

NESA BN PROGRAMS FACULTY HANDBOOK 2014-2015



**Nursing Education in Southwestern Alberta (NESA)
NESA BN PROGRAMS FACULTY HANDBOOK
2014-2015**

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A. POLICIES: NESABN PROGRAMS CURRICULA

A.1. Mission, Beliefs, and Goals

A.1.a. Mission

We believe that registered nurses are integral to the promotion of health and provision of holistic health care to individuals, families, and communities, both locally and globally. Through collaborative partnerships with our students, practice partners, and the wider community, we seek to create an innovative, supportive, and diverse learning culture that facilitates the creation and exchange of nursing knowledge, and inspires transformation of our graduates into exemplary professional nurses who will be leaders in the pursuit of practice excellence.

A.1.b. Values and Beliefs

Persons:

- Are holistic beings who are more than, and different from, a sum of their parts.
- Are unique and only understood when the influences of the social, spiritual, cultural, political, economical, and historical systems are considered.
- Are valued, respected, and treated with dignity.
- Have a range of abilities, skills, beliefs, and values.
- Are continually learning, evolving, and changing throughout the lifespan.
- Are independent, adaptable, flexible, and interdependent.
- Experience interdependence through the bonds and links formed in the creation of families and communities.

Health:

- Is the extent to which individuals and groups can realize aspirations, satisfy needs, maximize potential, and adapt to the environment.
- Is a positive, dynamic state of being that embraces degrees of wellness in all the dimensions of health: physical, emotional, social, spiritual, intellectual, and developmental.
- Is influenced by determinants that are contextual in nature.

Nursing:

- Is a moral activity and views each human being as having intrinsic values.
- Incorporates principles of ethics and social justice.
- Requires critical thinking and clinical reasoning.
- Is a creative process that reflects consideration of and use of alternative ideas and beliefs.
- Is an evidence-based, goal-directed profession of human caring that assists others to achieve and maintain health, and to cope with disability and illness.
- Includes a blend of compassion and interpersonal skills demonstrated through the therapeutic use of self.
- Is committed to the provision of safe, competent and ethical care.
- Involves skillful application of relevant principles from the humanities: biological, social, psychological, and nursing sciences.
- Is a dynamic process that responds to the mutually assessed needs of individuals, families or communities.
- Is based on critical appraisal of evidence to provide best practices in the development and provision of primary health care.
- Involves partnerships with other disciplines and with individuals, families or communities who are the focus of care.

Teaching/Learning

- Is a learner-centred endeavour based on sound curricular theory.
- Fosters a sense of teamwork and a cooperative learning environment where students are active participants in the learning process.
- Encourages the development of evidence-based practice, critical thinking, and clinical reasoning.
- Emphasizes theoretical pluralism, encouraging a variety of philosophical approaches to nursing practice and research.
- Values lifelong learning for students and faculty in an environment that supports caring among students, faculty, and clients.

- Promotes teaching excellence through innovation and collaboration, complemented by technology.
- Values and supports the contributions of practitioners, preceptors, and community partners in institutions and the community.

A.1.c. Program Goals

- Provides education that promotes innovative nursing practice and scholarship.
- Utilizes a teaching/learning process that is learner-centred and facilitates lifelong learning and continuing competence.
- Prepares graduates to be caring holistic professionals who base their nursing practice on theoretical knowledge, evidence, and standards for nursing practice.
- Promotes quality clinical practice to the full scope of the baccalaureate nursing role.
- Places theoretical and clinical emphasis on cultural, social, and health issues, particularly related to rural, elderly, and Aboriginal populations.
- Encourages the professional development of its diverse faculty as educators, clinicians, researchers, and community advocates.
- Collaborates with clinical and community partners in nursing education, practice, and research.

A.1.d. Goals of the Graduate

- Employs critical thinking and clinical reasoning in nursing practice.
- Is a reflective practitioner and lifelong learner.
- Provides comprehensive and compassionate care.
- Communicates effectively and develops therapeutic relationships.
- Uses a variety of technology and information systems and sources to gather evidence.
- Incorporates understanding of cultural, social, and health issues in the provision of care.
- Demonstrates leadership and professionalism in nursing practice.
- Provides safe, competent, ethical care.
- Works in collaboration within interprofessional teams.

(May, 2014)

A.2. Curriculum Framework

The NES Curriculum Framework illustrates the process and content themes for the curriculum.

The Process Themes include:

Communication and relationships
Scholarship and nursing informatics
Critical thinking
Leadership and professionalism
Teaching and learning (reflective practice)
Clinical practice

The Content Themes include:

Health Illness
Healing Caring
Holism Populations
Environment

Each course within the curriculum will have a primary focus that will include three or four of the cells in the framework representing the knowledge or skills required to successfully complete the course. In addition, courses will likely also include several other content and process themes that are not critical for passing the course.

NESA BN PROGRAMS CURRICULUM FRAMEWORK

| | | Content Themes | | | | | | |
|----------------|---|----------------|--------|---------|---------|--------|-------------|-------------|
| | | Holism | Health | Illness | Healing | Caring | Populations | Environment |
| Process Themes | Communication and Relationships | | | | | | | |
| | Scholarship and Nursing Informatics | | | | | | | |
| | Critical thinking | | | | | | | |
| | Leadership and Professionalism | | | | | | | |
| | Teaching and Learning (Reflective Practice) | | | | | | | |
| | Clinical Practice | | | | | | | |

NESA Curriculum committee
May 2007

The definitions of the content themes in this Curriculum Framework include:

Health - is a dynamic state of well-being with biopsychosocial, spiritual, environmental, and cultural dimensions, which individuals, families and communities alike strive to achieve, maintain, and regain over time. It is not merely the absence of disease or infirmity. To achieve health for all, individuals, families and communities must be able to identify and realize aspirations, satisfy needs and change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities (Ottawa Charter for Health Promotion, 1986; Pender, Murdaugh & Parsons, 2006; Vollman, Anderson & McFarlane, 2004; WHO, 1998).

Illness – is a highly personal state in which the person’s physical, emotional, intellectual, social, developmental, or spiritual functioning is thought to be diminished. It is a subjective experience of loss of health which may or may not be related to disease (Jensen & Allen, 1993; Kozier, Erb, Berman, Burke, Bouchal & Hirst, 2000; Labonte, 1993; Naidoo & Wills, 1994).

Healing - is a bio-psycho-social-spiritual process that exists as a potential in all individuals and is activated from within. As a healing facilitator, the nurse forms a caring relationship which assists the client by triggering his/her own self-healing potential (Wells-Federman, 1996; Gilkeson, 2000).

Caring – is the means, the medium, the mode through which the human being is a being-in-the-world. There are five attributes of human behaviour that express caring: compassion, competence, confidence, conscience, and commitment (Roach, 1998).

Holism – involves identifying the interrelationships of the bio-psycho-social-spiritual dimensions of the person, recognizing that the whole is greater than the sum of its parts; and that holism involves understanding the individual as a unitary whole in mutual process with the environment (American Holistic Nursing Association, 1998).

Population – is a specified group within society whose members share a common identity or interest that may be related to geographical, political, social, economic, physical environment, age, or status factors (Clark, 2003; Neufeld and Harrison, 1995; Vollman, Anderson, McFarlane, 2004; and Wass, 2000).

Environment – the client is embedded in and interacts with a complex environmental system. It includes the familial and social systems in which a person lives, the community resources available, the geographic and political factors that influence health, and the health care systems that may be available. Consideration of environment takes into account the local, national, and global influences that affect all clients (Potter & Perry, 2014).

(October, 2006)

A.3. Leveling Matrix

The NESAs Leveling Matrix arises from the NESAs Curriculum Framework and adds detail and specifics that indicate the educational leveling of both Process and Content themes across the four years of the program. Within each year, the required courses in the NESAs curriculum will combine to include all of the Process and Content activities and topics identified in that year's Leveling Matrix. Taken together, the Leveling Matrices for all four years illustrate how the NESAs student is gradually able to demonstrate the NESAs Program Graduate Goals by the end of the program.

NESAs Leveling Matrix Year 1

| PROCESS THEMES | | | | | | CONTENT THEMES |
|--|--|--|--|--|---|---|
| Communication & Relationships | Scholarship and Nursing Informatics | Critical Thinking | Leadership/ Professionalism | Teaching and Learning (reflective practice) | Clinical Practice | |
| • Introduction to principles of therapeutic communication and basic interviewing | • Introduction to resources for credibility and appropriateness to inform clinical reasoning | • Introduction to problem solving and decision making | • Introduction to health policy | • Introduction to concepts of teaching and learning | • Introduction to health assessment to individuals, families and communities | • The profession of nursing including an introduction to the historical perspective |
| • Reflects on personal beliefs and values | • Introduction to professional and scholarly writing | • Introduction to critical thinking and clinical reasoning | • Awareness of forms of political action | • Introduction to the use of feedback in nursing practice | • Introduction to health promotion, disease prevention, and health maintenance | • Nursing theories and models |
| • Recognition of conflict | • Introduction to use of evidence-based nursing | • Introduction to the relationship between other fields of inquiry and the nursing perspective | • Introduction to ethical and professional behaviours | • Introduction to reflective practice | • Introduction to fundamental nursing care and psychomotor skills | • Healthy individuals and families |
| • Introduction to principles of interprofessional relationships | • Introduction to the difference between qualitative and quantitative research domains | • Introduction to nursing theories and models | • Understands concepts of advocacy | • Introduction to life-long learning | • Care of clients in DAL and long-term care facilities | • Basic human functioning |
| • Understands professional principles of written and verbal communication | • Introduction to nursing informatics in health care | • Awareness of practice policies | • Recognizes importance of self-care as a professional | • Introduction to CARNA standards of practice | • Introduction to the nursing process and planning of care | • Holistic care |
| • Demonstrates caring behaviours and attitudes in therapeutic relationships | | | • Understands nursing leadership roles | • Introduction to continuing competence and learning plans | • Introduction to the importance of psychosocial, spiritual, cultural needs when providing care | • Life events across the lifespan |
| | | | • Introduction to roles within the interprofessional healthcare team | • Introduction to the principles of health education | | • Determinants of health |
| | | | • Introduction to the role and function of professional associations and the union | | | • Health promotion |
| | | | • Beginning understanding of the nursing profession | | | • Health, illness & healing |
| | | | | • Spiritual and cultural assessment | | |
| | | | | • Ethics in practice | | |
| | | | | • Caring | | |
| | | | | • Principles of Primary Health Care | | |

May 2014

NESA Leveling Matrix Year 2

| PROCESS THEMES | | | | | | CONTENT THEMES |
|---|--|---|---|---|---|---|
| Communication & Relationships | Scholarship and Nursing Informatics | Critical Thinking | Leadership/ Professionalism | Teaching and Learning (reflective practice) | Clinical Practice | |
| <ul style="list-style-type: none"> Applies therapeutic communication and interviewing skills effectively | <ul style="list-style-type: none"> Understand and explore resources for credibility and appropriateness to inform clinical reasoning | <ul style="list-style-type: none"> Introduction to ethical problem solving and decision making | <ul style="list-style-type: none"> Awareness of power and political issues in health and healthcare | <ul style="list-style-type: none"> Understanding of the concepts of teaching and learning in theory and practice | <ul style="list-style-type: none"> Understanding of health assessment to individuals, families and communities | <ul style="list-style-type: none"> Diverse populations |
| <ul style="list-style-type: none"> Reflects on personal beliefs and values in context of therapeutic relationships | <ul style="list-style-type: none"> Demonstrate basic professional and scholarly writing | <ul style="list-style-type: none"> Continued development in the demonstration of critical thinking and clinical reasoning | <ul style="list-style-type: none"> Beginning to engage in forms of political action | <ul style="list-style-type: none"> Understand the use of feedback in nursing practice | <ul style="list-style-type: none"> Understanding of health promotion, disease prevention, and health maintenance | <ul style="list-style-type: none"> Introductory concepts of illness |
| <ul style="list-style-type: none"> Applies basic conflict resolution skills | <ul style="list-style-type: none"> Discusses evidence-based nursing in classroom and practice setting | <ul style="list-style-type: none"> Increased understanding and incorporation of knowledge from other fields of inquiry and the nursing perspective | <ul style="list-style-type: none"> Demonstration of accountability in ethical and professional behaviours | <ul style="list-style-type: none"> Shows comprehension of reflective practice | <ul style="list-style-type: none"> Understanding of fundamental nursing care and psychomotor skills | <ul style="list-style-type: none"> Pathophysiology of common health challenges, nursing assessment and interventions in acute variations in health |
| <ul style="list-style-type: none"> Engages in collaborative interprofessional relationships | <ul style="list-style-type: none"> Understand the difference between qualitative and quantitative research domains and an introduction to research methodologies in theory and practice | <ul style="list-style-type: none"> Application of nursing theories and models to learning and nursing practice | <ul style="list-style-type: none"> Development of advocacy skills | <ul style="list-style-type: none"> Able to discuss life-long learning skills | <ul style="list-style-type: none"> Care of clients in acute care settings | <ul style="list-style-type: none"> Common therapies including complementary and alternative therapies |
| <ul style="list-style-type: none"> Effective written and verbal communication with clients, families, and interprofessional team | <ul style="list-style-type: none"> Opportunity to develop understanding of nursing informatics in health care | <ul style="list-style-type: none"> Application of practice policies | <ul style="list-style-type: none"> Demonstrates and reflects on self-care behaviours | <ul style="list-style-type: none"> Understands the use of the CARNA standards of practice in their own practice | <ul style="list-style-type: none"> Understanding the nursing process and planning of care in theory and practice settings | <ul style="list-style-type: none"> Holistic care |
| <ul style="list-style-type: none"> Reflects on caring behaviours and attitudes demonstrated in therapeutic relationships | <ul style="list-style-type: none"> Ability to state and support a position | | <ul style="list-style-type: none"> Increased understanding of the role and function of the professional associations and union | <ul style="list-style-type: none"> Understanding of continuing competence and learning plans | <ul style="list-style-type: none"> Beginning to transfer knowledge from nursing and other fields to practice | <ul style="list-style-type: none"> Canadian health care delivery system and health policy |
| | | | <ul style="list-style-type: none"> Increased understanding of the professional nursing role | | <ul style="list-style-type: none"> Understanding the importance of psychosocial, spiritual, cultural needs when providing care | <ul style="list-style-type: none"> Principles of Primary Health Care and continuum of care |
| | | | <ul style="list-style-type: none"> Beginning role as an interprofessional team member | | | <ul style="list-style-type: none"> Spiritual and cultural assessments and interventions |
| | | | | | | <ul style="list-style-type: none"> History of nursing |
| | | | | | | <ul style="list-style-type: none"> Legal and ethical issues in nursing |
| | | | | | | <ul style="list-style-type: none"> Exploration of concepts related to women's and children's health, and medical/surgical nursing |
| | | | | | | <ul style="list-style-type: none"> Concepts of health promotion, illness prevention, health maintenance and palliation |

NESAs Leveling Matrix Year 3

| PROCESS THEMES | | | | | | CONTENT THEMES |
|---|---|--|---|--|--|--|
| Communication & Relationships | Scholarship and Nursing Informatics | Critical Thinking | Leadership/ Professionalism | Teaching and Learning (reflective practice) | Clinical Practice | |
| <ul style="list-style-type: none"> Techniques and developing therapeutic relationships | <ul style="list-style-type: none"> Analyzes resources for credibility and appropriateness to inform clinical reasoning | <ul style="list-style-type: none"> Exploration of problem solving and ethical decision and dilemmas | <ul style="list-style-type: none"> Critical examination and analysis of power, political issues, and avenues for change in health and healthcare | <ul style="list-style-type: none"> Application of the concepts of teaching and learning in theory and practice | <ul style="list-style-type: none"> Application of health assessment to individuals, families and communities | <ul style="list-style-type: none"> Diverse populations |
| <ul style="list-style-type: none"> Reflects on impact of personal beliefs and values on therapeutic relationships | <ul style="list-style-type: none"> Demonstrate proficient professional and scholarly writing skills | <ul style="list-style-type: none"> Address complex situations using critical thinking and clinical reasoning | <ul style="list-style-type: none"> Increasing engagement in forms of political action | <ul style="list-style-type: none"> Apply the use of feedback in nursing practice | <ul style="list-style-type: none"> Application of health promotion, disease prevention, and health maintenance | <ul style="list-style-type: none"> Advanced concepts of acute and chronic health problems |
| <ul style="list-style-type: none"> Increased conflict resolution skills | <ul style="list-style-type: none"> Apply evidence-based nursing in classroom and practice setting | <ul style="list-style-type: none"> Integration of knowledge from other fields of inquiry with the nursing perspective | <ul style="list-style-type: none"> Reflects on professional ethics and accountability | <ul style="list-style-type: none"> Application of reflective practice | <ul style="list-style-type: none"> Application of fundamental nursing care and psychomotor skills | <ul style="list-style-type: none"> Nursing Leadership |
| <ul style="list-style-type: none"> Initiates and implements interprofessional relationships | <ul style="list-style-type: none"> Analyze the differences between qualitative and quantitative research domains and discuss various research methodologies in theory and practice | <ul style="list-style-type: none"> Integration of nursing theories and models to learning and nursing practice | <ul style="list-style-type: none"> Increased proficiency in advocacy | <ul style="list-style-type: none"> Demonstrates life-long learning skills | <ul style="list-style-type: none"> Care of clients in rural community and mental health settings | <ul style="list-style-type: none"> Common therapies including complementary and alternative therapies |
| <ul style="list-style-type: none"> Effective written and verbal communication and collaboration with clients, families, and interprofessional team | <ul style="list-style-type: none"> Opportunity to analyze nursing informatics in health care | <ul style="list-style-type: none"> Awareness of evidence that impacts policy and practice | <ul style="list-style-type: none"> Analyzes effectiveness of self-care behaviours | <ul style="list-style-type: none"> Application of CARNA standards of practice to their own practice | <ul style="list-style-type: none"> Applies the nursing process and planning of care in theory and practice settings | <ul style="list-style-type: none"> Primary health care and the continuum of care |
| <ul style="list-style-type: none"> Integrates caring behaviours and attitudes in all interactions with clients, families, and communities | <ul style="list-style-type: none"> Ability to analyze and support a position with evidence | | <ul style="list-style-type: none"> Increased effectiveness as a member of the interprofessional healthcare team | <ul style="list-style-type: none"> Beginning to apply continuing competence and learning plans | <ul style="list-style-type: none"> Purposeful analysis of transfer of knowledge from nursing and other fields to practice | <ul style="list-style-type: none"> Holistic care |
| | | | <ul style="list-style-type: none"> Critically examines the value and purpose of the professional associations and union | <ul style="list-style-type: none"> Demonstrates responsibility for professional growth by seeking experiences and direction | <ul style="list-style-type: none"> Demonstrates the importance of psychosocial, spiritual, cultural needs when providing care | <ul style="list-style-type: none"> Canadian health care delivery system and health policy |
| | | | <ul style="list-style-type: none"> Articulates and applies knowledge of the nursing practice standards | | | <ul style="list-style-type: none"> Exploration of concepts related to mental health, community & acute care nursing |
| | | | <ul style="list-style-type: none"> Understands and applies beginning case management concepts and roles | | | <ul style="list-style-type: none"> Spiritual and cultural assessments and interventions |
| | | | | | | <ul style="list-style-type: none"> History of nursing |
| | | | | | | <ul style="list-style-type: none"> Legal and ethical issues in nursing |
| | | | | | | <ul style="list-style-type: none"> Introductory concepts of community development |
| | | | | | | <ul style="list-style-type: none"> Concepts of health promotion, illness prevention, health maintenance and palliation |

NESAs Leveling Matrix Year 4

| PROCESS THEMES | | | | | | CONTENT THEMES |
|--|--|--|--|--|---|--|
| Communication & Relationships | Scholarship and Nursing Informatics | Critical Thinking | Leadership/ Professionalism | Teaching and Learning (reflective practice) | Clinical Practice | |
| <ul style="list-style-type: none"> Consistently effective communication in therapeutic relationships | <ul style="list-style-type: none"> Evaluate resources for credibility and appropriateness to inform clinical reasoning | <ul style="list-style-type: none"> Evaluation of implications of ethical problem solving and decision making | <ul style="list-style-type: none"> Critical analysis and evaluation of interrelationships of power and political issues in health and health care | <ul style="list-style-type: none"> Evaluation of the concepts of teaching and learning in theory and practice | <ul style="list-style-type: none"> Evaluation of health assessment to individuals, families and communities | <ul style="list-style-type: none"> Diverse populations |
| <ul style="list-style-type: none"> Evaluates impact of personal values and beliefs on therapeutic relationships | <ul style="list-style-type: none"> Demonstrate skilled professional and scholarly writing | <ul style="list-style-type: none"> Evaluates effect of critical thinking and clinical reasoning in complex situations | <ul style="list-style-type: none"> Engages in increasingly public forms of political action | <ul style="list-style-type: none"> Evaluate the use of feedback in nursing practice | <ul style="list-style-type: none"> Evaluation of health promotion, disease prevention, and health maintenance | <ul style="list-style-type: none"> Advances concepts of acute and chronic health problems |
| <ul style="list-style-type: none"> Effective conflict resolution skills in complex situations | <ul style="list-style-type: none"> Analyze evidence-based nursing in classroom and practice setting | <ul style="list-style-type: none"> Verify the value of integration of knowledge from other fields of inquiry with the nursing perspective | <ul style="list-style-type: none"> Evaluates impact of professional ethics and behaviours on provision of care | <ul style="list-style-type: none"> Evaluation of reflective practice | <ul style="list-style-type: none"> Evaluation of fundamental nursing care and psychomotor skills | <ul style="list-style-type: none"> Nursing management |
| <ul style="list-style-type: none"> Effective interprofessional relationships and teamwork skills | <ul style="list-style-type: none"> Evaluate the differences between qualitative and quantitative research domains and utilize various research methodologies in theory and practice | <ul style="list-style-type: none"> Evaluate the application of nursing theories and models to learning and nursing practice | <ul style="list-style-type: none"> Initiates advocacy action for clients, families, and communities | <ul style="list-style-type: none"> Evaluates life-long learning skills | <ul style="list-style-type: none"> Care of clients in a preceptored experience in any setting | <ul style="list-style-type: none"> Common therapies including complementary and alternative therapies |
| <ul style="list-style-type: none"> Evaluates effectiveness of written and verbal communication and collaboration with clients, families, and interprofessional team | <ul style="list-style-type: none"> Evaluate nursing informatics in health care | <ul style="list-style-type: none"> Incorporates evidence to influence policy and practice | <ul style="list-style-type: none"> Evaluates and modifies self-care behaviours | <ul style="list-style-type: none"> Evaluates the use of the CARNA standards of practice related to their own practice | <ul style="list-style-type: none"> Evaluates the nursing process and planning of in theory and practice settings | <ul style="list-style-type: none"> Primary health care and the continuum of care |
| <ul style="list-style-type: none"> Evaluates impact of caring behaviours and attitudes on provision of nursing care | <ul style="list-style-type: none"> An ability to implement research findings within their practice | | <ul style="list-style-type: none"> Contributes effectively to the operation of interprofessional healthcare teams | <ul style="list-style-type: none"> Evaluates continuing competence and learning plans | <ul style="list-style-type: none"> Purposeful evaluation of the transfer of knowledge from nursing and other fields to practice | <ul style="list-style-type: none"> Canadian health care delivery system and health policy |
| | <ul style="list-style-type: none"> Challenge a position with evidence | | <ul style="list-style-type: none"> Critically evaluates the values and purpose of the professional association and union | <ul style="list-style-type: none"> Evaluates own ability to be self-directed and demonstrates responsibility for professional growth in self and others | <ul style="list-style-type: none"> Evaluates psychosocial, spiritual and cultural needs when providing care | <ul style="list-style-type: none"> Holistic care |
| | | | <ul style="list-style-type: none"> Applies nursing practice standards consistently | | <ul style="list-style-type: none"> Coordinates and manages client care across a continuum of care in collaboration with the health care team | <ul style="list-style-type: none"> Exploration of concepts related to mental health, community & acute care nursing |
| | | | <ul style="list-style-type: none"> Effective application of case management concepts and roles | | | <ul style="list-style-type: none"> Spiritual and cultural assessments and interventions |
| | | | | | | <ul style="list-style-type: none"> History of nursing |
| | | | | | | <ul style="list-style-type: none"> Legal and ethical issues in nursing |
| | | | | | | <ul style="list-style-type: none"> Introductory concepts of community development |
| | | | | | | <ul style="list-style-type: none"> Relationship of political systems and health systems |

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- World Health Organization (1998). Constitution document.

A.4. Teaching-Learning Process

The teaching-learning processes used in the BN programs are grounded in the mission, beliefs, values, and outcomes described earlier. Nursing faculty believe the evidence that learning is more effective interactive teaching strategies are used in the context of caring relationships. Involving students in their own learning reflects the practice of nurses who involve clients in managing their own health. Students in classroom and practice settings acquire knowledge and skills relevant to professional nursing situations through participation in:

- small base group sharing,
- large group discussion,
- case study review,
- evidence retrieval, and synthesis, and
- use of information technology tools.

Many community agency partners provide practice learning opportunities in diverse settings, including:

- continuing care
- acute care
- community
- mental health

Whenever possible, nursing theory courses are aligned with concurrent nursing practice experiences. In senior courses, concepts are more complex and are applied to the health of groups and communities. Knowledge from liberal education disciplines (arts, fine arts, sciences, social sciences, and humanities) is integrated into the nursing programs to develop generalists who respect human diversity. Graduates of the BN programs are life-long learners who are skilled in problem-solving, teamwork, and reflective learning based on experience. The College and Association of Registered Nurses of Alberta (CARNA) requires all registered nurses to demonstrate these attributes.

Student effort is integral to their success in the BN programs. As students move through the programs, they are taught how to take more initiative in directing their learning as they gradually acquire more independence in classroom and practice settings. Students and faculty members have similar accountabilities to learning is created by being prepared and sharing knowledge and experience. According to CARNA, accountability in nursing includes demonstration of self-directed learning strategies, reflection on personal experiences and performance, and openness to feedback. Students also show accountability by working independently and cooperatively to achieve group, course, and program outcomes. Independent learning requires students to prepare for class and nursing practice experiences by finding resources and reading. Students and faculty members show commitment to interactive teaching-learning strategies by actively participating and encouraging critical thinking-determining meaning and applying evidence to situations. Nursing faculty members share their professional knowledge and expertise to support student learning. Within the curriculum framework, nursing faculty members creatively adapt teaching-learning strategies to:

- the course content
- the realities of the learning context
- the group or class characteristics

Diversity in courses with multiple sections is balanced with commitment to the CARNA entry-to-practice competencies, program goals, and course outcomes. (April 2010)

A.5. Evaluation Processes, Philosophy and Guidelines

Process

Course evaluations (by students):

- Faculty member adapts basic format of institution
- Similar courses across Years 1- 4 identify issues at Stream Subcommittees
- Passed on to BN Curriculum Coordinating Committee
- Make recommendations to NESAs BN Programs Joint Faculty
- If required, on to institutional academic approval bodies

Term or Year evaluations (by students):

- Program Evaluation Subcommittee initiated
- Analyzed and summarized by Program Evaluation Sub-committee
- Issues identified and referred as required to NESAs BN committees
- Action items referred to NESAs BN Programs Joint Faculty

Program evaluations (by graduates and by employers):

- Program Evaluation Subcommittee initiated
- Analyzed and summarized by Program Evaluation Subcommittee
- Issues identified and referred as required to NESAs BN committees
- Action items referred to NESAs BN Programs Joint Faculty

Faculty evaluations (by students):

- Format varies by institution
- Combined with peer evaluations, if any requested by faculty member

Philosophy

- Learners are actively involved in evaluation: they actively seek feedback from faculty and fellow students and provide feedback about evaluation methods.

- Evaluation occurs within the context of caring within the learner/faculty relationship, taking into account the learner as an individual and the development of the learner's potential.
- Evaluation is congruent with the interactive teaching-learning processes used in the NESAs BN programs, is learner-centered and focused on process as well as content. Learners are ultimately responsible for ensuring the quality and breadth of their learning.
- A variety of approaches to evaluation are used which are appropriate to different levels and types of learning.
- Learners will become skilled in evaluating their own performance in preparation for future reflective practice. Evaluation is an ongoing process through which learners evaluate their practice and identify future learning needs.
- Evaluation will include both formative and summative evaluation, to ensure that information is provided about ongoing progress as well as end-of-course achievement.
- Evaluation methods will be fair, rigorous, and relevant to the desired learning.
- The process of evaluation uses evidence-based practice and explores new evaluation methods to continually improve the process.
- Evaluation is a competency that requires ongoing faculty development and support.

Guidelines

- Learners are ultimately responsible for ensuring the quality and breadth of their learning.
- Learners will be asked to evaluate their own performance in practice courses, using the same evaluation tool as their faculty member. Learners may be asked to evaluate their own performance in theory courses.
- Learners may be invited to participate in the design and implementation of self and peer assessment strategies.
- Learners will be given feedback in a timely fashion.
- Learners will be given a reasonable opportunity to demonstrate improvement. Learners are responsible for collaborating with faculty to outline a plan for improvement.
- Learners will have sufficient feedback about their progress in a course to be able to make sound judgments with respect to withdrawal deadlines.
- Learners have a right to evaluation feedback in written format. Any comments and feedback must be considered within the context of the learning experience and progression of learning.
- The assessment and evaluation methods components for any course will be clearly presented in the course syllabus.
- Learners must successfully meet each course outcome by the end of the course.
- Faculty members are encouraged to use a variety of assessment and evaluation methods in any one course to support learners with alternative learning styles.
- Assessment and evaluation methods are aligned with interactive teaching-learning strategies.
- The assessment process and handling of results must ensure the privacy of those assessed as per Freedom of Information and Protection of Privacy (FOIPP) guidelines.

A.6. NESAs BN Programs

BN Program Course Sequencing

Year 1 – Term I Fall (LC)

NSG 1150/NURS 1020 Concepts of Health I
 NSG 1163/NURS 1220 Nursing Practice I
 BIO 1160/BIOL 1xxx Anatomy & Physiology I
 ENG 1150/Humanities 1xxx Composition
 PSY 1160/PSYC 1000 Basic Concepts of Psychology

Year 2 – Term I Fall (LC)

NSG 2250/2020 Health, Illness & Healing I
OR NSG 2254/2125
 NSG 2263/NURS 2150 Nursing Practice III

Year 1 – Term II Winter (LC)

NSG 1155/NURS 1120 Concepts of Health II
 NSG 1173/NURS 1320 Nursing Practice II
 BIO 1161/SCIE 2xxx Anatomy & Physiology II
 BIO 1162/2xxx Microbiology of Infectious Diseases
 SOC 1160/1000 Intro to Sociology

Year 2 – Term II Winter (LC)

NSG 2254/2125 Health, Illness & Healing II
OR
 NSG 2250/2020
 NSG 2279/NURS 2135 Professional Seminar I

NSG 2290/NURS 2260 Applied Therapeutics
 PSY 1170/PSYC 2xxx Human Development
 HUM 1155/PHIL1000 Ethics

Year 3 – Term I Fall (UofL)

NURS 3125 **OR** 3230 **OR** 3020
 NURS 4510 **OR** 4520 **OR** 4530
 NURS 3360 Research Methodology
 HLSC 3450/PSYC 3450 Applied Statistics for Clinical
 Practice

Year 4 – Term I Fall (UofL)

NURS 3125 **OR** 3230 **OR** 3020
 NURS 4510 **OR** 4520 **OR** 4530

NSG 2293/NURS 2255 Nursing Practice
 IV
 Fine Arts/Humanities Elective
 Fine Arts/Humanities Elective

Year 3 – Term II Spring (UofL)

NURS 3125 **OR** 3020 **OR** 3230
 NURS 4510 **OR** 4520 **OR** 4530
 NURS 3135 Professional Seminar II

Year 4 – Term II Spring (UofL)

NURS 4750 Senior Clinical Consolidation

BN Program – Fast Track Option

Student Qualification and Selection Process

The Fast Track Option enables about one-third of the student cohort to complete the BN Program by the end of December rather than the end of April following the fourth year. This group of students will complete Term VII of the program during the Summer Sessions, and Term VIII in the Fall. This option is open to BN students in good standing with a minimum Grade Point Average (GPA) of 2.50 in all **Nursing/Health Sciences** courses counted towards NESAs BN program requirements. The GPA calculation will involve all Nursing/Health Sciences courses completed up to and including the fall term of second year. In February of Year 2, students will be invited to a Fast Track Option information session. Students who meet the minimum qualifications, and are interested and willing to participate, will be invited to complete the Fast Track Option application form and return it to the Faculty of Health Sciences office (Markin Hall 3083, University of Lethbridge) by the due date provided on the form.

If interest exceeds capacity, students are chosen for the Fast Track Option through random selection. Student names will be drawn until the quota is met. Subsequently, qualifying students will be sent letters of offer. Students must submit a signed and dated letter of offer (hard copy) to the Faculty of Health Sciences office prior to the deadline indicated on the offer. When a student declines an offer, additional letters of offer are initiated until the quota is filled. Students formally agreeing to join the Fast Track must remain in that track. Successful graduates are eligible to write the NCLEX-RN following completion of the program and to attend Spring Convocation.

The first two years are identical to the regular course sequencing of the BN Program. The usual sequencing plan for Years 3 and 4 is as follows (although this is subject to change):

Fast Track Course Sequencing (University Campus)

Year 3 – Fall (UofL)

One of:
 NURS 3020 Health, Illness & Healing III
 NURS 3125 Health, Illness & Healing IV
or NURS 3230 Health Illness & Healing V

NURS 3360 Research Methodology

One of:
 NURS 4510 Nursing Practice-Mental Health Nursing
 NURS 4520 Nursing Practice-Community Health
 Nursing
or NURS 4530 Nursing Practice-Medical Surgical
 Nursing

HLSC 3450/PSYC 3450 Applied Statistics for Clinical
 Practice

Year 4 – Summer (UofL)

One of:
 NURS 3020 Health, Illness & Healing III

Year 3 – Spring (UofL)

One of:
 NURS 3020 Health, Illness & Healing III
 NURS 3125 Health, Illness & Healing IV
or NURS 3230 Health, Illness & Healing V

NURS 3135 Professional Seminar II

One of:
 NURS 4510 Nursing Practice-Mental Health Nursing
 NURS 4520 Nursing Practice-Community Health
 Nursing
or NURS 4530 Nursing Practice-Medical Surgical
 Nursing

Social Science Elective
 Health Sciences/Public Health Elective

NURS 3125 Health, Illness & Healing IV
or NURS 3230 Health, Illness & Healing V

NURS 4135 Professional Seminar III

One of:

NURS 4510 Nursing Practice-Mental Health Nursing

NURS 4520 Nursing Practice-Community Health

Nursing

or NURS 4530 Nursing Practice-Medical Surgical

Nursing

Year 4 – Fall (UofL)

NURS 4750 Senior Clinical Consolidation

Note: Due to the structured nature of the NESAs BN programs, students are required to complete nursing courses during the semesters in which they are assigned. Students who do not follow the standard program sequence each semester are at risk and may not complete the program. All 3rd and 4th year courses, including electives, must be completed at the University of Lethbridge in order to meet the University of Lethbridge residence requirement.

A.7. Bachelor of Nursing After Degree Program (BN-AD Program)

The Nursing Practice courses provide students with opportunities to expand nursing knowledge and apply learning to the care of clients in a variety of settings. Practicum placements occur in community and institutional settings at all levels of the Program.

In year 1, courses focus on health, health assessment and health promotion. In subsequent years, learning in institutional settings is directed toward caring for clients with acute and chronic health problems with increasingly complex health challenges. Learning in community settings focuses on health promotion and prevention of illness or injury in populations. The final practicum in the program gives students the opportunity to prepare for the role of the graduate nurse.

Note: All required courses must be successfully completed prior to entry into the subsequent year.

BNAD Program Course Sequencing

Year 1 - Fall (LC)

NSG 1181/1050 – Intro. to Nursing

NSG 1182/1150 – Health Assessment

NURS 3360 – Research Methodology

Year 1 - Winter (LC)

NSG 2250/2020 – Health, Illness & Healing I

NSG 2263/2150 – Nursing Practice III

NSG 2290/2260 – Applied Therapeutics

Year 1 - Summer (UofL)

NURS 2125 – Health, Illness & Healing II

NURS 2255 – Nursing Practice IV

NURS 3125 – Health Illness & Healing IV

NURS 4511 – Mental Health Nursing Practice

Year 2 - Fall (UofL)

NURS 3135 – Professional Seminar II

NURS 3230 – Health, Illness & Healing V

NURS 4530 – Nursing Practice – Med/Surg

Year 2 – Spring (UofL)

NURS 3020 – Health, Illness & Healing III

NURS 4135 – Professional Seminar III

NURS 4520 – Nursing Practice – Comm. Health

Year 2 – Summer (UofL)

NURS 4750 – Senior Clinical Consolidation

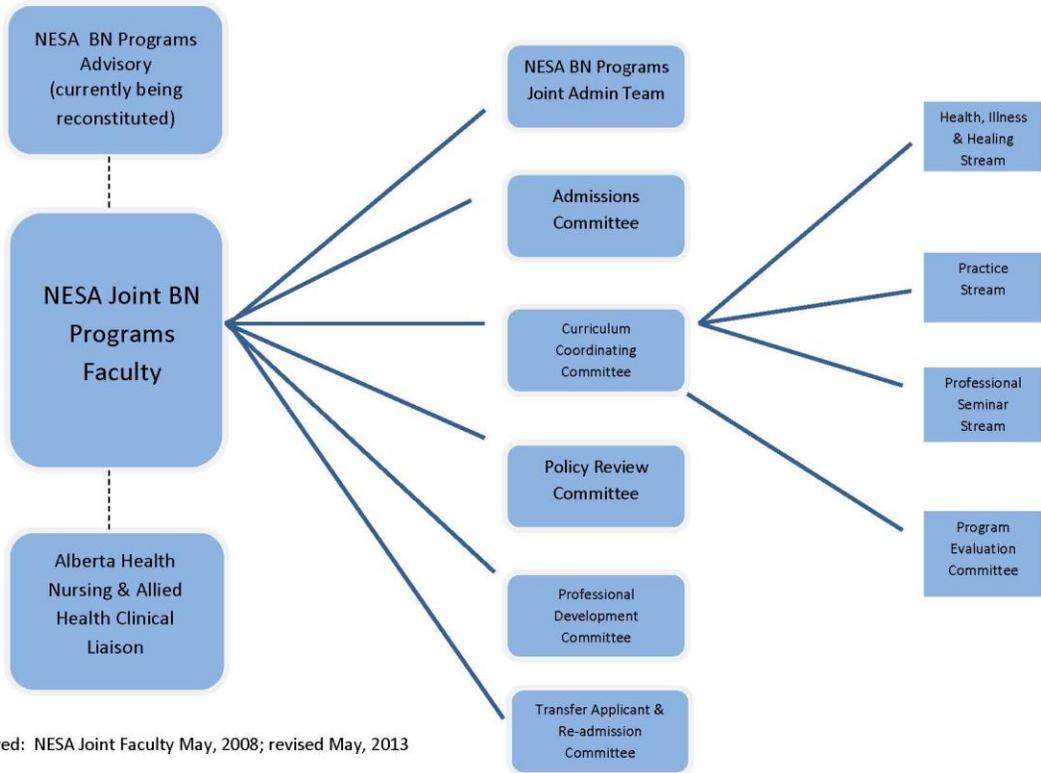
Note: All required courses must be successfully completed in order to proceed to the next semester of the program. Due to the structured nature of the NESAs BN programs, students are required to complete nursing courses during the semesters in which they are assigned. Students who do not follow the standard program sequence each semester are at risk and may not complete the program.

B. GOVERNANCE: NESAs BN PROGRAMS COMMITTEE STRUCTURE

B.1. Governance Structure

Nursing Education in Southwestern Alberta (NESA)

GOVERNANCE STRUCTURE



Approved: NESA Joint Faculty May, 2008; revised May, 2013

B.2. Joint Faculty - Terms of Reference

This group is the senior decision-making body within the Nursing Education of Southwestern Alberta (NESA) BN Programs governance structure. It works in conjunction with the academic approval bodies of Lethbridge College and the Faculty of Health Sciences at the University of Lethbridge. Its functions and responsibilities are to:

Curriculum

- Develop and review the vision, mission, values, program goals, and graduate goals for the NESA BN programs.
- Approve the NESA curriculum for generic students.
- Recommend decisions requiring approval by Lethbridge College and the University of Lethbridge to the appropriate academic decision-making bodies.
- Work in partnership with organizations providing clinical placements for the benefit of all parties.
- Establish and implement quality management structures and processes to ensure the delivery of excellent baccalaureate nursing education.

Policy

- Establish and name members of program committees to implement, monitor, and evaluate the curriculum, program, and its policies.
- Establish program policies related to students.
- Establish program policies related to faculty.

Communication

- Provide a forum for faculty and student discussion and resolution of program issues.
- Communicate as required with external bodies regarding the NESA program.

Chair: Rotates between the Lethbridge College Chair of Nursing and the Co-Chairs, Nursing, Faculty of Health Sciences, University of Lethbridge.

Voting Members: All full-time faculty members from both institutions. All continuing part-time faculty members from both institutions. Four student representatives from the BN Program, one from each year, and one from each year of the BN AD Program.

Non-Voting Members: Deans of Lethbridge College and the University of Lethbridge with responsibility for the NESA BN programs.

Quorum: 50% plus one of committee membership.

Meetings: A minimum of three times per year and at the request of either the Chair or 20% of the membership.

Reporting: Agendas, minutes, and related documents shall be circulated to all voting and non-voting members.

The NESA BN Programs Joint Faculty communicates decisions and actions to the appropriate persons or groups in each partner institution and related professional organizations, at least on an annual basis, usually in the Fall.

(March, 2011)

B.3. Admission Committee – Terms of Reference

This committee is a standing committee of the NESA BN programs. It works in conjunction with the admissions and recruiting offices of the Lethbridge College and University of Lethbridge. Its functions and responsibilities are to:

- Recommend admission criteria to the NESA BN Programs Joint Faculty Council.
- Provide information related to admissions to support academic advisors and recruiters in counselling potential applicants.
- Identify and recommend to the appropriate committee(s) the monitoring of trends in student performance relating to admission criteria

- Membership:** Lethbridge College Chair, University of Lethbridge Co-Chairs (Nursing), one faculty member from each institution, and the University of Lethbridge Academic Advisor(s).
- Chair:** Rotating, to be chosen by committee members, normally a three-year term.
- Meeting Frequency:** Minimum twice per year.
- Reporting to:** NESAs BN Programs Joint Faculty Committee with a written annual report due in May and as needed.
- Term:** January 1 to December 31, normally for a three-year term.

(April, 2012)

B.4. Curriculum Coordinating Committee – Terms of Reference

This committee is a standing committee of the NESAs BN Programs.

Responsibilities

- Ensure that the highest quality of undergraduate nursing education is offered within our programs.
- Form Ad Hoc task groups to ensure the effective development and implementation of the undergraduate curriculum. These groups may include members of the Curriculum Committee.
- Ensure that there are mechanisms in place for the evaluation of program resources, curriculum, courses, and student performance.
- Identify the need for curriculum revisions.
- Ensure the existence of a mechanism for maintaining the professional standards within the NESAs BN Programs by:
 - Submitting an annual report of curriculum activities to NESAs BN Programs Joint Faculty Council.
 - Facilitating an annual NESAs BN Programs curriculum meeting for all nursing faculty.
 - Receiving and vetting reports from other NESAs committees that pertain to curriculum matters.
- Make recommendations to NESAs BN Programs Joint Faculty Committee regarding changes to NESAs curriculum, policies, or procedures.
- Identify areas for student participation within the curricular process.

Chair: **To be nominated by committee members annually.** Chair or designate will attend NESAs Program Evaluation Committee upon request as ex-officio member.

Voting Members:

- NESAs BN Programs Chair (Lethbridge College).
- NESAs BN Programs Co-Chairs, Nursing (University of Lethbridge).
- Five faculty members from each institution plus one student representative:
- Two members from each institution appointed by position: Theory and Practice Course Coordinators (University of Lethbridge/Lethbridge College) for a three-year term.
- Two members from each institution representative of all four years of the NESAs BN Programs, nominated by the NESAs Administrative Team for a three-year term (staggered entry, reviewed annually, three year term).
- One senior student (regular stream program) elected by the Health Sciences Undergraduate Association for a two-year term.
- One BNAD Student elected by the Health Sciences Undergraduate Association for a one-year term.
- *Ex-Officio:* Student academic advisors by position (Lethbridge College and University of Lethbridge).

Non-Voting Members: All interested faculty may attend any NESAs BN Programs Curriculum Coordinating Committee meeting. A notice of upcoming meetings will be circulated to all faculty.

- Reporting:** The committee reports to the NESAs BN Programs Joint Faculty.
- Term:** January 1 to June 30, staggered entry, reviewed annually for a three-year term.
- (April, 2013)

B.4.a. Program Evaluation Committee

The Program Evaluation Committee (PEC) is a standing committee of the NESAs BN Program governance structure.

The purpose of the committee is to oversee the development and coordination of evaluation processes. In turn, program evaluation processes provide evidence to support nursing program outcomes and help meet Nursing Education Program Approval Board (NEPAB) requirements.

Formative and summative evaluation methods will help inform NESAs BN Programs about respondents' experiences and learning outcomes. Confidentiality and anonymity of all respondents' feedback will be maintained and used appropriately.

Responsibilities:

- Ensure ongoing monitoring and evaluation processes of NESAs BN programs.
- Ensure course, end of term, and end of year evaluation tools are appropriate.
- Develop an Annual Program Evaluation Calendar outlining the evaluations to be conducted in each year of the program.
- Ensure evaluation processes adhere to and maintain confidentiality standards that are governed by the Alberta Freedom of Information & Protection of Privacy (FOIPP) Act. i.e., ensuring survey administration and collection of responses are kept strictly confidential and only reported in aggregate form and anonymously.
- Review results for the end of year surveys, program graduate and employer surveys, and Canadian Registered Nurse Examinations and prepare a summative report of results.
- Review and coordinate development of NESAs BN Programs evaluation and survey tools using an evidence-informed approach.
- Prepare and submit an annual report of BN Programs evaluation results with recommendation for action and committee activities to NESAs BN Programs Joint Faculty Council.
- Identify areas for student, graduate, and stakeholder participation within the BN Programs Evaluation process.

Chair: To be selected within the PRC committee – two faculty members representative of both institutions (LC and U of L) who will collaboratively serve for a term of no longer than three years, renewable once.

Voting Members: Four faculty members representative of both institutions with a minimum of two from each institution and three students representative of both institutions (Years: 1-2; 3-4; BNAD 1-2)

Reporting: The committee reports to the NESAs BN Programs Joint Faculty Council.

Term: January 1 to December 31, normally for a three-year term.

(August, 2012)

B.4.b. Theory Stream Subcommittee

Responsibilities

- Oversee the implementation of the curriculum Stream.
- Provide a forum for discussion of sequencing concepts and experiences across courses within the Stream.
- Monitor the student evaluation methods and make recommendations for change to Course Committees.
- Evaluate the Stream in relation to the Curriculum Framework, the Leveling Matrix, and relationship to other Streams.
- Identify and explore issues affecting effective delivery of the Stream courses.
- Create an annual report for submission to the NESAs Curriculum Committee.

- Chair:** See General Committee Terms of Reference.
- Membership:** One full-time faculty representative from each course in the Stream and other members related to the Stream. The Theory Coordinator from each site. One student representative from each site.
- Meetings:** See General Committee Terms of Reference
- Reporting:** To NESA Curriculum Committee during the year, and in writing annually.
- Term:** January 1 to December 31, normally for a three-year term.
(January, 2009)

B.4.c. Practice Stream Subcommittee

Purpose

This subcommittee monitors and ensures the quality of the delivery of practicum educational opportunities for nursing students throughout the clinical curriculum of the NESA BN Programs.

Objectives

- To oversee the implementation of the Practice Courses curriculum stream, including:
 - To ensure appropriate leveling and continuity of the clinical curriculum
 - To monitor student evaluation methods and make recommendations for change
 - To evaluate the Practice Courses curriculum stream
- To maintain a comprehensive view of nursing clinical learning and related issues.
 - To provide a forum to discuss issues regarding nursing placements and clinical learning.
 - To seek out and/or develop innovations in clinical teaching, including the use of simulations
- To make recommendations to the NESA BN Programs regarding nursing clinical learning issues.
 - To facilitate ongoing support and development of faculty and preceptors
 - To promote a positive clinical learning environment through ongoing assessment and development of the clinical learning environment
- To foster an environment for mutual learning and sharing of best practice among nursing faculty, clinical agencies, and preceptors within the NESA BN Programs.

Accountability

- The actions and recommendations of this sub-committee will be forwarded to the NESA Curriculum Coordinating Committee during the year and in written form annually.

Chair: The Chair shall be selected from the committee membership for a term of three years, renewable once.

- Membership:**
- NESA Faculty Member representatives of four practice courses – University of Lethbridge
 - NESA Faculty Member representative of four practice courses – Lethbridge College
 - Clinical Placement Coordinator for NESA & Faculty of Health Sciences
 - Practice Course Coordinator, University of Lethbridge NESA Program
 - Practice Course Coordinator, Lethbridge College NESA BN Programs
 - SPHERE Coordinator, Lethbridge College
 - Nursing Skills Lab Instructor, University of Lethbridge
 - Community Health Project Coordinator, University of Lethbridge
 - One NESA student from Lethbridge College if student willing to participate
 - One NESA student from the University of Lethbridge if student willing to participate
 - Additional members may be added at the discretion of the committee
- Committee members will update and send alternate representatives in the event they are unable to attend a regularly scheduled meeting.

- Meetings:** Meetings will be held once per term. Additional meetings scheduled at the discretion of the Chair.
- Reporting:** Minutes will be recorded, and circulated within 30 days of the meeting. Minutes will be circulated to all committee members, Curriculum Committee Chair, and NESAs BN program heads at both sites. Terms of reference will be reviewed annually.
- Term:** January 1 to December 31, normally for a three-year term.
(January, 2009)

B.4.d. Course Committee

Responsibilities

- Make day-to-day decisions related to teaching and learning within the course.
- Ensure comparability of course components in all sections.
- Ensure that the course reflects the NESAs curriculum model and complements other courses in the same stream.
- Evaluate the current delivery of the course and make recommendations for changes to course outcomes, components, or methods of evaluation.
- Contribute to the creation of an annual Course Report to be submitted to the Stream Committee.
- Select one full-time faculty representative for the Stream Sub-Committee.

Chair: To be selected by the committee.

Membership: All faculty teaching in a particular course across all sites. The Theory and/or Practice Coordinator from each site by invitation by membership.

Meetings: See General Committee Terms of Reference.

Term: January 1 to December 31, normally for a three-year term.
(January, 2009)

B.5. Policy Review Committee

This committee is a standing committee of the NESAs BN Programs.

Purpose: To consider, develop and review policies and guidelines to guide the faculty, staff, students and administration of the NESAs BN Programs.

Responsibilities:

- Annually review the policies and procedures of the NESAs BN Programs to ensure that:
 - best evidence, as well as the context, philosophy and values of the NESAs BN Programs are reflected.
 - program-specific accountability, authority and responsibility are clearly delineated and consistently applied.
- Ensure consistency of policies and guidelines between the two institutions, wherever possible. The Committee will also ensure that where there are required areas of divergence by institution, this will be clearly outlined.
- Obtain feedback from faculty, staff and students related to the need for development of new policies/guidelines, or the revision of existing policies/guidelines.
- With the guidance of the leadership of the NESAs BN Programs, develop new policies/guidelines in order to address emerging needs or existing gaps in policy.
- Take new policies/guidelines, or those with revisions that are assessed as substantive by the Committee to the NESAs Joint Faculty Council for approval.
- Annually review *and* update the NESAs BN Programs Student Handbook and Faculty Handbook to reflect approved policies/guidelines.

Chair: To be appointed by the committee, for a term of no longer than three years, renewable once. Two years as chair and one year as past chair. The new chair will overlap one year with the past chair.

Voting Members: Four members representative of both institutions-Co-Chairs, Nursing (University of Lethbridge), Nursing Chair (Lethbridge College), at least three faculty members (including the Practice Coordinators) and equal representation from each institution, and one student from each campus.

Academic Advisors from each institution – both ex-officio

Dean of Health Sciences (University of Lethbridge) and Dean of Health & Wellness (Lethbridge College) – both ex-officio

Reporting: The committee reports to the NESAs BN Programs Joint Faculty Council and provides a written report in May of each year.

Term: January 1 to December 31, normally for a three-year term.

(April, 2013)

B.6. Professional Development Committee

Responsibilities

- Survey and assess Professional Development needs of NESAs faculty in relation to NESAs program development.
- Plan, coordinate, and implement Professional Development activities in response to faculty and program development needs.
- Conduct evaluation of activities relevant to future Professional Development needs.

Chair: To be selected by the committee for a term of no longer than three years, renewable once

Membership: Minimum of four to a maximum of six faculty members representative of both institutions

Reporting: The committee reports to the NESAs Joint Faculty

Term: January 1 to December 31, normally for a three-year term.

(January, 2009)

B.7. Alberta South West Zone Health Services Agencies, Post-Secondary Health Sciences Education Clinical Liaison Committee – Terms of Reference

Purpose

This committee provides the opportunity for representatives from the University of Lethbridge, Lethbridge College, Alberta Health Services (AHS), and First Nation(s) to collaborate and discuss the delivery of practicum educational opportunities for Nursing and Allied Health students throughout the clinical programs in AHS and First Nation(s) agencies.

Objectives

- To provide a forum to discuss issues regarding nursing and allied health placements and clinical learning.
- To make recommendations to the appropriate educational program advisory committees regarding nursing and allied health placements and clinical learning issues.
- To maintain a comprehensive view of nursing and allied health placements, clinical learning, and related issues.
- To foster an environment for mutual learning and sharing of best practice.

Membership

Educational Program Representatives

- Co-Chair, Nursing, Faculty of Health Sciences, University of Lethbridge
- Program Chair, Nursing (NESAs and Practical Nurse), Lethbridge College
- Program Administrator for Pre-Hospital (EMS) Programs, Lethbridge College

- School of Health Science Placement Coordinator for NESAs & LC School of Health Science Programs

Healthcare Agency Representatives

- AHS South Zone -- Representatives of the various AHS portfolios/sites:
 - Seniors' Health
 - Mental Health
 - Rural Acute
 - Community/Public Health
- Chinook Regional Hospital (one Director, one Nursing Unit Manager)
- Covenant Health representative
- Good Samaritans representative
- First Nation(s) representative
- Additional members may be added at the discretion of the committee.

Committee members will send an informed alternative representative in the event they are unable to attend a regularly scheduled meeting.

Operations

Committee Chair

- As the individual with an overview of all Health Science programs practicum needs and corresponding practice environments, the School of Health Science Placement Coordinator will hold this position.

Frequency of Meetings

- Meetings will be held three times per year (February, May, October). Additional meetings may be scheduled at the discretion of the Chair.

Administrative Support

- Administrative support will be provided by the Chair's institution.

Minutes

- Minutes will be recorded, circulated, and stored by the minute taker.
- Minutes will be circulated to all committee members within thirty days of the meeting.
- All members of the committee are to submit electronic reports for their portfolio.

Terms of Reference

- Terms of Reference will be reviewed annually at the first regularly scheduled meeting of the year.

Accountability

- The actions, decisions, and recommendations of this committee will be jointly accountable to the Clinical Programs of AHS and the Educational Programs represented.
- Committee members will communicate recommendations and information to their appropriate program representatives for action.

(May, 2012)

C. NESA BN PROGRAMS JOINT FACULTY CALENDAR

| Month | Task |
|-------|---|
| Aug | <ul style="list-style-type: none"> • Aug 15-30: Course meetings (end of term for Summer II/III courses (U of L)) • Aug. 15 – Sept. 7: Annual Course Report open for courses running in summer semesters (completion facilitated in course teams by Course Lead) (<i>sent by Sharon Lawson</i>) • PEC Surveys (<i>sent by Sharon Lawson</i>) |
| | <ul style="list-style-type: none"> • NESA Orientation for new faculty • Course leads submit Term 1 syllabi to Admin offices • Electronic updating of NESA Admin documents (Committee ToR, NESA Policies, etc.) • Electronic uploading of Term 1 syllabi for both sites into Moodle shared course (U of L Admin staff) • NESA Joint Faculty meeting <ul style="list-style-type: none"> ○ Annual written committee reports presented to Joint Faculty ○ Vacant Faculty positions on NESAs Committees filled |
| Sept | <ul style="list-style-type: none"> • Orientation for new students <ul style="list-style-type: none"> ○ Student members named to NESAs Committees (nominated by students) |
| Oct | <ul style="list-style-type: none"> • Submit institutional academic calendar changes on both sites |
| Nov | <ul style="list-style-type: none"> • PEC Surveys (<i>sent by Sharon Lawson</i>) <ul style="list-style-type: none"> ○ Nov. 15 – Dec. 15: Fast-Track-4 year-end program survey ○ Nov. 15 – Dec. 15: Regular Stream 6-month post-grad (April grads) survey for grads ○ Nov. 15 – Dec. 15: Regular Stream 6-month post-grad (April grads) survey open for employers |
| Dec | <ul style="list-style-type: none"> • Electronic updating of Term 2 syllabi for both sites into Moodle shared course (U of L Admin staff) • PD committee facilitates PD for faculty • Dec 1-10: Course meetings (end of term) using Annual Course Report template • Dec 10-31: Theory and Practice Stream sub-committee meetings • NESA Joint Faculty meeting <ul style="list-style-type: none"> ○ MORNING <ul style="list-style-type: none"> ▪ Joint Faculty meeting – motions and business ▪ review reports from PEC Surveys ○ AFTERNOON <ul style="list-style-type: none"> ▪ Theory and Practice Stream sub-committee meetings (review reports) • Dec. 15-Dec. 31: Annual Course Report open for courses running ONLY this semester (completion facilitated in course teams by Course Lead) (<i>sent by Sharon Lawson</i>) • PEC Surveys (<i>sent by Sharon Lawson</i>) |
| Jan | <ul style="list-style-type: none"> • NESAs Orientation for new faculty as required |
| Feb | <ul style="list-style-type: none"> • PEC Surveys (<i>sent by Sharon Lawson</i>) <ul style="list-style-type: none"> ○ Feb. 15 – Mar. 15: BNAD 6-month post-grad (August grads) survey open (on-line) for grads ○ Feb. 15 – Mar. 15: BNAD 6-month post-grad (August grads) survey open (on-line) for employers |
| Mar | |
| Apr | <ul style="list-style-type: none"> • Apr 1-15: Course meetings (end of term; write Annual Reports) <ul style="list-style-type: none"> ○ Identify course leads for next academic term • Apr. 15-Apr. 31: Annual Course Report open for courses running both Sept and Jan semesters (completion facilitated in course teams by Course Lead) (<i>sent by Sharon Lawson</i>) • PEC Surveys (<i>sent by Sharon Lawson</i>) <ul style="list-style-type: none"> ○ Mar. 30 – Apr. 30: Fast-Track-3, Regular Stream-1-4, and BNAD-1 Year-End surveys (on-line) |
| May | <ul style="list-style-type: none"> • Data Analysis May 1-7 (1st week): Data analysis and generation of Program Reports • Electronic updating of Term 3 syllabi into Moodle shared course • Annual NESA Committee Reports submitted and uploaded into Moodle shared course • Written Theory and Practice Stream sub-committee reports due • Policy Committee completes revision of NESAs BN Programs Student/Faculty Handbooks • NESA Joint Faculty (2nd week of May) <ul style="list-style-type: none"> ○ MORNING <ul style="list-style-type: none"> ▪ NESA Committee members confirmed to fill vacant/exiting positions for next academic term ▪ course leads confirmed for next academic term |

| | |
|------|--|
| | <ul style="list-style-type: none"> ▪ review reports from PEC Surveys ▪ voting deadline for changes to Academic Calendars (both institutions) ○ AFTERNOON <ul style="list-style-type: none"> ▪ Theory and Practice Stream sub-committee meetings (review reports / plan course changes for fall) · PD committee facilitates PD for faculty (3rd week of May) |
| June | <ul style="list-style-type: none"> · Jun 15-30: Course meetings (end of term for Summer I courses (U of L)) · PEC Surveys (sent by Sharon Lawson) <ul style="list-style-type: none"> ○ Jun. 15 – Jul. 15: Fast-Track 6-month post-grad (December grads) survey open (online) for grads |
| July | <ul style="list-style-type: none"> · PEC Surveys (sent by Sharon Lawson) <ul style="list-style-type: none"> ○ Jun. 15 – Jul. 15: Fast-Track 6-month post-grad (December grads) survey open (online) for employers ○ Jul. 15 – Aug. 15: BNAD-2 Year-End survey open (on-line) |

D. FACULTY LISTS 2014-2015

D.1. Members of NESA BN Programs Committees
(Faculty Terms begin September end August)

| | |
|---|---|
| <p style="text-align: center;">Professional Development <i>(3 reps per campus)</i></p> <p>Benjamin Northcott (Chair) 2013-2015 Gerri Smith 2011-2015 Heidi Veldman 2013-2015 Mary Nugent 2014-2016 Ashlea Johnson 2014-2016 Terri Langlois 2014-2016</p> <p style="text-align: center;">Policy Review <i>(PCC/Advising by position + 2 reps/campus)</i></p> <p>Leslie McCoy (Chair) PCC Position Tracy Oosterbroek PCC Position Sherry Hogeweide Advising Shannon Spenceley 2011-2014 Liz Cernigoy 2011-2014 Ali Walker 2011-2014 Teri Dyck 2013-2015 Louise Mattice UL Student vacant LC Student vacant BNAD Student</p> <p style="text-align: center;">Admissions <i>(Admin/Advising by Position + 1 rep/campus)</i></p> <p>Kristie Masuda (Chair) UL - CCC Mary Nugent 2014-2016 Liz Cernigoy 2013-2015 Karla Wolsky Admin Sherry Hogeweide</p> <p style="text-align: center;">NESA Joint Faculty</p> <p>All NESAs Faculty LC and UL Year 1 BN student – Year 2 BN student – Year 3 BN student – Year 4 BN student – Year 1 BNAD student – Year 2 BNAD student –</p> | <p style="text-align: center;">Curriculum Coordinating <i>(One PCC/TCC per campus + 2 reps/campus)</i></p> <p>Melanie Hamilton (Chair) TCC Position Tracy Oosterbroek PCC Position Carrie Foster 2013-2015 Shannon Vandenberg 2014-2016 Becky Fitzgerald 2014-2016 Penni Wilson 2014-2016 LC Student UL Student BNAD Student</p> <p style="text-align: center;">Program Evaluation Committee <i>(Admin/Data Analysis by position + 2 reps)</i></p> <p>Kathy Haight (Chair) 2012-2015 Shannon Seitz 2011-2015 Karen Wells 2011-2015 Sian Townsend 2012-2015 Bernie Wojtowicz Admin Em Pijl Zieber Data Analysis Rebecca Kipling UL student Ryan Titley, Tanya Barr LC students Ruby Amofa BNAD Student</p> <p style="text-align: center;">Transfer Applicant & Readmission Committee <i>(all Admin and Advising by position)</i></p> <p>Bernie Wojtowicz Tracy Oosterbroek Karla Wolsky Melanie Hamilton Leslie McCoy Sherry Hogeweide</p> <p style="text-align: center;">Faculty Orientation <i>(2 reps/campus)</i></p> <p>Karen Ander Peter Kellett Kodi Sampath Pinky Laurado</p> |
|---|---|

Stream Subcommittees (Nursing Curriculum Coordinating Committee)

| Course/ Position | Course Lead |
|--|--------------------------|
| Professional Seminar Stream | |
| NSG 1150 – Concepts of Health I | Pinky Laurado |
| NSG 1155 - Concepts of Health II | Pinky Laurado |
| NSG 2279 – Professional Seminar I | Sian Townsend |
| NURS 3135 – Professional Seminar II | Shannon Spenceley |
| NURS 3360 – Nursing Research | Em Pijl Zieber |
| NURS 4135 – Professional Seminar III | Lori Mitchell |
| NSG 1181 – Introduction to Nursing (BNAD) | Sian Townsend |
| NSG 1182 – Health Assessment (BNAD) | Sian Townsend |
| U of Lethbridge Theory Course Coordinator | Bernie Wojtowicz |
| LC Theory Course Coordinator | Melanie Hamilton |
| LC Student | |
| U of Lethbridge Student | |
| BNAD Student | |
| Health Illness and Healing Stream | |
| NSG 1150 – Concepts of Health I | Pinky Laurado |
| NSG 1155 - Concepts of Health II | Pinky Laurado |
| NURS 2125 – Health, Illness & Healing II (BNAD) | Gerri Smith |
| NSG 2250 – Health, Illness & Healing I | Melanie Hamilton |
| NSG 2250 – Health, Illness & Healing I (BNAD) | Melanie Hamilton |
| NSG 2254 - Health, Illness & Healing II | Liz Cernigoy |
| NURS 3020 – Health, Illness & Healing III (Community Health) | Penni Wilson |
| NURS 3125 – Health, Illness & Healing IV (Mental Health) | Bernie Wojtowicz |
| NURS 3230 – Health, Illness & Healing V (Acute Care) | Peter Kellett |
| NSG 2290 – Applied Therapeutics | Shannon Seitz |
| NSG 1181 – Introduction to Nursing (BNAD) | Sian Townsend |
| NSG 1182 – Health Assessment (BNAD) | Sian Townsend |
| U of Lethbridge Theory Course Coordinator | Bernie Wojtowicz |
| LC Theory Course Coordinator | Melanie Hamilton |
| LC Student | |
| U of Lethbridge Student | |
| BNAD Student | |
| Nursing Practice Stream | |
| NSG 1163 – Nursing Practice I | Carrie Foster |
| NSG 1173 - Nursing Practice II | Carrie Foster |
| NURS 2255 – Nursing Practice IV (BNAD) | Gerri Smith/Liz Cernigoy |
| NSG 2263 – Nursing Practice III | Leslie McCoy |
| NSG 2263 – Nursing Practice III (BNAD) | Leslie McCoy |
| NSG 2293 – Nursing Practice IV | Leslie McCoy |
| NURS 4510 – Nursing Practice (Mental Health) | Bill McKay |
| NURS 4511 – Mental Health Nursing Practice (BNAD) | Bill McKay |
| NURS 4520 – Nursing Practice (Community Health) | Bob Marthiensen |
| NURS 4530 – Nursing Practice (Rural Acute) | Ali Walker |
| NURS 4750 – Senior Clinical Consolidation | Shannon Vandenberg |
| LC Practice Coordinator | Leslie McCoy |
| U of Lethbridge Practice Course Coordinator | Tracy Oosterbroek |
| U of Lethbridge Community Practice Facilitator | Lori Mitchell |
| NESA Clinical Placement Coordinator | Bill Nykiel |
| LC SPHERE Chair | Heather Gunn |
| U of Lethbridge Lab Coordinator | Sharon Dersch |
| LC Student | |
| U of Lethbridge student | |
| BNAD Student | |

D.2. Course Leaders

| Course/Position | Course Lead |
|--|--------------------------|
| NSG 1150 – Concepts of Health I | Pinky Laurado |
| NSG 1155 – Concepts of Health II | Pinky Laurado |
| NSG 1163 – Nursing Practice I | Carrie Foster |
| NSG 1173 – Nursing Practice II | Carrie Foster |
| NSG 1181 – Introduction to Nursing (BNAD) | Sian Townsend |
| NSG 1182 – Health Assessment (BNAD) | Sian Townsend |
| NSG 2250 – Health, Illness & Healing I | Melanie Hamilton |
| NSG 2250 – Health, Illness & Healing I (BNAD) | Melanie Hamilton |
| NSG 2254 – Health, Illness & Healing II (LC) | Liz Cernigoy |
| NSG 2263 – Nursing Practice III | Leslie McCoy |
| NSG 2263AD – Nursing Practice III (BNAD) | Leslie McCoy |
| NSG 2293 – Nursing Practice III | Leslie McCoy |
| NSG 2279 – Professional Seminar I | Sian Townsend |
| NSG 2290 – Applied Therapeutics | Shannon Seitz |
| NSG 2293 – Nursing Practice IV | Leslie McCoy |
| NURS 2255 – Nursing Practice IV (BNAD) | Gerri Smith/Liz Cernigoy |
| NURS 3020 – Health, Illness & Healing III (Community Health) | Penni Wilson |
| NURS 3125 – Health, Illness & Healing IV (Mental Health) | Bernie Wojtowicz |
| NURS 3135 – Professional Seminar II | Shannon Spenceley |
| NURS 3230 – Health, Illness & Healing V (Acute Care) | Peter Kellett |
| NURS 3360 – Nursing Research | Em Pijl Zieber |
| NURS 4135 – Professional Seminar III | Lori Mitchell |
| NURS 4510 – Nursing Practice (Mental Health) | Bill McKay |
| NURS 4511 – Mental Health Nursing Practice (BNAD) | Bill McKay |
| NURS 4520 – Nursing Practice (Community Health) | Bob Marthiensen |
| NURS 4530 – Nursing Practice (Rural Acute) | Ali Walker |
| NURS 4750 – Senior Clinical Consolidation | Shannon Vandenberg |

D.3. Lethbridge College Campus

| OFFICE | NAME/TITLE | PHONE |
|---|---|---|
| ADMINISTRATION | | |
| PA2147 | Debra Bardock Dean, Centre for Health and Wellness, School of Health Sciences debra.bardock@lethbridgecollege.ca | 403-320-3403 |
| PA2119 | Karla Wolsky, Chair NESA BN Programs, School of Health Sciences karla.wolsky@lethbridgecollege.ca | 403-320-3424 |
| FACULTY MEMBERS | | |
| PA2140B | Robyn Brownlee, Faculty (on leave) robyn.brownlee@lethbridgecollege.ca | 403-320-3202 ext. 5422 |
| PA2118 | Liz Cernigoy, Faculty liz.cernigoy@lethbridgecollege.ca | 403-320-3202 ext. 5405 |
| PA2120 | Teri Dyck, Faculty teri.dyck@lethbridgecollege.ca | 403-320-3202 ext. 5206 |
| PA2114 | Becky Fitzgerald, Faculty becky.fitzgerald@lethbridgecollege.ca | 403-320-3202 Ext. 5251 |
| PA2151 | Carrie Foster, Faculty carrie.foster@lethbridgecollege.ca | 403-320-3202 ext. 5334 |
| PA2136 | Melanie Hamilton, Theory Coordinator melanie.hamilton@lethbridgecollege.ca | 403-320-3202 ext. 5409 |
| PA2115 | Ashlea Johnson, Faculty ashlea.johnson@lethbridgecollege.ca | 403-320-3202 ext.5403 |
| PA2136 | Gayle Krampf, Faculty (on leave) gayle.krampf@lethbridgecollege.ca | 403-320-3202 ext. 3458 |
| PA2154 | Pinky Laurado, Faculty pinky.escasinas-laurado@lethbridgecollege.ca | 403-320-3202 ext. 5408 |
| PA2120 | Terri Langlois, Faculty terri.malowski@lethbridgecollege.ca | 403-320-3202 ext. 5707 |
| PA2101D | Leslie McCoy, Practice Coordinator leslie.mccoy@lethbridgecollege.ca | 403-320-3202 ext. 5368 |
| PA2118 | Benjamin Northcott, Faculty benjamin.northcott@lethbridgecollege.ca | 403-320-3202 ext. 5340 |
| PA2152 | Kodi Sampath, Faculty kodi.sampath@lethbridgecollege.ca | 403-320-3202 ext. 5406 |
| PA2134 | Shannon Seitz, Faculty shannon.seitz@lethbridgecollege.ca | 403-320-3202 ext. 5402 |
| PA2137 | Sian Townsend, Faculty sian.townsend@lethbridgecollege.ca | 403-320-3202 ext. 5786 |
| | Kathleen Waterhouse, Faculty (on leave) kathleen.waterhouse@lethbridgecollege.ca | 403-320-3202 ext. 5403 |
| SPHERE SIMULATION LAB | | |
| PA2122 | Heather Gunn, Chair SPHERE Simulation heather.gunn@lethbridgecollege.ca | 403-320-3202 ext. 5505 (lab) ext. 5329 (office) |
| SCHOOL OF HEALTH SCIENCES PLACEMENT OFFICE | | |
| PA2101D | Bill Nykiel, Placement Coordinator bill.nykiel@lethbridgecollege.ca | 403-382-6937 |
| PA2101C | Rita Perry, Health Sciences Placement Specialist II rita.perry@lethbridgecollege.ca | 403-394-7342 |
| PA2103 | Lori Hatfield, Health Sciences Placement Specialist I lori.brown@lethbridgecollege.ca | 403-320-3202 ext. 5380 |
| SUPPORT STAFF | | |
| PA2145 | Kit Chow, Administrative Coordinator, Office of the Dean kit.chow@lethbridgecollege.ca | 403-320-3464 |

| OFFICE | NAME/TITLE | PHONE |
|--------|--|---------------------------|
| PA2140 | Amy Eyben, Admin. Assistant, School of Health Sciences, NES A BN Programs amy.eyben@lethbridgecollege.ca | 403-320-3348 |
| PA2153 | Adam Zanoni, Business Analyst adam.zanoni@lethbridgecollege.ca | 403-320-3202 ext. 5207 |

D.4. University of Lethbridge Campus

| OFFICE | NAME/TITLE | PHONE |
|--------|---|--------------|
| | ADMINISTRATION | |
| M3090 | Chris Hosgood, Dean, Faculty of Health Sciences hosgood@uleth.ca | 403-329-2676 |
| | FACULTY MEMBERS | |
| M3124 | Karen Ander, Instructor karen.ander@uleth.ca | 403-332-4032 |
| M3059 | Olu Awosoga, Faculty, Stats Instructor olu.awosoga@uleth.ca | 403-332-4058 |
| M3126 | Maralon Bevans, Instructor bevamj@uleth.ca | 403-332-3542 |
| M3054 | Kim Derksen, Instructor derkks@uleth.ca | 403-394-3919 |
| M3112 | Sharon Dersch, Instructor sharon.dersch@uleth.ca | 403-329-2025 |
| M3064 | Trenna Devoy, Instructor mcdotd00@uleth.ca | 403-332-4088 |
| M3045 | Ruth Grant Kalischuk, Faculty kalischuk@uleth.ca | 403-329-2724 |
| M3055 | Brad Hagen, Faculty (on leave) brad.hagen@uleth.ca | 403-329-2299 |
| M3129 | Katherine Haight, Instructor katherine.haight@uleth.ca | 403-394-3947 |
| M3119 | Jean Harrowing, Faculty harrjn@uleth.ca | 403-394-3944 |
| M3069 | Lisa Howard, Faculty lisa.howard@uleth.ca | 403-329-2005 |
| M3117 | Peter Kellett, Instructor peter.kellett@uleth.ca | 403-329-2643 |
| M3071 | Judith Kulig, Faculty kulig@uleth.ca | 403-382-7119 |
| M3128 | Tina Leavitt, Instructor leetd@uleth.ca | 403-332-4087 |
| M3114 | Bob Marthiensen, Instructor martrg@uleth.ca | 403-329-2025 |
| M3115 | Bill McKay, Instructor billy.mckay@uleth.ca | 403-382-7165 |
| M3058 | Lori Mitchell, Instructor & Community Practice Coordinator lori-mitchell@uleth.ca | 403-332-4098 |
| M3125 | Mary Nugent, Instructor mary.nugent@uleth.ca | 403-332-5278 |
| M3061 | Tracy Oosterbroek, Instructor & Practice Courses Coordinator tracy.oosterbroek@uleth.ca | 403-317-5067 |
| M3064 | Dawn Peta, Instructor dawn.peta@uleth.ca | 403-332-4340 |
| M3120 | Em Pijl Zieber, Faculty em.pijlzieber@uleth.ca | 403-332-5232 |
| M3113 | Mark Pijl Zieber, Faculty m.pijlzieber@uleth.ca | 403-329-2659 |
| M3062 | Karen Rowles, Instructor karen.rowles@uleth.ca | 403-332-4061 |

| OFFICE | NAME/TITLE | PHONE |
|--------|--|--------------|
| M3067 | Monique Sedgwick, Faculty monique.sedgwick@uleth.ca | 403-332-5254 |
| M3015 | Sheena Simpkins, Instructor sheena.simpkins@uleth.ca | 403-329-2278 |
| M3009 | Gerri Smith, Instructor geraldine.smith@uleth.ca | 403-382-7130 |
| M3065 | Shannon Spenceley, Faculty s.spenceley@uleth.ca | 403-329-2432 |
| M3121 | Claudia Steinke, Faculty claudia.steinke@uleth.ca | 403-394-3945 |
| M3070 | Jo-Anne Tomie, Stats Lab Instructor tomie@uleth.ca | 403-332-4415 |
| M3063 | Tara Vande Griend, Instructor tara.vandegriend@uleth.ca | 403-332-5256 |
| M3066 | Shannon Vandenberg, Instructor shannon.vandenberg@uleth.ca | 403-332-4085 |
| M3060 | Heidi Veldman, Instructor heidi.veldman@uleth.ca | 403-332-4576 |
| M3068 | Ryan Waldorf, Instructor ryan.waldorf@uleth.ca | 403-332-4066 |
| M3047 | Ali Walker, Instructor ali.walker@uleth.ca | 403-332-4097 |
| M3116 | Jason Wengel, Instructor jason.wengel@uleth.ca | 403-332-5214 |
| M3127 | Karen Wells, Instructor k.wells@uleth.ca | 403-329-2583 |
| M2025 | Joanne Williams, Skills Lab Technician health.simulation@uleth.ca | 403-332-4622 |
| M3011 | Penni Wilson, Instructor penni.wilson@uleth.ca | 403-332-4031 |
| M3118 | Bernie Wojtowicz, Instructor & Theory Courses Coordinator bernadine.wojtowicz@uleth.ca | 403-329-2784 |
| M3053 | Sharon Yanicki, Lecturer yanism@uleth.ca | 403-332-5233 |
| | SUPPORT STAFF | |
| M3100 | Asheley Cowie, Student Recruitment/Communications Officer asheley.cowie@uleth.ca | 403-317-2861 |
| M3076 | Sherry Hogeweide, Academic Advisor – BN Programs sherry.hogeweide@uleth.ca | 403-329-2220 |
| M3098 | Wendy Herbers, Administrative Assistant w.herbers@uleth.ca | 403-382-7152 |
| M3078 | Marilyn Lamb, FNMI Learning Facilitator marilyn.lamb@uleth.ca | 403-332-4579 |
| M3083 | Sharon Lawson, Administrative Support sharon.lawson@uleth.ca | 403-329-2699 |
| M3102 | Kristie Masuda, Academic Advisor – Addictions Counselling & Public Health kristie.masuda@uleth.ca | 403-329-2649 |
| M3096 | Jan Morton, Financial Analyst jan.morton@uleth.ca | 403-382-7118 |
| M3092 | Pam Smith, Assistant to the Dean pamela.smith4@uleth.ca | 403-329-2676 |
| M3083 | Naomi Windy Boy, Administrative Support naomi.windyboy@uleth.ca | 403-382-7186 |

E. EXPECTATIONS OF EXTERNAL APPROVAL BODIES

Nursing Education Program Approval Board (NEPAB)

http://nurses.ab.ca/Carna-Admin/Uploads/about_NEPAB_1.pdf

Standards

<http://nurses.ab.ca/Carna-Admin/Uploads/NEPAB%20standards.pdf>

Entry to Practice Competencies

<http://www.nurses.ab.ca/carna-admin/Uploads/Entry-to-Practice%20Competencies.pdf>

Lethbridge College Program Review Process

http://eet.lethbridgecollege.net/index.php?option=com_content&task=view&id=83&Itemid=125

University of Lethbridge Academic Quality Assurance Policy and Process

<http://www.uleth.ca/quality/>

Appendix A: Entry-To-Practice Competencies in NES A BN Programs

COLLEGE & ASSOCIATION OF REGISTERED NURSES OF ALBERTA ENTRY-TO-PRACTICE COMPETENCIES FOR THE REGISTERED NURSES PROFESSION MAY 2013

The following overarching competency statement applies to all categories of competencies:

All registered nurses practice in a manner consistent with:

- (a) CARNA *Practice Standards for Regulated members* and all other CARNA standards and guidelines;
- (b) CNA *Code of Ethics for Registered Nurses* (2008);
- (c) *Health Professions Act* (HPA) (2000), the practice statement in Schedule 24 of the HPA, and the *Registered Nurses Profession Regulation* (2005); and
- (d) Federal and provincial legislation and common law that directs practice.

This statement is placed on its own at the outset because of its essential and overriding importance. This competency statement highlights the multiple professional, ethical, and legal sources of knowledge required for safe, competent, compassionate, ethical registered nursing practice.

PROFESSIONAL RESPONSIBILITY

PROFESSIONAL RESPONSIBILITY AND ACCOUNTABILITY: DEMONSTRATES PROFESSIONAL CONDUCT AND THAT THE PRIMARY DUTY IS TO THE CLIENT TO ENSURE SAFE, COMPETENT, COMPASSIONATE, ETHICAL CARE.

COMPETENCIES: PROFESSIONAL RESPONSIBILITY AND ACCOUNTABILITY

1. Represents self by first and last name and professional designation (**protected title**) to clients and the health care team.
2. Is accountable and accepts responsibility for own actions and decisions.
3. Recognizes **individual competence** within legislated **scope of practice** and seeks support and assistance as necessary.
4. Articulates the role and responsibilities of a registered nurse as a member of the nursing and health care team.
5. Demonstrates a **professional presence** and models professional behaviour.
6. Demonstrates leadership in client care by promoting healthy and culturally safe practice environments.
7. Displays initiative, a beginning confidence, self-awareness, and encourages collaborative interactions within the health care team.
8. Demonstrates **critical inquiry** in relation to new knowledge and technologies that change, enhance, or support nursing practice.
9. Exercises professional judgment when using agency policies and procedures, or when practising in the absence of agency policies and procedures.
10. Organizes own workload and develops time management skills for meeting responsibilities.
11. Demonstrates responsibility in completing assigned work and communicates about work completed and not completed.
12. Uses **conflict resolution** strategies to achieve healthier interpersonal interactions.
13. Questions unclear orders, decisions, or actions inconsistent with client outcomes, best practices, and health safety standards.
14. Protects clients through recognizing and reporting **near misses** and errors (the RN's own and others) and takes action to stop and minimize harm arising from **adverse events**.
15. Takes action on recognized unsafe health care practices and workplace safety risks to clients and staff.
16. Seeks out and critiques nursing and health-related research reports.
17. Integrates quality improvement principles and activities into nursing practice.

KNOWLEDGE-BASED PRACTICE

This category has two sections: Specialized Body of Knowledge and Competent Application of Knowledge.

SPECIALIZED BODY OF KNOWLEDGE: HAS KNOWLEDGE FROM NURSING AND OTHER SCIENCES, HUMANITIES, RESEARCH, ETHICS, SPIRITUALITY, RELATIONAL PRACTICE, AND CRITICAL INQUIRY.

COMPETENCIES: SPECIALIZED BODY OF KNOWLEDGE

18. Has a knowledge base about the contribution of registered nurse practice to the achievement of positive client health outcomes.

19. Has a knowledge base from nursing and other disciplines concerning current and emerging health care issues and trends (e.g., the health care needs of older adults, vulnerable and/or marginalized populations, health promotion, obesity, pain prevention and pain management, end-of-life care, problematic substance use, and mental health).
20. Has a knowledge base about human growth and development, and population health, including the determinants of health.
21. Has a knowledge base in the health sciences, including anatomy, physiology, pathophysiology, psychopathology, pharmacology, microbiology, epidemiology, genetics, immunology, and nutrition.
22. Has a knowledge base in nursing sciences, social sciences, humanities, and health-related research (e.g., culture, power relations, spirituality, philosophical, and ethical reasoning).
23. Has a knowledge base about workplace health and safety, including ergonomics, safe work practices, prevention and management of disruptive behaviour, including horizontal violence, aggressive, or violent behaviour.
24. Has theoretical and practical knowledge of **relational practice** and understands that relational practice is the foundation for all nursing practice.
25. Has knowledge about emerging community and **global health** issues, population health issues and research (e.g., pandemic, mass immunizations, emergency/disaster planning, and food and water safety).
26. Knows how to find evidence to support the provision of safe, competent, compassionate, and ethical nursing care, and to ensure the personal safety and safety of other health care workers.
27. Understands the role of **primary health care** and the determinants of health in health delivery systems and its significance for population health.
28. Understands **nursing informatics** and other **information and communication technologies** used in health care.

COMPETENT APPLICATION OF KNOWLEDGE: DEMONSTRATES COMPETENCE IN THE PROVISION OF NURSING CARE. THE COMPETENCY STATEMENTS IN THIS SECTION ARE GROUPED INTO FOUR AREAS ABOUT THE PROVISION OF NURSING CARE: ONGOING COMPREHENSIVE ASSESSMENT, HEALTH CARE PLANNING, PROVIDING NURSING CARE, AND EVALUATION. THE PROVISION OF NURSING CARE IS AN ITERATIVE PROCESS OF CRITICAL INQUIRY AND IS NOT LINEAR IN NATURE.

(AREA I) ONGOING COMPREHENSIVE ASSESSMENT: INCORPORATES CRITICAL INQUIRY AND RELATIONAL PRACTICE TO CONDUCT A CLIENT-FOCUSED ASSESSMENT THAT EMPHASIZES CLIENT INPUT AND THE DETERMINANTS OF HEALTH.

COMPETENCIES: ONGOING COMPREHENSIVE ASSESSMENT

29. Uses appropriate assessment tools and techniques in consultation with clients and the health care team.
30. Engages clients in an assessment of the following: physical, emotional, spiritual, cultural, cognitive, developmental, environmental, and social needs.
31. Collects information on client status using assessment skills of observation, interview, history taking, interpretation of laboratory data, mental health assessment, and physical assessment, including inspection, palpation, auscultation, and percussion.
32. Uses information and communication technologies to support information synthesis.
33. Uses anticipatory planning to guide an ongoing assessment of client health status and health care needs (e.g., prenatal/postnatal, adolescents, older adults, and reaction to changes in health status and/or diagnosis).
34. Analyzes and interprets data obtained in client assessments to draw conclusions about client health status.
35. Incorporates knowledge of the origins of the **health disparities and inequities** of Aboriginal Peoples and the contributions of nursing practice to achieve positive health outcomes for Aboriginal Peoples.
36. Incorporates knowledge of the health disparities and inequities of vulnerable populations (e.g., sexual orientation, persons with disabilities, ethnic minorities, poor, homeless, racial minorities, language minorities) and the contributions of nursing practice to achieve positive health outcomes.
37. Collaborates with clients and the health care team to identify actual and potential client health care needs, strengths, capacities, and goals.
38. Completes assessments in a timely manner, and in accordance with **evidence-informed practice**, agency policies, and protocols.

AREA (II) HEALTH CARE PLANNING: WITHIN THE CONTEXT OF CRITICAL INQUIRY AND RELATIONAL PRACTICE, PLANS NURSING CARE APPROPRIATE FOR CLIENTS WHICH INTEGRATES KNOWLEDGE FROM NURSING, HEALTH SCIENCES AND OTHER RELATED DISCIPLINES, AS WELL AS KNOWLEDGE FROM PRACTICE EXPERIENCES, CLIENTS' KNOWLEDGE AND PREFERENCES, AND FACTORS WITHIN THE HEALTH CARE SETTING.

COMPETENCIES: HEALTH CARE PLANNING

39. Uses critical inquiry to support professional judgment and reasoned decision making to develop health care plans.
40. Uses principles of primary health care in developing health care plans.
41. Facilitates the appropriate involvement of clients in identifying their preferred health outcomes.

42. Negotiates priorities of care and desired outcomes with clients, demonstrating **cultural safety**, and considering the influence of positional power relationships.
43. Initiates appropriate planning for clients' anticipated health problems or issues and their consequences (e.g., childbearing, childrearing, adolescent health, and senior well-being).
44. Explores and develops a range of possible alternatives and approaches for care with clients.
45. Facilitates client ownership of direction and outcomes of care developed in their health care plans.
46. Collaborates with the health care team to develop health care plans that promote continuity for clients as they receive conventional health care, and **complementary and alternative therapy**.
47. Determines, with the health care team or health-related sectors, when consultation is required to assist clients in accessing available resources.
48. Consults with the health care team as needed to analyze and organize complex health challenges into manageable components for health care planning.

AREA (III) PROVIDING NURSING CARE: PROVIDES CLIENT-CENTRED CARE IN SITUATIONS RELATED TO:

- **HEALTH PROMOTION, PREVENTION, AND POPULATION HEALTH;**
- **MATERNAL/CHILD HEALTH;**
- **ALTERED HEALTH STATUS, INCLUDING ACUTE AND CHRONIC PHYSICAL AND MENTAL HEALTH CONDITIONS AND REHABILITATIVE CARE; AND**
- **PALLIATIVE CARE AND END-OF-LIFE CARE.**

COMPETENCIES: PROVIDING NURSING CARE

49. Provides nursing care across the lifespan that is informed by a variety of theories relevant to health and healing (e.g., nursing; family; communication and learning; crisis intervention; loss, grief, and bereavement; systems; culture; community development; and population health theories).
50. Prioritize and provide timely nursing care and consult as necessary for any client with co-morbidities, and a complex and rapidly changing health status.
51. Provides nursing care to clients with chronic and persistent health challenges (e.g., mental health, problematic substance abuse, dementia, cardiovascular conditions, stroke, asthma, arthritis, and diabetes).
52. Incorporates evidence from research, clinical practice, client perspective, client and staff safety, and other available resources to make decisions about client care.
53. Supports clients through developmental stages and role transitions across the lifespan (e.g., pregnancy, infant nutrition, well-baby care, child development stages, family planning and relations).
54. Recognizes, seeks immediate assistance, and helps others in a rapidly changing client condition affecting health or **patient safety** (e.g., myocardial infarction, surgical complications, acute neurological event, acute respiratory event, cardiopulmonary arrest, perinatal crisis, diabetes crisis, mental health crisis, premature birth, shock, and trauma).
55. Applies principles of population health to implement strategies to promote health as well as prevent illness and injury (e.g., promoting hand washing, immunization, helmet safety, and safe sex).
56. Assists clients to understand how lifestyle factors impact health (e.g., physical activity and exercise, sleep, nutrition, stress management, personal and community hygiene practices, family planning, and high-risk behaviours).
57. Implements learning plans to meet identified client learning needs.
58. Assists clients to identify and access health and other resources in their communities (e.g., other health disciplines, community health services, rehabilitation services, support groups, home care, relaxation therapy, meditation, and information resources).
59. Applies knowledge when providing nursing care to prevent development of complications (e.g., optimal ventilation and respiration, circulation, fluid and electrolyte balance, nutrition, urinary elimination, bowel elimination, body alignment, tissue integrity, comfort, and sensory stimulation).
60. Applies bio-hazard and safety principles, evidence-informed practices, infection prevention and control practices, and appropriate protective devices when providing nursing care to prevent injury to clients, self, other health care workers, and the public.
61. Implements strategies related to the safe and appropriate administration and use of medication.
62. Recognizes and takes initiative to support **environmentally responsible practice** (e.g., observing safe waste disposal methods, using energy as efficiently as possible, and recycling plastic containers and other recyclable materials).
63. Performs therapeutic interventions safely (e.g., positioning, skin and wound care, management of intravenous therapy and drainage tubes, and psychosocial interaction).
64. Implements evidence-informed practices of pain prevention and pain management with clients using pharmacological and non-pharmacological measures.
65. Prepares the client for diagnostic procedures and treatments, provides post-diagnostic care, performs procedures, interprets findings, and provides follow-up care as appropriate.

66. Provides nursing care to meet **palliative care** or end-of-life care needs (e.g., pain and symptom management, psychosocial and spiritual support, and support for significant others).

AREA (IV) EVALUATION: MONITORS THE EFFECTIVENESS OF CLIENT CARE TO INFORM FUTURE CARE PLANNING.

COMPETENCIES: EVALUATION

67. Uses critical inquiry to monitor and evaluate client care in a timely manner.
 68. Collaborates with others to support involvement in research and the use of research findings in practice.
 69. Modifies and individualizes client care based on the emerging priorities of the health situation in collaboration with clients.
 70. Verifies that clients have an understanding of essential information and skills to be active participants in their own care.
 71. Reports and documents client care in a clear, concise, accurate, and timely manner.

ETHICAL PRACTICE

ETHICAL PRACTICE: DEMONSTRATES COMPETENCE IN PROFESSIONAL JUDGMENT AND PRACTICE DECISIONS GUIDED BY THE VALUES AND ETHICAL RESPONSIBILITIES IN THE CNA CODE OF ETHICS FOR REGISTERED NURSES (2008) AND THE CARNA DOCUMENT *ETHICAL DECISION-MAKING FOR REGISTERED NURSES IN ALBERTA: GUIDELINES AND RECOMMENDATIONS (2010)*. ENGAGES IN CRITICAL INQUIRY TO INFORM CLINICAL DECISION-MAKING, AND ESTABLISHES THERAPEUTIC, CARING, AND CULTURALLY SAFE RELATIONSHIPS WITH CLIENTS AND THE HEALTH CARE TEAM.

COMPETENCIES: ETHICAL PRACTICE

72. Demonstrates honesty, integrity, and respect in all professional interactions.
 73. Takes action to minimize the potential influence of personal values, beliefs, and positional power on client assessment and care.
 74. Establishes and maintains appropriate **professional boundaries** with clients and the health care team, including the distinction between social interaction and **therapeutic relationships**.
 75. Engages in relational practice through a variety of approaches that demonstrate caring behaviours appropriate for clients.
 76. Promotes a safe environment for clients, self, health care workers, and the public that addresses the unique needs of clients within the context of care.
 77. Demonstrates consideration of the spiritual and religious beliefs and practices of clients.
 78. Demonstrates knowledge of the distinction between ethical responsibilities and legal obligations and their relevance when providing nursing care.
 79. Respects and preserves clients' rights based on the values in the *CNA Code of Ethics for Registered Nurses* and an ethical framework.
 80. Demonstrates an understanding of informed consent as it applies in multiple contexts (e.g., consent for care, refusal of treatment, release of health information, and consent for participation in research).
 81. Uses an ethical reasoning and decision-making process to address ethical dilemmas and situations of ethical distress.
 82. Accepts and provides care for all clients, regardless of gender, age, health status, lifestyle, sexual orientation, beliefs, and health practices.
 83. Demonstrates support for clients in making informed decisions about their health care, and respects those decisions.
 84. Advocates for safe, competent, compassionate, and ethical care for clients or their representatives, especially when they are unable to advocate for themselves.
 85. Demonstrates ethical responsibilities and legal obligations related to maintaining client privacy, confidentiality and security in all forms of communication, including social media.
 86. Engages in relational practice and uses ethical principles with the health care team to maximize collaborative client care.

SERVICE TO THE PUBLIC

SERVICE TO THE PUBLIC: DEMONSTRATES AN UNDERSTANDING OF THE CONCEPT OF PUBLIC PROTECTION AND THE DUTY TO PROVIDE NURSING CARE IN THE BEST INTEREST OF THE PUBLIC.

COMPETENCIES: SERVICE TO THE PUBLIC

87. Enacts the principle that the primary purpose of the registered nurse is to practice in the best interest of the public and to protect the public from harm.
 88. Demonstrates knowledge about the structure of the health care system at the:
 (a) National level;
 (b) Provincial/Territorial level;

- (c) Regional/Municipal level;
 - (d) Agency level; and
 - (e) Practice setting or program level.
89. Recognizes the impact of organizational culture on the provision of health care and acts to enhance the quality of a professional and safe practice environment.
 90. Demonstrates leadership in the coordination of health care by:
 - (a) Assigning client care;
 - (b) Consenting to and supervising and evaluating the performance of health-care aides and undergraduate nursing employees in performing restricted activities; and
 - (c) Facilitating continuity of client care.
 91. Participates and contributes to nursing and health care team development by:
 - (a) Recognizing that one's values, assumptions, and positional power affects team interactions, and uses this self-awareness to facilitate team interactions;
 - (b) Building partnerships based on respect for the unique and shared competencies of each team member;
 - (c) Promoting **interprofessional collaboration** through application of principles of decision-making, problem solving, and conflict resolution;
 - (d) Contributing nursing perspectives on issues being addressed by the health care team;
 - (e) Knowing and supporting the full scope of practice of team members; and
 - (f) Providing and encouraging constructive feedback.
 92. Collaborates with the health care team to respond to changes in the health care system by:
 - (a) Recognizing and analyzing changes that affect one's practice and client care;
 - (b) Developing strategies to manage changes affecting one's practice and client care;
 - (c) Implementing changes when appropriate; and
 - (d) Evaluating effectiveness of strategies implemented to change nursing practice.
 93. Uses established communication policies and protocols within and across health care agencies, and with other service sectors.
 94. Uses resources in a fiscally responsible manner to provide safe, effective, and efficient care.
 95. Supports healthy public policy and principles of **social justice**.

SELF-REGULATION

SELF-REGULATION: UNDERSTANDS THE REQUIREMENTS OF SELF-REGULATION IN THE INTEREST OF PUBLIC PROTECTION.

COMPETENCIES: SELF-REGULATION

96. Distinguishes among the mandates of regulatory bodies, professional associations, and unions.
97. Demonstrates understanding of the registered nurse profession as a self-regulating and autonomous profession mandated by provincial legislation to protect the public.
98. Distinguishes between the legislated scope of practice and the registered nurse's individual competence.
99. Understands the significance of professional activities related to the practice of registered nurses (e.g., attending annual general meetings, participating in surveys related to review of practice standards, and understanding significance of membership on regulatory committees, boards, or councils).
100. Adheres to the duty to report unsafe practice in the context of professional self-regulation.
101. Understands the significance of **fitness to practice** in the context of nursing practice, self-regulation, and public protection.
102. Identifies and implements activities that maintain one's fitness to practice.
103. Understands the significance of continuing competence requirements within professional self-regulation.
104. Demonstrates continuing competence and preparedness to meet regulatory requirements by:
 - (a) Assessing one's practice and individual competence to identify learning needs;
 - (b) Developing a learning plan using a variety of sources (e.g., self-evaluation and peer feedback);
 - (c) Seeking and using new knowledge that may enhance, support, or influence competence in practice; and
 - (d) Implementing and evaluating the effectiveness of one's learning plan and developing future learning plans to maintain and enhance one's competence as a registered nurse.