remain classified as 'U2' (academic) rather than U3 (chronologic).

Semester to semester promotion Generally, students must successfully complete prerequisite courses prior to taking required courses. The following table summarizes key principles - students are strongly encouraged to consult the NSAO in the case of a failed course.

Year-to-Year Promotion Requirements for year-to-year promotion are as follows:

B.Sc.(N):

- U0 to U1 – Satisfactory Standing and completion of all Freshman Science courses OR missing ONE of either MATH 139 or MATH 140 or MATH 141 or PHYS 101 or PHYS 102. (Students missing more than one of these courses AND who have a high CGPA can apply for consideration of exceptional decision).
- U1 to U2 – Successful completion of NUR1 331and NUR1 335
- U2 to U3 – Successful completion of NUR1 333 and NUR1 431

B.N.(I):

- U2 to U3 – Satisfactory Standing and successful completion of NUR1 434

- Students who do not pass a clinical course cannot proceed into the next clinical course (e.g., students who do not pass NUR1 234 cannot proceed into NUR1 233).
- U0 students in anything other than Satisfactory Standing cannot proceed into clinical courses (i.e., NUR1 234, NUR1 235, OR NUR1 230).
- Any student not in Satisfactory standing cannot continue in clinical courses until they return to SA standing or are granted permission by the Program Director.

Examinations

The ISoN follows the University Exam Regulations. A student is allowed to write a final examination in a course only after the course coordinator deems that the course requirements have been fulfilled. The following key points are excerpted from the university regulations:

- Students are not to make travel plans prior to the release of the Midterm and Final Exam Schedule. Vacation plans do not constitute grounds for a deferral or re-scheduling of exams.
- Students must present their valid McGill student ID card at the start of each exam.
- Final examination schedules are posted and students are responsible for arriving at the right time and place. Forgetfulness or arriving at the wrong time or place are unacceptable excuses. Candidates will be permitted to enter the exam room quietly up to one hour after the scheduled start of the exam. After this time they will be admitted only by special permission of the Chief Invigilator. Students cannot leave the examination room until one hour after the examination has begun, and in no case before the attendance has been taken.
- Students who miss an exam because they have erred in the date, time, or location receive a grade of 'J'.
- Every student has a right to write term papers, examinations in English or French except in courses where knowledge of a language is one of the course objectives.
- Students are not to be penalized if they cannot write examinations or be otherwise evaluated on their religious holy days where such activities conflict with their religious observances.
- A final examination given during the examination period shall be worth at least 25% of the final course mark.
- Students must be informed about the methods of evaluation to be used within the course and the proportion of the grade that each method represents before the end of the course add-drop period (generally by the end of the 2nd week of classes).

Conduct during all examinations is also governed by the Code of Student Conduct and the Disciplinary Procedures in the Handbook of Student Rights and Responsibilities.

Evaluation methods may include multiple choice examinations, short answer questions, case study, essay, literature review, debate, position paper, OSCE (objective structured clinical evaluation), oral exam, group presentation, etc. Most courses use at least two methods of evaluation e.g., midterm and final examination or term paper and final examination. The course coordinator chooses the best evaluation method suited to measure the objectives of the course and can establish criteria for passing a course (e.g., all individual graded elements of the course must be successfully completed or student must pass final OSCE exam to pass the course).

Midterm Examinations are held during the course on a date set by the course coordinator. Exams may need to be held outside the regular class time, including evenings, depending on room availability. Setting dates for exams should adhere to the policy on holy days such that: students are accommodated if the examination coincides with a religious holy day where such activities conflict with their religious observances. Students who, because of religious commitment cannot meet academic obligations, other than final examinations, must inform the instructor, with *two weeks' notice* of the conflict. See 'Deferred Examinations' below.

Final Examinations are held during the final examination period. Finals are booked by Examination Services, Enrolment Services. Invigilation is provided by the university – teachers are expected to present themselves during the examination and be available to respond to questions. An associate examiner, usually the Program Director, is a backup in the event that the teacher is absent. Students are expected to find the date, time, and location of the examination.

Deferred Examinations

Students who miss a *midterm exam* due to documented illness, personal/family crisis, or holy day are accommodated with the following possible solutions as deemed appropriate and feasible by the instructor e.g., rescheduling the evaluation for the student; b) preparing an alternative evaluation for the student such as analytical paper, oral exam, literature review, case study analysis; shifting the weight normally assigned to the evaluation to the weight assigned to the remaining evaluation (this is generally done only if the final examination is cumulative); offer an alternate final examination (this is done when the final exam is not cumulative for the rest of the students – the student who missed the midterm then writes an 'alternate final' that is cumulative).

Students who miss a *final examination* must apply for a deferred exam on Minerva. Relevant documentation (e.g., medical certificate) is required unless the NSAO already has the documentation. Deadlines for documentation: Jan. 15 Fall exams; May 15 Winter exams; July 15 Summer exams. *Courses taken during summer session (e.g., CHEM 212) do not offer deferred exams*. Permission to write a deferral is granted/denied by the NSAO. An 'L' appears on the student record if the deferral is approved. There is no cost associated with writing a deferred examination and it must be written at the first available opportunity (1st week of May for Fall courses; mid-August for Winter courses). If the student is unable to write the deferred exam as scheduled due to documented illness, family affliction, or extenuating circumstances, the student must contact the NSAO to initiate withdrawal from the deferred exam - WL. *If not approved or if the student did not write the exam without seeking withdrawal, a final grade of "J" is entered.*

Visit also https://www.mcgill.ca/exams/dates/supdefer for information you may wish to consider before applying for a deferred exam.

Supplemental Examinations

Nursing students who have a grade of D, J, F, or U in a course and who have a CGPA of ≥ 2.0 *and* are in Satisfactory Standing are eligible to apply for supplemental examination on Minerva (as per McGill deadlines). Upon applying for a supplemental examination, permission is granted/denied) by the NSAO.

No supplemental examinations are available for students who receive a grade of D, F, J, or U in a course after a deferred examination. Such students must either re-register in the same course the following term or in an approved course substitute. Students who fail an elective course can opt to take a supplemental OR redo the course OR take an alternate course.

Only under special circumstances will a student be permitted to write more than two supplemental examinations throughout their program of study.

The supplemental grade may count for 100% of the final grade or represent the same proportion as did the original grade. The format and content of the supplemental is not necessarily the same as for the final examination; therefore students should consult the instructor. The supplemental grade does not overwrite the original grade. Both the original mark and the supplemental mark are calculated in the CGPA. A failed supplemental is added to the number of failure courses.

Students who, at the time of the supplemental exam, feel unable to write the exam must repeat the course. In such cases, consult NSAO to discuss an alternate plan of study.

Pros of supplemental examinations	***Cons of supplemental examinations***
Good option for students who did not pass a course and feel confident that they will be successful given another opportunity.	Failing a supplemental exam means another failure on the record and a further reduction in CGPA.
Gives the student another chance to write an exam and complete the necessary course requirements so that studies can progress.	A failed supplemental is counted in the number of allowable failures and could place some students.
When in doubt, consult the Nursing Student Affairs Office	

Reassessment and Rereads

In accordance with the Charter of Student Rights and subject to the conditions stated therein, students have the right to consult any written submission for which they have received a mark, to discuss this submission with the examiner, and to obtain an impartial and competent review of any mark. Students are encouraged to discuss their concerns with the course coordinator or examiner and resolve issues in a professional and transparent manner.

Requests for ***reassessments*** are made to the Student Standing and Promotions Committee (submit to NSAO) within 10 working days after the graded material has been made available for student viewing. An impartial reviewer recalculates the grade based on the allocation of grades and, rather than re-correct the work and grade it as they would have done themselves, reviewers assess the appropriateness of the original grade based, for example, on the application of the grading key to the student's work. Reassessments are free.

A written request for a ***reread*** is submitted to the Student Standing and Promotions Committee (submit to NSAO). A reread of a final exam or paper involves a cost to the student. Grades are either raised, lowered, or remain the same, as the result of a reread. Rereads for courses not administered by the ISON are subject to the deadlines and regulations of the relevant faculty.
Reassessment is done free of charge. Computer-marked examinations can be reassessed but not reread. There is a fee for the reread of a final examination or paper - www.mcgill.ca/student- accounts/tuition-fees/non-tuition-charges/other.

Application Deadlines for Rereads

- March 31 for courses ending in the Fall term
- July 31 for courses ending in the Winter term
- August 31 for courses ending in May

Requests for reassessments or rereads in more than one course per term are not permitted. Reassessments or rereads are not available for supplemental examinations.

Reassessments and rereads are not available in Clinical courses. While every effort is made to be transparent and fair in clinical evaluations, students may disagree with the feedback they receive. In such cases, students should take time to reflect on the feedback. If the student continues to disagree with the evaluation process, then the student should meet with the clinical teacher and course coordinator to dialogue. Owing to the nature of clinical studies, there is no formal appeal process and the clinical teacher and course coordinator's grade is the retained grade (in addition, see Section 2 Evaluation in Clinical Studies earlier in this document).

Time to Degree Completion

Students entering U1 of the B.Sc.(N) program are expected to complete the program as full-time students over a 3 year period (including summer sessions). Exceptionally, such as in the case of failed course(s) or LOA, students may take a maximum 4 years to complete the degree. Students entering in U0 are expected to complete the program as full-time students over a 4 year period (including summer sessions) with a maximum time to completion of 5 years. B.N.(I) students are expected to complete their program in 2 years if studying full-time or in 3 years if part-time.
Completion must be no more than 4 years after initial program registration. Any change in the time-to-completion must be discussed and approved by the Program Director. Students seeking to change the program of study must have valid/documented evidence of family or personal crisis/illness or extenuating circumstances.

Leave of Absence (LOA)

A LOA may be granted to students for reasons related to: maternity or parenting; personal or family health issues; required military service. Such a leave must be requested on a term-by-term basis and may be granted for a period of up to 52 weeks. LOA requests are submitted to NSAO with appropriate documentation. No tuition fees are charged for the duration of the LOA and students maintain an active student ID card and have access to McGill mail and libraries.

Note:
- Personal objectives e.g., travel, financial matters are not grounds for a leave of absence.
- Normally, a student shall be in Satisfactory Standing when requesting a LOA.
- Since students on a LOA pay no fees, the Student Services are not available; however, an opt-in option is available at the usual rate.
- Students who are eligible for scholarship renewal will not have scholarship monies transferred to their account while on LOA but will maintain eligibility for renewal upon re-registration.
- Terms and conditions vary among loan and bursary providers; student consultation with an adviser in Scholarships and Student Aid is recommended.
- International students seeking LOA are advised to contact International Student Services (ISS).

Any student who has been granted a LOA for one academic year and who does not resume studies in the following semester, must withdraw from the program.

Students must return their registration certificate to the OIIQ during the LOA. The OIIQ returns the certificate free of charge upon request if he/she returns to study within one year. In the case of an interruption of more than a year, a student must register again with the Order, providing the OIIQ with all the required documents and the registration fee.

Pregnancy and Nursing Clinical Studies

Pregnant students must contact the Clinical Partnerships Office to discuss the program of study and any adjustments that may be needed to ensure a safe pregnancy. Certain clinical settings preclude the placement of pregnant students (e.g., operating room, emergency department, ICU, post anesthesia care unit, pediatrics, and some psychiatric agencies). Nursing students must follow the directives of their pregnancy care provider however, the ISoN cannot guarantee that suitable placement can be found, in particular if the recommended setting cannot meet the learning objectives of the courses. An alternate placement or delay in clinical studies may be required based on clinical agency policies related to pregnancy (usually removed from clinical at 24 weeks).

Withdrawal

Prior to withdrawing from Nursing or the university, students should consult the NSAO for advising. Options such as LOA may be a better solution than withdrawal. If withdrawal is due to disinterest in the profession then a discussion with the Program Director may clarify experiences and views. If withdrawal from the university is required (e.g., Unsatisfactory Standing), the student must complete a withdrawal form (available at NSAO). The McGill ID card must be returned with the completed form. The form is then forwarded to the Registrar and Accounting to assess any amount that should be reimbursed or owed. B.Sc.(N) students must return their license to the OIIQ as they can no longer practice as a *student nurse*. *Note:* Students who withdraw from all their courses in the fall term are considered as withdrawn from the University and must apply for readmission if they wish to continue in their program.

Readmission – Unsatisfactory Readmit

Students who are in Unsatisfactory Standing and required to leave either the program or the university can apply for *unsatisfactory readmission* after one year. For students who have left the university, the application is completed on Minerva; for students who remain in the university, the application is submitted to NSAO to the attention of the Student Standing and Promotions Committee. The student submits a compelling letter, including relevant supporting documentation (e.g., grades obtained at another educational institution) outlining the reasons why readmission should be granted. Readmission is granted *only* if it is determined that the reasons that gave rise to the original unsatisfactory standing decision are resolved and that the student has the capacity to succeed if readmitted. Readmitted students must meet the requirements set by the SS&PC, including a possible recommencement of nursing studies. It is generally recommended that the applicant have undertaken university level courses in previously identified areas of weakness. Readmission is also contingent on the availability of seats in the program to which the student requests readmission. *Students can make only one request for unsatisfactory readmission.*

Accommodation for Student Athletes and Students in Leadership Roles

The ISoN seeks to accommodate students participating in intercollegiate or higher levels of athletic competition or who are in leadership roles (e.g., executive of CNSA). The student's ability to balance these activities while maintaining a strong academic record and meeting course requirements are considered. Students should speak with the course coordinator if the accommodation is within one course; the Program Director is consulted if accommodation extends to two or more courses. Documentation (e.g., letter from coach) is generally required.

It is generally easier to accommodate for lecture classes than for clinical studies. Factors influencing how easily the latter can be accommodated will depend on the clinical setting, the student's performance in clinical studies, and how easily the learning can be 'made up'.

Absences during orientation, simulations, and evaluation periods in clinical courses or at midterm or final exams can pose a challenge. Such cases are reviewed on a case-by-case basis. Fairness to the student, the faculty member(s) involved, the clinical agencies, and other students must prevail at all times. Examples of how students can be accommodated include: deferral of assignment due dates; shifting the weight of assignments with less weight placed on an assignment that is due during an event; audio/video recording of lectures; and offering alternate work; offering alternate placement shifts; student hiring individual clinical instructor.

Accommodation for Student with Religious Obligations

The section on Examination Policies and Procedures addresses McGill and ISoN policy on accommodation for religious obligations during formal evaluation periods. Other than formal evaluation periods, students may request accommodation related to clinical or classroom studies due to religious obligations. The ISoN encourages that efforts be made to accommodate based on the policy on holy days; this accommodation must be reasonable and possible in that it does not cause undue strain or inconvenience to those asked to accommodate, it does not interfere with obtaining course objectives, it does not compromise the situation of other students, and it does not incur additional expense to the ISoN (such as if additional clinical supervision is required).

Accommodation for Student with Disabilities

The ISoN makes every effort to accommodate students with disabilities. Students seeking accommodation must contact the course coordinator when accommodation applies to a single course; contact the Program Director when accommodation will need to be made across several courses. Students must supply a letter from the Office for Students with Disabilities outlining the nature of the accommodation. As with other accommodation policies, the accommodation must be *reasonable and possible* in that it does not interfere with obtaining course objectives, it does not compromise the situation of other students, it does not incur additional expense to the ISoN, or cause undue strain or inconvenience to those being asked to accommodate.

Section 4 - Graduation and Licensure (Registration) to Practice

Graduation

Students *apply to graduate* on Minerva following the deadlines and procedures outlined at Applying to Graduate. Those intending to graduate at the end of the fall term (courses completed December for June convocation) apply by the end of November; those intending to graduate at the end of the winter term (courses completed April for June convocation) apply by February; those intending to graduate at the end of the summer term (courses completed by August for October convocation) apply by March.

Convocation
Time to celebrate! This special event offers students, faculty, family and friends the opportunity to congratulate the graduate and celebrate success. B.Sc.(N) class of 2019 and will attend Fall Convocation; class of 2020 B.Sc.(N) will attend Spring Convocation; B.N.(I) grads generally attend Spring Convocation.

Licensure (Registration) to Practice
Graduates of the B.Sc.(N) program must seek licensure to practice on completion of the degree. The granting of a license to practice nursing and the right to be called a 'Nurse – N' is a jurisdictional issue and varies from province to province within Canada, state to state in the United States, and country to country around the world.

Licensure in Québec – The Ordre des Infirmières et Infirmiers du Québec grants licensure to nurses in Québec. Two components must be met to obtain licensure:

Successful completion of a licensure examination: offered twice a year – in September and March. The exam is designed to "assess the candidate's ability to carry out a clinical assessment, intervene, ensure continuity of care, including determining and adjusting the therapeutic nursing plan, and support clinical decisions in different situations." As of September 2018, the exam consists only of multiple choice type questions about a range of clinical situations. Graduates must follow the strict requirements of the OIIQ, including registration for the exam (generally at least 45 days before the date of the examination). A 'Guide' is available from the OIIQ that provides details about the examination as well as sample questions. A person who does not sit the exam, without valid reason, is considered to have failed the exam. Since candidates are entitled to take the exam only three times, an unjustified absence means losing one chance at passing the exam. The OIIQ provides indications for what constitutes a 'justified absence' and applicants must follow the OIIQ constraints.

Proof of proficiency in the French language: Québec law requires that candidates seeking admission to the nursing profession must possess a working knowledge of the French language i.e., be able to communicate verbally and in writing in that language. Candidates are required to pass an examination set by the Office de la Langue Française, unless they can show that they have completed three years of full-time instruction in a French post-primary school OR that they have completed their secondary education in Quebec in 1986 or later and have received their certificate from secondary school. The professional corporation will require this certificate, proof of attendance or of successful completion of the OQLF examination. The examination may be attempted during the **two years prior to the date nurses receive their degree**. Exam application forms while still a student are available at Service Point. Priority is given to those closest to graduation. Exams take place every 3 months and may be attempted an unlimited number of times. Resources to develop a functional level of proficiency in French are found in this Handbook, *Section 2 – Language Requirements*.

There are 4 components to the OQLF exam: oral comprehension and expression & written comprehension and expression. The oral component consists of a panel conversation/questions with interviewers on a case. Since 2018, students who fail one component will be required to redo all 4 components. Consult http://www.oqlf.gouv.qc.ca/francisation/ordres_prof/ordres.html and http://www.oqlf.gouv.qc.ca/francisation/ordres_prof/documents/guide-information-nouvel- examen.pdf for all details related to the OQLF exam.

Candidate for the Profession of Nursing (CPN) - candidate à l'exercice de la profession (CEPI) Subsequent to program completion and before receiving successful results from the OIIQ professional examination, the graduate who wishes to work must receive an attestation from the OIIQ to act as a *Candidate for the Profession of Nursing (CPN)*. For the OIIQ to issue the *attestation*, the graduate must declare the employer to the OIIQ and the OIIQ must receive the official transcript from McGill. CPNs must follow the Regulations Respecting the Professional Activities Which may be Performed by Persons other than Nurses. Graduating students must follow procedures outlined by the NSAO and Enrolment Services relative to sending program completion documentation and official transcripts to the OIIQ.

Licensure Within Canada – Each Canadian province has a nursing regulatory body that grants licensure to nurses wishing to practise within the particular province. Since 2015, all provinces, other than Québec, use the NCLEX-RN entry-to-practice exam provided by the National Council of State Boards of Nursing (NCSBN). Graduates wishing to be licensed in any Canadian province/territory other than Quebec should consult the Nursing regulatory body of that province for specific details. See *Completion of Licensing Documents* for procedure.

The Mutual Recognition Agreement on Labour Mobility for Registered Nurses in Canada facilitates movement of nurses within Canada. The OIIQ licensure examination is recognized as an approved exam so, in the case of graduates who pass the OIIQ examination but cannot meet the French language requirements, they can ask for equivalency in another Canadian province as they have "passed an approved examination" even though they have not been granted licensure in Quebec (owing to inability to meet the *Proof of proficiency in the French language*). In such cases, the OIIQ sends a *Verification of Registration* form stating that the only reason the candidate cannot be licensed in Quebec is Article 35 or the *Charte de la Langue Française*, and that all other professional licensure requirements have been met.

Licensure Around the World – Graduates seeking licensure in countries other than Canada must consult the regulatory body in that country. To date, the McGill curriculum has met the minimum requirements for licensure in many countries around the world. To date, we know off no graduate who was not able to be licensed in any country.

Completion of Licensing Documents Graduating/graduated students requiring completion of documents for licensure outside of Quebec follow Enrolment Services procedure:

- Request of an official transcript on Minerva: Student Records - Transcripts. At 'Checkout', Add Documents to Accompany an Official Transcript (i.e., licensing forms).
- At Checkout, select 'Other' and upload the form(s), with all relevant personal information;
- The request is received by Management of Academic Records and sent to the ISoN for completion;
- The ISoN then returns the completed package to ES who forwards the package to the designated licensing board.

The process may take up to 8 weeks.

Section 5 - Interesting Things to Know

Where did the Ingram School of Nursing get its' name?

In September 2012, the School of Nursing was named the Ingram School of Nursing in recognition of Richard and Satoko Ingram and their exceptional support for Nursing at McGill. After working in international development for five years, Mr. Ingram co-founded Archivex in 1973. It was sold in 1999 as the 4th largest (and largest privately-held) office records storage company in North America. Mr. Ingram used a portion of the proceeds to launch the Newton Foundation. Satoko Ingram devotes significant time and funding to LOVE (Leave Out Violence). As per Mr. Ingram "as a start-up entrepreneur blessed with commercial success, I aspired to pioneer a contribution in some important but overlooked field of philanthropy. I wanted to focus on academic nursing in Montreal, which I view as severely underfunded and generally under- recognized by private and public funders. I dare to dream that Montreal will become one of the top five metropolises in the world for developing nursing leadership."

The McGill Nursing Collaborative for Education and Innovation in Patient- and Family-Centered Care

The Collaborative, inaugurated in 2012, was supported by an initial gift of $6 million to the founding partners: Ingram School of Nursing and the Nursing Departments of the McGill University Health Centre and the Jewish General Hospital. The goal of the Collaborative is to increase the national and international impact of McGill's Nursing programs of research and education and also McGill's model of clinical practice.

The Susan E. French Chair in Nursing Research

This chair was established in 2012 and was endowed by the Newton Foundation. Dr. French was the Director of the School of Nursing from 2001 – 2005 and has been an influential nursing leader in Quebec, Canada, and internationally. In 1965, she began her teaching career as a lecturer in McGill's School of Nursing. After she received her MSc at Boston University (1969), she returned to McGill for another year. She then left for a 31-year career at McMaster University, where she served as Associate Dean of Health Sciences (Nursing) and Director of its School of Nursing (1980 to 1990). Dr. French became a member of the Order of Canada in 2014.

Key historical dates for Anglophone Nursing in Montreal

- 1890 – Nora Livingston hired by the Montreal General Hospital to implement a revised program to train nurses at the hospital.
- 1908 – Mabel Hersey recruited by the Royal Victoria Hospital to revise the nursing education program at that hospital.
- 1917 – Mabel Hersey (RVH) and Grace Fairley, head of the nurses' program at Alexandra Hospital, conceived of a higher standard of training in an academic setting.
- 1920 – Hersey and Fairley proposed a plan for a nursing school to the board of McGill's Medical Faculty and the McGill School for Graduate Nurses was established in June 1920, offering advanced training for registered nurses. (Visit McGill History - Nursing for photos)
- 1920 -23 – ISoN funded by the Quebec Provincial Red Cross Society as a gesture of appreciation to nurses who had served in World War I.
- 1924-31 – McGill undertook maintenance of the Ingram School of Nursing.
- 1932 -40 – the University could no longer 'bear the financial burden' of the SoN so the Alumnae and concerned citizens supported it until it was placed under the direction of the Faculty of Medicine.

Directors of the Ingram School of Nursing

- 1920 – 1927 Flora Madeline Shaw
- 1927 – 1928 Anne Slattery
- 1928 – 1934 Bertha Harmer
- 1934 – 1950 Marion Lindeburgh
- 1951 – 1952 Elva Honey
- 1952 – 1953 Eva Green (Acting)
- 1953 – 1953 Edith Green (Acting)
- 1953 – 1963 Rae Chittick
- 1963 – 1964 Elizabeth Logan (Acting)
- 1964 – 1973 Elizabeth Logan
- 1973 – 1982 Joan M. Gilchrist
- 1982 – 1983 F. Moyra Allen (Acting)
- 1983 – 1992 Mary Ellen Jeans
- 1992 – 1993 Kathleen Rowat (Acting)
- 1993 – 1995 Sr. Barbara Ann Gooding (Acting)
- 1995 – 2000 Laurie Gottlieb
- 2001 – Carly Pepler (Acting – January to June)
- 2001 – 2005 Susan E. French
- 2005 – 2006 Helene Ezer (Acting)
- 2006 – 2015 Helene Ezer
- 2015 – 2016 Anita Gagnon (Acting/Interim)
- 2016 – September – Anita Gagnon

APPENDIX A – Ten "Rights" of Medication Administration

1. **Right Medication**
   - Ensure that the medication given is the medication ordered.

2. **Right Dose**
   - Ensure the dose ordered is appropriate for the client.
   - Double-check all calculations.
   - Know the usual dosage range of the medication.
   - Question a dosage outside of the usual dosage range.

3. **Right Time**
   - Give the medication at the right frequency and at the time ordered, according to agency policy.
   - Know that medications given within 30 minutes before or after the scheduled time are considered to meet the right time standard.

4. **Right Route**
   - Give the medication by the ordered route.
   - Make certain that the route is safe and appropriate for the client.

5. **Right Client**
   - Ensure that the medication is given to the intended client.
   - Accurately identify the client using a minimum of two identifiers with each administration of a medication.
   - Know the agency's name alert procedure when clients with the same name or similar last names are on the nursing unit.

6. **Right Patient Education**
   - Provide information about the medication to the client (e.g., why receiving, side-effects, etc).

7. **Right Documentation**
   - Document medication administration after giving it, not before.
   - If the time of administration differs from the prescribed time, note the time on the MAR and explain the reason and follow-through activities (e.g., pharmacy states medication will be available in 2 hours) in progress notes.
   - If a medication is not given, follow the agency's policy for documenting the reason.

8. **Right to Refuse**
   - Adults have the right to refuse any medication.
   - The nurse's role is to ensure that the client is fully informed of the potential consequences of refusal and to communicate the patient's refusal to the appropriate member of the health team.

9. **Right Assessment**
   - Some medications require specific assessments before or after administration (e.g., apical pulse, blood pressure, laboratory results).

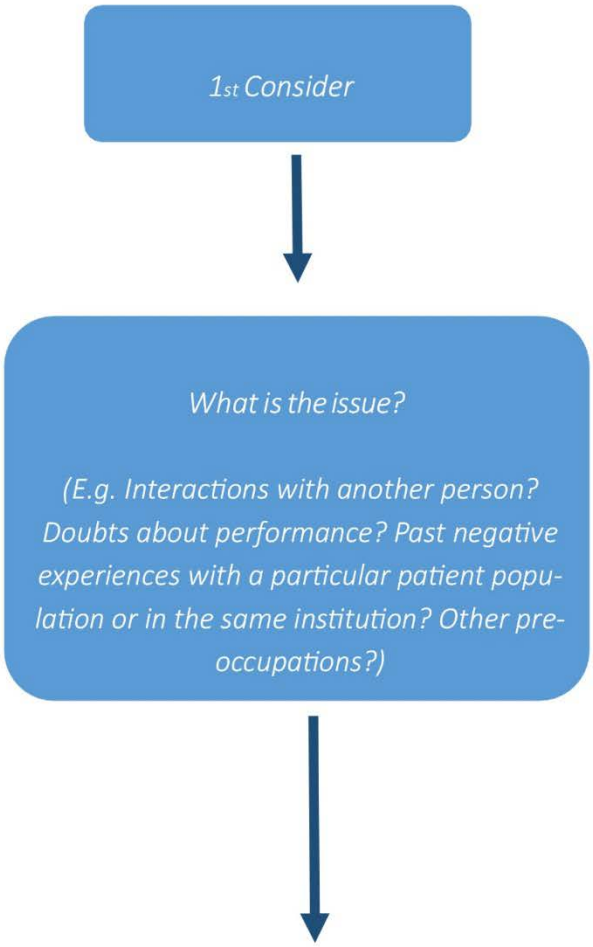
10. **Right Evaluation**
    - Conduct appropriate follow-up (e.g., was the desired effect achieved or not? Did the client experience any adverse effects?).

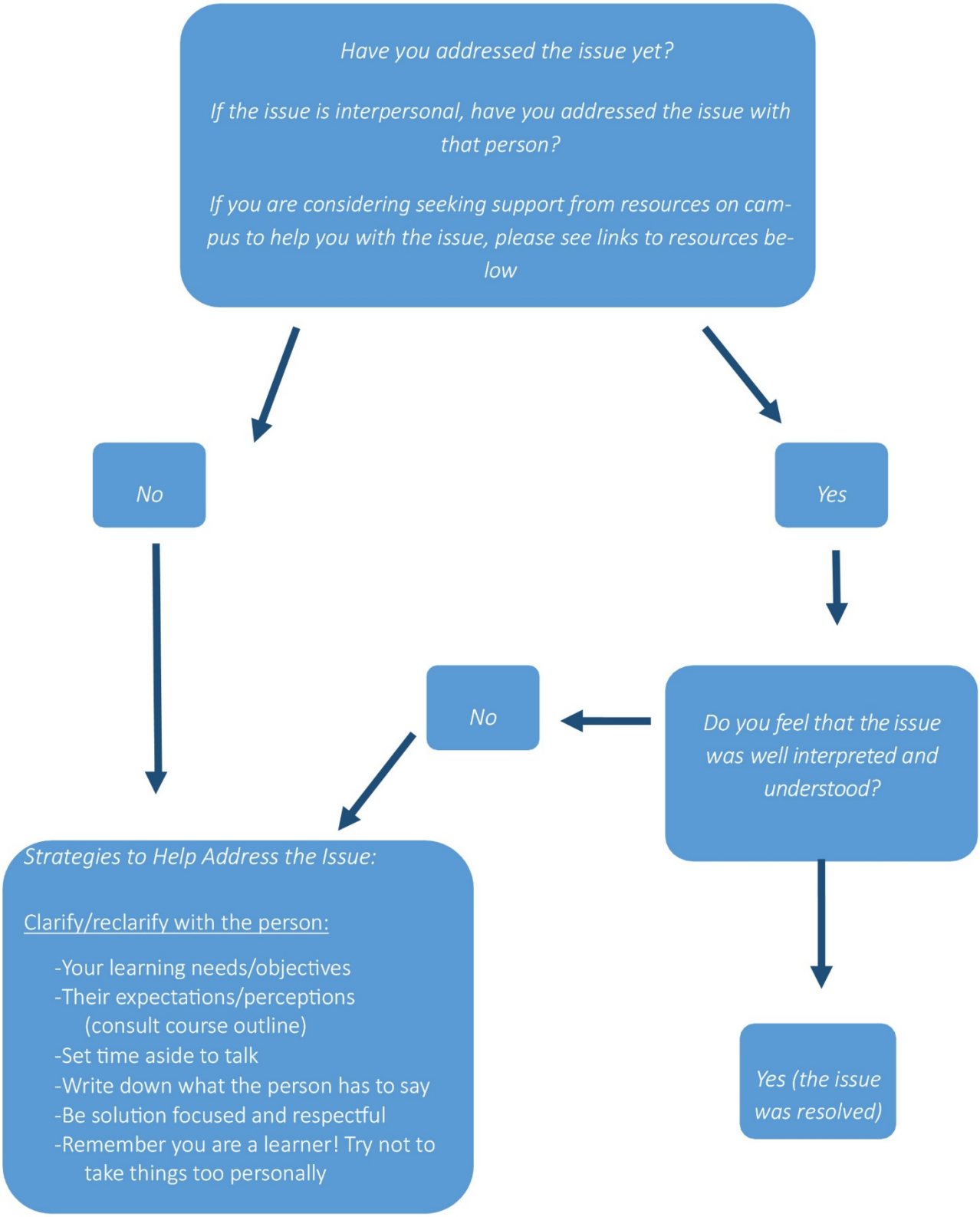
*Source: Kozier, B., Erb, G., Berman, A., Buck, M., Ferguson, L., Yiu, L., & Stamler, L. L. (Eds.) (2019). Fundamentals of Canadian Nursing. Canadian 4th ed. Toronto: Pearson Education Canada.

APPENDIX B – Nursing Student's Guide to Thriving in Clinical

Clinical should be a positive learning environment!

Different factors may contribute to a more difficult learning experience (e.g. interpersonal conflicts may arise/ high levels of student stress and anxiety may interfere with a student's learning/ doubts about performance in clinical).

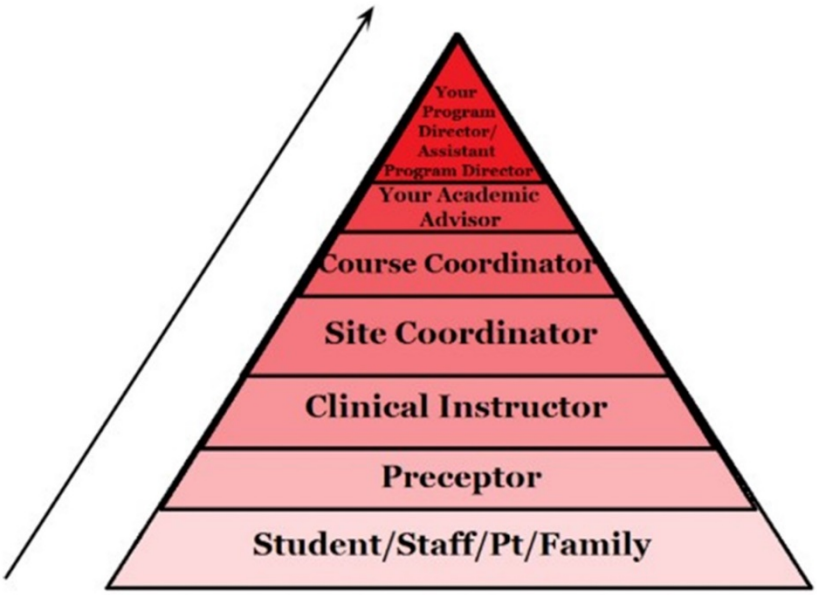



Have you addressed the issue yet?
If the issue is interpersonal, have you addressed the issue with that person?
If you are considering seeking support from resources on campus to help you with the issue, please see links to resources below
No
Yes
Do you feel that the issue was well interpreted and understood?
No
Yes (the issue was resolved)
Strategies to Help Address the Issue:
Clarify/reclarify with the person:
-Your learning needs/objectives
-Their expectations/perceptions (consult course outline)
-Set time aside to talk
-Write down what the person has to say
-Be solution focused and respectful
-Remember you are a learner! Try not to take things too personally

IF YOU FEEL:

Unsafe
Bullied
Harassed
Belittled

Seek council with the next person in the pyramid below. Bring forward your issue and your reflection process.



All along the pyramid, you can seek help from:

Resources on McGill Campus:

- McGill Counselling: www.mcgill.ca/counselling/
- The WELL Office: https://www.mcgill.ca/thewelloffice/
- Social Equity and Diversity Office (SEDE): https://www.mcgill.ca/equity_diversity/
- First People's House: https://mcgill.ca/fph/
- Union for Gender Empowerment (UGE): https://theuge.org/
- Sexual Assault Centre of the McGill Students' Society (SACOMSS): https://www.sacomss.org/wp/
- Office for Sexual Violence Response, Support and Education (OSVRSE): https://www.mcgill.ca/osvrse/our-office
- Nursing Student Affairs Office undergraduate.nursing@mcgill.ca or student-affairs-officer.nursing@mcgill.ca.
- Nursing Peer Mentorship Program: email npmp.nursing@mcgill.ca or contact Prof. Lia Sanzone at lia.sanzone@mcgill.ca directly

McGill Policies:

- McGill Ingram School of Nursing- Student Handbooks: https://www.mcgill.ca/nursing/students/student-handbooks
- Policy Concerning the Rights of Students with Disabilities: https://mcgill.ca/secretariat/files/secretariat/rights-of-students-with-disabilities-policy- concerning-the_1.pdf
- Policy On Harassment, Sexual Harassment and Discrimination Prohibited By Law: https://mcgill.ca/secretariat/files/secretariat/harassment-sexual-harassment- discrimination_policy-on.pdf

May 2019.

Ingram School of Nursing
École des sciences infirmières Ingram
680 Sherbrooke St. West,
Montréal (Quebec) Canada
H3A 2M7

Undergraduate Student Affairs
19th floor, suite 1941
514-398-3784
undergraduate.nursing@mcgill.ca

Graduate Student Affairs
19th floor, suite 1940
514-398-4151
graduate.nursing@mcgill.ca - QY, Direct Entry, Nurse Entry, not NP
graduate2.nursing@mcgill.ca - NP, PhD

Student Affairs Officer
19th floor, suite 1944
514-398-4159
student-affairs-officer.nursing@mcgill.ca

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