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*Disclaimer: Links current at time of posting*
Vision and Mission Statements

Vision Statement for the Faculty of Nursing

Advancing nursing and nursing knowledge through excellence in teaching, research, clinical practice, leadership and innovation.

Mission Statement and Values for the Faculty of Nursing

Mission statement
Educating and preparing nurses for an evolving healthcare system grounded in the principles of primary health care, social justice and caring supported by evidence and research.

Values
The articulation of values for UNB’s Faculty of Nursing are meant to provide clear expectations of how faculty will proceed in their daily work. Demonstrating these values will mean the entire team will be engaged in meeting students’ needs. These values are a key component of this plan.

Excellence: We are committed to delivering high quality nursing education at the undergraduate and graduate levels through the adherence to standards and the use of relevant, innovative teaching methods responsive to learners’ needs.

Caring: We will demonstrate dignity, compassion, respect and fairness at all levels in our internal and external interactions and will advance substantive knowledge for caring science as a core nursing value.

Collaboration: We will grow and sustain our relationships with relevant stakeholders in order to create mutually beneficial outcomes and common goals for the university, our colleagues and our community.

Integrity: Honesty, transparency, fairness and reliability will be evident in all our proceedings.

Accountability: The structures and processes we have in place will improve our capacity to evaluate and measure relevant indicators and the effectiveness of our program delivery.

Responsiveness: Our undergraduate and graduate programs will be proactive and demonstrate flexibility in anticipating and responding to changing trends in health care delivery.
Overview of Policies and Guidelines
When students enter the Faculty of Nursing they not only become members of the UNB academic community but also are given student status in the profession of nursing. Along with the larger UNB community, the Faculty of Nursing is committed to maintaining a positive learning and working environment. Within the academic community the Faculty is guided by the Regulations expressed in the Undergraduate and Graduate Calendars as well as the UNB Declaration of Rights and Responsibilities. Students are encouraged to become familiar with their roles and responsibilities as well as those of the university community which are included in this Declaration. The Declaration includes:

- Statement of Principles
- Fundamental Rights and Responsibilities
- Specific information and links on
  - Harassment
  - Discrimination
  - Academic rights and responsibilities
  - Freedom of association
  - University facilities
  - Access to personnel files and
  - Conflict of interest.

In terms of the profession, the Nurses Association of New Brunswick (NANB) reviews the UNB Faculty of Nursing to determine and approve whether the nursing program meets the standards for educational programs set by NANB. Nurses and student nurses are governed by the following NANB Standards:

- Standards of Practice for Registered Nurses
- Standards for the Therapeutic Nurse-Client Relationship
- Decision-Making in Clinical Nursing Practice
- Documenting Care: Standards for Registered Nurses

NANB has adopted the Code of Ethics for Registered Nurses: established by the Canadian Nurses Association. It is important for students and faculty to read the Code and to recognize that their moral and ethical conduct as nurses is measured by the values expressed in the Code. As members of the academic community all university students, including nursing students, are expected to conform to standards of conduct expressed in the university undergraduate and graduate calendars; as members of a professional community, nursing students are expected to conform to the professional standards of conduct within the Faculty of Nursing and broader nursing community. Students are responsible for becoming familiar with university regulations, NANB standards and specific Faculty of Nursing policies and guidelines (included in the listing below).

The intent of guidelines and/or policies specific to the Faculty of Nursing is to provide clarification regarding the responsibility of the Faculty of Nursing to both

the University and the nursing profession regarding standards of conduct for nursing students. Nursing students are expected to:

- behave in a professional manner at all times (including classroom, laboratory and clinical practicums)
- behave in a professional manner toward all members of the University and greater community and
- demonstrate levels of professional responsibility and accountability, appropriate to their level in the nursing program, for their actions as members of a professional discipline.

The Faculty of Nursing policies and guidelines are incorporated in this Handbook and include:

- Clinical Practice Attendance Policy
- Procedures for Making up Missed Clinical Time
- Guidelines for the Implementation of the Missed Clinical Time Policy
- Campus Closures due to Weather and its Application to Clinical Courses
- Mandatory Immunizations/CPR/Suicide Intervention Course
- Confidentiality Policy
- Pledge of Confidentiality
- Criminal Record Check Policy
- Professional Practice Policy
- Ethical Use of Mobile Technology and Social Media by UNB Student Nurses
- Student Disclosure of Health Information
- Clinical Dress Guidelines
- Internal Student Transfer
- Guideline for Students Returning after a Leave of Absence
- Unsafe Practice
- Resolution of Conflict Among Nursing Students
- Student-Faculty Disagreement
- Guidelines about Decision Making for Volunteers
- Guidelines for an Allergy Disclosure
- Best Practice Guidelines for Students
- FON Student Fundraising Guidelines

The Faculty of Nursing policies and guidelines are intended to work in conjunction with and serve in addition to general UNB policies which may not address specific issues of standards of professional behavior; they are not intended to replace University policies and processes for student behaviour and/or academic progress. The Faculty of Nursing policies and guidelines are also designed with the recognition that adjustments on a case by case basis may be required to accommodate personal religious beliefs and/or disabilities.

Reviewed July 2016
**University Regulations**

It is advisable to read carefully Section 7 of the Undergraduate Calendar, University Wide Academic Regulations, and in particular subsection III, headed Examinations, Standing and Promotion.

http://www.unb.ca/academics/calendar/undergraduate/current/regulations/universitywideacademicregulations/index.html

**General Regulations for Nursing Programs**

Any point not covered in the following regulations will be governed by the General University Regulations. Questions concerning the application of regulations should be directed to the Director of Undergraduate Program (Fredericton); Coordinator of Student Affairs and Faculty Engagement (Moncton); BN Director (Bathurst) at each campus.

1. A student whose assessment grade point average (the May/April period; for definition, see Standing and Promotion Requirements in Section B of this Calendar) falls:
   a) below 2.0 but above 1.6 will be placed on academic probation; if in any subsequent period the grade point average falls below 2.0 the student will be required to withdraw from the program.
   b) below 1.7 will, subject to review by the Nursing Faculty, be required to withdraw from the program.

2. A student who twice fails to achieve at least a "C" or "CR" grade in any Nursing course will be required to withdraw from the Nursing program.

3. A student must receive at least a "C" or clinical "CR" in:
   a) each Nursing course before proceeding to ensuing Nursing courses
   b) all additional required non-nursing courses before proceeding to the next year of Nursing courses
   c) nursing electives

4. A "D" grade is accepted only in non-nursing open electives (a nursing elective taken as an open elective requires a "C" grade for credit).

5. Normally, students must complete all courses in a given year before proceeding to the next year of the program.

6. A student repeating a Nursing course may, at the discretion of the Nursing Faculty, also be required to repeat and pass the Nursing course that immediately preceded it.
   a) BN Four Year Degree Program students must complete the program within 6 years of enrolment in the Faculty of Nursing.
b) Advanced Standing Degree Program students must complete the program within 5 years of enrollment in the first term of the program (September-December).

7. Guideline for Students Returning to BN Program Following an absence of Less Than One Year.

Students who have been out of regularly sequenced nursing courses for less than one year, for any reason, are required to notify the campus Director of Undergraduate Program (Fredericton); Coordinator of Student Affairs and Faculty Engagement (Moncton); BN Director (Bathurst) by email of their intentions for future studies by June 1st.

This will facilitate planning for the upcoming academic year. Failure to notify the Director of Undergraduate Program (Fredericton); Coordinator of Student Affairs and Faculty Engagement (Moncton); BN Director (Bathurst) of the intention to return to the program by this deadline may result in lack of availability of a clinical placement in a required clinical course(s).

8. Students enrolled in the BN program must complete 95 credit hours in Nursing and 35 credit hours in other faculties. Students enrolled in the Advanced Standing Degree Program must complete 84 credit hours in Nursing and 3 credit hours in Biology. For the BN/RN Program 39 ch in Nursing and 18 ch in other courses are required.

9. All students in the BN and BNASP program are required to complete one online Student Assessment of Abilities Year (SAAY) survey at the end of each year in the program. These surveys are administered electronically and are linked to a particular course at the end of each year in the program. All students must complete the SAAY survey in order to receive credit for the related course.

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**UNB Plagiarism Policy**

The University of New Brunswick places a high value on academic integrity and has a policy on plagiarism, cheating and other academic offences.

**Plagiarism includes:**

1. quoting verbatim or almost verbatim from any source, regardless of format, without acknowledgment;

2. adopting someone else's line of thought, argument, arrangement, or supporting evidence (such as, statistics, bibliographies, etc.) without indicating such dependence;
3. submitting someone else's work, in whatever form (essay, film, workbook, artwork, computer materials, etc.) without acknowledgment;

4. knowingly representing as one's own work any idea of another.

NOTE: In courses which include group work, a penalty may be imposed on all members of the group unless an act of plagiarism is identified clearly with an individual student or students.

Procedures
In the case of plagiarism, the instructor must make every reasonable effort to discuss the case with the student or group and follow one of two courses of action.

1. If the instructor is satisfied that the plagiarism was the result of a genuine misunderstanding, the instructor shall complete an academic offence incident report in a form approved by the Registrar's Office, containing the student's name and the particulars of the incident, and submit to the Registrar who, shall advise the appropriate Dean, and the Chair of the student's program or Department where applicable. The Registrar shall notify the student by registered letter and/or electronic mail of the regulations governing plagiarism, the possible consequences, the student's right to appeal, the right to appear before the appropriate appeals Committee (Student Standing and Promotions Committee on the Fredericton campus and Senate Student Appeals Committee on the Saint John campus), and the procedures involved. The Registrar shall make available to the student, a copy of the academic offence incident report and supporting documentation. While a case of plagiarism resulting from genuine misunderstanding will not be considered a student's first offence, a second plea of ignorance by the same student in response to a subsequent allegation of plagiarism will not be accepted; similarly, a subsequent incident report indicating that the alleged plagiarism is a result of genuine misunderstanding responding to the instructor's allegation must do so in writing within three weeks of the date of the Registrar's notification. The student is urged to submit to the appropriate appeals committee a written statement regarding the case.

In a first incident of plagiarism resulting from genuine misunderstanding, the instructor may permit the student to submit a genuine piece of work to be graded in place of the one plagiarized. If the student does not appeal, the time allowed for submission of work is three weeks from the date of the Registrar's letter of notification. In the case of an appeal, where the instructor's allegation is upheld, the period of time allowed for submission is as determined by the appropriate appeals Committee.

2. If, in the view of the instructor the plagiarism was deliberate, the instructor shall complete an incident report in a form approved by the Office of the Registrar, containing the student's name and the particulars of the incident, and shall submit it to the Registrar who will advise the Dean of the Faculty concerned, and the Chair of the student's program or department where...
applicable. The Registrar shall notify the student by registered letter and/or electronic mail of the regulations governing plagiarism, the possible consequences, the student’s right to appeal, the right to appear before the appropriate appeals committee, and the procedures involved. A student appealing the charge of an academic offence must do so in writing within three weeks of the date of the Registrar’s letter of notification. In the case of the Registrar, on receiving an incident report alleging an act of deliberate plagiarism, or on receiving an incident report alleging a second commission of plagiarism by the student which is determined viewed by the instructor to be as a result of genuine misunderstanding, the Registrar shall refer the matter for a hearing to the appropriate appeals committee. A student who wishes to respond to this allegation is urged to submit to the appeals committee a written statement regarding the case, within three weeks of the date of the Registrar’s letter of notification. The Registrar shall inform the student by registered letter or electronic mail of the referral to the appeals committee, and the wish of the Committee that the student be present when the case is heard. A copy of the academic offence report and attached information will be provided to the student in a timely manner.

3. The appropriate appeals committee, upon the conclusion of a hearing into the case, or following the review of the written materials if the student does not appear, must make one or more of the following findings prior to proceeding to an assessment of a penalty for deliberate plagiarism.

i. On hearing a case involving a first incident report alleging that a student has committed an act of deliberate plagiarism, the Appeals Committee must first decide whether an act of plagiarism has occurred. If the Committee so finds, the Committee must then determine whether the plagiarism was deliberate, or an act of genuine misunderstanding. If the former, the appeals committee will proceed to assess penalties in accordance with this Regulation, if the latter, the appeals committee will assess no penalty, but will direct the Registrar to note in the student’s academic file that the student has had one finding of genuine misunderstanding.

ii. If the case before the appeals committee (i) follows a prior finding of plagiarism, or (ii) is a second allegation of plagiarism as a result of genuine misunderstanding, the appeals committee may not make a further finding of genuine misunderstanding in disposing of the case. The appeals committee may only make a finding that the alleged act of plagiarism was deliberate plagiarism or that the alleged act of plagiarism was not an act of plagiarism.

**Penalties for Deliberate Plagiarism**

In a case of deliberate plagiarism, the penalties are:
**First Offence:** If the student does not appeal or if, on appeal, the Committee upholds the instructor's allegation:

1. A notation will be placed on the student's transcript of academic record concerning the academic offence. The length of time the notation appears on the student's transcript of academic record is to be decided when the penalty is imposed and will depend on the severity of the offence.

2. The student may be required to submit a satisfactory and genuine piece of work to replace the one involving plagiarism. If the assignment is not resubmitted or is unsatisfactory, the student will receive a grade of F (zero) in the course. Note: If this penalty is assessed, the period of time allowed for the submission of the work will be determined by the Registrar in consultation with the faculty member making the charge, and, where appropriate, the Committee.

3. The student will receive a grade of F (zero) for the piece of work and, depending on the severity of the offence, may receive a grade of F for the course.

4. Other penalties as outlined in penalties for Other Academic Offences may be imposed.

**Subsequent Offence:** In cases where the Committee considers that the student has plagiarized again:

1. The student will receive a grade of F for the course, and a notation of the academic offence will appear on the student's transcript of record. The length of time the notation appears on the student's transcript of academic record is to be decided when the penalty is imposed.

2. Other penalties as outlined in penalties for Other Academic Offences may be imposed.

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**Health and Safety Policies**

The University of New Brunswick is required to comply with all regulations pursuant to both Federal and Provincial Government health and safety legislation. The University must provide an example to the students, as well as the visiting public, for maintaining the highest degree of safety for all, and for demonstrating a high level of responsibility to the environment.

The University of New Brunswick is committed to taking every reasonable precaution to ensure the provision of a safe and healthy work environment, and requires all faculty, staff, and students to comply with the laws and statutes that have been enacted by the federal and provincial governments, and with the policies and guidelines that have been established by the University in cooperation with the University Joint Health & Safety Committees.
Responsibility for safety at the University exists at three different levels - individual, supervisory or instructional, and organizational or institutional. The division of responsibility must be clearly assigned and accepted; steps should be taken to ensure responsibilities are exercised; and the assignments reassessed if unexpected problems arise.

Deans of faculties, heads or chairs of departments and directors or managers of administrative departments are responsible for the environmental health and safety of their respective faculties or departments and their members, including students.

The individual (student or employee) has a responsibility to learn the health and safety hazards of the materials or equipment he or she may be using or producing; the hazards which may occur from the equipment or techniques employed; and for following appropriate safety measures. The person acting in a supervisory capacity has responsibility for ensuring that those supervised observe normal safety precautions and, as well, has a responsibility for preventing accidental injuries from occurring. Any accident which occurs must be reported, recording the apparent causes and measures which may be required to prevent occurrence of similar accidents.

The University has a fundamental responsibility to provide the facilities, equipment and maintenance to ensure a safe working environment, and an organized program to make the improvements necessary for such an environment.

The EHS Office will act as a resource department, in an advisory capacity, assisting in the development of policies and procedures, in the handling of environmental health and safety matters, and in safety education and training. To assist in the implementation of this general policy, and to comply with provincial legislation, the University has constituted Joint Occupational Health and Safety Committees on each campus. Health and safety matters which cannot be resolved at departmental or Faculty levels may be referred to those committees.

All faculty, staff and students are expected to take individual responsibility for safe working practices and procedures so as to safeguard their own health and well-being, as well as that of their colleagues, and visitors to the campus.

For more information and a list of policies go to the UNB Health and Safety website:
Environmental Health and Safety Working Alone Policy

All faculty, staff and students who are working alone in the building, outside of the normal 8:00am – 5:00pm working hours, are advised to notify security they are in the building. This allows security to know you are in the building and facilitates clearing of the buildings in a timely fashion in the event of an emergency. http://www.unb.ca/fredericton/environmental-safety/handbook/health-safety/working-alone.html

Declaration of Rights and Responsibilities

A positive working and learning environment comprises 5 elements:

1. Respect for Human Rights
2. Community Development and Recognition
3. Ethical Relationships and Professional Conduct
4. Empowering Individuals and
5. Leadership

Summarized from the Final Report of the President's Task Force on Creating a Positive Learning and Working Environment

“The University of New Brunswick is committed to providing a positive learning and working environment, one in which all members of the community are respectful and respected as individuals. We strive to foster a welcoming and supportive community, where every person feels empowered to contribute.”

According to its mission statement, UNB strives “to be known for its excellence in teaching” and “to be a responsible and responsive employer.” To assist in achieving this mission, the University has adopted a Declaration of Rights and Responsibilities, located at: http://www.unb.ca/humanrights/rights_responsibilities.html.

The Discrimination, Sexual harassment, and Harassment Policy and Procedures, and the UNB Sexual Assault Policy can be found at: http://es.unb.ca/apps/policy-repository/.

The Human Rights and Positive Environment Office is located in room 207 of the Harriet Irving Library on the Fredericton campus. Sula Levesque, Human Rights Officer, is available at UNB Fredericton Monday-Thursday 9am to 5pm or by appointment. Sula can be reached by telephone at 506-458-7889.

Revised August 2016

2 http://www.unb.ca/humanrights/rights_responsibilities.html
3 www.unb.ca/aboutunb/mission.html
Unsafe Practice Policy

Levels of Unsafe Practice

Level 1
IMMEDIATE SUSPENSION PROCESS

Escalation of Student Practice to Level 1 Unsafe Practice

Two thirds (2/3) of the course has elapsed and student has failed to consistently demonstrate safe practice resulting in an NCR (No Credit) for the course.

CASA Supplemental Process

Continues to need development to consistently demonstrate safe practice

Consistent implementation of strategies identified on the supplemental document

Positive Progress

Level 3
Focused Assessment Process

Continue assessment of CASA course outcomes

Underlying Principle
The student, clinical instructor, and the Faculty of Nursing have joint responsibility within their roles to ensure student nurses practice safely. Unsafe student practice increases risk for, or may cause, harm of various forms to patients and/or others. The Unsafe Practice Policy of the Faculty of Nursing was developed to provide processes to follow when unsafe student practice is suspected or observed. Students are made aware of this Unsafe Practice Policy and its implementation in
documents (Undergraduate Student Calendar, course syllabus, Collaborative Assessment of Student Abilities (CASA), CASA Supplemental Document, Clinical Learning Summary, Student Handbook) and discussions with faculty and clinical instructors during program and course orientations. The Unsafe Practice Policy defines unsafe practice and the processes to be followed by the clinical instructor and student to ensure patient safety and development of competent nursing practice. Within their role as educators clinical instructors are professionals who adhere to the Standards of Practice for Registered Nurses and the Canadian Nurses Association Code of Ethics. Clinical instructors use their professional judgment in the assessment of students. Clinical instructors are professionals responsible for guiding students to achieve clinical course outcomes. Within this role, clinical instructors continuously assess students, think critically about student practice, consider context, and promptly identify and deal with situations where students are not achieving the expected course outcomes.

The Faculty of Nursing expects Students to Practice Safely

- Students are expected to demonstrate growth in meeting the program outcomes in clinical practice through application of knowledge, skills and attitudes from previous and concurrent courses.
- Students are expected to demonstrate growth in clinical practice as they progress through the course and to achieve the abilities-based learning outcomes described in the course blueprints and other appropriate documents.
- Students are expected to be prepared for clinical practice in order to provide safe, competent patient care. Preparation expectations should be detailed in the course syllabi (Scanlan, Care, & Gessler, 2001) and course-associated document.
- Safe student practice minimizes the risk for, and actual, physical, emotional, spiritual, and other forms of harm to the patient.

**Definitions of Unsafe Practice**

Unsafe practice is defined as an occurrence, event or a pattern of repeated behavior that places the patient, family or others in jeopardy and/or at an unacceptable level of risk for physical, psychosocial, or emotional harm (Scanlan, Care & Gessler, 2001). According to Killam, Luhanga, & Bakker (2011) unsafe practice includes a number of elements such as:

- student actions, behaviors or attitudes that reflect ineffective personal interaction, including communication and relationship difficulties;
- knowledge and skill incompetence, including deficits or failures of appropriate application; and
- projections or reflections of an unprofessional nursing image. (p. 445).

Many of the areas for unsafe practice are related to professional nursing conduct as described in the CNA code of ethics. Some of these areas include: (1) accountability and professional behavior, (2) respect and judgment, (3) patterns of behavior, (4)
competencies and (5) communication (Brown, Neudorf, Poitras, & Rodger, 2007). These are requirements for safe, competent and ethical nursing practice. Some of the indicators of these five areas of unsafe student practice include the following: failure to accept responsibility for one’s actions, dishonesty, impaired judgment due to drugs, alcohol or lack of sleep, poor clinical decision-making, failure to change behaviors in response to feedback, and ineffective communication with patients and others (Brown et al). Unsafe student practice also includes breach of privacy or confidentiality which includes the sharing of personal information with others and/or media.

Continuum of Unsafe Practice

Unsafe practice occurrences, behavior, or patterns of behavior can pose differing levels or degrees of risk and/or harm to the patient that can be presented along a continuum from minimal risk (Level 3) to unacceptable risk (Level 2) to high risk or actual harm (Level 1).

Level 3 is a demonstration of, or potential for, unsafe practice where an occurrence, event, attitude, or student behavior presents minimal risk for patient harm. The clinical instructor would initiate a focused assessment process to further determine whether student practice is safe. It is recognized that safety of student clinical practice is a dynamic situation and a potential for unsafe practice, Level 3, may escalate at any time to Level 2 or 1 and, at that time, require the clinical instructor to initiate either the CASA Supplemental or immediate suspension from clinical and/or program processes.

Level 2 unsafe practice is an occurrence, event, attitude, student behavior, or pattern of behavior that places the patient or others at an unacceptable risk for harm (physical, emotional, psychosocial). With Level 2 unsafe student practice the clinical instructor initiates the Supplemental CASA process. Examples of Level 2 unsafe practice include, but are not limited to, repeated medication errors, inadequate knowledge about medications, and lack of preparation for patient care. Unsafe student practice is identified or assessed and described by the clinical instructor using the Collaborative Assessment of Student Abilities (CASA).

Level 1 unsafe practice is an occurrence, student behavior, or pattern of behavior that compromises patient safety and results in high risk for harm, or actually harms the patient or others. Level 1 unsafe practice requires initiation of the immediate suspension process whereby a student is not permitted to attend clinical practice and the Faculty of Nursing Admission and Academic Standing Committee (AASC) is called to investigate the reported Level 1 unsafe practice. Level 1 unsafe practice is inconsistent with safe, competent patient care and results in high risk for harm, or actual harm. Some examples of Level 1 unsafe practice occurrences include, but are not limited to student:

• breach of patient confidentiality or privacy;
• display of violent behavior, angry emotional outbursts;
• display of anxiety, stress, or behavior(s) that raise the risk for patient harm;
• practice error or adverse event (i.e. medication, procedure or treatment);
• consistent display of inappropriate level of nursing knowledge, skill and/or ability to plan and deliver safe nursing care.

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<td>Supplemental CASA Process</td>
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**The Role of the Clinical Instructor**

The Faculty of Nursing recognizes that identification of students at risk or unsafe in practice is important and that clinical instructors use professional judgment in the assessment of students and consider information sources that include, but are not limited to the following: direct observation; information from patients, families, staff members, and other students; expert knowledge intuition; student care plans, charting, journals, reflections; poor performance in previous rotations, student behaviors such as avoidance of instructor, critical incidents such as medication errors or client harm/injury. Information collected for student assessment will remain relevant to the professional assessment and will be kept confidential unless required by the unsafe practice policy and investigation. Risk assessment strategies may include: continuous assessment and documentation of student achievement of course outcomes; encouragement of students to keep their own notes about clinical practice situations; determination of patterns of performance.
and/or growth from other clinical courses; respectful communication of safety issues between clinical instructors with the same students; documentation of potential for and unsafe practice in the student’s file/CASAs and CASA supplemental documents; discussion of safe practice with students during orientation and post conferences. The clinical instructor and student collaboratively develop a Clinical Learning Summary (CLS) at the end of each clinical rotation to describe, in relation to the CASA course abilities and outcome, the student strengths, areas to continue to develop and effective student learning strategies. The CLS is shared at the first meeting of the student and clinical instructor in the subsequent clinical course. The clinical instructor’s role includes following Level 1, 2 and 3 processes described below in order to promote safe student practice and minimize risk for, or actual, harm to the patient, family and others.

**Level 3: Focused Assessment Process**

**The Clinical Instructor:**
1. Identifies and discusses with the student an occurrence, behavior, or characteristic that reflects a potential for unsafe student practice.
2. Initiates and describes the focused assessment process with the student.
3. Collaboratively discusses strategies for the student to demonstrate positive progress. Some potential strategies could include, but are not limited: focused questioning, corrective feedback, role modeling, coaching, problem solving, additional readings or learning activities, and/or other teaching strategies.
4. Records anecdotal clinical notes.
5. Continues to assess and promote student progress.
6. Initiates either Level 1 or 2 process if unsafe practice is determined.

**The student:**
1. Listens and acknowledges that s/he heard the clinical instructor’s description of an occurrence or behaviour that reflects a potential for unsafe student practice.
2. Collaboratively discusses strategies for positive progress.
3. Implements the suggested strategies.
4. Demonstrates positive progress.

**Level 2: CASA Supplemental Process**

When the clinical instructor observes Level 2 unsafe practice, the CASA Supplemental process is initiated.

**The Clinical Instructor:**
1. Informs and consults with the course coordinator throughout the CASA Supplemental process.
2. Describes the Level 2 process for the student and discusses the potential to proceed to Level 1 if Level 1 unsafe nursing practice occurs.
3. Initiates the CASA Supplemental process:
   a) Discusses the situation and collaboratively develops a CASA Supplemental document that specifies:
      i) strategies to demonstrate safe practice
      ii) evidence that demonstrates achievement of safe practice
      iii) a date to discuss student progress
   b) Regularly assesses, documents, and discusses student progress
   c) Meets with the student on the date specified.

The student:
1. In a timely manner, the student meets with the clinical instructor, discusses the situation, and collaboratively develops a CASA Supplemental document that specifies:
   a) strategies to demonstrate safe practice
   b) evidence that demonstrates achievement of safe practice
   c) a date to discuss student progress
2. Meets with the clinical instructor on the date specified on the CASA Supplemental document
3. Discusses degree of progress.

Four potential outcomes of the Level 2 CASA Supplemental process include:
1. Consistent implementation of strategies identified on the CASA Supplemental document to demonstrate safe practice. Instructor will continue to assess clinical course outcomes.
2. Continues to need development to consistently demonstrate safe practice. Student will continue to implement strategies and/or identify new strategies to implement (if appropriate) in order to demonstrate safe practice. Instructor will continue to assess clinical course outcomes.
3. Two thirds (2/3) of the course has elapsed and student has failed to consistently demonstrate safe practice. As soon as possible, the clinical instructor:
   a) Reports the NCR to the course coordinator (Who may consult with the Director of Undergraduate Program (Fredericton); Coordinator of Student Affairs and Faculty Engagement (Moncton); BN Director (Bathurst)
   b) Informs the student (verbally and in writing):
      i) A grade of NCR is the final assigned clinical course grade.
      ii) About the UNB student services, including the Student Advocate and the university appeal process for UNBSJ and UNBF (For details see the UNB Undergraduate Student Calendar and the two potential grounds for appeal
         http://www.unb.ca/academics/calendar/undergraduate/current/
iii) That the Director of Undergraduate Program (Fredericton); Coordinator of Student Affairs and Faculty Engagement (Moncton); BN Director (Bathurst) will contact the student in a timely manner

4. Escalation of student practice to Level 1 unsafe practice and initiation of Level 1 suspension process by the clinical instructor.

The CASAs and CASA supplemental documents for courses are part of the student academic record. These documents will be shared with the AASC committee in instances where Level 1 unsafe practice is determined.

**Level 1: Suspension Process**

It is recognized that Level 1 unsafe practice can occur at any point during the clinical rotation and requires the clinical instructor to initiate the immediate suspension process. Level 1 unsafe practice is an occurrence, student behavior, or characteristic that compromises patient safety and results in high risk for harm, or actually harms the patient or others. Level 1 unsafe practice is inconsistent with the Canadian Nurse’s Association Code of Ethics and places the patient at unacceptable risk for harm or actually causes harm.

**The clinical instructor:**
When Level 1 unsafe nursing practice is observed or reported by another:

1. Documents in detail a written report of the unsafe practice case and circumstances, setting out the name of the student, the alleged facts, a description of the unsafe nature of the practice, and grounds warranting suspension, including names and evidence from witnesses, if applicable.
2. Advises the student that the suspension process has been initiated.
3. Discusses with the student the incident that led to the suspension process.
4. Informs the student that suspension from clinical practice requires an investigation by the AASC.
5. Informs the student about student services, the Student Advocate and appeal process.
6. Meets and discusses the situation with the course coordinator and the Director of Undergraduate Program (Fredericton); Coordinator of Student Affairs and Faculty Engagement (Moncton); BN Director (Bathurst)/Associate Dean of Academic Programs who will initiate a hearing procedure.
7. Provides the students with written documentation of steps 2 to 5 either in email or print format.
8. Submits appropriate documentation to the Director of Undergraduate Program (Fredericton); Coordinator of Student Affairs and Faculty Engagement (Moncton); BN Director (Bathurst)/Associate Dean to consider for referral to the AASC.
The Undergraduate Student Admission and Academic Standing Committee (AASC)

One of the functions of the Faculty of Nursing AASC is to make decisions on cases of Level 1 unsafe student practice, or suspension process.

Procedure for the AASC
The Assoc. Dean/Director of Undergraduate Program (Fredericton); Coordinator of Student Affairs and Faculty Engagement (Moncton); BN Director (Bathurst) or designate will provide the AASC with a written report of the unsafe practice case and circumstances, setting out the name of the student, the alleged facts, a description of the unsafe nature of the practice, and grounds warranting suspension. The information provided to the AASC will also be provided to the student at least two weeks prior to a hearing date. The student can also review his/her entire academic file.

The AASC Chair will:
1. Contact the student in a timely manner, usually by phone, and explain the suspension investigation process.
2. Send a notice of the hearing to the student by registered mail, email or fax.
3. Act as expeditiously as possible to complete the hearing.
4. Make a disposition in accordance with the AASC terms of reference

Notice to the Student
The AASC Chair shall, as soon as possible after receipt of the referral, inform the student in writing of the grounds for the referral to the AASC, and include the membership of the AASC, date, place and time for the hearing.

A faculty member may be disqualified from sitting on the AASC hearing the matter if there is an identified conflict of interest or bias.
The student whose case is being heard may challenge and thereby cause to be disqualified 1 member of the AASC. In such case, the Chair may replace the member.

The student may choose to provide a written response to the grounds. The written response should be provided to the AASC at least one week prior to the hearing date.

**Hearing Procedures**
The Chair will briefly review the hearing procedures for the conduct of the hearing.

The student may appear in person and may choose to be represented by the Student Advocate or Human Rights Officer.

The hearing shall be closed to all persons except the AASC members, faculty representatives, the student, the clinical instructor and/or clinical coordinator, and the designated representative of the student (normally the UNB Student Advocate or Human Rights Officer). At the discretion of the AASC Chair a witness may be invited to the hearing if required.

The student or her/his representative shall have the right to access all documents submitted to the AASC. The student also has access to his/her academic file.

The student shall not be required to give evidence but may contribute, if desired. The AASC has the right to question the student and/or clinical instructor or clinical coordinator.

**Disposition of the matter**
The AASC shall, after hearing all the evidence, meet in closed session with its members only, to make a decision on whether Level 1 unsafe practice occurred. If the decision of the AASC is that Level 1 unsafe practice occurred:

1. A grade of NCR is assigned on the clinical course and
2. The Associate Dean Nursing will provide information on any previous occurrences of level 2 or 1 unsafe practice from the student’s academic file.

Based on all the information, the AASC will make recommendations on whether the student must fulfill conditions before registration within future clinical courses.

If the AASC determines that level 1 unsafe practice did not occur:

1. The student returns to the current clinical course or the next opportunity for the clinical course. In all cases, the Faculty of Nursing will make every reasonable attempt to provide the student an opportunity to complete the clinical course in a timely manner.
2. In a timely manner, the AASC Chair will convey in writing the results of the hearing and the reasons to the student and the student representative (the UNB Student Advocate, and/or Human Rights officer) with copies to the Dean
of Nursing and the Associate Dean/Director of Undergraduate Program (Fredericton); Coordinator of Student Affairs and Faculty Engagement (Moncton); BN Director (Bathurst).

**Appeals**
The student may choose to appeal the outcome recommendation(s) of the AASC to appropriate Senate Committee for the particular campus, i.e., UNBSJ or UNBF. See the policy in the current UNB Undergraduate Student Calendar for explanation of the appeal process and the two potential grounds for appeal.  
http://www.unb.ca/academics/calendar/undergraduate/current/

**Records**
A record of any finding of Level 1 unsafe practice shall be kept on the student's academic file within the Faculty. All information relating to the hearing before the AASC shall be kept confidential in the office of the Associate Dean/Director of Undergraduate Program (Fredericton); Coordinator of Student Affairs and Faculty Engagement (Moncton); Director of Undergraduate Program (Fredericton); Coordinator of Student Affairs and Faculty Engagement (Moncton); BN Director (Bathurst) (Bathurst). These records will be accessed by the Senate Committee on Appeals in the instance where the student appeals the outcome/decision of the AASC.

*Passed at Faculty Council, August 27, 2012, Senate Academic Policy and Procedures on January 10, 2013 and Senate January 29, 2013 Revised August 26, 2013*

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**Clinical Practice Attendance Policy**

To successfully complete the UNB Faculty of Nursing Program students must acquire, maintain, and continuously enhance nursing competence. Educational experiences which occur in a variety of practice contexts are designed to advance nursing competence in an integrated and deliberate manner. The acquiring of nursing competence is progressively structured in an incremental manner on a daily, weekly, and monthly basis. Attaining competence in professional practice requires that nursing students actively engage in all planned clinical experiences throughout the program. For students who miss time as a result of a disability, arrangements for accommodation will be made on a case by case basis to the point of undue hardship to the Faculty of Nursing.

**Guidelines:**
1. “Clinical practice” refers to all laboratory, institution and community practice experiences.
2. The time students spend completing HHN orientation modules, computer training, and clinical requirements are not counted as clinical hours.
3. In accordance with the General Course Regulations, Class Attendance in the University of New Brunswick Undergraduate Calendar, students are
expected to attend all classes, laboratories, tutorials, or other class meetings officially designated for a particular course.

4. The Nurses Association of New Brunswick (NANB) requires a BN student to obtain a minimum of 1400 practice hours in the undergraduate program in order to be eligible for registration as an RN.

5. Absence from clinical practice is only acceptable for reasons of illness and/or personal crisis.

6. “Missed clinical time” includes all hours missed due to student absence, instructor absence, deficits in mandatory clinical requirements (pg. 40) and storm cancellation days.

7. For each course, clinical instructors must clearly indicate the process for students to follow to inform the various practice areas and instructors of their absence.

8. The need to make up time for absences from community and institutional practice experiences will be determined jointly by the clinical instructor and clinical coordinator and will be based on assessment of clinical competence and total hours missed.

9. In the case of missed clinical time due to instructor absence, as outlined in the Collective Agreement for full-time members in Article 16A.04e, 16B.04e, 16D.04e and in Article 16A.04e for part-time members, the instructor must make every reasonable effort to make up missed clinical time.

10. The completion of makeup time scheduled as a result of an instructor absence is not an optional experience for students. It is mandatory and considered part of the clinical course requirements. Scheduled make up time must not conflict with other courses, tests or exams.

11. In the case of missed clinical time due to storm days, the instructor must make every reasonable effort to make up missed clinical time. The completion of makeup time scheduled as a result of a storm day is not an optional experience for students. It is mandatory and considered part of the clinical course requirements. Scheduled make up time must not conflict with other courses, tests or exams.

12. All scheduled makeup time must provide the student with meaningful learning opportunities to meet the course outcomes as well as complete the missed clinical time.

13. If required, students must register and pay tuition fees for a Supplemental Clinical Course that will provide them with the opportunity to make up required clinical hours (and/or ultimately convert the INC [incomplete]
course to CR [credit] or NCR [no credit]). This course is not intended to be a repeat of an established clinical course. Students must register for and successfully complete the Supplemental Clinical Course prior to entering the next academic year.

14. Students who have not met the outcomes for a clinical course, but have completed the required number of clinical hours for that course, will receive a NCR and will be required to repeat the course. The clinical hours completed during an unsuccessful attempt do not count in the cumulative total of clinical hours.

15. The banking of clinical hours from one course to another is not permitted. If a clinical course is successfully completed more than once the total number of clinical hours credited in the cumulative total cannot exceed the established maximum clinical hours for that given course.

* Please note this policy is currently under review.

Procedures for Making up Missed Clinical Time

1. (a) Clinical or Health Assessment Labs

All students are responsible to arrange for makeup of missed laboratory hours. In the event of absence, students will consult with the Lab Instructor concerning the completion of missed time. In order to develop an understanding of the theoretical knowledge necessary to successfully complete a return demonstration for a designated faculty person, makeup strategies will include some or all of the following:
   i. obtain missed information from a peer
   ii. review interactive nursing skills videos, CD Rom, DVDs or any other material designated to support the makeup lab
   iii. arrange, with the Skills Lab Coordinator, for a time of unsupervised practice in the laboratory; and/or
   iv. write a lab quiz and achieve at least 80% on the quiz.

(b) Helping Relationships Labs/Tutorials

All students are responsible to arrange for makeup of missed lab/tutorial hours. In the event of absence, students will consult with their lab/tutorial instructor regarding the missed experience. Makeup strategies will include some or all of the following:
   i. complete preparatory exercises including case studies
   ii. review written or multi-media resources
   iii. meet with a learning partner to demonstrate and/or reflect on particular helping skills or topics; and
iv. meet with a lab/tutorial instructor to discuss exercises, integrate relevant theoretical concepts and to consider the effectiveness of particular approaches.

2. **Institution and Community Practice**

Missed clinical hours will be carefully tracked within each term and annually. In the event of absence, decisions for makeup time will be made jointly by the Clinical Instructor and Clinical Coordinator and will be based on:

(a) **Clinical competence**

i. Students who have met the outcomes for the course and whose total practice hours are not in jeopardy of compromising the required 1400 hours may not be required to make up clinical time.

ii. Students who have missed time due to illness or personal crisis and have not met the outcomes for the course may be provided with opportunities to make up missed time for that clinical rotation. The decision for providing this makeup time will be based on the availability of clinical resources and clinical instructors, as well as the percentage of time the student has missed within the clinical course. Students may be required to register and pay tuition fees for a Supplemental Clinical Course (see section 2(b) (iii) of this policy).

(b) **Total hours**

i. Within each term, Clinical Coordinators will collaborate with Clinical Instructors to monitor students’ missed time.

ii. At the end of each term, the Clinical Coordinator will forward the total number of hours missed, but not yet made up, by each student to the Director of Undergraduate Program (Fredericton); Coordinator of Student Affairs and Faculty Engagement (Moncton); BN Director (Bathurst)’s office.

iii. At the end of each year, the Director of Undergraduate Program (Fredericton); Coordinator of Student Affairs and Faculty Engagement (Moncton); BN Director (Bathurst) will examine the total number of hours that each student has missed (in current and previous academic years) and, in consultation with the Clinical Coordinator determine if a Supplemental Clinical Course is required.

iv. Students must register and pay tuition fees for the Supplemental Clinical Course. This course will be 40 hours of clinical practice, and will be scheduled in June, July or August, based on the availability of instructors and clinical resources. Students must successfully complete the Supplemental Clinical Course prior to entering the next academic year.
Note: Number of Hours in the old 4-Year BN Program = 1488  
Number of Hours in the revised 4-Year BN Program = 1560  
Number of hours in the 2 year ASP= 1452

Approved by Faculty Council June 2008  

* Please note this policy is currently under review.

Guidelines For The Implementation Of The Missed Clinical Time Policy

Most students who have to make up clinical time have an incomplete (INC) grade in a clinical course. These students do not have sufficient opportunity to meet the course outcomes due to an illness/injury. However, there are a few students who have received credit for all their clinical courses but have missed a significant number of clinical hours. The rationale for having these students make up clinical time was to (1) replace clinical hours so that they would not be in jeopardy of falling below the 1400 hours required by NANB at graduation and (2) to increase their clinical skills and help prevent difficulties in future clinical courses.

The Coordinators Committee made the decision to use the following guidelines regarding the application of the missed clinical time policy and these guidelines would be revisited annually.

1. All students who received a grade of INC would take the supplemental clinical course during the summer.

2. All second year students who have missed 32 clinical hours or more by the end of the N2063 course would need to enrol in the supplemental clinical course during the summer.

3. All third year students who have missed 48 clinical hours or more by the end of N3103 would be expected to take the supplemental clinical course during the summer.

4. All ASP students who have missed 40 clinical hours or more by the end of Term 3 would need to enroll in the supplemental clinical course before the beginning of Term 4.  
   All ASP students who have missed 40 clinical hours or more by the end of Term 5 would need to enroll in the supplemental clinical course before the beginning of Term 6.

5. The supplemental clinical course would be 40 hours in length for all students and they could not bank hours toward future clinical courses. If they have missed more than 40 hours of clinical time, the 40 hours would be deducted
from the total hours they had missed and they would move forward into the next year carrying some missed clinical hours.

6. Students would be told in June that a supplemental course would be needed and that the course would normally be arranged during June, July, or August.

7. The independent study form for NURS 4234 would be completed and sent to the Registrar’s Office. The students would be expected pay tuition for a full course with the date for payment of fees to be arranged with Financial Services.

8. If required, students must register for and successfully complete the Supplemental Clinical Course prior to entering the next academic year.

Approved by Faculty Council August 2009, August 2012, August 2015, August 2016

Mandatory Immunizations/CPR/Criminal Record Check (CRC)/Suicide Intervention Course

It is a regulation of the Faculty of Nursing that all students in the BN and the BN It is a regulation of the Faculty of Nursing that all students in the BN and the BN ASP programs must be immunized. Clinical agencies may not permit students who are not fully immunized to access their facilities and may ask students at any time to provide proof of the following required immunizations:

- Childhood immunizations (Diphtheria, Pertussis, Tetanus , Polio, Haemophilus Influenza Type B, Measles, Mumps and Rubella, Varicella)
- Proof of TDaP Booster within the last 5 years.
- Hepatitis B immunization and titre status

Students who do not have all required immunizations will not be permitted to practice in any clinical settings.

If students are unsure of immunization status, they should discuss with their family physician.

Students are also required to have a 2-step Mantoux test. This test is a mandatory test for Tuberculosis. It consists of an initial test, then a reading, a second test, then a final reading. The second Mantoux test should be 7 to 21 days after the first. Readings must be completed within 48-72 hours after the administration of each Mantoux test.

The Hepatitis B vaccination is mandatory for all students. It is a series of three injections; the second injection is given one month after the first, and the third injection six to twelve months after the first one. A titre is required four to six weeks after the third injection.
In order to participate in nursing clinical courses in the Faculty of Nursing at the University of New Brunswick, students are also required to have current CPR Health Care Provider Certification (CPR-HCP), Criminal Record Check including Vulnerable Sector Check (CRC-VSC) and to have completed a suicide intervention course (ASIST). CPR and CRC certification is to be completed annually during the summer months (June or July).

Many clinical placements involve working with vulnerable populations and therefore require nursing students to provide evidence of a current criminal record check. Students with a criminal conviction (i.e., positive result on the CRC) will be asked to disclose the reason for this result to the Undergraduate Program office. Students’ written permission to share this information with our clinical agencies will be obtained in order to ensure an approved students placement match. If the criminal conviction would render the student unable to obtain professional licensure or registration with the NANB, the Professional Practice Policy will be implemented (see pages 30-35).

Students are responsible, at their own expense, to submit evidence of a current criminal record check. Students must apply for a Criminal Record Check in their area of permanent residence. Students living within the Fredericton city limits require a personalized letter.

A Criminal Record Check is considered current for one calendar year from the date obtained.

For the safety of students and for the safety of the individuals and families who will be entrusted to the care of students, it is mandatory that all of the above requirements be met. No exceptions will be made.

Students’ personal information related to immunizations and criminal record check will be shared with clinical agencies for the purposes of clinical placement, and for the safety and security of staff and clients/patients of the clinical agencies.

Approved by Faculty Council March 2004
Revised August 2014, July 2015, August 2016

Confidentiality Policy

Each year during the BN and BNASP program, instructors should ensure that the opportunity is provided for students and faculty to engage in discussion and review of the Faculty of Nursing Pledge of Confidentiality and what it means in nursing practice during clinical and classroom courses.

It is vitally important that Nursing students maintain strict confidentiality of all patient/agency records, as well as interactions with fellow students in small group settings. Particularly in practice settings, students have access to personal, private, and sensitive information, and must not divulge patient’s names, addresses,
diagnoses, conditions, treatment plans or prognoses. This issue is further addressed in the UNB calendar under Student Conduct.

All UNB Nursing students are expected to sign a UNB confidentiality form (see below) before starting their clinical experience in the first year of the program. The signed record will be kept in the student’s file. Specific confidentiality forms may be required at any institution prior to providing care within that institution.

Approved by Faculty Council August 2003
Revised August 2012, August 2015

UNB Faculty Of Nursing Pledge Of Confidentiality

As a student within the Faculty of Nursing, and as a condition of placement in a clinical practicum, I will have access to information and documents of a private and confidential nature.

It is my responsibility to:

1. Respect and be aware of the contents of the various UNB policies and procedures related to privacy and the protection of information and of personal health information including the Policy for the Protection of Personal Information and Privacy and the Acceptable Use of Information and Communications Technologies.

2. Respect and be aware of the contents of the UNB Faculty of Nursing Handbook related to privacy and the protection of information and of personal health information including the Confidentiality Policy, the UNB Faculty of Nursing Pledge of Confidentiality, the Ethical Use of Mobile Technologies and Social Media by UNB Student Nurses, the Professional Practice Policy, Unsafe Practice Policy, the Computer Drives and Their Use in the Faculty of Nursing.

3. Respect and be aware of the Nurses Association of New Brunswick adopted documents related to privacy and the protection of information and of personal health information including the Practice Guideline on Ethical and Responsible Use of Social Media Technologies and the Canadian Nurses Association Code of Ethics for Registered Nurses.

4. Respect and be aware of the legislation related to privacy and the protection of information and of personal health information, including the Right to Information and Protection of Privacy Act and the Personal Health Information Privacy and Access Act and their regulation.

5. Understand that I am subject to these policies and legislation.

6. Treat all patient/client, and other records as confidential information, and to protect them to ensure full confidentiality.
7. Respect the privacy and dignity of patients/clients, colleagues, employees, students and others.

8. Ensure that I not repeat, disclose, or confirm any information revealed by the patient/client/employee, via any medium including discussion, telephone, email, or social media, unless permitted in my courses and under the direction of the instructor or unless the information is required by health care professionals to provide or improve client care. This includes:
   - the nature of the illness, its cause and treatment;
   - everything divulged to describe the illness;
   - the reactions of the patient/client/employee, his/her conduct;
   - his/her financial state, domestic life, or any personal information;
   - all the records accumulated during the course of treatment/interaction;
   - the locations of the clinical placements;
   - and any information leading to the identification of the patient/client/employee, unless there is a legitimate purpose related to the performance of my duties/responsibilities.

9. Ensure that I do not inappropriately access, use or disclose confidential information. I understand access is a privilege and such access to this information shall be directed only toward performance of my duties/responsibilities.

10. Access only information required for my clinical experiences.

11. Protect my usernames and passwords.

12. Securely store, encrypt, password protect and securely destroy, as the case may be, all confidential information.

13. Access, process, and transmit confidential information using only authorized hardware, software, or other authorized equipment.

14. Not release any data/information to a third party unless authorized to do so.

15. Follow all further instructions as they relate to privacy and confidentiality.

I understand that any breach of confidentiality and/or breach of this agreement may result in dismissal from the nursing program at UNB.

I understand that my pledge of confidentiality is binding and I agree to abide by the conditions outlined in this document, and that they will remain in force even if I cease to have an association with the University of New Brunswick Faculty of Nursing.

Revised July 2015
Professional Practice Policy

Preamble
The Nurses Association of New Brunswick (NANB) has been given the legislated responsibility to set program standards and to approve nursing education programs in the province. In order to receive NANB approval UNB must abide by these standards and undergo regular review. Professional standards for nursing education are important because they ensure the development and maintenance of high quality nursing education in the interest of the public. In order to comply with NANB standards, the Faculty of Nursing must be able to demonstrate that the program prepares nursing students to function effectively and competently as professionals holding the title Registered Nurse. It is therefore the Faculty of Nursing’s responsibility to address issues that might arise with regard to standards of professional behaviour of UNB nursing students in a timely and fair manner. While the focus of the Faculty is to educate students in the expected standards of professional behaviour, this policy also contains procedures by which students can be disciplined (up to and including enforced withdrawal from the program for repeated or serious breaches of standards of professional behavior).

Scope
This policy applies to the behavior of nursing students in the following circumstances:

- while they are involved in the activities (academic or otherwise) of the Faculty of Nursing
- while they are on a campus of the University or off-campus engaged in an activity organized, supervised or in any way related to the Faculty of Nursing;
- in any other situation where their behavior might reflect in a negative fashion on the Faculty of Nursing, the University or student’s ability to meet the standards of professional conduct for the profession.
- when unsafe student practice is suspected or observed, please refer to the Unsafe Practice Policy (UPP). The UPP is located on page 31 of the Faculty Handbook and on the SHARE drive: P:\Academic\Nursing-FR\SHARE\CASA

Behaviour that in any way could be considered inappropriate, unprofessional or unethical under the NANB Standards required by the Faculty of Nursing, or the various policies at the University related to student conduct, shall be considered an offense under this policy. To provide students with clarity about inappropriate, unprofessional or unethical behavior, the following behaviours are specifically included in addition to the general statements in the University calendars:

a) the demonstration of inappropriate professional judgment such as placing self-interest ahead of the duty to client care
b) the acquisition of a criminal conviction which would render the student unable to obtain professional licensure or registration with the NANB

c) the failure to follow procedures set out in the “Student Disclosure of Health Information Policy” that as a result puts any person involved in the program (including the student her/himself, other students, faculty members, staff members, clients or their family members) at risk

d) participation in classroom, clinical practice or other activity of Nursing Program within the Faculty of Nursing while under the influence of alcohol or illegal drugs,

e) engagement in harassing, bullying or otherwise discriminatory behavior,

f) failure to cooperate in the implementation of this Policy.

**Process**

Allegations of professional misconduct are serious and therefore anonymous or verbal complaints about student behavior that may constitute an offense under this policy will not be accepted. Any member of the community (students, staff and/or faculty) who wishes to lodge a complaint about student behavior that may be considered an offense under this policy shall do so in writing to ensure that the student about whom allegations are being made receives procedural fairness. Written complaints about undergraduate students should be addressed to the appropriate Director of Undergraduate Program (Fredericton); Coordinator of Student Affairs and Faculty Engagement (Moncton); BN Director (Bathurst) and about graduate students to the Assistant Dean Graduate and Advanced RN Studies. Written complaints should be sent within five (5) working days of the alleged offense.

**Process to be followed upon Receipt of a Written Complaint**

The Director of Undergraduate Program (Fredericton); Coordinator of Student Affairs and Faculty Engagement (Moncton); BN Director (Bathurst) or Assistant Dean should seek advice from the Associate Dean at the onset of a written complaint and obtain guidance from the Student Advocate, the Human Rights Officer, Human Resources at any stage of the process.

1. The Director of Undergraduate Program (Fredericton); Coordinator of Student Affairs and Faculty Engagement (Moncton); BN Director (Bathurst) or Assistant Dean shall maintain all notes and documents related to a written complaint in an appropriate file should they be required in an appeal or other proceeding.

   a. The Director of Undergraduate Program (Fredericton); Coordinator of Student Affairs and Faculty Engagement (Moncton); BN Director (Bathurst) or Assistant Dean, in consultation with the Associate Dean if necessary, will review the written complaint to determine whether the
behavior described falls under the scope of this policy or not. If it does not, the Director of Undergraduate Program (Fredericton); Coordinator of Student Affairs and Faculty Engagement (Moncton); BN Director (Bathurst) or Assistant Dean will inform the person submitting the complaint of appropriate channels for dealing with their concern or that the matter is considered closed.

b. If the behavior described does fall under the scope of the policy, the Director of Undergraduate Program (Fredericton); Coordinator of Student Affairs and Faculty Engagement (Moncton); BN Director (Bathurst) or Assistant Dean will determine whether, if proven, the behavior would constitute an offense under this policy.

When the behavior described in the complaint, if proven, constitutes an offense, the Director of Undergraduate Program (Fredericton); Coordinator of Student Affairs and Faculty Engagement (Moncton); BN Director (Bathurst) or Assistant Dean shall deal with the complaint according to rules of fairness and natural justice. Professional sensibility should also be an integral part of the process. We recognize that hearing about an allegation of an offense under this policy is likely to be a very emotional experience for the student. When the student is first informed of the meeting, she/he should be told that the meeting is one involving potential discipline and that she/he has the right to request the Student Advocate, a colleague or other support person to attend the meeting. Students should be informed that the Student Advocate: is a confidential service guided by the University’s confidential process, has the role of ensuring fairness and support for the student, and provides guidance for the student in preparing verbal or written responses to any allegations.

**Informing the Student of the Allegation**

Meet with the student about whose behavior the complaint was submitted.

1. Provide the student with a written copy of the complaint and indicate:
   a. that a written complaint does not constitute proof; and
   b. that purpose of this meeting is to provide the student with a copy of the complaint and that the student is not obligated to discuss the allegation at this meeting.

2. Advise the student of the process to be followed in dealing with the complaint, the student’s rights under this Policy (including seeking legal advice and contacting the University’s Student Advocate).

3. Explain to the student that she/he is not obligated to discuss complaint at this first meeting unless desired and that a further meeting will be set up within three (3) working days to discuss the allegations contained in the written complaint. Inform the student that at the next meeting she/he
should identify any evidence or witnesses that might support her/his case and/or or refute the allegation.

**Informing the Complainant of the Status of the Written Complaint**
Meet with the Complainant within five (5) working days of receipt of the written complaint. Advise the Complainant whether the complaint falls within the scope of this policy. No further steps will be taken in the case of a complaint that does not constitute an offense.

1. When the complaint falls within the scope of this policy advise the Complainant of the process to be followed in dealing with the complaint:
   a. advise the Complainant that the student will be or has been given a copy of the written complaint; and
   b. establish what, if any, evidence or witnesses exist to support the allegations.

**Investigating the Written Complaint**
Meet with the student:

   a. ask the student to respond to the allegations made in the written complaint
   b. establish the evidence and/or witnesses the student wishes to have consulted during the course of the investigation
   c. discuss possible consequences if the allegations are proven and
   d. inform student of possible follow-up with the Complainant if the complaint is unfounded or found in the course of the investigation to be capricious.

1. Interview any witnesses identified by the student and the Complainant and review any evidence brought forth that is relevant to the allegation.

2. Meet again as needed with the student to ensure that she/he has the opportunity to respond fully to the allegation and to any evidence that is brought forward against her/him.

**The Decision**
Once all the evidence and witnesses have been reviewed a determination is made whether the evidence supports that the student has committed an offense under this policy. Normally, this determination shall be made within twenty (20) working days of the receipt of the written complaint. The finding of guilt or innocence is communicated in writing to the Complainant, the student and any witnesses interviewed during the investigation as outlined below.
A Finding that the Allegation is not Substantiated

1. Meet with the student and deliver the written decision.

2. Send a copy of the written decision to the Complainant and any witnesses interviewed that the student is not guilty of the alleged offense and that the matter is considered closed.

3. A copy of the written decision should be placed in the student’s and Complainant’s files in the Faculty of Nursing to be removed upon graduation from the University. The written decision should include:
   a) a complaint of XYZ behaviour was made against the Respondent by Complainant on DATE
   b) the Complaint was fully and fairly investigated by Associate Dean NAME and found to be unsubstantiated and that
   c) no discipline against the Respondent shall take place

A Finding that the Allegation is Substantiated

1. Decide a penalty to be imposed. The penalty is to be consistent with this policy and past decisions, if any.

2. Send a letter to the Complainant and witnesses interviewed that a finding of guilt has been made. The letter should not include any information about the grounds upon which the finding of guilt was based and the penalty imposed.

3. Meet with the student and deliver the written decision. The written decision should include:
   a) the grounds upon which the finding of guilt was made
   b) the discipline to be imposed and
   c) an explanation of the rules and procedures for a possible appeal by the student.

4. A copy of the written decision should be placed in the student’s file in the Faculty of Nursing to be removed upon graduation from the University.

Penalties
The Director of Undergraduate Program (Fredericton); Coordinator of Student Affairs and Faculty Engagement (Moncton); BN Director (Bathurst) or Assistant Dean shall consult the Associate Dean Academic Programs to authorize one or more of the following penalties:
1. a written reprimand with or without specific conditions, including notice that subsequent failure to meet conditions will be considered an offense and, where proven, will result in implementation of further penalties

2. consultation with Registrar and suspension from the program for a specified period of up to one (1) academic year

3. consultation with Registrar and required withdrawal from the program for a period of up to three (3) years with specific and relevant conditions which must be fulfilled before readmission will be considered and/or

4. involvement beyond the Faculty of Nursing.

If the behaviour for which the student has been found guilty, is of such a nature that it creates significant concerns about the student’s ongoing suitability for the profession of nursing the Dean of the Faculty of Nursing shall advise the Registrar (in accordance with Senate Student Standing & Promotion policy) to note the incident in the student’s university file.

Appealing the Decision
The student has the right to appeal decisions made under this policy through a University-level appeal as outlined in the University Calendar. The student may access the University’s Student Advocate to provide guidance and support throughout the appeal process. The University will advise the Faculty of Nursing in writing of the appeal. The Faculty of Nursing shall have the right to appear at appeal hearings and provide testimony regarding the procedures followed and the decisions rendered.

Approved by Faculty Council August 25, 2008
Revised August 2013

Student Disclosure of Health Information

Rationale
The intent of this policy is to strike a balance between the responsibility of the nursing programs to ensure safety and reduce risk, and the privilege of students to learn. The Nursing Faculty recommends that the students registered in this program who have health concerns that have the potential to compromise client, student, and/or agency personnel safety follow the policy stated below. Such preventive action may promote the health and safety of all and may minimize risks for student learning. Taking this proactive stance promotes responsible personal health management and positive professional role development in student learners. University personnel in academic and practice settings will endeavor to use any health information received to the advantage of the student by ensuring, subject to financial and resource constraints, the site and the individuals likely to be affected are better prepared and that there is no delay in the student’s academic and/or
clinical progress. Accommodations will be made, where feasible, to promote an optimal student learning environment.

Students registered in this Faculty are encouraged to inform both the Faculty and the practice settings if they have a health concern that has the potential to compromise client, student and/or agency personnel safety and/or has the potential for limiting their ability to learn and perform their role as learner.

For the purposes of this policy, the term “health concern” refers to any cognitive, affective, and/or physical health problem, injury, or condition that may place the student and/or others at risk and/or inhibit the student's learning ability and performance.

Guidelines for Disclosure
The student has the right to decide if disclosure of health information is appropriate. The method, timing, and extent of the disclosure is at the student's discretion (for consultation options, see below). Early disclosure of the following information regarding the health concern may be helpful to students in the academic and/or practice settings.

1. A clear description of the health concern and the potential limitations with regard to the learning tasks expected in either the academic or the practice setting. Appropriate verification of the information may be required.
2. Any adaptations, accomodations, and/or safety procedures that may be required in planning the student's learning experiences in either setting.
3. Any recommendations regarding the management of this health concern.

If the disclosure of health information in the practice setting and/or academic sites produces difficulties, students are encouraged to report these difficulties immediately to the appropriate person(s) within both the practice setting and/or within their educational program (see below). Discrimination in any form will not be tolerated.

Students are advised to make the initial contact with the person with whom they are most comfortable from the lists below. These individuals would be available for consultation/advocacy:

- Academic /Faculty Advisor
- Clinical Instructors
- Course Professor
- Clinical Coordinator
- Student Accessibility Center
- Assistant Dean/Associate Dean/Director of Undergraduate Program (Fredericton); Coordinator of Student Affairs and Faculty Engagement (Moncton); BN Director (Bathurst)
- Dean of Faculty of Nursing
- Student Advocate

Approved by Faculty Council August 25, 2008
Revised September 26, 2011
Ethical Use of Mobile Technologies and Social Media by UNB Student Nurses

Social media, online communities, such as Facebook, YouTube, My Space, Twitter and blogs, and mobile technologies can be used to either share or store information, express creativity, and connect with others. The UNB Faculty of Nursing supports the responsible participation in these online communities. Similarly, mobile technologies, such as cell phones and smart phones, have become a valuable learning tool that can provide prompt and flexible access to health-care related information.

With all use of mobile devices and social media, nursing students are required to adhere to the same professional guidelines of professionalism, civility, safety, privacy, and respect as expected in face-to-face interactions with clients, families, peers and instructors. For information about professional standards of practice in nursing related to information through social media, please consult the Canadian Nurses Protective Society at www.cnps.ca.

Below are requirements for safe and respectful personal and professional use of mobile technology and social media:

- Protect your personal privacy by not sharing personal information such as your name, telephone number, address and birth date.

- Respect the privacy of others. You should not use mobile devices or social media sites to post or communicate or store information or photos of student learning experiences.

- Think carefully before you post comments to social media. Consider client privacy before you use mobile devices to document/store and/or share information. Privacy and security does not exist in online social media communities; search engines can find posts years after they are created, and comments can be forwarded or copied. You should not post or share any online comments, photos or information that you would not share with your instructors or prospective employers.

- For privacy and security reasons, you must not post or store identifying client information on mobile devices and social networks. Remember the Code of Ethics for Registered Nurses and privacy laws require that you maintain confidentiality and safeguard information about clients or experiences during clinical rotations. As a student nurse, you must adhere to these professional practice guidelines and therefore must safeguard client information.

- Professional ethics, confidentiality, and boundaries apply to students and practicing nurses in the online environment. The therapeutic relationship between you, either the nurse or student nurse, and the client (client/family/community) is affected when you become a client’s Facebook “friend”, communicate with a client through a social media site, or store/post client information on a social media site or mobile device.
• On social media sites, it is required that you identify your views as your own. If you identify yourself as a UNB nursing student online, it should be clear that the views expressed are not those of the UNB Faculty of Nursing.

• Respect for the profession of nursing is vital. Use of social media which diminishes the profession through postings which may be considered stigmatizing or disrespectful of nurses and others is not appropriate or professional.

Accountability and professionalism in one’s nursing practice is a fundamental standard of the Code of Ethics for Registered Nurses, and it is expected that mobile technologies and social networks are used only to guide or enhance the quality of client care. Use of mobile technology for personal use while involved in nursing practice situations is unprofessional and breaches ethical standards set by the profession, hence while on duty, mobile technology must not be used for personal purposes.

Approved by Faculty Council March 28, 2011
Skills Lab Coordinator
Becky Fullarton
Office #24
458-7014
becky@unb.ca

Clinical Laboratories
Room 21- Lab Teaching Theatre, seats 42 students
Room 23- Skill Lab, 12 hospital beds
Room15- 5 hospital beds, 1 stretcher

**All requests for booking rooms 15, 21, and 23 are to be sent to skills@unb.ca. Requests should be sent 3 weeks in advance.

Students are responsible for bringing their lab kits to the applicable labs and to bring their own towel and face cloth for the hygiene lab as well as other supplies as instructed by faculty member.

Skills Lab Equipment: Lab equipment is not to be removed from the lab at any time. Faculty members are responsible for signing-out and returning lab equipment, students are unable to sign-out equipment from the skills lab.

The Lab currently has 6 adult, 1 child and 1 infant medium fidelity simulators. The following simulated learning can be performed/practiced using these mannequins;

- Auscultation of normal and abnormal sounds – cardiac, lung and bowel
- Blood pressure has realistic palpitation and auscultation. Systolic and diastolic pressures, auscultatory gap and volumes are variable.
- Palpitation of carotid, brachial and radial pulses with pulse strength that varies with blood pressure.
- Play pre-recorded patient voices and sounds.
- Full-body anatomically accurate simulators with realistic articulation
- Head with anatomical landmarks
- Genitalia – Interchangeable female and male with connector valves to urinary reservoirs
- Catheterization – Fluid can be used for realistic return (Indwelling or straight catheter)
- Enema – Colon Reservoirs and can perform using fluid for realistic return
- Simulated lungs
- Simulated stomach
• Simulated Irrigation of the eye, ear and nose
• Application/installation of medications in the eye, ear and nose including nasal packing
• Mouth and denture care procedures
• Oropharyngeal and Nasopharyngeal airways – Insertion and Suctioning
• Endotracheal Tubes – Insertion, Securing and Care
• Oxygen delivery
• Tracheostomy – Care and suctioning
• NG tube – Insertion, Care, medication administration and removal
• Gastric lavage and gavage
• Manually generated carotid pulses
• Nasoenteric and Esophageal tube – Insertion, care and removal
• Injections – deltoid, dorsal gluteal, vastus lateralis, IM
• Venipuncture – Antecubital Fossa and dorsum of the hand
• Accessible veins – Median and basilica and cephalic
• Belly plate - Interchangeable stomas, Colostomy (colostomy may be irrigated),
• Ileostomy, Suprapubic cystotomy
• Mastectomy Module – Staples and drain tube, and post-surgical mastectomy care
• Breast Exam Module – interchangeable abnormalities for recognition of breast disorders, their sizes and relative locations, fibroadenoma, cyst, solid lump or mass nodule.
• Fundus Module – interchangeable contracted and “boggy “uteri, fundus offset secondary to bladder distension, anal hemorrhoids visible, and 2nd degree midline episiotomy.

In order to meet the high demands for time in the Skills Lab there are rules that are necessary to ensure that lab time is used efficiently. Please read and follow the rules in order to be respectful to the next group who will be using the lab.

When leaving please make sure the lab is left neat, tidy and safe for the next group of students:
• All beds should be left in the low position with brakes on.
• All beds should be neatly made with clean linen as needed.
• Each bed should have an over bed table positioned across the bed.
• Each bed should have a gray chair at the head of the bed.
• All stools should be placed neatly around the island and pulled in under the counter.
• All dirty linen should be placed in laundry bags, laundry bags can be found on top of the linen cart in room 23. Linen is sent out to be done on an as needed basis so please only change linen when soiled. (Students are asked to bring their own towels and face clothes for hygiene labs.)
• The island should be left clear at the end of each lab. All leftover items should be properly put away and any forgotten personal items (books, papers, pens, clothing) should be taken to the SRLC for pick-up.
• Please make sure that all lab supplies have been neatly and properly put away or disposed of.
• If you have used a health assessment kit or glucometer please check the kit checklist to ensure everything has been returned and that you have re-stocked the supplies you have used from the glucometer.

(Adapted with permission from Humber College Institute of Technology and Advanced Learning School of Health Sciences, 2011)

Skills Lab Code of Behaviour

The Skills Lab is designed to provide realistic learning opportunities and simulation of a hospital inpatient patient care area. The patient simulators are designed to provide simulation of health conditions and as such they provide an opportunity for students to practice and rehearse assessments and interventions for patient care in a simulated clinical environment. It is expected that everyone who attends the clinical simulation lab acts in a professional manner and respects the guidelines designed for all learners.

The lab equipment and patient simulators are costly and sophisticated. They represent state of the art equipment. In order to preserve the function and quality of all the equipment, and to enable all learners to benefit from this technology we have developed a set of expectations for all learners. The set of expectations for all learners are;

1. All patient simulators and lab equipment are to be handled, moved and positioned with due care and not to be dropped or placed at risk of falling or being damaged.

2. The simulators and accessories are to be treated as if they were actual patients under your care.

3. **ABSOLUTELY** No food or drinks are allowed in the skills lab

4. Black pens may be used for documentation purposes but are **NOT** to be used directly on the simulation equipment.

5. All related computer and remote components are to be treated with extreme care. Any problems must be reported promptly to the supervising faculty.

6. All equipment, chairs and demonstration supplies must be returned to designated areas.

7. **No** back packs, purses, jackets, coats or snow boots are allowed in the skills lab. Any personal belongings are to be stored in room 15 or 21 (if either room is not being used) and should not be in anyway blocking the doorways due to fire safety regulations.
My signature on this document represents my agreement to abide by the expectations and to act in a professional manner when I am in the skills lab. I am aware that in the event that I do not abide by the expectations or if I act in an inappropriate manner I may be asked to leave the lab.

Signed _________________________ Print Name_________________________

(Adapted with permission from Humber College Institute of Technology and Advanced Learning School of Health Sciences, 2011)

**Guidelines**

**Clinical Dress**

As a nursing student in the clinical setting, clients and families see you as a member of the health care team. Your appearance can inspire confidence in your ability to care for clients. The clinical dress guidelines have been developed with consideration given to issues of professionalism, being easily identified as a UNB nursing student, and for the safety of students/faculty and for those with whom you interact during clinical hours. You may be required to leave the clinical area if you do not adhere to these guidelines. Please refer to the UNB Faculty of Nursing Clinical Practice Attendance Policy. Specific institutional policies may vary from the program policies.

**All students in the BN Nursing Programs will need:**

**Identification:**
Students are required to have a name tag that is 3 inches by 1 inch in size, white background with red logo and black lettering. The logo image is to be placed on the left of the nametag. Students’ first and last names should appear on the first line and “UNB Nursing Student” should appear on the second line (SEE DIAGRAM). The name tag is to be worn on the left upper chest. Name tags can be ordered from the Bookstore at a cost of $12.99 + tax. Please allow 2 weeks for delivery.

![UNB Name Tag](image)

**For Institutional Setting:**
Most institutions require photo identification that must be visible at all times.

**Uniforms:**
- Uniforms will be required throughout the program. They should be comfortable to work in and easily washable.
• The uniform colours are red tops and black skirts or pants, consistent with UNB colours. This will allow clients and families to easily identify UNB Nursing students. Students entering the BN program in Fall 2014 and onward, will be required to wear red and black uniforms for clinical experiences throughout the program. Current students in years 3 and 4 of the BN program may decide to adopt these uniform colours if they wish.

• Undershirts in a solid colour of white, black or red may be worn under the uniform top. Solid colour warm up jackets or sweaters without hoods may be worn, but must be removed when providing patient care. Must have short sleeves or sleeves which are above the elbow when providing patient care.

• Shoes are to be clean, comfortable, soft soled, low heeled with toes and heels enclosed and for clinical use only.

• Uniforms are available and can be purchased from the UNB Bookstore. Please allow 2 weeks for delivery. You are not required to use the Bookstore to purchase your uniform if another retailer is available, but you must follow the guidelines outlined above.

  **Exception: Dress and head coverings worn for religious reasons.**

**Transportation of Uniform to and from Clinical Settings:**
It is important that your uniform be clean when arriving on the unit and that a soiled uniform (that is, one that has been worn for client care) not be worn in a public place due to infection control reasons. Uniform shoes are NOT to be worn outside of the agency.

It is the responsibility of the student to find out from each new Clinical Instructor the particular agency policy regarding wearing the uniform to and from the agency setting, as well as the available locker facilities.

In institutions that allow uniforms to be worn to and from work, the student using public transportation must ensure that the uniform is covered when outside the institution and that the student travels directly between the hospital and home.

In institutions that require the student to change at the hospital, students will wear street clothes to the hospital and when returning home.

**Community Dress (and clinical experiences not requiring uniforms):**
- Instructor will discuss appropriate clinical dress prior to arriving at the site.
- Street clothes must portray professionalism.
- UNB student identification must be worn at all times.
- Wear comfortable low-heeled shoes with closed in toes.

  **Exception: Dress and head coverings worn for religious reasons.**
Additional guidelines relevant for all clinical placements:

**Stethoscopes**
Stethoscopes should not be worn around your neck for safety and infection control reasons. Stethoscopes are to be kept inside pockets when not in use and cleaned between clients.

**Watch**
Students must have a watch with a second hand.

**Jewellery**
Jewellery can be a source of bacteria and potential injury to students and clients. For these reasons the following restrictions related to jewellery are necessary:

- no rings, other than plain wedding bands
- no chains, necklaces or bracelets
- no facial, tongue, lip or mouth jewellery and
- earrings only with no dangles may be worn.

*Exception: MedicAlert chains and bracelets, jewellery worn for religious reasons.*

Hair should be neat and clean; long hair should be secured at the nape of the neck. Fingernails should be kept short. Nail polish or artificial nails (acrylic or gel) are not permitted. Fragrances or scented products should not be worn as fragrances can cause problems for those with allergies. Chewing gum is not permitted.

*Approved by Faculty Council June 2008*
*Revised August 2014, July 2015, August 2016*

**Travel**
All students will be expected to travel out of town for some clinical experiences. In some instances, accommodation will be required. Students may also be expected to complete clinical during evenings, nights, and Saturdays to accommodate availability of clinical facilities and/or instructors. Normally Summer clinical courses are completed by the end of May (BN program). However, depending on the availability of clinical facilities and/or instructors, these time frames may need to be extended. Students will be provided with notice of clinical scheduling as soon as it is feasible. Students are responsible for any expenses associated with travel and accommodations.

**Horizon Health Network Orientation Modules**
On February 1, 2012, Horizon Health Network (HHN) announced a new on-line orientation program that is required for all students, instructors and employees. This new program requires the completion of on-line learning orientation modules prior to commencement of the clinical placement. All students
and instructors must complete these modules once per academic year. Unless otherwise arranged or required, UNB faculty will recertify at the beginning of the winter term each year.

The Clinical Outreach Coordinator/Program Assistant will be responsible for registering faculty with HHN. Notification will be sent out to faculty by email requesting information which will then be sent HHN. Upon receipt of confirmation for HHN you will be notified of the website location, assigned password and 5-digit person ID number. You will also be provided with a Student Orientation Checklist, Instructions for Accessing the Online Student Orientation Program and a FAQ sheet.

There may be 16-20 modules that should take between approximately 4-5 hours total to complete. Additionally, we are strongly recommending that you also complete any optional modules that may be included in this area.

You must complete each module in full to be able to have your work saved and tracked by HHN. Each module must be completed in one sitting as there is no bookmarking feature. You can however leave the session at the end of a module and return to work on another at a later time.

**IMPORTANT:** At the end of each module you will be presented with the “Active Offer E-Learning Program Completion page which must be completed to end the module and record your completion within the session. You MUST also record the completion date on your Student Orientation Checklist.

At the completion of the module, the “Active Offer E-Learning Program Completion” page presents you with an option to choose an area in which to complete details that HHN wishes to capture in their database. Since UNB is your primary employer, please choose:

**Horizon Non-Employee**

Complete the next page as follows:
Non-Employee Type: **Student**
Affiliation: **UNB**
Area: **Fredericton and Upper River Valley Area**
Person ID: **5-digit number provided to you by Clinical Outreach Coordinator/Program Assistant**
First Name: **Put both first and middle names in this section**
Last Name: **Last name as provided for registration**
Contact Phone or email – **use your UNB email address**

After each module is completed, we **suggest that you print a copy of the completed module completion for your own records.** This is to ensure that you have proof that you have completed the module in case you have to show the proof to someone for tracking/auditing purposes.
When you have all the modules completed, you will need to provide the completed checklist to the Clinical Outreach Coordinator/Program Assistant by the date indicated. Please make a copy of the checklist for your own records. Thank you for your cooperation in meeting these new mandatory requirements for orientation as outlined by HHN.

Please Note:

1) HHN reserves the right to make changes/additions to the orientation modules. You will be required to complete the modules as presented at the time you first enter their website. If changes/additional modules are added after you have completed and returned the checklist there will be no need to go back to complete. Should this change, you will be notified.

2) HHN does not provide for the distinction between faculty and student. In this area, everyone is a student.

**Access Cards**

Students will be charged a non-refundable fee of $17.25 for their Hospital Access Cards in the second year of the program. This card is to be used for the duration of the program. If the card is lost or damaged, a new card will be issued for an additional fee of $17.25.

Access cards can be purchased from Lindsay Fischer in office 118 of MacLaggan Hall.

Cards must be purchased using cash only and exact change is needed as there is no float available.

*Revised August 2016*

**Guidelines for a Reduced Scent Environment**

As there are a number of people today who are sensitive or allergic to scented products such as perfumes, after-shave, hair sprays, and other scented products the Faculty of Nursing requests that you refrain from wearing scented products within the building. It is important that we promote a healthy environment for those who work or attend classes within MacLaggan Hall.

*Approved by Faculty Council August 2013*

**Guidelines for an Allergy Disclosure (Student)**

Given the potential severity of some allergic reactions, students are encouraged to disclose (or update) their allergens to the Director of Undergraduate Program (Fredericton); Coordinator of Student Affairs and Faculty Engagement (Moncton); BN Director (Bathurst) annually, especially those which could potentially be severe. The Director of Undergraduate Program (Fredericton); Coordinator of Student
Affairs and Faculty Engagement (Moncton); BN Director (Bathurst) will circulate the information to year coordinators who will advise/remind the class that one of their peers has a potentially life-threatening allergy to a specific allergen. The individual will be given the option to decide whether to be identified or remain anonymous in this communication.

Approved by Faculty Council June 2011

Internal Student Transfers (Fredericton, Moncton and /or Bathurst)

Due to the increased enrolments and the increasing number of transfer requests each year, the Faculty of Nursing is not able to approve all transfer requests. Many times, the only method of transfer is to allow an exchange of students between campuses when there are two students from the same year who wish to transfer from one campus to another campus.

Criteria for students transferring internally from one UNB campus to another include:

- the student must write a letter to the Director of Undergraduate Program (Fredericton); Coordinator of Student Affairs and Faculty Engagement (Moncton); BN Director (Moncton) stating their reason for transfer request by December

- the student must complete the Application to Transfer Degree and/or Campus form and send it to the Registrar’s Office in January or February. [Link](http://www.unb.ca/fredericton/registrar/_resources/pdf/transferform.pdf)

- the clinical placements and courses the student requires in the upcoming year(s) must be available to the student at the new campus

- the Faculty at the new campus must be able to accommodate the student clinically (i.e., have room in clinical groups)

- the Director of Undergraduate Program (Fredericton); Coordinator of Student Affairs and Faculty Engagement (Moncton); BN Director (Bathurst), in consultation with the Coordinator’s Committee, meet at the end of term and examine what learning experiences the student has, and is missing, in comparison with students in the new campus

- the Director of Undergraduate Program (Fredericton); Coordinator of Student Affairs and Faculty Engagement (Moncton); BN Director (Bathurst), in consultation with the Coordinator’s Committee and the faculty at the new campus, consider whether these differences can be accommodated by the Faculty at the new campus. In some cases, for example, accommodations are required to provide the student with missing lab experience and create independent study courses to fill some course and clinical gaps. (these
accommodations to the student's advantage must be manageable without compromising workload allocations)

- the Director of Undergraduate Program (Fredericton); Coordinator of Student Affairs and Faculty Engagement (Moncton); BN Director (Bathurst) chairing the Coordinator’s Committee will communicate to the student, faculty at both the new and previous site, the decision about the transfer and the accommodations that have been agreed upon in relation to the student transfer

- customarily, decisions about internal transfers are not able to be made until the end of May when the numbers of anticipated students for the next academic year are estimated

- once students have confirmed they are transferring to another campus in writing, their seat at the previous site will be reassigned and this decision is not reversible.

Approved by Faculty Council January 19, 2004
*Revised and Approved by Faculty Council August 2005 & August 2007

Guideline for Students Returning to the BN Program Following an Absence of Less Than One Year

Students who have been out of regularly sequenced nursing courses for less than one year, for any reason, are required to notify the campus Director of Undergraduate Program (Fredericton); Coordinator of Student Affairs and Faculty Engagement (Moncton); BN Director (Bathurst) by email of their intentions for future studies by June 1st. This will facilitate planning for the upcoming academic year. Failure to notify the Director of Undergraduate Program (Fredericton); Coordinator of Student Affairs and Faculty Engagement (Moncton); BN Director (Bathurst) of the intention to return to the program by this deadline may result in lack of availability of a clinical placement in a required clinical course(s).

Approved by Faculty Council August 2014
Revised July 2015

Campus Closure due to Weather and its Application to Clinical / Lab Courses (Fredericton Only)

UNB Closure due to Storms– Fredericton Campus

If UNB closes due to a storm and classes are cancelled, clinical/lab is cancelled. Students who are completing preceptorship must exercise their best judgement to make a decision about going to or leaving clinical.

If UNB announces there will be a delayed morning opening and classes are cancelled, day shift clinical/lab is also cancelled. If UNB opens later in the day and
afternoon and evening classes are being held, then evening clinical/lab would be held.

If UNB announces that the University will be closing early due to weather conditions and you are in clinical/lab, then clinical/lab instructors should make plans for their students to leave clinical/lab as soon as possible. This approach is consistent with the UNB Staffing during Storms and Emergencies Policy (Fredericton Campus).

Poor Weather Conditions and No UNB Closure Announcement

When the weather conditions are poor and UNB is not closed, the clinical/lab instructor and students will need to exercise their best judgement to make a decision about going to clinical/lab or leaving clinical/lab that is in progress.

Approved by Faculty Council February 29, 2016

Resolution of Conflict Among Nursing Students - Undergraduate

Preamble
Conflict is a way of expressing disagreement over something important to us. When we make decisions with others or when we see things differently from others, how we interact may indicate that we feel annoyed or uncomfortable, a signal that we have conflict. Identifying the underlying cause of the conflict helps move toward resolving it.

Professionally, we expect all faculty members and students to respect one another and to work together collaboratively, using ethical decision making to resolve conflicts. When we choose not to deal with a conflict, one potential outcome is increased stress.

Resolution of Conflict among Nursing Students
In classroom and practice settings, conflict among students may occur at individual or working group levels. Real or perceived conflict that is not addressed worsens. Our intent is to help students deal in a professionally accountable manner with conflict among peers.

Wherever possible in classroom or practice settings, we encourage students to deal directly with the person with whom they have a conflict. When this does not result in resolution of the conflict, students may find outside help useful. Students may contact faculty members or the Student Advocate or UNB Human Rights Officer. Consulting these people about a conflict is different from telling a peer or family member because these people are obligated to act. Faculty members approached by a student with a complaint about another student are responsible “to deal fairly and ethically with students and other members of the academic community.” Faculty members who hear students’ complaints about other students are ethically bound to help the student to begin a process to resolve the conflict or to advise the student that they cannot listen to the problem.
We intend these guidelines to provide direction when students choose to involve a nursing faculty member in seeking resolution to a conflict. Informal ways are often most useful and choosing to speak to a nursing faculty member is considered informal. We hope these guidelines will protect the rights of all students where one student has chosen to seek help from a nursing faculty member to resolve a conflict before it worsens.

In using informal ways to resolve conflict in the Faculty of Nursing, we value due process, natural justice, and procedural fairness. Everyone involved with a conflict has the right to access information about procedures, know about complaints, see or hear all evidence, challenge negative evidence, be helped in a process to resolve conflict, receive a fair hearing at all levels, feel protected by the process, and protection from anonymous evidence. Names of those engaged in a process to resolve conflict shall not be disclosed outside the process.

**Process**

We refer to a student who brings a complaint as Initiating Student and the student about whom a complaint is made as Responding Student. The conflict resolution process applies when students choose to involve nursing faculty members in helping resolve a conflict within the Faculty of Nursing (see Appendix A).

When Initiating Student approaches a faculty member to describe a potential conflict situation, the faculty member must immediately remind the student that we encourage first speaking to Responding Student directly. The conversation should stop and the faculty member must tell the student that it is inappropriate to hear more about it at this time. Initiating Student may drop the matter after speaking with Responding Student whether the conflict is resolved or not.

If Initiating Student approaches a faculty member after having spoken to Responding Student, the following process applies:

1. When it is clear that the faculty member is not aware of the identity of the student with whom Initiating Student perceives a conflict, Initiating Student may choose to drop the matter. The conflict may remain.

2. When it is clear that the faculty member is aware of the identity of the student about whom Initiating Student perceives a conflict, the faculty member is responsible to deal fairly with both students. The faculty member must inform the Initiating Student that the faculty member must tell Responding Student about the perceived conflict.

3. The faculty member informs Responding Student that Initiating Student has told faculty member of the unresolved conflict and requests a meeting to obtain Responding Student’s perspective.
4. The faculty member convenes a meeting with Initiating and Responding Students to help them resolve the conflict.

5. If the conflict is resolved there is no further action.
6. If the conflict is not resolved, students can choose to continue the process to resolve the conflict within Nursing by contacting the Director of Undergraduate Program (Fredericton); Coordinator of Student Affairs and Faculty Engagement (Moncton); BN Director (Bathurst) or they may choose to seek help elsewhere within the university to resolve the conflict. For example, students may find Student Advocate, Counselling Services, or Human Rights Officer can help in dealing with the conflict.

7. If the faculty member believes that the conflict continues to have adverse effects on the learning of one or both students or affects learning for other students, the faculty member may choose to inform the Director of Undergraduate Program (Fredericton); Coordinator of Student Affairs and Faculty Engagement (Moncton); BN Director (Bathurst), Assistant or Associate Dean (as appropriate) for help to resolve the conflict.

Approved by Faculty Council August 2000
Revised and Approved by Faculty Council August 2007, August 2008 and May 2014
Appendix A: Resolution of Conflict among Undergraduate Nursing Students

Initiating Student has spoken to Responding Student

Conflict unresolved

Initiating Student speaks to faculty member

Faculty member not aware of Responding Student

Initiating Student may drop

Faculty member informs Initiating Student of process

Initiating Student does not drop

Conflict resolved: No further action

Student chooses further action within Nursing

Student contacts Director of Undergraduate Program (Fredericton); Coordinator of Student Affairs and Faculty Engagement (Moncton); BN Director (Bathurst)

Student chooses action outside Nursing (Student Advocate, Human Rights Officer)

Conflict unresolved

Faculty informs Initiating Student of process

Faculty member meets with both students

Conflict affected learning, faculty may go to Director of Undergraduate Program (Fredericton); Coordinator of Student Affairs and Faculty Engagement (Moncton); BN Director (Bathurst) or Associate Dean

Faculty aware of Responding Student

Conflict unresolved

Student chooses further action within Nursing

Initiating Student has spoken to Responding Student

Initiating Student has spoken to a faculty member

Conflict resolved

Faculty member meets with both students

Conflict resolved: No further action

Conflict unresolved

Student chooses action outside Nursing (Student Advocate, Human Rights Officer)

Conflict affected learning, faculty may go to Director of Undergraduate Program (Fredericton); Coordinator of Student Affairs and Faculty Engagement (Moncton); BN Director (Bathurst) or Associate Dean
If a student has a concern related to grades they are advised to consult the academic regulations, in Section L, at: http://www.unb.ca/academics/calendar/undergraduate/current/regulations/universitywideacademicregulations/iii-examinationstandingandpromotion/index.html and the Student Advocate. As outlined in these regulations the first in addressing these types of concerns is discussing the matter with the instructor.

In a faculty such as Nursing, we expect professional conduct of students and faculty members in student-faculty interactions. If students have concerns about performance or actions of a faculty member in classroom or clinical settings, we expect students to approach the faculty member with whom they have concerns as a first step in reaching a resolution. If after meeting with the faculty member the concern remains unresolved, the student consults with the Director of Undergraduate Program (Fredericton); Coordinator of Student Affairs and Faculty Engagement (Moncton); BN Director (Bathurst) who will assist them to determine the most appropriate course of action. Should a student express their inability to meet with the faculty member directly, the student is advised to consult with the Director of Undergraduate Program (Fredericton); Coordinator of Student Affairs and Faculty Engagement (Moncton); BN Director (Bathurst). Depending on the situation, students may be advised to consult the Student Advocate, Human Rights Officer, Associate Dean, or Dean. If a student is concerned about being treated ethically or fairly, the student may wish to consult with the UNB Human Rights Officer.

Faculty who are approached by a student with a concern about another student’s performance or actions or another faculty member’s performance or actions should inform students that it is inappropriate and unprofessional for them to engage in such discussions. Faculty members must advise students to stop the conversation and then must advise the student to proceed to follow the steps in this guideline. Anonymous complaints are not appropriate and will not be addressed.

If students have concerns about performance or actions of the Director of Undergraduate Program (Fredericton); Coordinator of Student Affairs and Faculty Engagement (Moncton); BN Director (Bathurst), they may contact the Student Advocate or the Dean. If students have concerns about the performance of the Associate Dean, they may contact the Student Advocate or the Dean.

Allegations of student or faculty performance issues are serious and everyone has the right to be represented at all stages of the process. Faculty members are represented by relevant unions and students are represented by the Student Advocate at the Office of Student Affairs.

Appendix B outlines the steps involved in addressing student – faculty concerns.
Notes:
Conflicts involving students or faculty with members of agency staff follow agency processes to resolve.

Faculty members who are seconded from external agencies or who are jointly appointed between UNB and agencies are covered by AUNBT procedures during their secondment, under a special agreement.

Approved by Faculty Council August 2000
Revised and Approved by Faculty Council August 2007, August 2008, August 2009, August 2010, and May 2014
Appendix B: Student – Faculty Concerns

Student has a concern about a faculty member

Student is encouraged to speak to faculty member directly

Student meets with faculty member, concerns resolved, no further

Student meets with faculty member, concerns unresolved, student consults with Director of Undergraduate Program (Fredericton); Coordinator of Student Affairs and Faculty Engagement (Moncton); BN Director (Bathurst)

If student expresses inability to meet with faculty member directly, conversation stops and student is advised to consult with Director of Undergraduate Program (Fredericton); Coordinator of Student Affairs and Faculty Engagement (Moncton); BN Director (Bathurst)

Student speaks to Director of Undergraduate Program (Fredericton); Coordinator of Student Affairs and Faculty Engagement (Moncton); BN Director (Bathurst) who guides student to appropriate resources

Grade related concerns: advised to consult academic regulations and Student Advocate

Harassment or discrimination: advised on UNB Policy, Procedure on Discrimination, Sexual Harassment and Harassment/Human Rights Officer

Concerns about faculty members’ performance: Advised to see Dean

Other concerns: advised to see Associate Dean, Dean, or other UNB Official
Guidelines for Decision Making about Volunteering

Students are sometimes asked to volunteer as nursing students. The following addresses issues of liability for those situations.

Students acting as volunteers, for activities sanctioned by the UNB Faculty of Nursing, are covered by UNB liability insurance if they provide service up to, but NO MORE than first aid, without supervision of a faculty member. More extensive service is ONLY covered if under the supervision of a faculty member.

If UNB Faculty of Nursing is approached by another organization (NB Emergency Measures Organization, Red Cross etc) to request student volunteer assistance, that organization must assume primary liability. Therefore it is essential that FON verify that the approaching organization has liability insurance for volunteers. Student volunteers will only be covered by liability insurance while performing the specific duties requested by the organization requiring their help.

If students are individually asked to provide assistance, or give advice, they need to be aware that they are working strictly as an individual volunteer. Professional ethics demands students clarify that they are doing so within the limitations of their experience and knowledge and should not present themselves as practicing nurses. Faculty who volunteer will have liability insurance through the requesting organization and their professional organization (NANB). Students are not members of NANB and therefore do not have that liability protection.

Students who are reimbursed for services provided should refer to the NANB document titled "What is the difference between a student nurse and a student nurse employee?”. http://www.nanb.nb.ca/media/resource/APA-Vol45-No1-E.pdf

“Definition of First Aid: First aid is emergency help given to an injured or suddenly ill person using readily available materials. It can be simple, like removing a sliver from a child's finger and putting on a bandage, or it can be complicated, like giving care to many casualties in a motor vehicle collision and handing them over to medical help” (p. 1-1). (St. John Ambulance, (2006). First aid training: First on the scene student reference guide. Ottawa, ON; St. John Ambulance.

Accepted by Faculty Council, June 2009
Revised August 2016

Best Practice Guidelines for Students

To ensure that you receive your clients’ consent and protect their privacy under the New Brunswick Right to Information and Protection of Privacy Act (RTIPPA) and the Personal Health Information Privacy and Access Act (PHIPPA), we recommend the following:
A. Assessments and assignments

- Request your client’s consent (as well as their family members if applicable) prior to commencing the assessment/assignment and advise them that this assessment/assignment is not mandatory. Have them read and sign the consent document. Give them a copy of the unsigned consent document. In certain circumstances, oral consent is sufficient; please speak to your instructor.

- Advise your client that you will not be writing down any information that may identify them, that assessments/assignments are securely destroyed and that you have a privacy statement for them (see below). Depending on circumstances, this may be covered by the form above.

  The University of New Brunswick and the Faculty of Nursing is committed to protecting your personal and health information and the confidentiality of your information. The information collected during this assignment will be used for the purposes or nursing students’ academic requirements. For more information on the protection of personal information at UNB, please consult the University Secretariat, University of New Brunswick, PO Box 4400, Fredericton, NB, E3B 5A3 http://www.unb.ca/secretariat (506) 453-4613.

- Do not include any of your client’s personally identifiable information (name, initials, contact info, etc). If collection of personally identifiable information is absolutely necessary, keep it on a separate sheet from the assessment/assignment form. If needed, cross reference with a system of random letters and-or numbers.

- Do not copy the assessment/assignment and give the original to instructor once the assignment is completed.

- Do not disclose any information or photos on social media.

- If this information/documentation is on an electronic device (computer, laptop, tablet, mobile phone, usb drive, etc), the device should be password protected and encrypted. Screen lock should be timed to turn on after 5 minutes of inactivity. Please contact UNB Information Technology Services (ITS) for help if necessary.

- If this information is in physical format, please ensure that it is securely stored and not accessible by anyone but yourself, your partner (if applicable) and your instructor. When the assessments/assignments are in transit, they should always be kept in a lockable bag or zippable or enclosed folder or binder, never left unattended or left in an unattended car. The zippable or enclosed folder should have a note on the cover reading as follows: “Confidential” and “If found, return to ……” along with your contact information. Documents should be limited to your facility as much as possible; avoid carrying them out of the facility.
- Once the documents are returned from your instructor (if applicable) and no longer required, securely destroy physical documents in UNB-approved secure locked shredding container (ie. grey Shredguard bins) and delete and empty recycle bin in documents in electronic format. Please note that under Part IV. Right of Appeal - Standing and Promotion Decisions University Wide Academic Regulations, students have a 1 year right of appeal in relation to their grades.

- If you lose any information, inform your instructor and/or Associate Dean as soon as possible.

- If applicable, follow all the privacy rules and regulations of the clinical placement institution.

The breach of any of these recommendations may be considered a privacy breach and proceedings with the New Brunswick Privacy Commissioner may be required under privacy laws.

Further, any breach may result in you being responsible for any resulting damages and may result in your dismissal from the Nursing Program at UNB and-or your clinical placement.

**B. More Privacy Tips**

**General:**
- Password with screen lock
- Encrypt computers, devices and documents
- Limit confidential information on electronic devices
- Deactivate cloud functions of electronic devices if they contain personal information
- Lock doors and cabinets
- Do not keep documents lying around
- Never leave or store documents in a unattended vehicle
- Collect only what is necessary
- Avoid personal information as much as possible when communicating and taking notes
- Do not make or keep copies of completed forms
- When you can and appropriate, get consent
- Limit disclosure of confidential information via telephone calls; do face to face
- Emails:
  - Confidentiality-disclosure statement
  - Double check recipients
  - BCC not CC
  - Email and certain cloud storage services (ie. Google Docs) are NOT secure...
    - D2L Dropbox IS secure
    - Chat application;
    - Secure File Drop IS secure
- Secure destruction of documents: UNB-approved secure locked shredding container (ie. grey Shredguard bins)
- Be mindful that nothing is secure or private on social media and that there is an Ethical Use of Mobile Technologies and Social Media by UNB Student Nurses policy in the **UNB Faculty of Nursing Student Handbook**.

**Group or face to face discussions:**
- Closed room or private area
- Check if anyone around
- Keep conversation volume to a minimum
- Avoid personal and confidential info if possible
- Do not leave documents lying around

**C. Useful privacy documents**
(For links on these institutions and/or documents, please review the electronic version of this document)

**UNB:**
- Acceptable Use of Information and Communication Technologies Policy
- Policy for the Protection of Personal Information and Privacy
- Photography Management Policy

**UNB Faculty of Nursing Student Handbook:**
- Pledge of Confidentiality
- Ethical Use of Mobile Technologies and Social Media by UNB Student Nurses
- Consent Documents (available from clinical instructor)

**Employer-Clinical Placement (depending on the health care facility):**
- Privacy Module
- Contract
- Policies
- Confidential-Declaration of Understanding
- Social Media Policy
- Privacy Statement
  (ie [Horizon Health Network](https://www.horizonhealthnetwork.ca))

**Nurses Association of New Brunswick:**
- Code of Ethics (2008)
- Standards for the Therapeutic Nurse-Client Relationship
- Practice Guidelines: Ethical and responsible Use of Social Media Technologies (2012)
- Standards for Documentation

**Canadian Nurses Protective Society:**
- Infolaw
FON Student Fundraising Guidelines

The following are guidelines to help UNB Nursing students ensure their activities to raise support for Faculty activities are consistent with the University and Faculty’s mandate and practices.

University Mission
Our mission is to create the premier university environment for our students, faculty and staff in which to learn, work and live. We will provide an exceptional and transformative education for our students, by encouraging initiative and innovation, unlocking their creative potential. Our graduates will be prepared to make a significant difference - creating opportunities for themselves and for others.

We commit to understanding and solving the problems of today and tomorrow, serving our community and engaging with our alumni, retirees, and partners around the world.

Faculty of Nursing Mission Statement
Educating and preparing nurses for an evolving healthcare system grounded in the principles of primary health care, social justice and caring supported by evidence and research.

In general, the fundraising conducted by nursing students should fall within both the University’s mission and the Faculty of Nursing mission, and should reflect the values and qualities of students preparing for a career in the nursing profession.

Fundraising Activities
Fundraising activities shall be defined as:

a) donations without products or services being rendered

b) activities that raise funds through direct sale of merchandise or service for the benefit of recognized student groups with all funds to be used for the ongoing support of the group’s activities, and
c) activities that raise funds through direct sale of merchandise or service for the benefit of non-university charitable organizations.

**Guiding Principles for Fundraising Activities**

1. The purposes for which funds are collected should be consistent with the Faculty of Nursing’s mission and values.

2. Fundraising should have a designated purpose and the proceeds should be for that purpose, as intended.

3. Transparent financial reporting practices to the Faculty of Nursing should be in place.

4. Activities should support student achievement and not detract from the learning environment.

5. Participation in fundraising activities is strictly voluntary.

6. A fundraising activity must not result in any individual student benefiting materially or financially from the activity. That is, no funds raised can be allocated to individual students, or if there is a surplus of funds, cannot be issued back to individual students as this is self-benefit. Students who are fundraising for international exchanges may be exempt from this guideline. Exemptions may be obtained from the Dean.

7. Charitable tax receipts for donations may be provided only after consultation the UNB Development and Donor Relations Office.

8. A license is required for all raffles, draws, etc. This can be obtained from the Provincial Government and UNB Development and Donor Relations.

**Process**

Any individual student or student group wishing to conduct fundraising activities must register the activity with the Dean two weeks prior to the activity. To register the activity, email the following to the Dean:

- Description of the fundraising activity
- Goal of the fundraising activity
- Who will be approached for support
- Sample of marketing/communication messages associated with the fundraising activity
- Name and contact information of the student or student group responsible for the fundraising activity
**Contacts**
In the Faculty of Nursing, contact:
Acting Dean Dr. Pat Seaman
Room 107, MacLaggan Hall, UNB Fredericton
seamanp@unb.ca; 447-3204

In Development & Donor Relations, contact:
Associate Director, Development & Donor Relations
451-6925

*Approved at Faculty Council February 29, 2016*

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**Curriculum Overview**

The UNB baccalaureate program prepares graduates to work with clients in achieving affordable and accessible care in a variety of settings. To achieve this, the Nursing Curriculum has been designed as a framework that supports a holistic and multidimensional view of nursing for teaching-learning in both theoretical and practical components of the program.

The tables below contain quick access to the listing of courses taken by students in the BN Four Year Program and ASP programs.
### Four Year Program

#### Table 1 BN Four Year Program

<table>
<thead>
<tr>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NURS 1011</strong>&lt;br&gt;Nursing as a Profession</td>
<td><strong>NURS 2041</strong>&lt;br&gt;Health Assessment</td>
<td><strong>BIOL 2251</strong>&lt;br&gt;Microbiology</td>
<td><strong>NURS 4111</strong>&lt;br&gt;Families with Multiple Health Challenges</td>
</tr>
<tr>
<td><strong>NURS 1032</strong>&lt;br&gt;Professional Relationships</td>
<td><strong>NURS 2132</strong>&lt;br&gt;Pharmacotherapeutics</td>
<td><strong>NURS 3031</strong>&lt;br&gt;Helping Relationships</td>
<td><strong>NURS 4121</strong>&lt;br&gt;Nursing in Complex Situations</td>
</tr>
<tr>
<td><strong>NURS 1225</strong>&lt;br&gt;Nursing and Wellness</td>
<td><strong>NURS 2135</strong>&lt;br&gt;Chronic Health Challenges</td>
<td><strong>NURS 3052</strong>&lt;br&gt;Canadian Health Care System</td>
<td><strong>NURS 4123</strong>&lt;br&gt;Clinical Practicum: Nursing Families in Complex Situations</td>
</tr>
<tr>
<td><strong>NURS 1235</strong>&lt;br&gt;Clinical Practicum: Nursing and Wellness</td>
<td><strong>NURS 2145</strong>&lt;br&gt;Mental Health Challenges</td>
<td><strong>NURS 3065</strong>&lt;br&gt;Community and Population Health Nursing</td>
<td><strong>NURS 4165</strong>&lt;br&gt;Integrated Nursing Practice</td>
</tr>
<tr>
<td><strong>BIOL 1711</strong>&lt;br&gt;Human Anatomy I</td>
<td><strong>NURS 2155</strong>&lt;br&gt;Clinical Practicum</td>
<td><strong>NURS 3066</strong>&lt;br&gt;Clinical Practicum: Community and Population Health Nursing</td>
<td><strong>NURS 4175</strong>&lt;br&gt;Clinical Practicum: Integrated Nursing Practice</td>
</tr>
<tr>
<td><strong>BIOL 1782</strong>&lt;br&gt;Human Physiology I</td>
<td><strong>NURS 2177</strong>&lt;br&gt;Young Families’ Health</td>
<td><strong>NURS 3072</strong>&lt;br&gt;Acute Health Challenges</td>
<td><strong>NURS 4185</strong>&lt;br&gt;Trends and Leadership in Nursing</td>
</tr>
<tr>
<td>Writing Designated Course&lt;br&gt;(3 credit hours)</td>
<td><strong>NURS 2187</strong>&lt;br&gt;Clinical Practicum II</td>
<td><strong>NURS 3073</strong>&lt;br&gt;Clinical Practicum: Acute Health Challenges</td>
<td>One Open Elective&lt;br&gt;(3 credit hours)</td>
</tr>
<tr>
<td>Psychology Course&lt;br&gt;(3 credit hours)</td>
<td><strong>BIOL 2513</strong>&lt;br&gt;Pathophysiology I</td>
<td><strong>NURS 3082</strong>&lt;br&gt;Theoretical Foundations of Nursing</td>
<td><strong>NURS 4152</strong>&lt;br&gt;Nursing Practice Elective (Preceptorship)</td>
</tr>
<tr>
<td>Two Open Electives&lt;br&gt;(3 credit hours each)</td>
<td><strong>BIOL 2512</strong>&lt;br&gt;Pathophysiology II</td>
<td><strong>NURS 3092</strong>&lt;br&gt;Nursing Research</td>
<td><strong>STAT 2263</strong>&lt;br&gt;Statistics for Students in the Biological Sciences</td>
</tr>
<tr>
<td></td>
<td><strong>NURS 3103</strong>&lt;br&gt;Concentrated Clinical Practice II</td>
<td></td>
<td><strong>NURS 2063</strong>&lt;br&gt;Concentrated Clinical Practice I</td>
</tr>
</tbody>
</table>
### Advanced Standing Program (ASP)

#### Table II Advanced Standing Program *(Moncton cohort beginning September 2015)*

Prerequisite courses completed prior to September:
- **BIOL 1711** – Human Anatomy
- **BIOL 2251** – Microbiology
- **BIOL 2501** – Pathophysiology I
- **STAT 2263**
- Humanities or Social Sciences elective

<table>
<thead>
<tr>
<th>Year 1</th>
<th>September – December</th>
<th>January – April</th>
<th>May – August</th>
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<tr>
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<td><strong>NURS 1121</strong></td>
<td><strong>NURS 2171</strong></td>
<td><strong>NURS 3042</strong></td>
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<td></td>
<td><em>Introduction to Nursing and Health</em></td>
<td><em>ASP Young Families Health</em></td>
<td><em>ASP Health Assessment</em></td>
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<td></td>
<td><strong>NURS 1131</strong></td>
<td><strong>NURS 2172</strong></td>
<td><strong>NURS 3065</strong></td>
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<tr>
<td></td>
<td><em>ASP Helping Relationships</em></td>
<td><em>ASP Clinical Practicum</em></td>
<td><em>Community and Population Health Nursing</em></td>
</tr>
<tr>
<td></td>
<td><strong>NURS 1135</strong></td>
<td><strong>NURS 2173</strong></td>
<td><strong>NURS 3066</strong></td>
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<td></td>
<td><em>Enhancing Well-Being in Situations of Chronicity</em></td>
<td><em>Pediatric Community Clinical</em></td>
<td><em>Clinical Practicum: Community and Population Health Nursing</em></td>
</tr>
<tr>
<td></td>
<td><strong>NURS 1136</strong></td>
<td><strong>NURS 2133</strong></td>
<td><strong>NURS 2513</strong></td>
</tr>
<tr>
<td></td>
<td><em>Practicum: Wellness and Chronicity</em></td>
<td><em>ASP Pharmacotherapeutics</em></td>
<td><em>Pathophysiology II</em></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year 2</th>
<th>September – December</th>
<th>January – April</th>
<th>May – August</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>NURS 3072</strong></td>
<td><strong>NURS 4113</strong></td>
<td><strong>NURS 4153</strong></td>
</tr>
<tr>
<td></td>
<td><em>Acute Health Challenges</em></td>
<td><em>Families within Populations</em></td>
<td><em>ASP Nursing Practice Elective</em></td>
</tr>
<tr>
<td></td>
<td><strong>NURS 3073</strong></td>
<td><strong>NURS 4121</strong></td>
<td><strong>NURS 4185</strong></td>
</tr>
<tr>
<td></td>
<td><em>Clinical Practicum: Acute Health Challenges</em></td>
<td><em>Nursing in Complex Situations</em></td>
<td><em>Trends and Leadership in Nursing</em></td>
</tr>
<tr>
<td></td>
<td><strong>NURS 3082</strong></td>
<td><strong>NURS 4124</strong></td>
<td><strong>NURS 4176</strong></td>
</tr>
<tr>
<td></td>
<td><em>Theoretical Foundations of Nursing</em></td>
<td><em>ASP Clinical Practicum: Nursing Families in Complex Situations</em></td>
<td><em>Integrated Nursing Care</em></td>
</tr>
<tr>
<td></td>
<td><strong>NURS 3092</strong></td>
<td><strong>NURS 4176</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>Nursing Research</em></td>
<td><em>ASP Clinical Practicum: Integrated Nursing Care</em></td>
<td></td>
</tr>
</tbody>
</table>

### UNB Faculty of Nursing Grading Scheme

As of September 2016, the new grading scheme will be fully implemented in all years of the BN and BN ASP Programs.

**Note:** If there is a failure in a nursing course in the old scheme and the student repeats the course the following year, the new grading scheme will apply to the second attempt.
FON Grading Scheme for all BN Courses; All BN ASP Courses

<table>
<thead>
<tr>
<th>Letter Grade</th>
<th>Percent Mark</th>
</tr>
</thead>
<tbody>
<tr>
<td>A+</td>
<td>95-100</td>
</tr>
<tr>
<td>A</td>
<td>90-94.9</td>
</tr>
<tr>
<td>A-</td>
<td>86-89.9</td>
</tr>
<tr>
<td>B+</td>
<td>81-85.9</td>
</tr>
<tr>
<td>B</td>
<td>76-80.9</td>
</tr>
<tr>
<td>B-</td>
<td>73-75.9</td>
</tr>
<tr>
<td>C+</td>
<td>69-72.9</td>
</tr>
<tr>
<td>C</td>
<td>65-68.9</td>
</tr>
<tr>
<td>D</td>
<td>60-64.9</td>
</tr>
<tr>
<td>F</td>
<td>59.9 and below</td>
</tr>
</tbody>
</table>

For clinical courses, CR (credit) and NCR (no credit) are used.

Approved by Faculty Council March 25, 2013
Revised July 2016

Collaborative Assessment of Student Abilities (CASA)

The document used for summative assessment of student learning in the clinical setting is the ‘Collaborative Assessment of Student Abilities’ (CASA).

Clinical practice experiences in the undergraduate nursing program have several activities through which students’ learning is assessed. In each clinical course, the clinical coordinator, in consultation with the teaching team will identify those activities which will be used for summative assessment documentation.

A midway and final CASA will be completed by the student and submitted to the clinical instructor. The date for submissions will be outlined in the clinical course syllabus. The students CASA should be a self-assessment of his or her clinical practice during the assigned period. Specific examples should be provided to support the self-appraisal of the relevant learning outcomes for the course. The instructor will provide written feedback that responds to the student’s self-assessment of his or her experience as well as observations about the student’s clinical practice, citing specific examples as necessary. The instructor will then determine which level of performance the student has achieved for each outcome and enter it in the grid, i.e. S (Satisfactory), ND (Needs Development – noted on midway CASA only, not on the final CASA), U ( Unsatisfactory).

It is important for the clinical instructor to work closely with the clinical coordinator to learn the intricacies of providing written and verbal feedback and to understand the clinical course outcomes for the course (found in the course blueprint).
Process for Handling Student requests for hard copies of their CASA Midway or Final Summary or CASA supplemental documentation form:

Students requesting a hard copy of their CASA summaries or supplemental forms should be directed to the CASA website to print off their own copies. If the supplemental form the student is requesting was created prior to the 2013 winter term they should be directed to the administrative support staff member responsible for student files at their respective campus. The administrative support staff member will provide the student with a photocopy of the originals for their records.

Please note: In all cases, the original copy of the CASA Midway Summary, CASA Final Summary and/or the Supplemental Documentation form should not be given out to the student.

Reviewed at Faculty Council June 2011
Revised August 2014

Guidelines for Completing and Submitting Collaborative Assessment of Students Abilities (CASA)

1. Both students and instructors need to have an understanding of the expectations for their clinical course. Meetings are encouraged for instructor groups/clinical groups to discuss and identify examples of clinical situations that would relate to the outcome statements for the following abilities: Knowledge and its Application, Communication, Critical Thinking/Skills of Analysis, Professional Identity/Ethics and Social Justice/Effective Citizenship. The learning activities (with rationale) that will be part of the formative and summative assessment of students’ learning need to be clearly outlined in the course syllabus.

   Clinical course syllabi may include examples of nursing activities that support evidence that the learning outcome has been met. These examples are not meant to be all inclusive. Students are encouraged to consider their own unique clinical experiences when providing examples to support how the outcome has been met.

2. When documenting summative assessment on the CASA, the instructor will be responding to the student’s comments (on the CASA). The use of the ‘first person’ is therefore appropriate for comments made by the instructor. Use of “the student” is discouraged.

3. Confidentiality must always be maintained by not using names in the CASA (i.e. clients, other students, members of the health care team).

4. Students will be required to perform a self-assessment, demonstrating through the use of examples and summative comments, how they either (a) met, or (b) did not meet, the course outcomes. The instructor will then add assessment comments to the CASA and schedule a meeting to discuss the
CASA with the student. Once the meeting is completed, both the student and instructor will sign off on the CASA using the online CASA form.

5. The instructor and student will have a face-to-face meeting (when possible, otherwise a telephone meeting will suffice) and discuss the comments on the CASA. This meeting will give the student and instructor an opportunity to respond to any of the comments before the CASA is signed off. Once this meeting is completed, the instructor will mark the “Meeting complete” checkbox on the CASA which will allow the student to sign off. Once the student has signed off, the instructor is prompted to sign off, and the CASA is marked as complete.

6. If extensions to mid-way and/or final CASA dates are necessary, instructors will notify the clinical coordinator. The clinical coordinator will process these requests with the CASA administrator.

7. Instructors will assign S, ND, or U to indicate student progress toward meeting the learning outcomes for the course. Students need to demonstrate satisfactory level of competence for all outcomes by the end of the course. ND cannot be used on the final CASA; students must receive either S or U for each outcome on the final CASA.

8. Once the student has completed the midway or final CASA the instructor has the responsibility to read the student’s comments, and respond in a manner that contributes additional information or provides support for the student’s self-assessment. Feedback must be provided to the student in a timely manner.

9. The context of the experience, area of clinical practice, length of experience and time missed must be documented on the midway and final CASA form.

10. The importance of ‘face to face’ meetings to review clinical experiences and provide formative feedback throughout the clinical rotation, in addition to midway and final summative assessment meetings is crucial to the development of students’ learning and critical thinking. Student-instructor formative assessment meetings need to take place regularly. These meetings should be intentionally scheduled at least biweekly. Each meeting will provide the student and instructor an opportunity to: (a) discuss similar and differing perspectives; and (b) come to a mutual understanding of the student’s clinical performance.

11. NURS 1235, 2155 and 2187 involve both community and institution-based clinical placements, integrated in such a way that collaborative efforts will be required by instructors to complete the midway and/or final CASAs. Since the clinical hours associated with community and institution-based placements are not equivalent, instructors will need to work together to complete CASAs for these placements. Instructors in these clinical courses should consult with the clinical coordinator before the term starts to plan for this practice.
12. The midway and final CASA have sections at the end for general summative comments. The midway CASA should include a section that clearly documents the student’s plans for continued growth and strategies for meeting the course outcomes.

13. The Unsafe Practice Policy defines unsafe practice and the processes to be followed by the clinical instructor and student to ensure patient safety and development of competent nursing practice. The clinical instructor’s role includes following Level 1, 2, and 3 processes described in the Unsafe Practice Policy, located on the SHARE drive P:\Academic\Nursing-FR\SHARE\CASA.

14. In the event unsafe practice is observed, the clinical instructor and student will meet and collaboratively complete the CASA Supplemental Documentation form as described in the Unsafe Practice Policy. The supplemental form is linked to the midway/final CASA and will become part of the student’s file/record once created. The clinical instructor should consult with the clinical course coordinator whenever a CASA Supplemental Documentation form is completed.

15. The Clinical Learning Summary (CLS) is a document that is developed by the student upon the successful completion of each clinical rotation. The CLS is linked online to each student’s final CASA, and is to be completed only after the student has successfully completed their final CASA. Following the collaborative review of the student’s comments on the CLS, the instructor will contribute additional feedback to the CLS. After your final meeting when reviewing the final CASA would be an opportune time to pull up the CLS and complete it.

Additional information on how to complete the online CASA can be found at the Online CASA Help webpage: https://secure.unb.ca/casa-help/admin/index.html

Revised July 2015, August 2016

**Addition to the CASA Process and Methodology Considerations**

Process for Handling Student requests for hard copies of their CASA Midway or Final Summary, CASA supplemental documentation form or their Clinical Learning Summary:

Students requesting a hard copy of their CASA summaries or supplemental forms (Supplemental and CLS) should be directed to the CASA website to print off their own copies. If the CASA or supplemental document(s) the student is requesting was created prior to the WI 2013 term they should be directed to the administrative support staff member responsible for student files at their respective campus. The administrative support staff member will provide the student with a photocopy of the originals for their records.
Please note: In all cases, the original copy of the CASA Midway Summary, CASA Final Summary, the Supplemental Documentation form, and/or Clinical Learning Summary should not be given out to the student.

Reviewed by Faculty Council June 27, 2011
Revised August 2013, July 2015

**APA Guide (American Psychological Association)**

The Faculty of Nursing consistently uses the latest edition of the APA Manual for assignments. An APA checklist has been prepared and is available for students and faculty at:


APA has changed its style rules for electronic references since the publication of the last edition of the APA Manual and a link to the *APA Guide to Electronic References* is available on the UNB Library website at [http://www.lib.unb.ca/research/APA6citation.html](http://www.lib.unb.ca/research/APA6citation.html)

**Clinical Documents Required for Submission**

All first year students are to have the Faculty of Nursing immunization form completed and signed by their physician or a public health nurse. Copies of original documents may be included with the form as long as there is a signature. All immunization requirements are expected to be completed upon entrance to the program (see page 26 for detailed information on mandatory immunizations). **Students who do not have all required immunizations will not be permitted to practice in any clinical setting.** Hepatitis B is a series of injections so this may be the one exception for a few students entering the program.

- It is a requirement of the Faculty of Nursing that you have your immunization records reviewed and updated by a health care professional.

- Take all your childhood and previous immunization records to your appointment with a health care provider. Your immunization records can be obtained by contacting your local public health centre, school, physician’s office, or wherever you may have had your childhood immunizations completed.

- If you do not have a family doctor, you can get an appointment to see a health care provider at:
  - Fredericton walk-in clinics (link is on Student Health Centre website)
  - Fredericton Community Health Clinic
  - UNB Student Health Centre (Note: Only full-time UNB/STU students who have a valid Student ID are eligible to use the services of the Student Health Centre.)
- All sections of the Immunization Form must be completed.

- Both you and the health care provider must sign and date the Immunization Form.

- Plan for your appointment with the health care professional several weeks in advance of the deadline: some vaccines require several doses and serology (bloodwork) results can take up to four (4) weeks to be processed.

- Documents filled out by a health care provider at the University Student Health Centre will not be automatically submitted to the Faculty of Nursing, it is your responsibility to obtain and submit these forms.

- You are responsible for all costs related to immunizations.

**Note: Healthcare providers and students must sign page 4 of the Immunization Record.**

Students need to have a current cardiopulmonary resuscitation (CPR) at the HCP level. As well students need to have a criminal record check with a vulnerable sector check (CRC) in order to access many of our clinical agencies.

Many clinical placements involve working with vulnerable populations and therefore require nursing students to provide evidence of a current criminal record check. Students with a criminal conviction (i.e., positive result on the CRC) will be asked to disclose the reason for this result to the Undergraduate Program office. Students’ written permission to share this information with our clinical agencies will be obtained in order to ensure an approved students placement match. If the criminal conviction would render the student unable to obtain professional licensure or registration with the NAB, the Professional Practice Policy will be implemented (see pages 30-35).

The CPR and CRC are required annually, so please have these completed in the summer months to ensure a lapsed requirement doesn’t cause any disruptions to your clinical courses. The yearly requirement is to meet the policy requirements of our clinical agencies.

Students are also required to complete the Suicide Intervention Course (ASIST). Although we encourage students to complete the course before admission, opportunities will be provided during the first few months for those students who were unable to access the course. They are advised to contact their local Canadian Mental Health Association for information regarding courses.

Students’ personal information related to immunizations and criminal record check will be shared with clinical agencies for the purposes of clinical placement, and for the safety and security of staff and clients/patients of the clinical agencies.
### Table of Clinical Requirements for each Year

<table>
<thead>
<tr>
<th>YEAR</th>
<th>Cardiopulmonary Resuscitation (CPR) Level C</th>
<th>Criminal Record Check (CRC)</th>
<th>Suicide Intervention Certificate (ASIST)</th>
<th>Hepatitis B Titre</th>
<th>Immunization Form</th>
<th>E-mail address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year I</td>
<td>Required</td>
<td>Required</td>
<td>As soon as possible</td>
<td>As soon as possible</td>
<td>Required</td>
<td><a href="mailto:crbn1@unb.ca">crbn1@unb.ca</a></td>
</tr>
<tr>
<td>Year II</td>
<td>Required</td>
<td>Required</td>
<td>Required</td>
<td>Required</td>
<td>Not required</td>
<td><a href="mailto:crbn2@unb.ca">crbn2@unb.ca</a></td>
</tr>
<tr>
<td>Year III</td>
<td>Required</td>
<td>Required</td>
<td>Not required</td>
<td>Not required</td>
<td>Not required</td>
<td><a href="mailto:crbn3@unb.ca">crbn3@unb.ca</a></td>
</tr>
<tr>
<td>Year IV</td>
<td>Required</td>
<td>Required</td>
<td>Not required</td>
<td>Not required</td>
<td>Not required</td>
<td><a href="mailto:crbn4@unb.ca">crbn4@unb.ca</a></td>
</tr>
<tr>
<td>ASP Yr 1</td>
<td>Required</td>
<td>Required</td>
<td>Required by May</td>
<td>Required</td>
<td>Required</td>
<td><a href="mailto:crbnmon@unb.ca">crbnmon@unb.ca</a></td>
</tr>
<tr>
<td>ASP Yr 2</td>
<td>Required</td>
<td>Required</td>
<td>Not required</td>
<td>Not required</td>
<td>Not required</td>
<td><a href="mailto:crbnmon@unb.ca">crbnmon@unb.ca</a></td>
</tr>
</tbody>
</table>

The deadline for submission of the clinical documents is **July 24, 2017** for all students in the 4-year BN program. If a student does not meet the deadline for submission of their clinical documents, the following consequences will be imposed:

1. All students, who have not submitted their clinical documents as expected will be deregistered from the current clinical course (for some year one students in Fredericton this may be mean deregistering them for 1235 winter term).

2. Students will not be allowed into the clinical agencies until the documentation is complete. If the student misses clinical time due to incomplete clinical documentation, the days will be recorded as missed clinical time and a notation will be placed in their file as to the number of clinical days missed. The Missed Clinical Time Policy will be put into effect if a student misses a number of days and are unable to meet the clinical course outcomes. Arrangements for a Supplementary Make up clinical course in summer may need to be made in consultation with the Director of Undergraduate Program (Fredericton); Coordinator of Student Affairs and Faculty Engagement (Moncton); BN Director (Bathurst) and Associate Dean depending on the number of hours missed. Students who are required to take the Supplementary Make Up course will be required to pay full tuition for this course.
Scanning Process for Submission of Clinical Documents

1. In order to improve efficiency in the processing and storage of the clinical documents, the Faculty of Nursing has initiated a new scanning process. Please scan the required documents for your year (determined by the clinical courses you will be taking) in **PDF format** only and send them to the e-mail address listed in the table on or before **July 24, 2017**.

2. Please check the issue date of your CPR and CRC documents before scanning to make sure they were completed recently and that the issue date is on each of the documents.

3. Scan the documents and then check to be sure that they are in **PDF format** and legible before sending them.

4. Send the documents to the e-mail address listed in the table.

5. After you have submitted your scanned documents, you should receive a confirmation message, **“Thank you! Your documentation has been received. You may be required to present the original document for auditing purposes.”** This confirmation message can be printed or saved on your computer for proof of the transaction. If you did not receive the confirmation message, it indicates your documents were not successfully sent. When this occurs, please try again until you receive the confirmation message.

6. There is a scanner in the Student Resources Learning Centre (Room 112C) that you can use to scan your documents. However, you may use any scanner to submit your documents but please remember to submit them in **PDF format**.

7. There will be staff members assigned to assess and process your scanned documents. However, if you have any documents that you would prefer not to have scanned due to the nature of the content, please make an appointment to meet with the program director and bring the document.

Revised August 2016

Aboriginal Nursing Initiative

The Aboriginal Nursing Initiative (ANI) aims to increase recruitment and retention of Aboriginal students, facilitate positive student-faculty relationships, and work collaboratively with faculty to ensure that the nursing program curriculum promotes cultural awareness and safety. We prioritize the mutually respectful engagement of
students, faculty, and community stakeholders to co-create a culturally safe educational experience for Aboriginal students and their peers. ANI program staff provide academic support to Aboriginal students, throughout their academic journey, by offering a wide variety of supports and resources. These resources can be accessed by contacting the ANI office.

Cheyenne Joseph, RN  
Acting Director, Aboriginal Nursing Initiative  
& Senior Nursing Instructor  
Office: MacLaggan Hall, ste 160  
Email: cheyenne.joseph@unb.ca  
Tel: (506) 447-3098

For more information about the Aboriginal Nursing Initiative:  
http://www.unb.ca/fredericton/nursing/aboriginalinitiative

Updated September 2016

**International Experiences**

There are an increasing number of students from all Faculties who wish to travel abroad as part of their program of study at UNB.

Any students looking for more information regarding study abroad and international internship opportunities should contact the Centre for Property Studies ([www.unb.ca/fredericton/cps/internships/index.html](http://www.unb.ca/fredericton/cps/internships/index.html)) or email Veronica McGinn ([veronica@unb.ca](mailto:veronica@unb.ca)) International Development and Experiential Activity Coordinator.

**Student Health Centre**

[http://www.unb.ca/fredericton/studentservices/health-wellness/health-centre/](http://www.unb.ca/fredericton/studentservices/health-wellness/health-centre/)

UNB Student Health Centre is committed to providing the highest level of primary health care. The Student Health Centre is open year round to full-time UNB and STU students.

The Student Health Centre has developed specialized expertise not only in dealing with young adults, but also expertise in dealing with patients who are students within a university context. Services are confidential.

The Student Health Centre is located on the 3rd floor of the C.C. Jones Student Services Centre. Telephone: (506) 453-4837.

**Hours**

Monday – Thursday 8:15 a.m. – 4:30 p.m.  
Friday 8:15 a.m. – 3:30 p.m.  
CLOSED daily from 12 noon to 1:00 pm.
Phone lines
Monday – Friday 8:15 a.m. to 11:45 a.m. and 1:15 p.m. to 3:30 p.m.

Fee Structure for Uninsured Services
http://www.unb.ca/fredericton/studentservices/health-wellness/health-centre/health-insurance/fees.html

Updated August 2013

Student Accessibility Centre

The UNB Student Accessibility Centre assists students, faculty and staff in understanding the principals of accommodation, as well as the procedures practiced by the Student Accessibility Centre in advocating for and supporting students with disabilities.

The Student Accessibility Centre provides access to a variety of on-campus services and support to UNB Students with documented visible and invisible disabilities.

Their website provides helpful information about the services that the Accessibility Centre offers and it is recommended that students make themselves familiar with this information.

http://www.unb.ca/fredericton/studentservices/academics/accessibility/index.html

The Fredericton Student Accessibility Centre is located in Room 212 in Marshall d’Avray Hall. They can be reached at 506-453-3515 or unbds@unb.ca.
Peer Mentor Program
Faculty of Nursing
Students Helping Students

Nursing Peer Mentor Program: Students helping students!

Description:
The Peer Mentor Program is designed to promote interaction between first year students and upper level students within the program. A Peer Mentor is an upper level student who is willing to share the benefits of their experience at university with students entering the nursing program. Mentors are matched to a small number of students.

Purpose:
The purpose of the Peer Mentor Program is to:
- Help students during the transition to the first year of the nursing program and university;
- Assist students to succeed and;
- Increase communication among all students of the nursing program.

Criteria for Role:
- Achieve an assessment grade point average of 3.0 for the most current academic year.
- Commit to attending Student Orientation and Registration (SOAR), Peer Mentor Orientation, and Fall Orientation.
- Demonstrate an interest in helping others by being a good listener and assisting as needed.
- Exemplify leadership skills by helping others develop and achieve goals.

Role Requirements:
- Assist with Student Orientation and Registration (SOAR).
- Attend Peer Mentor Orientation.
- Assist with the Orientation Program for first year students in fall.
- Participate in telephone calling campaign to welcome first year students.
- Contact incoming students in your assigned group once during July and August.
- Copy the First Year Navigator on emails and communications with students.
- Arrange to meet with your assigned students as a group every second week during the first six weeks of the fall term, at least once during the last six weeks of the fall term, and once during the first eight weeks of the winter term.
• Maintain contact with individual students in your group as needed during the remainder of the fall and winter terms.
• Wear uniforms (Peer Mentor t-shirt and name badge) at Faculty events.
• Consider doing some of the paid student position coverage, if available, in the SRLC.
• Direct students if in difficulty to the appropriate resources for help, i.e. - First Year Navigator or Undergraduate Program Office for Academic Issues - Financial Aid - Counseling Services - Student Accessibility Centre
• Meet with the First Year navigator regularly.
• Assist with student social gatherings as time permits.

Training and Support:
The Academic Success Division and Student Services provides a peer mentor orientation program for all peer mentors. The orientation occurs before classes begin and is for both returning and new peer mentors. The First Year Navigator meets with the peer mentors regularly to provide training and support.

The peer mentors have an assigned room in the SRLC to provide increased availability for the first year students. However, the room can also function as a centre of support for each other so that the new peer mentors can interact with returning peer mentors.

Benefits of the Program:
The benefits of the Peer Mentor Program for the Mentors are:
• Development of a helping relationship and enhancement of interpersonal skills;
• Promotion of a positive learning environment that is conducive to study and academic success;
• Development of collaborative group and leadership skills and;
• Satisfaction experienced from helping other students succeed in the program.

The benefits of the Peer Mentor Program for the Students in First Year of the Nursing Program are:
• Support from an upper level student during their first year in the nursing program at UNB;
• Assistance with asking questions and seeking advice;
• Increased awareness and use of student services;
• Source of motivation within their peer group; and
• Suggestions or tips for integration into nursing and university life.
What is the purpose of an academic advising program?
The Faculty of Nursing is aware that the first year of university can be a very confusing and stressful time for students. Various approaches have been used to help students during this critical year in their university life. The First Year Navigator and Peer Mentors are available to help students make a successful transition, whether they are entering directly from high school, transferring to a new program of study, or experiencing a career change. The ultimate goal is to help make your educational experience a rewarding one.

What is the First Year Navigator?
The First Year Navigator is a faculty member who has experience with the BN program and teaches first year nursing courses. The First Year Navigator is there to assist students with understanding the BN program, what is expected of them, and help with any issues that may arise.

What can I expect of the First Year Navigator?
The role of the First Year Navigator is to:

1. Assist students in fulfilling the clinical requirements for the BN program. This involves teaching students about immunizations, helping them complete correct documentation, and checking submitted documentation.

2. Assist students to explore life goals, particularly educational and career goals.

3. Answer questions about course registration, clinical requirements, first year timetable, and what can be expected as the student progresses through the nursing program.

4. Monitor students’ academic progress so that a problem is noted at an early stage and appropriate help can be obtained.

5. Advise students of available campus resources.

6. Encourage students to form some tangible links between themselves and the UNB community.

7. Help students with common developmental stressors and choices which may impact on their academic progress or their overall development.

8. Develop a helping relationship with the student by listening, encouraging, supporting, and being available to help students cope with the hurdles and difficulties of university life.

9. Work with Nursing Society and Peer Mentors to bridge academic and social aspects of nursing education.
10. Facilitate student involvement in UNB-wide first year experiences such as the Common Read program.

When will I be meeting with the First Year Navigator and Peer Mentors?
The goal is to have students meet the First Year Navigator and Peer Mentors as early as possible. Most students will meet the First Year Navigator during Orientation and all students. Weekly contact with the First Year Navigator can occur before and after nursing classes. Students may meet with the First Year Navigator individually or in small groups.

Peer Mentors will meet with small groups of students during the academic year. Normally, Peer Mentors will meet with students more frequently in the first six weeks of the nursing program. The focus for each group session may vary somewhat for each group. Generally there will be some common topics but hopefully there will be plenty of time to address the pertinent areas each group identifies as important to them.

What are my responsibilities in regard to academic advising?
Students are expected to demonstrate accountability by keeping individual appointments, attending group meetings, letting the First Year Navigator know when assistance is needed, and trying to follow through on the strategies the two of you have discussed and agreed to try.

Appointments can be arranged whenever you feel you need help. Contact your the First Year Navigator by phone, e-mail, or leave a message on the office door. Students are expected to check their e-mails regularly for notices from the First Year Navigator or Peer Mentor. You will be given specific instructions during your first meeting in September as to how to contact them should the need arise.

Mark your appointments on your calendar and be prompt in keeping them. Although the faculty recognizes that the advising of students regarding their studies is an important aspect of their role, students have to make an effort as well if the program is to be successful.

How much information will be given to the First Year Navigator?
The First Year Navigator has access to information on your academic performance so that he/she can monitor your progress. The First Year Navigator want to detect any problems as early as possible so that they can help students deal with them or refer them to one of the student services on campus. The goal is to help you have a successful transition through the first year of the nursing program so that you will have a better chance of reaching your long-term goal to become a professional nurse.
**Student Resources and Learning Centre (S.R.L.C.)**

The Student Resources and Learning Centre (SRLC) is located in room 112 of MacLaggan Hall and is a convenient place for nursing students to work on their assignments and projects with access to computer stations and a printer. (Students obtain print credits through their e-services.) The open Computer Lab consists of 20 computers owned by Integrated Technology Services. Students also have access to scanners for project use and for submitting their yearly Clinical Requirements. There is a photocopier which can be used with the student Ucard.

The Peer Mentor office is also located in the SRLC. This office (Room 112B) is an ideal location for students to meet with their Peer Mentors, upon request, for assistance in a variety of areas. Peer Mentors are also hired to provide coverage for the SRLC Secretary during lunch hour, evenings, and other shifts as required.

This office also holds files pertaining to Screening Clinics.

*The SRLC is also a First Aid Station and houses a First Aid Kit.*

**SRLC Hours of Operation during the fall and winter terms:**

Providing there is a student employee available, if not, the SRLC hours are 8 a.m. to 4 p.m.

Monday – Friday 8:00 a.m. – 6:00 p.m.
Saturday – Sunday CLOSED

Holiday and Summer Hours: 8:30 a.m. – 4:00 p.m.

**Planning during a Health Care Emergency**

During a health care emergency, students may be called upon to supplement the health care workforce. The Faculty of Nursing Pandemic Planning Committee has determined, based on nursing skills that students in the first and second years of the Four Year Nursing Program or the first six months of the Advanced Standing program would be able to work as volunteers. Students beyond the end of second year of the BN Four Year program, the end of the first six months of the Advanced Standing program would be eligible to be work as Nursing Student Employees. Students and employers need to be aware that there may be some variation in skill attainment by site. As always, regardless of employment status, students are expected to identify any limitations in their knowledge and experience.

Below are questions to be asked by first/second year and third/fourth year students in the event of being asked to provide services during a pandemic. This information will be shared with Regional Health Authorities.

Students who volunteer in the event of a health care emergency are reminded to review the Guidelines for Decision Making about volunteering.
QUESTIONS TO BE ASKED BY FIRST AND SECOND YEAR STUDENTS IN THE EVENT OF BEING ASKED TO PROVIDE SERVICES DURING A HEALTH CARE EMERGENCY

Students in first and second year of the Four Year Nursing Program, or the first six months of the Advanced Standing Program would be considered volunteers. A tool box of questions students should ask to protect themselves regarding expectations and assumptions is as follows:

1. What is expected of me?
2. What will my responsibilities be?
3. How do I communicate that I am only expected to perform volunteer activities?
4. How many hours do you expect me to commit to?
5. Why am I a volunteer and not a paid worker?
6. What is the health risk to me and my family?
7. How do I protect myself?
8. What is the liability coverage as a volunteer?
9. Who do I take orders/direction from? (RN/ LPN/ senior student)
10. Who would act as a contact person for me in case of problems/concerns?
11. Will someone respect my decision when I voice feelings of being overwhelmed?
12. Who will listen to me when I feel that I have been put in a position beyond my skill level?
13. What kind of supervision will be provided to me?
14. Who will I be volunteering for? (organization)
15. What is my professional/personal responsibility to volunteering?
16. Am I any different than a person off the street?
17. If in a volunteer capacity, will I be expected to do more than a volunteer off the street due to my level/area of education?
QUESTIONS TO BE ASKED BY THIRD AND FOURTH YEAR STUDENTS IN THE EVENT OF BEING ASKED TO PROVIDE SERVICES DURING A HEALTH CARE EMERGENCY

Students at the end of their second year of the Four Year Nursing Program, or at the end of the first six months of the Advanced Standing Program would be considered for the category of nursing student employee. A tool box of questions students should ask to protect themselves regarding expectations and assumptions is as follows:

1. What is expected of me?
2. What will my responsibilities be?
3. How do I communicate that I am working under the category of ‘nursing student employee’?
4. How many hours do you expect me to commit to?
5. What is the health risk to me and my family?
6. How do I protect myself?
7. What is the liability coverage as a paid worker?
8. Who do I take orders/direction from? (RN/ LPN/ senior student)?
9. Who will orient me?
10. What kind of preparation and supervision will be provided to me?
11. Who would act as a contact person for me in case of problems/concerns?
12. Will someone respect my decision when I voice feelings of being overwhelmed?
13. Who will listen to me when I feel that I have been put in a position beyond my skill level?
14. Who will I be employed by? (organization)
15. What is my professional/personal responsibility to work during a pandemic?