

HEALTH CARE ASSISTANT (HCA) PROGRAM



STUDENT-FACULTY HANDBOOK

2026-2027

Disclaimer:

This document is updated regularly. All students, faculty, and staff associated with the Thompson Rivers University School of Nursing are responsible for reviewing this manual and ensuring they are familiar with the most current policies, procedures, and expectations.

Acknowledgement of First Peoples & Traditional Territory

Thompson Rivers University campuses are on the traditional lands of the Tk'emlúps te Secwépemc (Kamloops campus) and the T'exelc (Williams Lake campus) within Secwépemc'ulucw, the traditional and unceded territory of the Secwépemc. Our region also extends into the territories of the St'át'imc, Nlaka'pamux, Nuxalk, Tsilhqot'in, Dakelh, and Syilx peoples.

We acknowledge and give honour to the Secwépemc—the ancestral peoples who have lived here for thousands of years—upon whose traditional and unceded land Thompson Rivers University is located. The Secwépemc maintain a spiritual and practical relationship to the land, water, air, animals, plants and all things needed for life on Mother Earth. It is with that in mind that we owe this debt of gratitude.

There are approximately 7000 Secwepemc people in the territory, which spans 180,000 sq km through the interior plateau of south-central British Columbia. The mountain ranges, grasslands and river valleys surrounding the Fraser, North and South Thompson rivers, create the boundaries of the territory. TRU has one of the largest Aboriginal student populations in B.C. post-secondary institutions with 2849 students (11%) of the student population, representing 16 First Nation and Aboriginal peoples enrolled in new, continuing, open learning and trades programs.

In addition to Secwépemc students, Indigenous students at TRU come from several B.C. Nations, including the Carrier, Okanagan, Nuxalk, and Nlaka'pamux, as well as students of Métis and Inuit ancestry.

In May 2017, TRU signed a [Partnership Agreement](#) with Tk'emlups te Secwépemc (TteS).

School of Nursing Vision, Mission, and Values

Vision

Advancing nursing and nurses as leaders in health.

Mission

Committed to innovation, collaboration, and responsiveness, TRU SON provides excellence in nursing education, research, and scholarship.

Our Values

- Culture of belonging and inclusion
- Authentic relationships
- Reciprocity
- Learner centered
- Lifelong learning

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Dean's Welcome Message

Dear Students:

As the Interim Dean of Nursing at TRU, I am happy to welcome you to the School of Nursing (SON). Our school is known for offering strong, high-quality programs, including the Health Care Assistant, Practical Nursing, Bachelor of Science in Nursing, Master of Nursing, and Master of Nursing – Nurse Practitioner programs. For over 50 years, our graduates have made a real difference in health care, and we are proud of their impact.

You can study at our campuses in Kamloops and Williams Lake, or through flexible options like online courses and community-based programs. We acknowledge that our campuses are located on the traditional, unceded lands of Indigenous peoples, including the Tk'emlúps te Secwépemc and T'exelc within Secwepemcúlecw. We are committed to respecting and learning from Indigenous communities and their knowledge.

Starting a nursing program is an exciting step. Whether you are beginning your career or coming back to school, you have many opportunities ahead. Our faculty and staff are here to support you and help you succeed. You will learn in classrooms, simulation labs, and real healthcare settings.

TRU is a welcoming and inclusive place. It is a community that values learning, respect, and growth. Here, you will meet new people, build friendships, and discover new opportunities for personal and professional development.

This is an important time to be in nursing. Qualities like professionalism, resilience, and self-care are more important than ever. TRU offers many student supports, and we encourage you to use them and ask for help when you need it. Your instructors, program leaders, and the Dean's Office are all here for you.

Our programs include a mix of in-person classes, online learning, labs, and clinical placements across the province and even internationally. Our simulation labs are modern and designed to give you practical experience. There are also many clubs, student groups, and activities on campus and in the community to take advantage of. We encourage you to get involved and explore your interests in both curricular and extracurricular environments.

Once again, welcome to the TRU School of Nursing. We look forward to seeing you in our classrooms, labs, and online teaching and learning environments.

Gregory S. Anderson

Dr. Gregory Anderson

Interim Dean of the School of Nursing

School of Nursing Programs

This resource applies to students and faculty of all School of Nursing (SON) programs at Thompson Rivers University (TRU):

- [Bachelor of Science in Nursing \(BScN\)](#) Degree
- [Health Care Assistant](#) Certificate
- [Master of Nursing](#) Graduate Degree
- [Master of Nursing – Nurse Practitioner](#) Graduate Degree
- [Practical Nursing \(Williams Lake\)](#) Diploma
- [Return to Registered Nurse Practice](#) Certificate

Students and faculty must also refer to their respective individual program handbooks, which accompany this document.

List of Abbreviations

- BCCDC = British Columbia Centre for Disease Control
- BCCNM = [British Columbia College of Nurses & Midwives](#)
- BScN – Bachelor of Science in Nursing
- CASN = [Canadian Association of Schools of Nursing](#)
- CNA = [Canadian Nurses Association](#)
- CNSA = [Canadian Nursing Students' Association](#)
- HCA = health care assistant
- HSPnet = [Health Services Placement Network](#)
- IH = Interior Health
- LPN = licensed practical nurse
- MN = Master of Nursing
- MN-NP = Master of Nursing – Nurse Practitioner
- NNPBC = [Nurses & Nurse Practitioners of British Columbia](#)
- NP = nurse practitioner
- NPAC = [Nurse Practitioner Association of Canada](#)
- RN = registered nurse
- RPN = registered psychiatric nurse
- PEGS = [BC Student Practice Education Guidelines & Standards](#)
- PHSA = Provincial Health Services Authority
- PN – practical nurse/nursing
- SON = [School of Nursing](#)
- SPECO = [Student Practice Education Core Orientation](#)
- TRU = Thompson Rivers University

TRU Spaces and Places

Key Weblinks

TRU homepage: tru.ca

MyTRU: mytru.ca

Moodle: moodle.tru.ca

Library: tru.ca/library

Print services: tru.ca/printservices

IT Services: tru.ca/its

- *Microsoft 365 is free for students – including web-based and desktop versions!*

Important Dates & Deadlines: tru.ca/dates

Current Students: tru.ca/current

Campus Services: tru.ca/current/campus-services

School of Nursing: tru.ca/nursing

TRU Transportation, transit, parking, biking: tru.ca/transportation

Student information hub for all things TRU: tru.ca/current - including:

- [Student ID Card](#)
- [Academic Supports](#)

TRU Wellness Centre: tru.ca/current/wellness

TRU Student Union ([TRUSU](#))

- [UPASS City of Kamloops transit pass](#) including how to **OPT OUT**
- [Health & Dental Plan](#) including links to **OPT IN or OPT OUT**

Key Contacts

Students should ensure they know how to connect with:

- Course faculty
- Program Advisor
- Program Chair or Coordinator

For more information and contact details, visit:

- School of Nursing [Faculty & Staff](#)
- School of Nursing [Student Supports](#)

Indigenous Centre – Cplul'kw'ten (The Gathering Place)

Cplul'kw'ten is a friendly and inviting Indigenous centre that provides information on all aspects of university life and doubles as space to socialize, study or just take a break from your day. It is truly a home away from home. The Elder in Residence is a program to support students, and faculty engagement with Indigenous communities and philosophies.

Population Health and Aging Rural Research Center (PHARR)

The Population Health and Aging Rural Research (PHARR) Centre is an interdisciplinary research centre that conducts population health research to advance the health equity of rural older adults, with a strong focus on brain health and dementia research. Guided by a social ecological approach, the centre works collaboratively with rural leaders, older adults, people with lived experience, policymakers, practitioners, students, and community partners. The main areas of research include: i) aging in place and dementia care, ii) cognitive and physical health, iii) stigma and social inclusion, and iv) navigation of health and social care in rural communities.

The PHARR Centre also supports interdisciplinary collaboration, student mentorship, and knowledge mobilization initiatives related to rural aging and brain health.

Additional information can be found on the PHARR Centre website: pharr.trubox.ca

Graduate Student Resources

General resources for TRU graduate students: [TRU Graduate Studies](#)

Graduate Commons

The Graduate Student Commons is a collaborative student engagement space filled with natural light. The Commons is designed to allow quiet study as well as act as an informal gathering place, complete with kitchen area and complementary tea and coffee. Long tables and nearby whiteboards are ideal for small-to medium-sized groups, and a meeting room holds up to 8 students. The Commons is equipped with audio-visual equipment to accommodate presentations.

The Commons is located on the 1st floor of the 'OLARA' building (Old Library Administration and Research Annex), just north of NPH. Enter by the main entrance or a side door near the Clock Tower. The space is open via 24/7 secured access using a key fob. Contact the Coordinator to request a key fob and return it to the Coordinator when finished with it. There is no cost to use the key fob, but lost key fobs incur a \$20 fee. Visit: [TRU Graduate Commons](#)

Campus Space Bookings

TRU Space

For arranging space on a TRU campus, visit [Find a Space](#) for links to available options.

NPH Meeting / Event Rooms (Managed by the SON Dean's office)

Rooms NPH160, NPH314 and NPH378 may be booked by faculty and staff through the Dean's office. NPH

160 (Community Room) is prioritized for flu clinics and other community partnership purposes, Rooms NPH314 and NPH378 are designated as meeting/event rooms. They should not be used as classrooms.

PLEASE NOTE: Room NPH266 is the Dean's meeting room and thus often needed on short notice. It is not available for prebooking but can be used if not in use – please check with the Dean's office.

NPH Student Use (Managed by SON Program Advisors)

The SON understands the importance of providing study space for students and strives to have bookable rooms for student use when available. These guidelines are intended to maximize room usage for students.

Rooms NPH110, NPH112, NPH148 and NPH150 on the 1st floor and rooms NPH372 and NPH376 on the 3rd floor will be available for student bookings when they are not in use. There are no rooms on the 2nd floor available for student bookings.

- Students can book the Breakout Rooms by signing your first name to the Weekly Calendar outside of each room.
- Bookings may be made in one-hour increments and may not exceed 3 consecutive hours.
- Students are responsible for the condition of the room, each other's well-being and clean up prior to leaving
- If you leave the room, please do not prop the door open as it may be closed if it appears empty. Please ensure the door is closed upon your departure.
- There is to be no food or drink in the rooms – please use the student lounge in the atrium for eating and drinking.
- Students should NOT ask faculty or Simulation Technicians to open rooms for them.

Williams Lake

For the Williams Lake campus please contact: wlnursing@tru.ca

PLEASE NOTE: Student bookings may be cancelled for purposes of newly scheduled labs, sims, events, exams such as OSCEs, etc. Efforts are made to limit disruptions and provide notification, but space must be prioritized for formal educational purposes when required.

NPH Faculty-Booked Rooms for Labs/Sims/Seminars (Managed by the SON Sim department)

All other lab, simulation and breakout rooms not discussed above are available for faculty booking through the simulation department. Their use is being kept for class breakouts, debriefing, seminars, etc. They are booked through the simulation department in conjunction with your course(s).

Please contact simulationteam@tru.ca for NPH lab bookings and arrangements.

Simulation Based Learning Centre



Healthcare simulation refers to the use of various techniques, technologies, and methodologies to replicate real-world healthcare scenarios for educational and training purposes. It involves creating simulated environments, often using advanced equipment and actors trained to portray patients or healthcare providers, to mimic clinical situations that healthcare professionals may encounter.

The SON [Simulation Based Learning Center](#) (SBLC) is dedicated to delivering high-quality simulation-based education experiences. We believe simulation plays a crucial role in helping learners safely develop the essential skills needed in their profession. Our commitment is to be at the forefront of simulation-based healthcare education. Our faculty employs various techniques to cultivate essential skills including critical thinking, psychomotor coordination, communication, and resource management. These skills are pivotal for a student's future role in clinical settings.

Our simulation scenarios are meticulously crafted by the faculty to provide a safe environment where students can learn and collaborate with peers and other professions.

We take pride in offering a state-of-the-art simulation center supported by a team of dedicated staff and faculty committed to student success.

All faculty, staff, and students who facilitate or support simulation-based activities at the TRU SON simulation center will adhere to the Society for Simulation in Healthcare's [Healthcare Simulationist Code of Ethics](#). Furthermore, all faculty involved in facilitating simulations (scenario based and virtual) are dedicated to achieving excellence and striving for the best possible experience for our students. This includes a commitment to annual self-assessment, peer feedback and professional development.

As part of our International Nursing Association for Clinical Simulation and Learning (INACSL) [Healthcare Simulation Standards Endorsement](#) at the SBLC all SON current and future simulations occurring in the simulation center will adhere to the 4 core [Healthcare Simulation Standards](#) (Prebriefing: Preparation & Briefing, Facilitation, Debriefing, Professional Integrity). This will be accomplished through review of the simulation(s), regular check ins, and annual review with facilitators and the simulation team (simulation educator and / or simulation support). The SBLC team is dedicated to supporting faculty in their journey to becoming proficient simulationists, providing assistance at all levels of simulation and for simulationists at any stage.

To ensure effective use of simulation resources, adherence to these guidelines is crucial for simulations and simulationists seeking resource allocation from the TRU Simulation Based Learning Center.

TRU Policies

For all TRU policies, including these listed below, refer to the [TRU Policy Manual](#).

- Academic Accommodations for Students with Disabilities BRD 10-0
- Academic Achievement Awards ED 09-1
- Academic Recognition ED 03-4
- Academic Renewal ED 03-10
- Cancellation of Classes BRD 14-0
- Class Scheduling BRD 14-1
- Convocation ED 17-0
- Copyright ADM 03-0
- Course Extensions (for Open Learning courses only) ED 03-12
- Course Outlines ED 08-3
- Course and Program Repeaters ED 03-3
- Entrance Scholarships ED 09-0
- Examinations ED 03-9
- Faculty Office Hours ADM 14-1
- Grading Systems ED 03-5
- Integrity in Research and Scholarship ED 15-2
- International Education ED 12-0
- Prior Learning Assessment and Recognition ED 02-0
- Records Retention / Destruction ADM 02-3
- Responsible Use of Information Technology Facilities and Services BRD 16-0
- Satisfactory Academic Progress ED 03-0
- Special Courses ED 02-1
- Student Academic Appeals ED 04-0
- Student Academic Integrity ED 05-0
- Student Admission ED 01-0
- Student Attendance ED 03-1
- Student Off-Campus Safety and Travel ADM 22-1
- Submission of Final Grades ED 03-11
- Suspension of Students ED 07-0
- Visiting Student Status ED 01-3
- Waitlist ED 03-7
- Withdrawals ED 03-0

Important TRU Academic Policies

[Student Academic Integrity Policy ED 05-0](#)

TRU students have an obligation to fulfill the responsibilities of their roles as members of an academic community. They are expected to be honest and forthright in their endeavours. Academic integrity is both highly valued and expected.

Apart from the student's responsibility in not participating in the act of academic dishonesty, it is the responsibility of the TRU staff to take all reasonable steps to educate students regarding academic integrity and to prevent and detect acts of academic dishonesty. It is the faculty's responsibility to confront a student when such an act is suspected and to take appropriate action if academic dishonesty, in the opinion of the faculty member, has occurred.

Please refer to the Student Academic Integrity Policy for detailed information regarding:

- Regulations and Procedures
- Forms of Academic Dishonesty – cheating, academic misconduct, fabrication, plagiarism
- Final Exams – faculty responsibilities

For more information, visit TRU's [Centre for Academic Integrity](#).

[Grading Systems](#) Policy ED 03-5

Several different grading systems are utilized within SON programs. The letter Grade System is used for theory and lab/practice courses within the BScN program using a specific system for the undergraduate students and a separate one for graduate students, some practice courses may use a complete / incomplete (COM or NCG) grading system. Students should refer to course descriptions to determine how their course will be graded and to the current TRU Calendar for a detailed description of each system. For practice courses, students are also expected to complete a practice self-appraisal during each practice course. Failure to complete the self-appraisal may result in a failing grade. The completed self-appraisal will become part of the student's ongoing practice performance record.

Letter grades do not become official until they appear on the student's transcript. Faculty may notify students of unofficial course grades. Still, Divisions and Departments reserve the right to correct or adjust unofficial grades to maintain equity among sections and ensure conformity with Divisional, Departmental and TRU-wide norms.

For more information on the grading system refer to the current [Grading Systems and Procedures](#).

[Student Academic Appeals](#) Policy ED 04-0

TRU recognizes that although most students experience no concerns regarding their education, some occasionally experience problems with interpretations of TRU policy or procedures by TRU staff. While most differences can be resolved by an open and frank discussion with the concerned parties, a process is required whereby students may bring forward matters that have not been resolved to their satisfaction for formal review.

An appeal is an internal hearing to review and resolve matters of concern raised by students. Students have the right to appeal decisions on grades or application of policies, procedures and regulations, and perceived unethical conduct by TRU staff or other students. Students are referred to the Student Academic Appeals policy, the current [Academic Calendar](#) and the [Student Affairs](#) department for information on the TRU Appeal Procedures.

[Student Attendance](#) Policy ED 03-1

The SON follows the TRU policy on Student Attendance. This policy should be referred to for more information regarding:

- Attendance at the start of the semester
- General attendance during a course or program

School of Nursing Policies and Processes

Students and faculty are responsible for knowing and following all policies of TRU, the SON and practice agencies.

Conduct

Professional and Ethical Behaviour

The SON is committed to protecting the public through our role in preparing and graduating students that meet the expected standard of behaviour of safe, ethical, and competent nursing professionals. Students in the SON programs are subject to the ethical, legal, and professional conduct provisions as set out by:

- Canadian Nurses Association [Code of Ethics](#)
- [British Columbia College of Nurses and Midwives](#) (BCCNM) relevant standards
 - including [Ethics Standards](#) for Registered Nurses and Nurse Practitioners
- All relevant [TRU policies](#)

The SON has a duty to ensure students adhere to and meet the ethical and behavioral standards of the Profession as per the CNA Code of Ethics in education settings. Students are expected to recognize their own limitations and to take responsibility for ensuring their continued competency and learning as it relates to practice competency, ethics and safety of clinical practice. Students are expected to always demonstrate professional conduct in any instructional settings. Instructional settings include classroom, laboratory, community settings and clinical areas.

Making disrespectful or disparaging comments, or comments which may be interpreted as disrespectful or disparaging, about clinical sites, co-workers, faculty members, and/or students on social media sites, violate the above standards and policies. This includes any comments that are interpreted as bullying, threatening,

harassing, obscene, sexually explicit, which target individuals based on human rights protected grounds, or otherwise deemed offensive.

The SON provides some general guidelines. As a faculty, we feel very strongly that disruptive behaviour, defined as student behaviour that interferes with instruction and learning, will not be tolerated. Examples of disruptive behaviours include, though are not limited to, the following:

1. Failure to respect the rights of other students, faculty, and guest speakers to express their viewpoints by behaviours, such as repeatedly interrupting others while they speak, using profanity and/or disrespectful names or labels for others, ridiculing others for their viewpoints, and any behaviours that demean or threaten the safety and well-being of others
2. Excessive talking to other students or lack of attention while the faculty member or other students are presenting information or expressing their viewpoints
3. The misuse of electronic devices (i.e., not for classroom purposes)

Patient Confidentiality

Posting any confidential content about clients, including client health information or images on social media, is strictly forbidden even if client identifiers are removed. This prohibition also applies to posting information that may appear to have been based on confidential content. The use of images that refer to clients or images of agencies requires prior written permission and written consent from the client and/or agency.

It is expected that during practice rotations, use of devices will be only used as authorized by the SON faculty member while following facility processes. ***It is prohibited to print or take photographs of charts or any other patient information, even if there are no patient identifiers in the image.*** At no time shall patients/clients be videotaped or photographed without prior written permission of the patient/client, and the facility.

Agency property must not be removed from the premises without the permission of the person in charge of the area and must be used in accordance with agency policies and procedures.

Association with TRU SON

Students are encouraged to consider how they present themselves when identifying as a TRUN SON student in public and online spaces. Do not claim nor imply you are speaking on TRU SON's or your classmates' behalf unless you are authorized to do and have this in writing, and in advance. Participation in TRU SON class-related social media spaces may associate an individual with the School of Nursing and should be approached in a professional and respectful manner.

Intellectual Property, Copyright, Referencing and Branding

Copyright is an intellectual property right that is very important to TRU faculty, staff and students as we are all creators and consumers of various forms of intellectual property. The Intellectual Property Office is

committed to ensuring that the TRU community is both compliant with, and benefitting from, copyright law in Canada. For more information, visit [Intellectual Property Office](#).

When posting, be aware of the requirements of copyrights and referencing. Use of the TRU and SON logos and graphics for SON sanctioned events must be approved by administration. Refer to information from [TRU Marketing and Communications](#)

Class Materials

Use of technology during class is restricted to notetaking and classroom activities. Do not videotape/audiotape, photograph or distribute content involving faculty members, classmates, or classroom materials without prior written permission. This includes photographs of presentations, whiteboards, shared documents, simulations, and other materials created or presented during class. Respect for privacy, confidentiality, and intellectual property is expected in all learning environments.

Substance Use

A faculty member and/or clinical staff and/or field guides who are of the opinion that students are under the influence of alcohol or drugs will advise the faculty member working with the student. The students will be requested to leave the practice setting immediately and will be referred to the program Chairperson or Coordinator. Students are expected to follow agency policies and procedures regarding tobacco and vaping on practice sites.

Reporting Incidents

If an incident occurs, bring it to the attention of the SON immediately through a program Chairperson or Coordinator. Students and faculty all hold a duty to report any policy violation by any SON student.

Consequences

It is the student's responsibility to meet all professional and educational expectations. Students who behave in a manner that disrupts educational activities and/or fails to abide by Professional Conduct noted above may be:

- Directed to leave the classroom or instructional setting immediately
- Directed to meet with the program Chairperson or Coordinator
- Referred to TRU Office of Student Affairs and the and contribute to a behavioural/learning contract outlining their responsibility for behavioural change. **See Appendix A for more information on SON Student Learning Contracts.**

Behaviours that may result in the student's immediate removal from the clinical practice setting and/or classroom and which also may result in failure of the course, or withdrawal from SON program include:

-
1. Any breach of the CNA Code of Ethics, BCCNM Standards
 2. Any engagement in behaviour that impairs the performance of professional responsibilities
 3. Acquiring a criminal conviction after being accepted to the program (or a criminal conviction which was acquired prior to admission but became known after being admitted to the program) which prevents or jeopardizes a student's ability to obtain official registration to practice after graduation
 4. Inappropriate use of official and personal social media technologies

Violation of the policies and guidelines during a practicum will result in removal of the student from the practice area.

Violation of the policies and guidelines may result in the recommendation of suspension or dismissal from the program to the University President. Per the TRU policy on [Suspension of Students](#) ED 7-0: "Violations of TRU policy will be reviewed and may result in sanctions up to and including suspension by the President".

Responsible Use of Technology and Social-Media Policy

This section serves as the official policy for the responsible use of technology and social media for all programs within the SON at TRU. This policy applies to all students creating or contributing to any kind of social media affiliated with the SON, or their role as a TRU student. This policy encompasses all forms of current and emerging social media platforms, as well as other technology-based conversations.

All SON students are preparing for a profession/health care role, which provides services to a public that expects and requires high standards of behavior. Social media often spans traditional boundaries between professional and personal relationships, and thus it takes additional vigilance to make sure one is protecting personal, professional, and university reputations. Social media behaviors of students in the SON must be always consistent with the following:

- BCCNM [Social Media](#) learning resource (same content for NP, RN, LPN, RPN)
- International Nurse Regulator Collaborative [Social Media Use](#)
- Canadian Nurses Association [Code of Ethics](#)

The expectations from these resources apply to all students in the SON in all programs. All SON students must represent TRU, the SON, and the health care work force in a professional and respectful manner online. Be aware that there are no private sites, comments can be forwarded, copied, and printed, and systems can save information even if you delete a post.

Refer also to the related TRU Policies:

- [Respectful Workplace and Harassment Prevention](#) policy BRD-17
- [Responsible Use of Information Technology](#) policy BRD 16-0
- [Sexualized Violence](#) policy BRD 25-0

Use of Artificial Intelligence (AI)

Uploading faculty-created materials within generative artificial intelligence (AI) platforms is prohibited

unless explicit written permission has been provided by the faculty member and/or the School of Nursing. This includes, but is not limited to, lecture slides, presentations, course notes, case studies, evaluation tools, assignments, exams, simulation materials, feedback, and any other instructional or assessment content developed by faculty. Students must not upload, copy, paste, record, or otherwise share these materials within AI systems (e.g., ChatGPT, Copilot, Gemini, Grammarly AI, or similar platforms), as doing so may violate intellectual property rights, copyright protections, confidentiality expectations, and academic integrity standards. Unauthorized use or distribution of faculty materials through AI platforms may result in disciplinary action in accordance with School of Nursing and university academic integrity policies.

Statements of Expectations for the use of AI are to be clearly established between faculty and students within the course outline. These statements will vary depending on the needs of the course and learning outcomes. Statements of Expectation will outline attribution and documentation requirements for course work and assignments and be explicit about the ways students can or cannot use generative AI systems in the context of the course. It is also the expectation that faculty will disclose if they have used AI in the creation and delivery of the course.

Students are advised to review resources for more education and awareness. Visit:

[TRU Centre for Academic Integrity](#)

[TRU Library Guides - Artificial Intelligence: A Guide for Students](#)

Electronic Mail

Students will be issued a TRU email account. **Electronic communication between faculty/staff and students will occur through the TRU email account.** Students are expected to check their TRU account on a regular basis. In preparation for entrance into a profession, students are strongly encouraged to ensure that all email correspondence is respectful, courteous, and timely. If students are experiencing issues with their TRU account, they need to contact the IT department immediately to resolve the issue. It is the expectation that **students create an electronic signature for all emails that includes full name, student number, and program year.**

Student Records

It is the student's responsibility to maintain updated contact information through [myTRU](#) including phone number(s), mailing address, and personal email address. **Students are to also notify the SON office of changes to contact information.** Phone numbers will be circulated to appropriate faculty and may be given to agencies where students are completing practicums.

Evaluation Requirements

Examinations

The School of Nursing is committed to maintaining a high standard of academic integrity during examinations in accordance with TRU's [Student Academic Integrity](#) policy ED 05-0 and [Examinations](#) policy ED 03-9. The SON is committed to enabling students to demonstrate their understanding of learning outcomes. The SON believes in the shared responsibility between faculty and students to create environments that ensure academic integrity. For nurses, BCCNM Standards guide students and faculty to be accountable and take responsibility for their professional conduct. Visit BCCNM [Professional Responsibility and Accountability](#).

The School of Nursing provides the following to prepare students for what to expect during examinations:

- Students are encouraged to use the washroom prior to the exam.
- Students will not be able to enter the room until the invigilator has completed setup of the room.
- Students may be asked to sit in assigned seats.
- Students may be limited to only having items that are required to write the exam at their desk.
- Any item that can be used to share information, including phones, smart watches, smart glasses, will be stored where directed by the exam invigilator.
- Students will not wear clothing that conceal their eyes or ears, such as hoodies or hats.
- Students may bring and wear non-electronic earplugs.
- Any personal items may be inspected.
- Faculty may provide you with scrap paper. You may not write on the scrap paper until the exam begins and must be turned in with your exam.
- Students will be able to provide photo ID.
- Students will wait to open the examination booklet or start the exam as directed by the invigilator.
- Once an exam has begun, students will remain in their seats. If you have a question, raise your hand.
- Students who arrive late for an examination are not allowed additional time.

Students who anticipate needs that differ from the expectation listed above may contact their faculty at least 24 hrs in advance (to allow for conversation) to discuss options.

If a personal need arises during the exam, the student may raise their hand to discuss with the invigilator.

Requests for test writing accommodations such as environmental adaptations, extra time or specific technologies can be made through [TRU Accessibility Services](#).

Midterm Examination Accommodations

Students who will miss or have missed a midterm examination due to illness or domestic affliction must contact their faculty member as soon as possible. In extraordinary circumstances, outside of illness, domestic affliction, or official Wolfpack Travel, students are to email both the faculty member and program Chairperson or Coordinator immediately with the understanding that midterm exams will not be rescheduled for vacations or personal situations.

Final Examination Accommodations

Students who will miss or have missed a final examination due to illness or domestic affliction will be directed to TRU [Examinations](#) policy ED 03-9 which outlines the steps to be taken for considerations of accommodations. **Note: Final exams will not be rescheduled for vacations or personal situations.**

Criteria for Written Papers/Assignments

Format and Style

A scholarly format is to be followed for written papers/assignments based on accepted convention for grammar, punctuation, style, and format. The SON requires the use of the American Psychological Association ([APA style](#) (7th edition) for written assignments. APA style guides how to organize a scholarly paper, express ideas, reduce bias in writing, use correct grammar and punctuation, how to cite in text references in a paper, and how to create a reference list. **Students should refer to each course assignment and marking rubric for specific APA requirements.**

Students are encouraged to access the [TRU Library APA Resources](#) for application of APA style for writing.

The reference text for APA style, 7th edition is:

American Psychological Association. (2020). *Publication Manual of the American Psychological Association* (7th ed.). American Psychological Association.

The TRU [Writing Centre](#) is an excellent resource for students to refine their writing skills and learn more about applying APA style to their papers. Also visit [Library Services for Undergraduate & Graduate Students](#).

Submission of Papers

Due dates for assignments are set by individual faculty members and requests for extensions must be made to the appropriate faculty member at least 48 hours prior to the due date. If the faculty member has not indicated the time an assignment is due, the default is 1630h on the due date.

For every day or portion of a day a paper is late, 5% will be deducted. A weekend is considered 2 days.

Students who require an extension due to domestic affliction or illness may be accommodated. Extensions in these extenuating circumstances are at the discretion of the faculty member and should not extend beyond the semester end date unless approved by the program Chairperson or Coordinator. Please email your faculty member as soon as possible. Students should know that the educator will inform the program Chairperson or Coordinator who will keep track of potential ongoing patterns, to be able to identify students that might be at risk and in need of support beyond a particular course.

When submitting papers, use your student number, unless otherwise directed by the faculty member. Students should retain copies of all papers submitted and retain all graded papers until final transcripts have

been issued.

Clarifying and Resolving Concerns

Student Concerns Involving SON Faculty and Courses

Students are expected to follow the process below should they have concerns with individual faculty members and/or a course. Examples of concerns may be about the content of the course, teaching methods, assignments, issues of fairness, or marking processes.

The following steps are intended to assist and support students in managing or resolving these perceived issues.

- **Step 1:** the student should express concern directly to the faculty member by face-to-face discussions, letter, or email.
- **Step 2:** if the student perceives that the issue is unresolved or if the student feels unable to approach the faculty, then the student should consult the program Chairperson or Coordinator for assistance. The Chairperson or Coordinator:
 - will examine the claim and evidence and explore the issue to determine if further action is warranted.
 - may explore options with the student(s) about how to proceed and / or advise student(s) of other resources.

At any point in the process: during or following discussions with the faculty member or program Chairperson or Coordinator, the student may wish to:

- Seek further consultation with the Chairperson or Coordinator
- Consult with the Dean
- Consult with Director of Student Affairs
- Consult with TRU Student Union (Members Advocate)

Conflict of Interest

All TRU students, faculty and staff are directed to review the TRU [Conflict of Interest](#) (COI) policy ADM 04-2. This is an important policy that contains university regulation as well as detailed guidance for how to assess and navigate actual and potential conflicts.

TRU Conflict of Interest Policy excerpts:

“Conflict of interest is a breach of an obligation to Thompson Rivers University (TRU) that has the effect, or intention of advancing one's own interest, or the interests of others, in a way that is detrimental to the interests of TRU, or is potentially harmful to the integrity of the fundamental mission of TRU. Conflicts of interest and the appearance of conflicts of interest must be avoided” (page 1).

Of particular note, per TRU COI policy: “Where there is uncertainty about the existence of a conflict of interest, or about how to avoid one, it is the responsibility of the individual faculty or staff to seek consultation with the administrative head of the unit. It is incumbent upon faculty and staff to avoid situations in which a conflict of interest may arise and to deal promptly with any conflict of interest that does arise.” (page 2). In the SON, the “administrative head of the unit” could be the Dean, Associate Dean, Program Chairperson, or Program Coordinator.

Per TRU COI policy (page 1), conflict of interest falls into three categories:

- those which require disclosure
- those which require disclosure and prior approval
- those which are prohibited

Regarding student and faculty/staff relationships, per TRU COI Policy: “TRU faculty and staff should avoid conflicts of interest which may impede or compromise their responsibility to instruct, supervise or evaluate students in a fair and effective manner. The power imbalance which exists between faculty, or staff, and student is not to be used for personal benefit. Students include anyone enrolled, or applying for admission, in a course or program offered by TRU” (page 2).

It is important to recognize that certain student-teacher relationships may result in a biased evaluation, or the perception of potential bias. Where there is uncertainty about a potential conflict of interest, or about how to avoid one, students and faculty alike are to seek consultation with the program Chairperson/Coordinator, or the SON Dean.

Relationships contributing to conflict of interest may include, but are not limited to:

- a. Close family relationships – such as those between spouses or spousal equivalents, parents and children, siblings, in-laws, grandparents and grandchildren
- b. Amorous relationships
- c. Relationships between persons whose economic interests are closely interrelated
- d. Close social contacts (including friendships)
- e. Clinician-patient relationships
- f. Employer-employee relationships
- g. Landlord-tenant relationships

Such relationships may pose actual or perceived conflicts of interest in the academic setting, or even in the clinical practice setting. ***Where there is uncertainty about potential a conflict of interest in the clinical setting, or about how to avoid one, students and faculty are to seek consultation with the program Chairperson/Coordinator, or the SON Dean.***

Per the TRU COI Policy, “Where a conflict of interest may arise, one or more of the following methods should be used to avoid or resolve such conflict:

- a. Faculty and staff members should normally decline or terminate a supervisory, teaching, evaluative, or decision-making role in which a conflict of interest arises, unless the administrative head of the unit is of the view that this will create undue hardship to the student.

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- b. In situations where the conflict of interest involves teaching, supervision, or evaluation, and where alternative courses or supervision exist that are reasonable and appropriate to the student's program, the student should utilize those alternatives.
 - c. Where no reasonable and appropriate alternative exists, the administrative head of the unit shall ensure that a fair and unbiased mechanism of evaluation is put in place. This will normally require that another suitably qualified evaluator review all the material submitted for evaluation, review the grades assigned, and report whether those grades are reasonable.
 - d. Where third parties are concerned about a perceived conflict of interest, the faculty or staff member and the administrative head should consider informing the third party that the conflict has been dealt with pursuant to regulations. Such a step is for the protection of the student, the faculty or staff member, and TRU" (page 2).

Since the possibilities for conflict of interest are almost limitless, faculty and staff are expected to conduct themselves at all times with the highest of ethical standards. In addition to TRU policies, nursing faculty and students are also to follow the CNA [Code of Ethics for Nurses](#), which includes guidance for Conflict of Interest, as well as the [BCCNM Conflict of Interest](#) Practice Standard and the [Boundaries in the Nurse-Client Relationship](#) Practice Standard.

CNA Code of Ethics – Conflict of Interest

The SON expects all nursing faculty and students to abide by the Canadian Nursing Association (CNA) [Code of Ethics for Nurses](#).

CNA definition of **conflict of interest**: “a clash between the private interests and the official responsibilities of a person in a position of trust. A conflict of interest may present as a conflict of loyalty. For example, an individual with two different employers may experience ethical tensions and make it challenging to make impartial decisions.

- Actual conflict of interest: occurs when a direct and tangible conflict exists between an individual’s duties and their private interests, leading to an objective risk of bias or unethical behaviour. For example, a decision-maker awarding a contract to a company they personally own would represent an actual conflict.
- Perceived conflict of interest: arises when others believe there is a conflict, even if no actual conflict exists. This perception can still damage trust and credibility, as it suggests a potential for bias or improper influence. For instance, if a leader is seen socializing frequently with a contractor bidding for a project, others may perceive a conflict, even if no favouritism is present.” (CNA, 2025, page 30).

According to the CNA Code of Ethics, “Nurses are aware of potential conflicts of interest and avoid situations where their personal interests may interfere with their professional obligations... Nurses maintain professional boundaries with clients and the public by ... addressing potential or actual conflicts of interest with clients and taking all necessary measures to safeguard their interests, which may include ending the professional relationship and referring them to another professional when necessary” (CNA, 2025, page 30-31).

BCCNM Conflict of Interest Practice Standard

All nursing faculty are required to abide by the [BCCNM Conflict of Interest](#) Practice Standard, which applies to LPNs, NPs, RNs, and RPNs. Students in SON educational preparation for these nursing designations are also required to abide by this practice standard.

BCCNM Conflict of Interest Principles – per the practice standard: (BCCNM, 2025)

“Nurses identify and seek to avoid actual, potential or perceived conflicts of interest.

1. Nurses avoid any behaviours including promoting private or business interests that place their personal gain ahead of their professional responsibilities.
2. Nurses handle all types of conflict of interest by identifying the problem, discussing it with the appropriate people and managing it ethically.
3. Nurses fully and accurately disclose, to the appropriate persons, any relationships, affiliations, financial interests or personal interests that may create a conflict of interest.
4. Nurses follow BCCNM's Bylaws when they advertise or promote professional services or products.
5. Nurses recognise the potential for gifts of any value to affect objectivity and use professional judgment when considering their acceptance.
6. Nurses only accept funds from commercial sources in the form of an unrestricted grant paid to the organization sponsoring the professional activity.”

Nurses are also required to follow the [BCCNM Regulatory supervision of students](#) Practice Standards. Nurses are also guided by BCCNM resources such as [Precepting students](#).

While Health Care Assistants are unregulated care providers and are not governed by BCCNM or members of CNA, HCA students are still subject to the SON conflict of interest policies.

Feedback Processes

The SON has several processes designed to capture, evaluate and act on student, faculty, and other stakeholder feedback about the program. These processes include, but are not limited to:

- Course evaluations by students
- Faculty evaluation of courses
- Chairperson/Coordinator check-ins
- Dean’s liaison meetings
- Student groups (NUS/CNSA)
- Program Completion Questionnaires from graduates
- Graduate Follow-up Questionnaires
- Practice Site Questionnaires
- Semester surveys from the Program Evaluation Committee (faculty, preceptors and students)

Student Opportunities to Provide Feedback

Faculty in the SON value student feedback. We use it to inform our own professional development and curriculum changes. Faculty anticipate thoughtful comments that provide constructive ideas. Student feedback is valuable in guiding improvements in teaching-learning experiences.

TRU has implemented processes to evaluate every course, every time it is offered. Student course evaluations are an opportunity for the student to give the faculty member feedback on their experience of learning in the course. Each faculty member receives feedback for each component of the course. This means for some courses you will have more than one evaluation to complete if the course is shared between faculty, or if the course has more than one component. For example, some of your practice courses have a practice, lab theory and lab practice components.

Students receive a link to the course evaluation in their [myTRU](#) account. During the course evaluation period, usually in the last 2 to 3 weeks of the course, the faculty member will provide students with the password to access the evaluation. Once the first student opens the evaluation form, the evaluation remains open for 48 hours only. Nursing practice (PRC) and Co-operative Education (COOP) sections are exempt from the 48-hour window. Student feedback is reviewed by the faculty member and the Chairperson after all course grades have been submitted. For more information about the course evaluation process visit the [Centre for Excellence in Learning Teaching \(CELT\)](#).

Students should know that the feedback received through the Program Evaluation Committee (PEC) surveys is shared widely with faculty in the programs. After all course grades have been submitted, the PEC semester survey data is themed and reported to the curriculum committee and larger faculty group.

Practicum Requirements

All practicum placements are arranged by TRU through the [Health Sciences Placement Network \(HSPnet\)](#). **Students may not arrange their own practicum placements.** Full details regarding practicum course readiness and placement coordination will be communicated to students as they become available. Students are enrolled in Moodle sites for detailed practice information and instructions.

Entry-to-Practice Requirements

Practice policies, procedures and guidelines are in place to support the safety of students and clients. Students are required to adhere to the details described and referred to in this handbook. Students are required to familiarize themselves with the necessary policies for each agency they are assigned to during their practicum experiences. When policies of an agency and the school are different, the stricter of the two must be followed.

Provincial Practice Education Guidelines & Standards (PEGS)

The Provincial Health Services Authority (PHSA) is the steward of the provincial practice education guidelines and standards (PEGS) in BC, which are developed through a collaborative BC Student Practice Education Network. Per the [BC Student Practice Education Policy](#), PEGS are “formally adopted guidelines and standards that promote shared accountability for Student Practice Education quality and safety, evidence-based practice, alignment with current regulations, standards and legislation, clarification of roles and responsibilities for all Student Practice Education Partners; and that utilize common, inclusive language understood by a broad range of disciplines and vocations (regulated and unregulated) achieving clarity, consistency and equity for planning and Practice Education Placement processes”.

Health care education programs delivered through the TRU SON and other schools in BC follow and apply the PEGS in clinical education. The standard documents are all available online at: [BC Student Practice Education](#). They include processes applicable to students for pre-placement preparation, on-site conduct and safety, and involvement of students in care. The PEGS are adopted as guiding policies for TRU SON programs. The PEGS include details for:

- Placement processes
- Criminal record checks
- Communicable disease prevention, screening, monitoring
- Personal protective equipment
- Orientation to practice sites
- Privacy and confidentiality
- Identification in the care setting
- Safety incident prevention and response
- Respectful behaviours
- Consent for student involvement in care
- Documentation by students
- Student Practice, Limits, and Conditions

Health Authority Policies

Each health authority has policies that students must abide by. At TRU many of the student’s practice sites are within the Interior Health Authority (IHA), as such the student should become familiar with practice policies from IH, such as [AU1100 Post Secondary Institution Student Experiences](#).

BC Health Authority Student Websites:

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- [Interior Health](#)
 - [Fraser Health](#)
 - [Island Health](#)
 - [Northern Health](#)
 - [Vancouver Coastal](#)
 - [Provincial Health Service Authority](#)

Practice Requirements

Regulation, policies, and guidelines are intended to provide clarity for students in their role as learners in various agencies they are visiting / working during their educational experience. When abided by, they contribute to the safety of students, and the people students work with/care for in the process of learning.

Students are responsible for abiding by the regulation, policies and guidelines from various bodies including: the professional regulator (BCCNM), TRU, the SON, and provincial bodies. In addition, individual agencies will have policies and procedures which the student must abide by. When a student is orienting themselves to a new practice area, they need to familiarize themselves with policies and guidelines of that area. When policies of an agency and the school are different, the stricter of the two must be followed.

It is the student's responsibility to complete the SON requirements and upload proof/ documentation/ certificates to the appropriate Moodle site. Specific instructions will be given to students along with annual reminders.

Workplace Hazardous Material Information System (WHMIS)

All students in clinical practicum are required to obtain WHMIS certification, which they will complete prior to entering any practicum of any SON program.

Criminal Record Check (CRC)

SON programs require a clear criminal record check (CRC) to participate in practice courses. As student progress into each year, you will be required to sign the TRU Statutory Declaration to declare that: you are a person of good character and that you have not been charged or convicted of any criminal offence since completion of your original criminal record check.

Basic Life Support Certification (BLS)

A current Basic Life Support certification is required for all students upon entrance into the nursing program. **Internet and/or online certification is NOT accepted.** It is the student's responsibility to **maintain re-certification annually** and to submit a copy of the certificate to the appropriate Moodle site prior to the expiration of the prior certificate. Students are not permitted into clinical practice if BLS has expired. If students cannot be in practice, they risk their ability to be successful in the course.

Respiratory Mask Fit Testing (N95)

All students are required to have **annual** respiratory mask fit testing completed prior to entering the practice area. This is a provincial mandate with the purpose to ensure all persons providing care to clients with known or suspected airborne pathogens have properly fitting masks and know how to use them correctly. Respiratory mask fit testing must be completed just prior to entering semester 1 then annually each year after.

It is the student's responsibility to maintain updated respiratory mask fit testing relevant to the regional healthcare practice site requirements every year and to submit a copy of the certificate to the appropriate Moodle site prior to the expiration of the prior certificate. Students cannot be in practice if their mask fit testing has expired. If students cannot be in practice, they risk not being successful in the course.

Student Practice Modules

The SON has compiled several learning modules for students to complete prior to entering practice. Required learning modules are determined by the SON, health authorities and the province and are updated yearly. Information can be found on the appropriate Moodle site. Students complete these prior to the start of each academic year. Information about how to access the modules will be shared with students. Details of which modules to complete are also on the practice course outlines. Modules may include:

- [Student Practice Education Core Orientation \(SPECO\)](#)
- iLearn modules as necessary for specific practice placements
- Review of select SPECO modules throughout the program

Students are to follow the directions about where to submit proof of completion. These directions are on Moodle and on each practice course outline. Students who have not completed the required student practice orientation modules cannot be in practice. If students cannot be in practice, they risk being successful in the course.

Provincial Violence Prevention Curriculum (PVPC)

The Provincial Violence Prevention Curriculum (PVPC) is an annual provincial mandated course for health care workers in practice. Its goal is to provide effective violence prevention (VP) education through knowledge and activities to prevent and protect against workplace violence. It is mandatory for all students in practice settings. This course is facilitated by TRU SON prior to student's clinical experiences as per individual program requirements and may be offered by TRU independently or through a third-party providers. Students must remain current during the course of their program; opportunities to renew PVPC will be communicated to students throughout the programs.

Infection Prevention and Immunizations

All TRU students and faculty members visiting health care service delivery sites are considered health care providers and should be protected against vaccine preventable diseases. They must follow

provincial and practice agency immunizations policies, including BC Student [PEGS](#). Such policies are based on the [BCCDC Immunization Manual](#) and the [Canadian Public Health Agency](#).

Mandatory as per BC Student Practice Education

- TB Skin test
- Complete the immunization form (on Moodle)

Strongly Recommended

- Annual vaccination against influenza
- Students follow the Health Authority regulations for required immunizations.
- Proof of immunity status must be available, and the practice agency may request it from students and faculty at any time in preparation for or during a clinical placement.
- If students choose not to follow the required immunizations, then they may not be fit for practice at certain agencies.

Students are strongly encouraged to keep a copy of their immunization record with them in practice in the event they are asked for proof. In the event of a communicable disease outbreak, students and faculty members who cannot provide proof of vaccination to the agency may be denied access to the facility.

Students who choose not to obtain required immunizations and/or vaccinations must notify the appropriate Chair or designate and complete any required legal waiver documentation. Students should be aware that vaccination requirements established by clinical agencies or health authorities may impact placement opportunities and program progression.

Students and faculty members who are not immunized are required to abide by the agency policy for non-immunized health care workers. In the event of a communicable disease outbreak the student may be required to take an antiviral medication. Arrangements for this antiviral medication are to be made on an individual basis between the student and their health care provider.

More information can be found at: [Immunization for health care workers in BC](#).

Blood-borne Communicable Diseases

TRU students and faculty who have tested positive for a blood-borne communicable disease (i.e. Hepatitis B, C, D, HIV) are responsible to be aware of protective measures and for taking all measures necessary to protect themselves and others.

Students should be aware of the BCCNM practice standard [Communicable Diseases: Preventing Nurse-to-Client Transmission](#).

Clinical Practice Attendance

Clinical practice is a cornerstone of the SON programs. Clinical practice experiences will occur on varying days (including weekends), evenings, and times - depending on the sites to be used. TRU SON partners with practice sites that are both local and out of town, and students should anticipate attending some experiences outside the Kamloops and Williams Lake regions. Clinical experiences and hours are intentionally integrated into the program to provide a robust and well-rounded foundation for professional practice. Student engagement in this supported environment provides the foundation of future safe and effective practice.

Attendance in clinical practice courses must be a priority for students. The planned total numbers of hours in any program are viewed as being the minimum number of hours required to achieve expected competencies. Students should know that some employers may ask for a record of time missed from clinical practice. Students are expected to attend, and be on time for all scheduled practice, laboratory, and seminar learning experiences.

Students missing significant amounts of clinical time / hours (e.g., 10%) may meet with the program Chairperson or Coordinator and/or Leads at the discretion of the faculty member to discuss the supports the student may need to help them be successful. Significant missed clinical hours may impact the ability to meet course learning outcomes/practice competencies and thereby risk success in the course and may impact future placement opportunities.

Hours absent from clinical practice courses (including seminars) will be recorded and documented on the final performance summary. See the TRU [Student Attendance](#) policy ED 3-1 for additional information.

1. Students scheduled for a practice experience who become ill and are unable to attend are expected to contact the appropriate agency and /or faculty at least one hour prior to the scheduled starting time. Specific instructions will be given by individual faculty member.
2. Missed time may factor into decisions about student progress in the program. All missed time will be critically analyzed on an individual student basis in terms of:
 - a. The amount of time missed from practice, seminars, labs, simulation and classroom
 - b. the reason(s) for missed time
 - c. whether or not there is a pattern of missed time
 - d. the student's level of performance.
3. Missed time in practice, lab, simulation, and seminar is recorded on the student's performance summary.
4. Absenteeism may result in faculty recommending withdrawal from the program. Students may be required to submit a statement from a physician or other professional. Recommendations will be based on an evaluation of the student's individual circumstances, practice performance and academic record.

Student Identification

All SON students and faculty are required to wear current TRU SON photo identification (ID) while attending any practice experience (e.g. hospitals, health care agencies, homes visits, community agencies, etc.). The photo ID is to be always visible on their person (above the waist) unless indicated otherwise by the practice setting.

The TRU SON photo ID cards will serve as security identification during SON authorized practice activities (client research prior to practicums, home visits, agency practice, etc.).

Agency security or relevant employees (e.g., nursing personnel) have the right to refuse TRU SON students access to the agency or client confidential documents if the student is not wearing the TRU SON Photo ID. TRU SON student identification is not to be worn or seen outside of practice. i.e. social media.

Dress Code and Professional Appearance

Students are expected to maintain an appropriate and professional image and a high standard of personal hygiene and grooming at all times when acting in the capacity of a representative of the TRU SON. Students are required to follow the TRU SON dress code and professional appearance standard as well as the agency policy in the area in which they are practicing. This standard is to be followed at all times that students are presenting to practice areas including researching clients prior to clinical experiences. If students, in the opinion of the faculty member, violate TRU SON standards or agency dress code/appearance policies they will be asked to leave the practice setting. There is flexibility and adaptability to this standard regarding cultural and/or religious considerations.

Clothing/Uniforms

Each SON program may have a uniform requirement for students in long term, acute care, simulation, and lab practice. Refer to your specific program requirements for additional information.

- Uniform pants should be hemmed
- Uniforms must be clean and wrinkle free
- TRU SON photo identification must be clearly visible and is to be worn at all times
- NO long-sleeved apparel (e.g., shirts, sweaters, lab coat, hoodies) is permitted when providing care
- Students are asked to change out of uniforms at the workplace prior to leaving
- Uniforms are not to be worn in public

When uniforms are not required, such as in community agencies, mental health practice, or when you are obtaining practice assignments from hospitals/agencies, clothing must be:

- Clean, pressed, and professional in presentation
- Casual business attire is acceptable
- No jeans, yoga pants, leggings/tights, low cut tops, halter tops, cut offs, or backless dresses
- Photo ID is required

Footwear

As per [WorkSafe BC Section 8.22 of the OHS Regulation](#): "A worker's footwear must be of a design, construction, and material appropriate to the protection required."

- Appropriate hosiery (stockings, tights, socks, etc.) and footwear must be worn.
- Closed toes and closed heels with non-slip soles, impermeable material that can be disinfected is required.

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- Shoes are to be carried to and from the hospital or agency.

Hair

- Hair must be confined (kept off collar and face). Hair in ponytails or secured otherwise must ensure that the hair is off the collar and secured.
- Facial hair should be of a length that can be completely controlled/contained by a mask

Jewellery

- Wrist watches & rings (including wedding bands) are not permitted (implicated in the transfer of microorganisms)
- Dangling or hooped jewelry (neckwear, earrings, bracelets, watches, rings or similar articles) must NOT be worn except for medical alert bracelets
- Facial piercings including ears are to be small studs only, with no bars, rings, plugs, etc.

Tattoos

- Some practice agencies may request that you cover a visible tattoo(s)

Fingernails

- Short, clean nails, no polish
- No acrylic or gel nails (implicated in the transfer of microorganisms)

Scents

- Perfumes, colognes, after-shave, and other strongly scented personal care products are not permitted in practice or on TRU campus. Visit: TRU [Risk Management - Scents](#)
- Third hand smoke is smoke that is trapped in hair and on clothes; third hand smoke is recognized as containing the same chemicals as second-hand smoke. It is important for students and faculty to recognize the potential dangers of third hand smoke and to reduce exposure to clients, particularly more vulnerable clients such as babies. This includes good hand washing and changing clothes to reduce exposure (per [HealthLinkBC](#)).

Reference: [AU0800 - DRESS CODE/PERSONAL APPEARANCE \(interiorhealth.ca\)](#)

Consent for Student Involvement in Care

Clients and/or their substitute decision makers have the right to refuse care provided by a student. Students must always introduce themselves as a student. During the first interaction with a client the student should inform the client of who they are, the level of the program to date, and how they are supervised.

For example, “I’m Chris, a 2nd year nursing student at TRU, my instructor is Leigh, and Kerry is the nurse who is assigned to you. You can call on Leigh or Kerry at any time if you like. Both will be looking over my work throughout the day.” Please note that students are not required to use their last names

however may do so at their discretion. Please see the Practice Education Guideline for BC on [Consent for Student Involvement in Health Care](#).

Confidentiality of Client Information

The principle of confidentiality flows from a belief in the worth of an individual and the right to privacy. Confidentiality is an integral part of the [CNA Code of Ethics](#). Refer to the [BCCNM Practice Standard on Privacy and Confidentiality](#) which applies to nurses of all professions, and all TRU SON students and faculty. Also refer to the Practice Education Guidelines for BC, [Privacy and Confidentiality](#).

Students and faculty members must take all reasonable steps to protect all confidential information from inadvertent disclosure to others not authorized to this information. ***This includes not discussing clients and clinical events in any public areas (e.g., cafeterias, elevators, public transportation, social gatherings, all forms of social media, etc.) and using utmost discretion when discussing events within a clinical group for learning purposes. Details of a client's history may be shared discretely when required by the health care team or for educational purposes on a need-to-know basis only.***

Students must use utmost care when collecting and submitting client information for purposes of learning. Students must remove as many personal identifiers as possible to protect client confidentiality.

- Students cannot take printed copies or photos of charts or client information, nor can they photocopy any part of the patient's chart. Saving assignments that contain client information to the hard drive on any public or university computer is a breach of confidentiality.
- User IDs and passwords to practice agency databases must not be shared.
- Students that make home visits and have health records or other confidential documents in their possession must return these documents immediately to the practice agency. Students must always comply with agency policies.
- All SON students must represent TRU, the SON, and the nursing profession in a professional and respectful manner. Students must use the utmost care in maintaining the confidentiality of current and past clients outside of clinical experiences.
- Students practice professional boundaries by not initiating contact with current or past clients in a public setting outside of the requirements for clinical experiences.

Confidentiality and/or privacy breaches are taken very seriously and can result in significant consequences including: the withdrawal of all student privileges; the termination of a clinical placement; other consequences as determined by the agency, the University, and the SON. Breaches of privacy and confidentiality can also result in legal action.

Confidentiality of Student Information

In a program of study such as nursing, student performance in academic and/or practice courses may be discussed among faculty members under certain conditions. These conditions include situations when:

- Student performance is a concern in relation to maintaining the standards of the nursing program and the nursing profession (e.g., a safety to practice issue)

-
- Faculty members need advice about how to best support student learning. Faculty often discuss strategies to both help with monitoring student performance and to promote success in the program.
 - Discussions of confidential information will relate to the specific context of student performance and learning needs in the program. Nursing faculty are bound by the same CNA and BCCNM ethical and practice standards to which students must adhere.

Please note that when accepting an Employed Student Nurse (ESN) position, you may be asked by the employer to sign a release of information form. This form, when signed, allows the ESN Coordinator to communicate directly with the SON program to further support your learning and future development. This position is related but separate from your undergraduate education and thus practice performance information from the ESN is not shared with SON.

Transportation and Liability

Travel is a necessary component of clinical education programs, particularly in community practicum placements and will be expected for all students.

- Each student must take individual responsibility for decisions regarding his/her own safety when required to travel in inclement weather.
- Students must provide their own transportation to the agencies and client homes involved in practice courses.
- Students may travel with their field guide unless prohibited by agency policy.
- Students are not permitted to drive agency vehicles.
- Students are not permitted to transport clients in their own cars.

Visit TRU [Risk & Safety Services – Insurance – Vehicles](#). For more information refer to the Practice Education Guideline for BC on [Vehicle Ride-Along/Use](#).

TRU faculty and staff should refrain from transporting students or other employees for university business on a regular basis as this is an increase in risk exposure and should be declared to ICBC. Informal ride sharing arrangements made between individuals is considered a typical use of a personal vehicle and should not increase the driver's risk exposure with ICBC.

Liability

TRU carries liability insurance which covers students engaged in required nursing practice under the supervision of a faculty member. This coverage **does not** include vehicles. If students use a car during practicum, any accidents must be handled under the student's insurance policy.

Students are not permitted to transport clients in their own cars. If a student were to be involved in an accident-causing injury to a passenger who was a client, the driver might be held liable, notwithstanding any insurance coverage which TRU might have.

TRU Student Accident Insurance covers accidental death and dismemberment (AD&D) and some other expenses for the student only; it does not replace medical insurance or vehicle insurance. Coverage is
Thompson Rivers University
School of Nursing

in effect while the student is on TRU property or participating in a TRU approved activity such as a practicum, or while travelling from TRU or a practicum office to another TRU/practicum site. Daily commuting between the student's home and TRU campus or practicum site is **NOT** covered.

Safety to Practice

SON students are responsible and accountable for abiding by the guidelines and policies of this handbook, the profession (BCCNM), and the health authority/institution visited for the purpose of educational practice. Agency policies, guidelines and regulations are available, often online, through the Health Authority/agency's website.

In practice, all SON students are advised that it is their ethical and legal responsibility to obtain supervision from their assigned faculty member or designate when carrying out any intervention for which they have not been previously supervised or in which they are not competent. All psychomotor skills must be supervised when performed for the first time in practice setting.

In any new practice setting and/or course, faculty members may require students to demonstrate skills previously performed. A student who at any time throughout the educational experience feels uncertain of his/her ability to practice skills effectively and safely must ask the TRU faculty member or preceptor for supervision/guidance. If the faculty member is not available, the responsible preceptor or licensed clinician is to be consulted, and the situation reported to the TRU faculty member.

Unsafe practice can include things like frequent unusual occurrences / unusual incidents (i.e. medication errors, failure to follow policies and procedures, etc.), inadequate preparation for practice, being under the influence of substances, personal health situations that affect one's ability to practice safely. Students in practice who are deemed to be unsafe in the practice area may:

- be asked to leave the practice area immediately
- be required to report to the program Chairperson or Coordinator
- be required to withdraw from the SON program before the end of the course
- receive a failing grade for the course

Sources: [BCCNM](#) Standards and Scope of Practice, particularly [Regulatory Supervision of Students](#).

Restricted and Non-Restricted Activities, Limits and Conditions

Scope of practice refers to activities that nurses are educated and authorized to perform. Within the scope of nurse practice there are restricted and non-restricted activities as well as standards, limits and conditions set by [BCCNM](#).

Restricted activities are clinical activities that present significant risk of harm to the public. As such they are reserved for specific health professions only. Designation of these activities to certain health professions and the presence of limits and conditions help to ensure public safety. Limits and conditions can apply to both restricted activities that require an order and to restricted activities that do not require an order.

In relation to restricted activities, students can only perform these if:

-
- they have some understanding of their intended action
 - they have the guidance of their faculty member and / or preceptor and
 - if the action falls within the school and agency policy
 - For example: applying and maintaining restraints does not require an order but the student will have consulted their faculty member/preceptor, have some understanding of the implications of restraint use and confirm the agency policy about use of restraints.

In relation to restricted activities that **do require orders**, students may only perform these if:

- They have **completed** the required theory and psychomotor skill practice (i.e. intramuscular injections, blood administration, insertion of Foley catheter)
- They have the guidance of their faculty member and/or preceptor
- If the action falls within the school and agency policy
- For example: BScN students can use preprinted insulin orders if they are made client specific by the health professional ordering them, if the order seems to be evidence based, if the order takes into consideration the individual client characteristics and wishes and if the client has given consent.

In the event that a skill opportunity arises that has not been taught TRU SON theory and psychomotor curriculum, but falls within the traditional scope of nursing practice in the student's clinical area, the skill may be performed if the following criteria are met:

- The skill is not taught later (or was missed by the student) in the TRU SON curriculum.
- The skill matches the student's educational level in concurrent risk management and psychomotor skills (i.e., if the skill requires medical asepsis, this principle has been taught already in relation to other skills).
- The student's clinical faculty or preceptor is competent, and comfortable with the skill, AND willing/able to mentor the student through the learning process.
- The skill does not require additional education/certification beyond regular RN competency/scope of practice development/is not a skill for which competency validations are required.
- The student and preceptor access credible sources upon which to base their skill performance principles.

Medication Assistance/Administration for TRU Health Care Assistant Students:

The following activities related to **medication assistance** are taught and assessed in the TRU HCA curriculum:

- Reminding the client to take their medication.
- Reading the medication label to the client.
- Providing the medication container to the client.
- Opening blister packs or dosettes.
- Loosening or removing container lids.
- Recapping the device or closing the medication container or bottle.
- Placing the medication in the client's hand.
- Steadying the client's hand while the client places medications in their mouth or administers their own eye drops, nasal sprays, or other medication.
- Using an enabler (such as a medicine cup, spoon, or oral syringe) to assist the client in getting the medication into their mouth.
- Supervising clients during self-administration.

-
- Providing the client with water or other fluids for rinsing the client's mouth or to help them swallow medication.

The following activities related to **medication administration** are taught and assessed in the TRU HCA curriculum. These are restricted activities that an **HCA can only perform if delegated by an RN, RPN, or NP to perform for a specific client**, and as indicated in the client's care plan

- Inserting a rectal suppository or enema.
- Applying a prescription cream or ointment.
- Applying a transdermal patch.
- Administering prescription ear or eye drops.

HCA students at TRU are not allowed to perform medication assistance or administration activities during clinical, practicum and/or preceptorship placements. They must observe these activities only, in all settings (i.e., Multi-level and/or Complex Care, Acute Care, Assisted Living, Home Support, Group Home).

Students in practice courses who are deemed to be unsafe in the practice area will be asked to leave the practice area and must report to the chairperson of the HCA program.

Documentation

- Students are required to document their care according to the practice agency's documentation standards and the BCCNM Practice Standard on [Documentation](#).
- Students are to apply BCCNM approved [Use of Title](#) per the practice standard
- Students are to use **only abbreviations approved by the agency** they are working in
- For paper-based documentation student signatures will include their Given name (initial), Surname, student credentials, and year of study if applicable.
 - HCA example: D. Smith, SHCA/HCA, TRU
 - PN example: D. Smith, SPN/PN, TRU
 - BScN example: D. Smith, SN/BScN, year 2, TRU
 - MN-NP example: D. Smith, SNP/MN-NP, TRU
- In agencies that require a "Chart Signature Record", the student will 1) print their full given name and surname, 2) indicate SN/BScN and year of study (e.g. SN/BScN -Yr2), 3) provide a sample signature and sample initials, and 4) the date the form was completed.
- For electronic based documentation, students must use their own user ID and access code and must still identify their role as a student in their documentation. Follow agency requirements.
- Also refer to the Practice Education Guidelines for BC on [Documentation for Students](#)

Naloxone Administration

All SON students are permitted to administer STAT naloxone in community practice settings to clients with suspected opioid overdose. Students must have completed SON approved naloxone administration training and follow practice agency policies and procedures o administer naloxone.

Of Note:

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- This policy has been designed to address student practice in community settings and is therefore ***not applicable to the acute care setting***.
 - SON approved training can be found at: <http://www.naloxonetraining.com/training>
 - Training takes approximately 15-20 minutes to complete.
 - Students in any year of the program wishing to obtain a personal THN kit can present their certificate of completion to the [Wellness Centre](#) or a participating pharmacy. These kits **are not** for use in the practice area.
 - Students in practice settings are to administer naloxone provided by the practice agency ***only and follow all agency policies and protocols***.

Faculty Member Responsibilities:

- Faculty are strongly encouraged to complete the SON approved training and to obtain a kit through a participating pharmacy or the Wellness Center.
- ***Be aware of all practice agency policies and protocols related to naloxone administration and communicate this to students.***
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Gift Giving/Receiving

The BCCNM practice standard [Boundaries in the Nurse-Client Relationship](#) provides the SON with principles that may be applied to the relationships that exist between faculty member and students. The faculty member-student relationship (per the BCCNM standard) is “based on trust, respect... and it requires the appropriate use of power”. If gifts are exchanged, there is a risk for professional boundary issues and the inappropriate use of power to arise. Therefore, faculty members and students should not give or accept gifts in the student/faculty member relationship. Please consider showing your appreciation in other ways such as a thank you card, verbal thanks or even a nomination or letter of support for an award.

Library/Resources of Practice Agencies

Students must have the expressed permission of the agency in order to borrow resources and/or use photocopiers.

Requesting Information from Community Agencies

Many student papers and projects can benefit from the information and expertise available at community agencies. Most people are willing to provide students with information; however, these agencies have busy schedules and need to carry on with their business while at the same time assisting students. If you are going to approach a community agency for information or resources for a project or research the following guidelines are provided to facilitate the process for both students and agencies.

1. FIRST research the topic at the TRU and/or public library – ask the librarians for help. Prepare yourself – be specific and know the library basics about your topic.
2. Contact the agency to set up an appointment, do not just drop in. Before contacting to enquire, prepare the following information:
 - Who you are and your program of study

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- What specific information you are looking for and what it will be used for
 - Flexible dates and times you are available for a meeting
 - A phone number for the contact person to get back to you
3. Ask the agency who might be able to assist you in finding information and request a meeting. If no one is available to meet with you, ask if there is an alternative way to obtain the information.
 4. If time permits, an initial letter, or email, including all the above information is also an appreciated method of professional contact and may avoid the common problem of telephone tag.
 5. **Never miss a scheduled meeting.** Phone and cancel or rebook if possible.
 6. Develop a list of questions for the meeting and do not overextend your welcome by taking more time than originally determined.
 7. Promptly return any materials that you borrowed.
 8. Ways to thank others for contributing to your education:
 - Offer to provide a copy of your assignment
 - Send a thank you card or a small memento with a TRU logo
 - Invite the agency contact person to your class or presentation (if applicable)

Attendance at a Conference/Educational Event as Practice Time

To have conference hours counted as practice hours in a practicum course, a written request to attend conferences or educational events must be submitted to a faculty member and the program Chairperson or Coordinator **prior** to making arrangements for attending the conference/event (including registration, travel booking, paying fees, etc.). The request needs to include learning objectives – how does this conference connect to learning in the student’s current practice area and the relevance of the conference, workshop, etc., to clinical practice. The discussion with the faculty member regarding how to “count” time for practice hours needs to be included. Decisions about permission and practice hours will be made as a team, with faculty members and leads along with program Chairperson or Coordinator. Time may not be granted for all requests.

Faculty will base the decision on consideration of the following:

- The student’s current practice performance
- The potential for missed practice time to threaten the student’s ability to successfully complete the practice course/rotation.
- The willingness of the student to share or present their learning from the conference with peers.
- The relationship between the conference and the student’s professional activities (e.g., Nursing Undergraduate Society, Canadian Nursing Students’ Association, BCCNM, NNPBC, BCNU)
- The number of previous requests and attendance at conferences or similar activities during the academic program.
- The current year of the program or practice area the student is in.

Health and Safety Policies

Fire Emergency

In the event of an emergency evacuation/fire alarm on the TRU campus, immediately evacuate the building by the nearest exit immediately and go to the building's emergency assembly area. More information is available at [TRU Fire Emergency Procedures](#).

Respectful Workplace

At TRU we believe that all employees and students have a right to work and study in an environment that asserts and supports their fundamental rights, personal worth, and human dignity. Under the [BC Human Rights code](#), every person has the right to freedom from harassment, and TRU acknowledges its responsibility in protecting this freedom. TRU will not tolerate harassment in any form and considers it to be a serious offence subject to a range of disciplinary measures. More information is available at TRU [Respectful Workplace and Harassment Prevention](#) policy.

Students who believe they have been subject to [harassment](#) may contact studentaffairs@tru.ca. For assistance, contact TRU [Counselling Services](#) at 250-828-5023.

WorkSafe BC

Students enrolled in SON practice courses are covered by WorkSafeBC in British Columbia under the Worker's Compensation Act through the Ministry of Post Secondary Education and Future Skills

Students in practice at agencies located outside of BC are NOT covered by WorkSafeBC. However, each province has the Worker's Compensation Act that covers accidents to workers. TRU has a Student Accident Insurance Plan. Students are advised to make arrangements for additional insurance independently when they have a practicum outside of BC.

Injury or Incident during Practice or in the Simulation Based Learning Center

A **work-related injury, incident/disease** is one that arises out of and in the course of employment (including student in unpaid practicums) or is due to the nature of employment. For a disease, this means that the disease contracted must be caused by the work or the work environment to be covered by *WorkSafeBC*. This includes blood borne pathogen or body fluid exposure.

Any injury, incident, blood borne pathogen, or communicable disease exposure that results in a worker (practicum student or faculty) receiving medical attention or time-loss from work must also be reported to TRU Risk and Safety Services (RSS). The report of injury or incident **MUST be reported within 2 business days**. At any time, feel free to contact WorkSafeBC, however, you must report to TRU as soon as possible to ensure there is no delay in compensation due to workplace injury.

Students not in practicum must report any incidents, injuries, or safety concerns to their faculty. Prompt reporting can ensure TRU can take action to prevent incidents.

Steps to Follow if Experience an Incident/Injury During Practicum

- 1. Prioritize the Injury and Get Help:**
 - Call first aid or 9-1-1 (ambulance, police, fire) or security as needed.
- 2. Notify Your Supervisor/Faculty.**
- 3. Report the Injury to TRU's Safety Department and Your School of Learning:**
 - Forms and instructions are provided below.
- 4. Participate in the Investigation:**
 - Engage in discussions, learning outcomes, and/or action items with your supervisor/faculty.
- 5. Faculty Responsibility:**
 - The faculty will inform the program Chairperson or Coordinator of the incident as soon as possible.
- 6. Complete and Submit Forms:**
 - Ensure timely submission to the specified personnel. Copies of all forms (if available, i.e., not electronic) should be included in the student's file and forwarded to the program Chairperson or Coordinator.

Note: A student who is injured on campus including in the Simulation Based Learning Center (Lab) is not covered under Worksafe BC's Student Practicum. See note below and flowchart for process for both situations below.

Forms to Fill Out if Injured in Practice:

7. Forms available through [TRU Safety](#) site or TRUSafe app: TRU [Employee/Practicum Student Report](#) and [WorkSafe BC Form 6A](#)
 - Follow instructions on forms. Practicum faculty may assist students through this process.
8. **SON Unusual Occurrence Report:**
 - Practicum student and faculty to complete to discuss improvement opportunities and corrective actions moving forward.
 - Copy to be sent to safety@tru.ca
9. **Determine need for site-specific incident Documentation**
10. **The faculty will inform the program Chairperson or Coordinator of the incident as soon as possible.**
11. **Forms need to be completed and submitted** to specific personnel in a timely fashion. See below. Copies of all forms (if available i.e., not electronic) need to be included in the student's file and forwarded to the program Chairperson or Coordinator.

Forms to Fill Out if Injured Outside of Practicum Experiences:

12. **TRU Incident Report:**
 - Access the form through the TRU Safety Website or the TRUSafe App: TRU [Incident Report](#).
13. **SON Unusual Occurrence Report:**
 - Student and faculty to complete to discuss improvement opportunities and corrective actions moving forward. See the form template in **Appendix B**.
14. **The faculty informs the program Chairperson/Coordinator of the incident as soon as possible.**
15. **Forms need to be completed and submitted** to specific personnel in a timely fashion. See below. Copies of all forms (if available i.e., not electronic) need to be included in the student's file and forwarded to the program Chairperson or Coordinator.

Form Processing Recommendations:

- To prevent double information entry, the SON Unusual Occurrence Report should reference Form 6A. Both forms should be kept in the student's file.
- Note that the Form 6A can be submitted to the practicum placement workplace if requested.

Exposure to an Unknown Substance

Students and faculty who encounter or are exposed to an unknown substance during a practice experience must immediately prioritize personal safety, remove themselves from the area and notify their instructor/preceptor/supervisor. Do not attempt to identify, handle or clean up unknown substances unless specifically trained to do so by the practice agency. Refer to the BC Center for Disease Control Guidelines for [Exposure to an Unknown Substance](#)

Blood Body Fluid Exposures (BBFE)

***** A Blood Body Fluid Exposure must be evaluated in the Emergency Department without delay.**

If there is a high risk of being infected with a blood borne pathogen, treatment must be started within 2 HOURS of exposure ***

Definition: An employee or student/faculty with:

- A parenteral exposure (e.g., needle stick or cut) or mucous membrane exposure (e.g., splash to eye or mouth) to blood or other body fluids.
- A cutaneous exposure to blood or body fluids when the exposed skin is broken, cracked, abraded or afflicted with weeping or open dermatitis.

In the event of a BBFE students/faculty working in Interior Health facilities are to follow the following steps immediately. Students working outside of IH must consult the agency policy and procedure for exposure to blood borne pathogens. The following process reflects the BC Center for Disease Control (BCCDC) guidelines for [Communicable Disease Control](#) and IH's Workplace Health and Safety policy: [Management of Occupational Exposure to Blood and Body Fluids](#). Also refer to the BC Practice Education Standard [Safety Incident Prevention, Response and Follow-up](#).

1. Seek assistance from fellow staff member if necessary.
2. Apply immediate first aid:
 - a. Reduce contamination by washing the wound with soap and water or flushing blood from eyes, mouth, or nose with large amounts of clear water.
 - b. If blood gets on the skin but there is no cut / puncture / abrasion, just wash thoroughly with soap and water. This is not considered an exposure and no report or follow-up is necessary.
3. Immediately report the incident to your faculty (or unit manager/preceptor if appropriate)
4. Report to Emergency. *You will need the client's full name, patient's PHN and birth date.* In the ER, the student may have bloodwork drawn and / or be counselled regarding post exposure prophylaxis / anti-retroviral therapy. Note: To be most effective this therapy must be started within 2 hours of exposure.
5. The clinician in charge / case manager will:
 - Complete a source risk assessment (In IH, the form is available on InsideNet)
 - Obtain source consent for blood work (if source is known and / or available)
 - Document the source's consent for bloodwork / completion of bloodwork
 - Forward the risk assessment to the Emergency department where the student is reporting.

Reporting/Recording Unusual Occurrences Involving Client Safety

Any student who is responsible for, witnesses, discovers an unusual occurrence involving client safety, including medication errors or unsafe practice on any unit, is required to complete an agency unusual occurrence form (sometimes called an incident report or patient safety learning event) as well as any required TRU forms. To ensure that learning happens, the student along with the nurse educators, are to:

- explore potential causes of error and its relevance to current educational practice
- explore strategies to prevent a reoccurrence of the error, if applicable

In the Event of an Unusual Occurrence / Incident in a Health Agency (Including Medication Errors)

The Student will:

- Ensure client safety and call for assistance as appropriate (Examples: assess vital signs/neuro signs, physical well-being, etc., assess for medication adverse reactions, assess client for any untoward outcomes as a result of the unusual occurrence) and follow agency policy for reporting and follow up of events.
- Notify the clinical faculty and/or preceptor and the responsible clinician as soon as possible.
- Notify the Most Responsible Provider (MRP) responsible for the involved client.
- Complete agency forms as required, with the assistance of faculty and/or preceptor
 - In health authorities this is referred to as a 'Safety Event Report'. It is part of the provincial Patient Safety & Learning System (PSLS).
 - Also complete the TRU SON **Unusual Occurrence Report form (see Appendix B)**. Include the PSLS report number if applicable.
- Ensure that the appropriate agency personnel are aware of any follow-up.

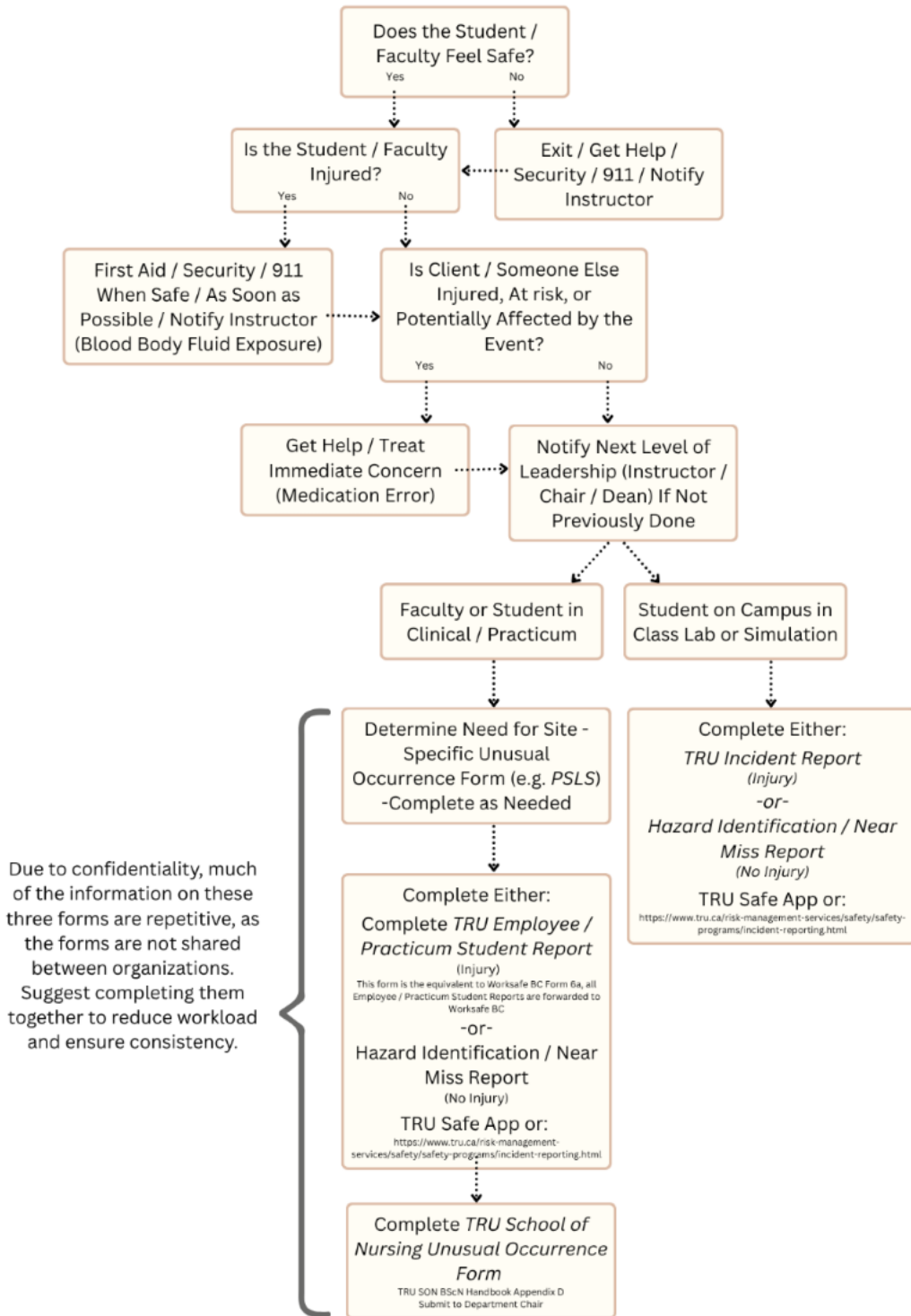
The Nurse Educator will:

- Assist the student to ensure client safety and to follow agency policy for reporting and follow-up of events
- Support the student to notify relevant clinicians as necessary.
- If necessary, direct students to TRU counselling services
- Assist the student in filling out forms
- Sign / witness forms as required, including the SON forms indicating awareness of unusual occurrence. There is space in the PSLS reporting system for the faculty member's name
- Report any serious incidences / multiple medication errors to the program Chairperson or Coordinator.

Students who have personal safety concerns while in practice are encouraged to leave the situation immediately, and to follow up with their preceptor and/or clinical faculty. If leaving the situation could leave a client at increased risk of harm, students should consider alternative supports for the client (i.e. additional caregivers, 911) AFTER they feel they are safe in the situation.

School of Nursing Unusual Event Recording

TRU SCHOOL OF NURSING
UNUSUAL EVENT RECORDING PROCESS



Student Activities and Organizations

Thompson Rivers University Student Union (TRUSU)

The Thompson Rivers University Students' Union (TRUSU) is a democratic, membership-based organisation. The Union maintains the Student Caucus. This body tracks institutional issues and provides support for student representatives across the campus. Visit: trusu.ca

Canadian Nursing Student Association (CNSA)

The Canadian Nursing Students Association (CNSA) is the national bilingual voice of Canadian nursing students and is an affiliate member of the Canadian Nurses Association (CNA). CNSA members are actively dedicated to the positive promotion of nursing and as a member you have an opportunity to interact with other nursing students on educational, professional, and social levels. All BScN students at TRU SON are members of the CNSA. Visit www.cnsa.ca

Nurses & Nurse Practitioners of British Columbia (NNPBC)

Nurses and Nurse Practitioners of BC is the professional association for all four nursing designations in BC. Membership connects you to advocacy, education and practical tools that strengthen your practice and your voice. NNPBC membership is open to nurses and nurse practitioners across BC at every stage of their career, including students enrolled in a recognized nursing program who are not yet practicing. For more information, visit nnpbc.com/membership

TRU Nursing Undergraduate Society (NUS)

The NUS is an undergraduate nursing student society. The mission of the NUS is to enrich the lives of nursing students professionally, academically, and socially through a variety of activities. These may include educational events, social events and volunteer opportunities within the university and the broader community. The NUS executive and class representatives demonstrate leadership and commitment to the organization of activities for the benefit of all nursing students.

The purpose of the NUS is to:

1. Provide a means for effective participation and implementation of nursing student affairs at TRU
2. Provide an official and responsible student organization with the purpose of participating in decisions affecting nursing students at TRU
3. Encourage interaction and communication amongst the various semesters
4. Promote educational and social activities of the nursing student body

The executives of this society are called the Student Board. This Student Board consists of a president, vice-president, treasurer, secretary, representatives from each of the eight semesters, and a representative faculty member. Visit www.tru.ca/nursing/students/nus

Graduate Students Campus Commons

The campus community of graduate students is a way to engage with your peers whether you are on campus or online. Take some time to explore the opportunities that are found on the campus community, graduate students site: www.tru.ca/research/graduate-studies/campus-community

School of Nursing Committees

Students are welcome to join as contributing members of TRU SON Committees. Students will be notified of vacancies on SON Committees annually and when positions become available.

School of Nursing Faculty Council (NFC)

Faculty Council is the governance body for the TRU School of Nursing. The purpose of Faculty Council is to provide a forum for school wide dissemination of information, discussion, and academic decision-making related to the governance and management of the SON and its activities. The Council is governed by TRU policies. Student representatives, two per academic year, are voting members of the Council. Student representatives are selected through TRUSU each year. TRUSU will send out information about the opportunity and contact details for questions.

Indigenous Health Nursing Committee

The purpose of this committee is to ensure strategic discussions and ongoing dialogue, share information, and make recommendations to Nursing Faculty Council for: the recognition and implementation of the [United Nations Declaration on the Rights of Indigenous Peoples \(UNDRIP\)](#), the recommendations from the [Truth and Reconciliation Commission](#) related to health; recommendations from the [In Plain Sight Report](#) from BC's Office of the Human Rights Commissioner, [Ownership, Control, Access and Possession \(OCAP\)](#) principles of First Nations cultural knowledge, data and information, and the BCCNM Practice Standard on [Indigenous Cultural Safety, Cultural Humility, and Anti-Racism](#), promoting culturally safe and responsive nursing education for students and communities; strengthen and honour relationships with Indigenous communities served by TRU; and, to advance decolonization of nursing curriculum, pedagogies, research and practice.

SON Curriculum Committee – one for each program HCA, PN, BScN

This is the first-place program/curriculum issues may be considered. It is advisable that students write letters to the committee or request time with the committee to make presentations on issues relevant to

curriculum.

SON Program Evaluation Committee (PEC)

The mandate of this committee is to collect information about the SON programs at various points in the program from a variety of sources. This includes students, employers, preceptors, clients, and graduates. This data is analyzed and used to inform changes to the curriculum, ensure evidence-based best practices inform the curriculum and it is used to guide us in achieving the standards for program recognition by the BC College of Nurses & Midwives ([BCCNM](#)) and for accreditation from the Canadian Association of Schools of Nursing ([CASN](#)). BCCNM Program Recognition is required. CASN Accreditation is a voluntary process.

SON Graduate Program Curriculum & Program Evaluation Committee (MN & MN-NP)

This committee focuses on MN and MN-NP curriculum review and revision as well as planning for program evaluations.

SON Graduate Programs Committee (GPC)

This is a standing committee of the SON Faculty Council that provides a forum to discuss issues, share information and make recommendations for policy decisions related to graduate programs offered by the SON. The SON-GPC is also linked to the TRU [Graduate Studies Committee](#).

SON Program Advisory Committee (PAC)

To assist in ensuring that its programs are current and address society's human resource needs, TRU seeks advice and guidance from Advisory Committees. The SON PAC serves to provide the SON with information about societal and health trends that shape the offering of the SON programs. Members are appointed by the Vice-President, Academic, in consultation with the relevant dean(s). Appointees are drawn from employers and potential employers of program graduates, persons working in program-related occupations or professions, and professional and business organization representatives. There is at least one student representative.

Note: the MN-NP program is discussed at a sub-group called the MN-NP Program Advisory Group, which includes at least one MN-NP current student representative.

School of Nursing Research Opportunities

Nursing students have exciting opportunities to conduct research, be a research assistant or associate under the supervision of nursing faculty while they complete their undergraduate or graduate degree. Engaging in research and teaching assistant opportunities can transform your educational and professional journey.

Student Assistants-Research & Teaching

Both graduate and undergraduate students may be hired as research assistants. Student research assistants are hired as employees of TRU.

Faculty – If you wish to hire a research assistant, reach out to the Academic and Administrative Assistant in the SON. Also visit [Student Research Assistants](#). If planning to hire a research assistant who is not a student, review the [Finance Procedure Manual](#).

Students – When a [research](#) or [teaching](#) assistant job becomes available, students receive an email call out request for interested applicants originating from the SON Academic and Administrative Coordinator.

Undergraduate Research Opportunities and Scholarships

The undergraduate research opportunities at TRU allow students to get involved in research even without prior research experience. Visit [Undergrad Research Opportunities](#)

The Undergraduate Experience Award Program (UREAP) is a \$6,000 dollar Scholarship that can help you conduct your first research under the supervision of a SON faculty member. Visit [UREAP Award: Research](#).

Graduate Research Opportunities, Scholarships and Resources

Graduate education for students is supported by supervisors and many other TRU resources. Visit TRU's [Resources for Current Graduate Students](#).

There are several opportunities to apply for awards and funding as a graduate student. Visit [Awards and Funding, Graduate Studies](#).

Student Research Ethics

Nursing student researchers are responsible to adhere to ethical research standards as per the [Tri-Council Policy Statement 2 \(TCPS-2\): Ethical Conduct for Research Involving Humans](#). The TRU [Research Ethics Board \(REB\)](#) is responsible for the review, provision of feedback and the approval of research proposals that

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are submitted through the TRU ROME platform. The [UBC RISE](#) platform is used to assist researchers with ethics applications involving more than one university, and/or health authority, Indigenous Ethics Boards, and community partners. This means one ethics application is submitted to obtain ethics approval from multiple ethics boards at once.

Research Ethics Requirements

Nursing students may be interested or invited to be involved in a research project related to a particular course that the student is not currently enrolled. This may involve collecting information from other students, faculty member, or practice professionals that is unrelated to courses to help make evidence-informed decisions about policy or practice. Data collection that involves humans, such as distributing surveys or questionnaires, or organizing focus groups or other data collection activities must meet the TCPS-2 for ethics approval or exemption. If in doubt about the need for ethics approval, consult the TRU REB Chair or TRU Ethics and Compliance Officer in the [Research Office](#). **When ethics approval is required, data collection must not proceed prior to approval.**

TCPS-2 Tutorial Certification

All students considering research activities involving humans must complete the TCPS-2 Tutorial prior to submitting an ethics application. Access the online tutorial course here: tcps2core.ca/welcome. **Students are to retain their certificates of completion.**

Reporting and Documenting Evidence of TCPS-2 Compliance

Documents providing evidence of compliance with the TCPS-2 and, when applicable, with the TRU-REB, must be available on request with the appropriate certification number on required research methodology (data collection procedures, access, storage and methods of removing participant data and disposal of data after seven years), and appended documents such as research information letters, consent to participate in a study, and research proposal using ethically sound processes such as:

Information Letter

This letter is to inform participants of the title of the study, purpose, methodology, data collection procedures and processes, access and storage of data, and removal of participant information should they wish to discontinue their participation in the study. Anonymity and confidentiality of participant data must be explained. Include an explanation of the rationale if anonymity cannot be guaranteed. Consent must be explicitly explained to ensure the individuals are making an informed decision free of any coercion or negative implications. If participants are a student in a course, they should be informed that if they decide not to participate there will not be any negative impacts on their grade or standing in the nursing program.

Data

[Ownership, Control, Access and Possession \(OCAP\)](#) principles of First Nations cultural knowledge, data and information are expected to be honoured and upheld. Full-time faculty members are expected to retain the data and confidential information for each research activity in a secure place in the SON. Sessional and part-time faculty member must give the data and confidential information to the senior full-time faculty member in the course or, in the absence of a full-time faculty member, to the Chairperson to ensure the data is secured and permissions for access upheld. Data and confidential information are to be kept for seven years from the end of the semester in which this research was conducted, and then confidentially destroyed by the data steward.

Consent

Consent forms must follow the TCPS-2 requirements and must be securely stored for seven years by the primary investigator (faculty supervisor). If, however, research is conducted under the auspices of another agency such as Interior Health, First Nations or community agency partner, a data sharing plan agreement and consents must be described in the original application to the TRU REB for ethics approval or in an amendment to the original reviewers of the ethics application and approval (TRU REB or UBC RiSE). It is important for researchers to note any potential for secondary use of research data in the original research consent. Provide contact information for counselling services in the event of emotion triggers (if applicable). The contact information of the supervising faculty member; research ethics approval number, Dean's name and REB contact information (if applicable) should also be included.

Course Research Projects

Faculty members conducting research projects as a part of a course they are teaching are required to obtain ethics approval by submitting a Special Course Application form through ROMEO prior to conducting research. An annual report of student research conducted within the course must be completed and submitted on Romeo to the TRU REB.

Cultural Safety and Humility, Research Ethics and Ethical Practices

Past research practices involving Indigenous people have not always been addressed from a place of respectful relationships and as such promoted distrust between researchers and Indigenous Peoples ([TCPS-2, 2022](#)). Increasingly First Nations, Inuit, and Métis engage in research as members of communities, or as academics. The TCPS-2 offers several principles to guide researcher considerations when engaging in authentic partnerships with Indigenous peoples for the purposes of Indigenous identified knowledge development and translation.

Foundational protocols of engagement concerning Indigenous Peoples such as respect for persons, concern for welfare, and justice ensure that the researcher follows protocols and ethical practices. Engagement, collaboration, and building of reciprocal relationships that foster trust and understanding are key qualities in developing research relationships that abide by Indigenous knowledge development and dissemination principles (TCPS-2).

Module 9 of the TCPS-2 provides several guidelines to facilitate research conversations with Indigenous communities. Student researchers engaging in research with Indigenous Peoples are expected to review this chapter and have it reflected in research proposals and their research practices.

Course Ethics Approval Process for Student Research Activity

A faculty member will apply to the TRU REB for course ethics approval for students to engage in research that is likely to involve humans. Electronic applications are available in the [TRU Romeo – Research Administration Tool](#). Course ethics approval is valid for one year, if however, the project goes beyond one year then a subsequent extension approval must be requested. When course ethics approval is gained, faculty member members are responsible for ensuring that the students adhere to the TCPS-2. The TRU REB and/or UBC RiSE must be informed of any changes to the course ethics application (e.g. names of faculty member teaching the course) by completing an amendment through the appropriate research ethics platform.

Students involved in a research project as part of course work must complete and submit the appropriate ethics application with the assistance of their faculty/course teacher. Together the student and faculty member will then submit the research ethics application. Students should seek direction from their faculty advisor and TRU's [Research Office](#).

Before students begin data collection, it is the responsibility of the faculty member teaching the course to ensure the students' research activities:

- Are minimal risk. *If the faculty member is unsure about the level of risk, he/she should consult via email the TRU REB Chair so the communication and any recommendations will be documented. If the activities are deemed likely to be more than minimal risk, e.g., if they involve vulnerable populations, students will be required to apply to the TRU REB for a full ethics review and approval.*
- Ensure the research information letter, data, consent and research methods to participate follows TCPS-2 standards using the guidelines above.
- Information Letter
- Consent

Research Methods: Use appropriate methodologies that are ethically sound.

HCA PROGRAM SPECIFIC INFORMATION

HCA VALUES, BELIEFS AND PRINCIPLES

(Taken from the HCA Program Provincial Curriculum, Ministry of Advanced Education, 2023)

Health Care Assistants are prepared to work in a variety of health care facilities and community agencies. They are important and valued members of the health care team. HCAs promote and maintain the health, safety, independence, comfort and well-being of individuals and families. HCAs provide personal care assistance and services in a caring manner that recognizes and supports the unique needs, abilities and backgrounds of clients and their families. They work as members of a health care team in a variety of settings with direction and supervision from regulated health care professionals.

The work done by HCAs is based on a set of fundamental values, beliefs, and ethical principles that are consistently reflected in all aspects of their work with clients, families, team members, and others. These core values, beliefs, and principles serve as foundations of HCA practice:

- Human beings should be viewed from a holistic perspective.
- Older adults are individuals deserving our respect.
- Health and healing are interconnected.
- Everyone has a right to health care.
- Caring and caregiving are central to HCA practice.
- Family is critical to health and healing.

Human Beings Should Be Viewed from a Holistic Perspective

All people have physical, psychological, cognitive, social, and spiritual dimensions. Everyone has a unique perception of themselves and others that shape their experiences, responses, and choices. Factors that influence a person's perceptions include one's life experiences, values, socio-cultural background, gender, abilities, resources, and developmental level.

People are constantly changing as they interact with others and with the world around them. As well, people move through definable developmental transitions as they grow and change across the lifespan. Each developmental transition includes certain developmental tasks, which are defined and influenced by one's family, culture, gender, and social cohort.

Older Adults Are Individuals Deserving Our Respect

Aging is a normal developmental process of human life. It involves a series of physiological, psychological, and social transitions that start at birth and continue throughout life. As we age, our abilities, potentials, possibilities, and goals can be expected to change. However, each person's potential for growth and development exists throughout life.

Later adulthood can be a fulfilling and enlightened time of life. For many people, aging gives rise to insight, creativity, and serenity, which can provide the foundation for true self-fulfillment.

Despite social perceptions, older people are not all alike. If anything, people become less similar as they get older. Older adults have a wide variety of interests, life experiences, backgrounds, and values, and each older person must be viewed and valued as a unique individual.

The experience of a long life provides an older person with a special perspective based on years of

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learning and living. The older adult needs to be valued for the person they are, as well as the person they have been in the past. Every older person has a life story and a wealth of experience, which is part of who that person is today.

Within Western cultural values, independence is valued and viewed as a desired goal for everyone to attain and maintain. This strong societal value sometimes makes it difficult for those older adults who experience declining health to relinquish independence, but independence is often fostered through interdependence. Interdependence involves mutually supportive relationships that acknowledge each person's capabilities and potentials while also providing support when and where needed. This sort of interdependency enables older individuals to feel valued and recognized despite their need for assistance.

Negative attitudes and stereotypes about any group of people are detrimental. For older people, negative attitudes and stereotypes may contribute to inaccurate beliefs such as: all older people suffer from markedly diminished physical and cognitive abilities, all older individuals will become dependent on others, older individuals are incapable of change, and older people are a drain on society. How we interact with older people will influence how they see themselves. We all have a role in breaking down stereotypes and unhealthy negative attitudes.

Health and Healing Are Interconnected

The World Health Organization's definition of health as a complete state of physical, mental, and social well-being—and not merely the absence of disease or infirmity— has gained widespread acceptance. The World Health Organization further defines health as “the extent to which an individual or group is able on the one hand to realize aspirations or needs and on the other hand, to change or cope with the environment.” Health, from this point of view, is seen as a resource for everyday living, not an objective of living. It is a positive concept that emphasizes psychological, cognitive, social, and spiritual resources as well as physical capacity.

Health and healing co-exist. Healing is not simply viewed as movement along a continuum from illness to health. Healing is the process of enhancing health and responding to challenges. Challenges may be in the physical, psychological, cognitive, social, or spiritual dimensions of health. During the healing process, resources are mobilized, hardiness is enhanced, and vulnerability is minimized.

Everyone Has a Right to Health Care

The right to comprehensive health care for everyone is highly valued by Canadians.

Health care services include health promotion along with preventive, curative, rehabilitative, and supportive services. All people need to have access to those services that meet their needs at any given time.

People have the right and responsibility to be full participants in making decisions about, and looking after, their own health and the health of their family. Health care practitioners serve to facilitate the individual's and family's ability to make informed choices and be actively involved in decision-making related to health care options.

Caring and Caregiving Are Central to HCA Practice

Caring, in an interpersonal context, implies a genuine concern for the well-being of another person. Caring may take the form of courtesy, kindness, or compassion. It may involve acknowledgement, encouragement and giving genuine praise. It may also show itself through interpersonal warmth, cheerfulness, and gentle humour.

A caring act is always an expression of reverence for the basic value and dignity of another person. It is never possessive or patronizing, and caring never promotes unnecessary dependency.

The need and desire to give and receive care is rooted in our very nature as human beings. Babies who are not adequately cared for may experience developmental delays, physical illness, and even death. Caring is essential for optimum human growth and development. Without adequate human caring in our lives, we cannot reach our potential as human beings.

The capacity for caring needs to be nurtured for it to develop and blossom. To become caring human beings, we must experience caring interactions with others. Caring brings forth caring.

Within a formalized caregiving role, opportunities to express care are many and they are seldom dramatic. Care providers display caring in a multitude of small ways – a kindly word, a caring touch, a helpful gesture. As caring blossoms, the valuing of the recipient of care is increased, as is the valuing of the caregiving role itself.

In their work with clients and families, HCAs actualize a caring approach in many ways.

They:

- View the client as a whole person with a past, present, and future. The client is viewed as a member of a family, a community, and a culture – an entirely unique human being.
- Strive to understand what is meaningful to the client and assure that the client's values and beliefs are respected.
- Assist clients to meet those basic human needs which the client is unable to meet unaided.
- Respect the client's privacy and confidentiality.
- Communicate effectively, using active listening and empathic responses.
- Respect the client's potential and promote personal growth by offering information, choices, opportunities and assistance.
- Acknowledge the right of each client to participate in their care.

- Include the clients, as much as possible, in decisions that affect them.
- Respect the role that families play in the promotion of healing.
- Act as caring advocates on behalf of the client when necessary and appropriate.
- Display honesty and integrity in all their actions.
- Demonstrate competence, reliability, responsibility, and accountability.
- Take responsibility for the safety of themselves and others.
- Display a gentle acceptance of the human imperfections of themselves and others.
- Display a commitment to their own growth and development as care providers.

The Family Is Critical to Health and Healing

The family is the foundation of society. It is the primary socializing force. It is within the intimacy of the family that we are fed, clothed, sheltered, and protected from harm. The family provides us with our first experiences of human caring, acceptance, and understanding. Within the family we initially learn values, beliefs, and standards of conduct. Many of the lifestyle choices that ultimately determine our physical, psychological, cognitive, social, and spiritual health and wellbeing spring from our early family experience.

Like individuals, each family is unique. Every family has its own particular set of values, beliefs, standards, and goals, which are influenced by socio-economic, environmental, educational, religious, and cultural factors. Each family influences and is influenced by its members and the larger socio-cultural community in which it lives and develops.

Families also experience definable developmental stages that change the character, functions, and size of the family unit over time.

Although families come in a variety of sizes and configurations, the interdependence of members is a constant theme. Family members assume roles and responsibilities that are complementary and interrelated. Consequently, changes in one family member affect all family members.

Health challenges faced by family members can represent a major demand for change and adjustment within the family unit. The family's response to the situation will influence the way in which the affected person perceives their health. Likewise, the response of the family can greatly influence the course of a health challenge. As a consequence, families must be acknowledged and included as an integral part of care.

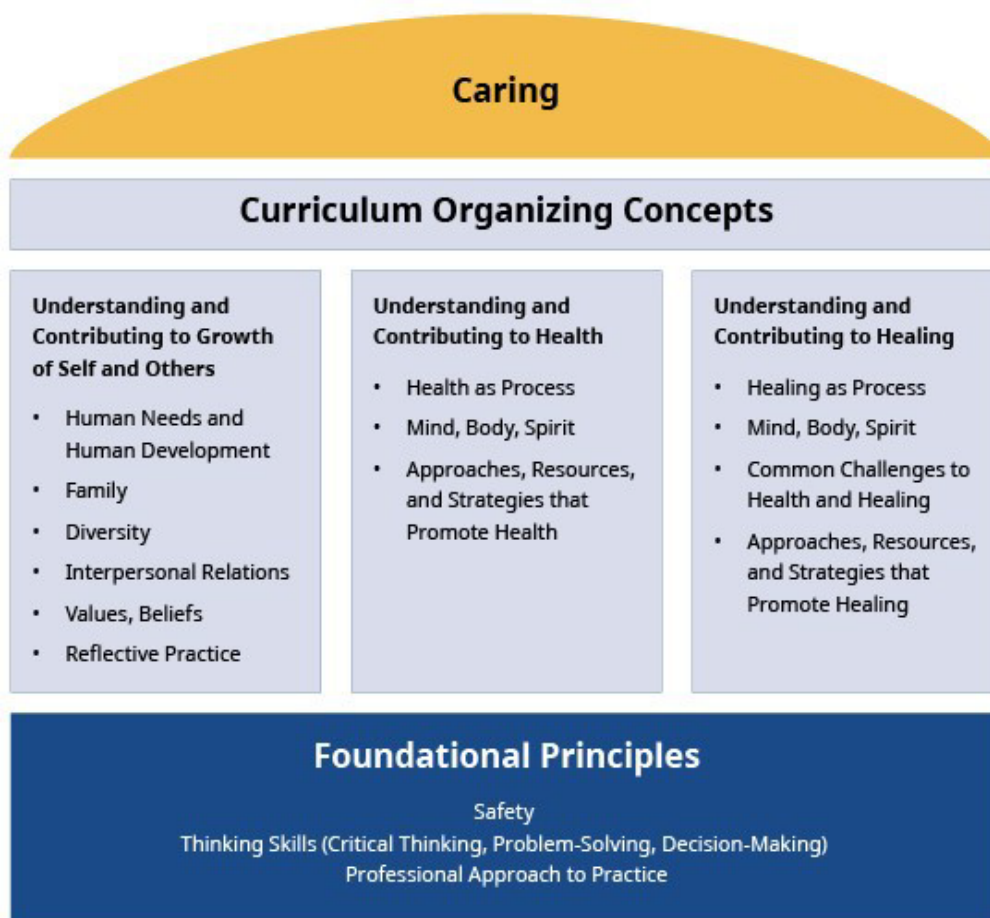
Care providers must be sensitive to and respectful of the language, culture, values, and preferences of the families with whom they interact. Health care practitioners must recognize the socio-cultural and economic influences on the family and respect the means by which the family is attempting to cope with increased stress.

Text Attribution

Values, Beliefs, and Principles" is adapted from the [B.C. Health Care Assistants Core Competency Profile](#), Government of British Columbia, April 2023.

CURRICULUM ORGANIZING CONCEPTS AND FOUNDATIONAL PRINCIPLES

The diagram below shows the organizing concepts that are used throughout the HCA curriculum. Caring, which is at the top, is the overarching, primary concept. The curriculum organizing concepts combined with the foundational concepts provide the underpinnings for all knowledge and abilities that learners gain from the program.



Caring

Caring is the overarching and primary concept to the HCA curriculum. A caring act is always an expression of reverence for the basic value and dignity of another person, and caring always involves an approach to caregiving practice that is person-centered. Each individual who is the recipient of care is unique and within a caring philosophy, a one-size-fits-all approach to caregiving is never appropriate. With caring, the emphasis is always on providing care and assistance in ways that are person-centered.

Foundational Concepts

Safety

Safety is a constant and clear priority of practice for HCAs. Through safe practices, the HCA protects both themselves and others from injury or harm. Attending to the safety of a client is part of being a caring practitioner and attending to the safety of self is an important part of healthy self-care. A professional approach to practice is based on clear understandings and applications of principles related to safety and harm reduction.

Critical Thinking, Problem-Solving, and Decision-Making

Effective health care practitioners make informed decisions that are based on a sound knowledge base. They use logical, rational, focused, purposeful thinking to come to decisions and to solve problems. They also reflect on their decisions and evaluate their choices so that they are continually gaining knowledge and expertise.

HCAs use an informed problem-solving approach in their practice. The problem-solving approach includes identifying and analyzing a problem, identifying priorities and options, identifying possible consequences, determining sources of assistance, using the safest and most appropriate action to rectify the problem, and evaluating the outcome.

Professional Approach to Practice

A professional approach to practice is one in which the Health Care Assistant consistently demonstrates respect for self and others. A professional approach is also one in which the HCA maintains safe, competent practice and displays a commitment to responsible and accountable behaviour. HCAs who behave in a professional manner function within their parameters of practice; maintain appropriate boundaries; and are dependable, reliable, and honest.

A professional approach means working effectively, constructively, and collaboratively with other members of the health care team. It includes regular self-reflection, identifying personal and professional development requirements, and seeking effective ways to meet these needs in order to continually learn, grow and enhance competence and capabilities.

PURPOSE OF THE HEALTH CARE ASSISTANT PROGRAM

The HCA program is designed to provide students with opportunities to develop the knowledge, skills, and attitudes necessary to function effectively as front-line

caregivers and respected members of the health care team. Under the direction and supervision of a regulated health professional, graduates provide person-centred care aimed at promoting and maintaining the physical, psychological, cognitive, social, and spiritual health and well-being of clients and families.

Upon completion of the HCA program, graduates are prepared to work in a variety of practice settings including home support, assisted living, group homes, complex care, special care units, other home and community care settings, and acute care.

Program Learning Outcomes

Upon completion of the Health Care Assistant program, graduates will be able to:

1. Provide person-centred care and assistance that recognizes and respects the uniqueness of each individual client.
2. Use an informed problem-solving approach to provide care and assistance that promotes the physical, psychological, cognitive, social, and spiritual health and well-being of clients and families.
3. Provide person-centred care and assistance for clients experiencing complex health challenges.
4. Provide person-centred care and assistance for clients experiencing cognitive and/or mental health challenges.
5. Interact with other members of the health care team in ways that contribute to effective working relationships and the achievement of goals.
6. Communicate clearly, accurately, and sensitively with clients and families in a variety of community and facility contexts.
7. Provide personal care and assistance in a safe, competent, and organized manner.
8. Recognize and respond to own self-development, learning, and health enhancement needs.
9. Perform the care provider role in a reflective, responsible, accountable, and professional manner.

Program Learning Outcomes and Performance Indicators

1. Provide person-centred care and assistance that recognizes and respects the uniqueness of each individual client:
 - 1.1 Describe the characteristics of caring interactions in a variety of contexts.
 - 1.2 View each client as a whole, unique individual.
 - 1.3 Respect the individuality, diversity, and dignity of clients and families.
 - 1.4 Support the autonomy and independence of clients and their families.
 - 1.5 Encourage clients to be involved in their own care, make choices, and participate in decisions about their care and activities, as they are able.

-
- 1.6 Display cultural sensitivity and cultural humility when interacting with clients and families from diverse backgrounds and cultures.
 - 1.7 Provide culturally safe and sensitive care.
 - 1.8 Display a non-judgmental approach in all aspects of care provision.
 - 1.9 Encourage clients to share their thoughts, feelings, and preferences.
 - 1.10 View the client as an individual possessing a wealth of experience, knowledge, and wisdom.
 - 1.11 Discuss traditional medicines, healing practices, and alternative forms of healing.
 - 1.12 Encourage family involvement, as appropriate, in the care of their family member.
 - 1.13 Observe family members for signs of stress and consult with an appropriate health care professional for direction.
 - 1.14 Recognize and report potential or suspected abusive or neglectful situations (including client's self-neglect) promptly to a health professional for appropriate action.
-
2. Use an informed problem-solving approach to provide care and assistance that promotes the physical, psychological, cognitive, social, and spiritual health and well-being of clients and families:
 - 2.1 Evaluate the client and situation using informed observation, reflection, and communication.
 - 2.2 Observe changes in the client's health status and report these changes to the appropriate regulated/licensed health care professional.
 - 2.3 Identify priorities for care within the care plan.
 - 2.4 Use knowledge of health, healing, human needs, and human development to guide choices and actions.
 - 2.5 Use knowledge of the interrelationship between the physical, psychological, cognitive, social, and spiritual dimensions of health to guide choices and actions.
 - 2.6 Discuss the importance of the family in health and healing.
 - 2.7 Use appropriate health care team members as resources to augment one's own problem-solving and decision-making.
 - 2.8 Follow the care plan for each client.
 - 2.9 Consult with health care team members to review and evaluate care and make suggestions to modify the care plan as needed.
 - 2.10 Carry out recording requirements in a timely fashion.
 - 2.11 Use clear, current, factual, objective, and relevant language when reporting or documenting client information.
 - 2.12 Use current computer technology in accordance with workplace standards.
 - 2.13 Use creativity when required to adapt care and service to a variety of contexts.

Note: The terms “evaluate,” “assess,” and “assessment” when referring to the role of the HCA will be understood to mean observing, gathering data, and making reasonable inferences at a level appropriate to the education of an HCA and in accordance with the HCA role as determined by the Ministry of Health.

3. Provide person-centred care and assistance for clients experiencing complex health challenges:

- 3.1 Base choices and actions on a sound understanding of normal anatomy and physiology and common changes associated with aging.
- 3.2 Base choices and actions on a sound understanding of common challenges to health and healing.
- 3.3 Base choices and actions on a clear understanding of the interrelationship of the physical, psychological, cognitive, social, and spiritual dimensions of health and healing.
- 3.4 Organize, administer, and evaluate care and service for clients with complex health challenges.
- 3.5 Assist clients and families to maintain independent functioning within their capabilities.
- 3.6 Provide caring and supportive end-of-life care for clients in a manner that promotes comfort and dignity and respects preferences and diversity.

4. Provide person-centred care and assistance for clients experiencing cognitive and/or mental health challenges:

- 4.1 Organize, administer, and evaluate care and assistance for clients experiencing cognitive and/or mental health challenges.
- 4.2 Base choices and actions on a sound understanding of physical and psychosocial processes of cognitive and/or mental health challenges.
- 4.3 Base choices and actions on an understanding of the factors that influence behaviours.
- 4.4 Use an informed problem-solving process when caring for or providing assistance for individuals experiencing cognitive and/or mental health challenges.
- 4.5 Demonstrate appropriate interactions with clients experiencing cognitive, behavioural, and psychological impairment.
- 4.6 Cope constructively with unanticipated or unusual situations.
- 4.7 Identify when crisis intervention skills are required and respond appropriately.

5. Interact with other members of the health care team in ways that contribute to effective working relationships and the achievement of goals:
 - 5.1 Recognize and respect diversity within the health care team.
 - 5.2 Use caring, respectful communication with all members of the health care team.
 - 5.3 Base interactions on a clear understanding of the roles and responsibilities of various members of the health care team.
 - 5.4 Seek clarification, guidance, and assistance from other health care team members when needed.
 - 5.5 Contribute observations and information to care-planning sessions.
 - 5.6 Communicate changes in the client's health status to the appropriate health care team member so that the care plan is kept current.
 - 5.7 Communicate with confidence and appropriate assertiveness.
 - 5.8 Offer support and assistance to other health care team members as appropriate.
 - 5.9 Report and record relevant information in a clear, concise, and objective manner.
 - 5.10 Use appropriate lines of communication in accordance with agency, facility, or employer standards and policies.
 - 5.11 Identify problems, concerns, and conflicts within the health care team and discuss these with appropriate team members in a timely manner.
 - 5.12 Approach problems or conflict in a non-threatening way.
 - 5.13 Respond non-defensively to feedback, even when provided in a critical or confrontational manner.

6. Communicate clearly, accurately, and sensitively with clients and families in a variety of community and facility contexts:
 - 6.1 Demonstrate an ability to write and speak English in a manner that can be easily understood.
 - 6.2 Use appropriate volume, tone, and vocabulary.
 - 6.3 Use language and a communication style that is appropriate to the client, family, or situation.
 - 6.4 Adapt to a client's and family's unique background, respecting the impact of diversity on communication.
 - 6.5 Observe common courtesies such as addressing the client and family members by name of choice.
 - 6.6 Identify barriers to communication and make efforts to improve communication.
 - 6.7 Describe the relationship between self-awareness, self-concept, and communication.
 - 6.8 Recognize how perceptions influence one's reality and experience of situations.
 - 6.9 Interact in a manner that respects the rights, needs, interests, and preferences of others.
 - 6.10 Provide clear information to the client about the care or service to be provided and deal with questions or concerns in a calm and caring fashion.
 - 6.11 Use touch appropriately and respectfully.
 - 6.12 Use humour appropriately and respectfully.
 - 6.13 Recognize non-verbal communication.
 - 6.14 Use non-verbal attending skills including eye contact, body positioning, and attentive facial expression.
 - 6.15 Use active listening skills.
 - 6.16 Maintain appropriate interpersonal and professional boundaries.
 - 6.17 Use appropriate self-disclosure.

- 6.18 Use effective approaches to conflict management.
 - 6.19 Demonstrate an understanding of the stressors experienced by clients and families as they are reflected in communication patterns.
 - 6.20 Recognize abusive communication and report in accordance with agency, facility, or employer standards and policies.
7. Provide personal care and assistance in a safe, competent, and organized manner:
- 7.1 Wear safe and appropriate clothing, including identification.
 - 7.2 Evaluate the client and the environment prior to commencing care.
 - 7.3 Adjust environments, as appropriate, to ensure safety and promote efficiency.
 - 7.4 Adhere to the client's care plan.
 - 7.5 Exhibit flexible and adaptable behaviour, setting priorities and making adjustments to the care process based on client requirements.
 - 7.6 Organize and implement care according to client needs.
 - 7.7 Organize time and equipment for safety and efficiency.
 - 7.8 Adhere to the principles of body mechanics.
 - 7.9 Adhere to the principles of medical asepsis and infection-control practices.
 - 7.10 Report, verbally and in writing, unsafe work environments.
 - 7.11 Recognize and make wise choices in situations of potential risk to self or others.
 - 7.12 Encourage client communication and engagement during personal care.
 - 7.13 Maintain client privacy and dignity.
 - 7.14 Assist the client with personal hygiene and grooming.
 - 7.15 Assist the client with movement and ambulation.
 - 7.16 Use aids to promote comfort, relaxation, and sleep.
 - 7.17 Take and record vital signs (temperature, pulse, and respirations) accurately.
 - 7.18 Identify basic dietary requirements related to the client's health needs and preferences.
 - 7.19 Use appropriate techniques, strategies, and assistive devices to safely help clients who require support with eating and drinking.
 - 7.20 Assist the client with medication, as per the client's care plan. **(Medication administration is a restricted activity performed by registered nurses and licensed practical nurses, as outlined in their profession specific regulation. HCAs must be authorized to administer medication by an appropriate regulated health professional such as a registered nurse.)**
 - 7.21 Provide specialized, sensitive care for the dying client in line with palliative care principles.
8. Recognize and respond to own self-development, learning, and health-enhancement needs:
- 8.1 Identify own learning needs for both personal and professional development.
 - 8.2 Invite feedback from other health care team members related to own performance.
 - 8.3 Collaborate with appropriate health professionals to identify and utilize opportunities for specific learning and training enhancement.
 - 8.4 Identify and utilize opportunities to learn from clients, families, and colleagues.
 - 8.5 Share new learning with other health care team members.
 - 8.6 Reflect on own choices and behaviours as they contribute to physical, psychological, cognitive, social, and spiritual health.

- 8.7 Strive to demonstrate healthful lifestyle and self-care practices.
 - 8.8 Apply self-reflection and self-appraisal processes in order to recognize and respond to self-development needs.
9. Perform the caregiver role in a reflective, responsible, accountable, and professional manner:
- 9.1 Demonstrate an understanding of the components of the health care system in the region and province.
 - 9.2 Comply with legal and contractual parameters of practice for HCAs.
 - 9.3 Foster and uphold the mission, policies, and standards of the organization of employment.
 - 9.4 Adhere to the expectations and guidelines established in one's job description.
 - 9.5 Clarify one's own role to others when necessary.
 - 9.6 Demonstrate dependability, responsibility, accountability, reliability, honesty, and integrity.
 - 9.7 Reflect on one's own values, beliefs, and standards in relation to caregiving practice.
 - 9.8 Recognize how one's own beliefs, values, standards, and cultural background may be different from, or similar to, those of clients and families.
 - 9.9 Recognize how one's own beliefs and values influence one's responses to clients, families, and situations.
 - 9.10 Maintain a non-judgmental position when faced with difficult or unusual client or family situations.
 - 9.11 Advocate on behalf of the rights, needs, interests, and fair treatment of clients and their families.
 - 9.12 Maintain client and family confidentiality.
 - 9.13 Set appropriate personal boundaries in interactions with clients and family members.
 - 9.14 Recognize ethical issues in practice and seek appropriate methods for resolving such issues.
 - 9.15 Challenge questionable actions or decisions made by other health care team members.
 - 9.16 Reflect on the benefits and challenges of the HCA role.
 - 9.17 Champion the role of HCAs on the health care team.

In addition to these HCA Values, Beliefs and Principles and Program Learning Outcomes as outlined on the previous pages (as part of the **HCA Program Provincial Curriculum, Ministry of Advanced Education, 2023**), at Thompson Rivers University (TRU) we add the concepts of teaching and learning as foundational to our program.

The Learner and the Learning Process

Learning is a continuous process of change and personal growth. Learning occurs continuously over a lifetime and is influenced by a multitude of factors. Within a formalized learning environment, several factors need to be considered in order to assist learners to reach their goals.

These include the following:

- Elements external to the learning situation can influence the learner's ability to benefit from learning opportunities. An individual's self-concept as a learner; his/her physical or psychological health status; family demands; economic stressors; and availability of interpersonal support systems may all contribute to an individual's ability to succeed.
- A person's past experience influences learning in many ways. Previous life experiences shape the knowledge, skills and attitudes the learner brings to the learning experience. Past experiences with formal education will influence an individual's self-concept as a learner.
- Learners come with preferred learning styles and strategies, all of which are valuable and need to be recognized and facilitated.
- Learning is facilitated by proceeding from simple to complex and familiar to unfamiliar.
- When learners are provided with opportunities to apply new concepts or skills in a variety of real and simulated situations, they are more likely to learn. Learners need to be actively engaged in the learning process.
- Learning opportunities that foster individual's ability to work both cooperatively and collaboratively with others will broaden the learning process and encourage the development of group skills
- A caring, respectful learning environment, which fosters success will, help learners make difficult transitions, develop confidence and maintain motivation.

The Teacher and the Teaching Process

Teaching is a caring, interpersonal profession. The teacher attempts to enhance and facilitate learning by providing a supportive learning climate in which each learner feels recognized and safe. The teacher strives to get to know each learner as a unique human being and to tailor teaching/learning strategies in a creative effort to meet individual learning styles and preferences.

The teacher continually invites students to become actively involved in their learning, knowing that assisting students to learn how to learn is equally as important (and perhaps more important) than assisting them to acquire knowledge. The teacher displays enthusiasm for the subject matter and for learning in general.

The teacher maintains an abiding faith in each learner's ability to learn and grow. Even when learners are unsuccessful in a formal learning environment, the teacher is still attuned to those aspects of the learner that reflect ability, interest and potential.

Teachers who assist learners to prepare for a care-giving role realize that it is important for them to model the caring approach they want their students to emulate.

These teachers consistently treat learners with dignity and respect. The teacher utilizes

excellent interpersonal skills including active listening and appropriate self- disclosure. As well, the teacher acts as a resource for current information and displays a deep respect for the care-giving role the learner will soon be assuming.

The teacher is a problem-solver and a crisis manager. S/he is able to give feedback effectively. S/he is organized and autonomous as well as being able to work effectively as a member of a teaching team. The teacher is a role model of lifelong learning and personal growth. As well, s/he is a role model of professional competence, behaviour and decorum.

Each teacher, like each learner, is an individual who desires and deserves to be treated with dignity and respect. Teachers are most effective when they know that their unique strengths, talents and contributions are recognized and appreciated.

The Health Care Assistant Student Handbook provides students with information regarding TRU, the School of Nursing and Health Care Assistant Program policies and procedures.

PROMOTION AND PROGRESSION POLICY FOR THEORY COURSES

The Health Care Assistant student is responsible for his/her physical and moral conduct at all times. If conduct or academic standing is unsatisfactory, the student may be placed on a learning contract. Each student's knowledge of the curriculum will be assessed by quizzes, examinations, written assignments, oral and written presentations as well as practice experience evaluations. Marks of exams, quizzes, papers and presentations will take 7-14 days.

GRADING SYSTEM

Passing standard for theory courses is 70%. Students must pass each course to continue in the program. The HCA program does not provide opportunities to rewrite failed exams/quizzes/or graded assignments.

Students must also successfully complete all HCA practice courses in order to continue in the HCA program. Practice courses include: the HEAL 1150 lab days, the 1150 clinical days in facilities, all of the HEAL 1250 and 1300 days in Home Support and practicum. Students who do not meet the above criteria will receive an F (failure) and will be withdrawn from the program.

Vocational Trades/Non-Trades Programs			
Letter Grade	Numerical Grade	Grade Points	Letter Grade Definitions
A+ A A-	98 - 100 94 - 97 90 - 93	4.33 4.00 3.67	Excellent. First Class Standing. Superior Performance showing comprehensive, in-depth understanding of subject matter. Demonstrates initiative and fluency of expression.
B+ B B-	86 – 89 82 – 85 78 - 81	3.33 3.00 2.67	Very Good. Second Class Standing. Clearly above average performance with knowledge of principles and facts generally complete and with no serious deficiencies.
C+ C	74 - 77 70 - 73	2.33 2.00	Satisfactory Pass. Basic understanding with knowledge of principles and facts at least adequate to communicate intelligently in the discipline, but with definite deficiencies.
F	0 - 69	0.00	Unsatisfactory. Fail. Knowledge of principles and facts is fragmentary; or student has failed to complete substantive course requirements.

CRITERIA FOR ORAL ASSIGNMENTS AND WRITTEN ASSIGNMENTS

Oral Presentation

- Oral delivery: grammar, volume of voice, variation in voice, understandable English and speed of delivery
- freedom from distracting mannerisms
- attitude towards subject
- teaching aids (i.e., handout, posters, overheads, etc.)
- encouragement of class participants
- duration not less than five minutes

Written Assignments

1. Title page required. Include title, student number, course number and date.
2. Assignments are to be submitted electronically (i.e.: via Moodle Dropbox) unless instructor states otherwise.
3. Follow the assignment outline. Include headings to assist with organization and clarification of material.
4. Written assignments must be double-spaced, use 12-point font that is easy to read.
5. Align your content to the left margin, leaving the right margin uneven, do not use full justification, like a newspaper column, for your assignments.
6. Learners should endeavour to submit assignments that are well written with correct spelling, grammar, sentence structure and punctuation.
7. Confidentiality of clients must be maintained by use of initials or pseudonym. Under no circumstances is a client/resident's full name to be used in any assignment. Marks will be deducted if a client/resident's name is used on an assignment.
8. Assignments are graded by:
 - addressing all main points in the assignment
 - elaborating on the main themes and ideas
 - presenting clear, consistent, logical points
 - using information selectively
 - stating conclusions clearly
9. Ensure you retain a copy of all assignments handed in.
10. For every day or portion of a day an assignment is late, 5% will be deducted from the mark. A weekend is considered to be 2 days. To a maximum of 5 days, after which time the assignment will not be accepted and a mark of zero will be given
11. Information sources must be cited and included in a reference list, using APA format (7th edition).

Promotion and Progression Policy for Practice

Each student in the Health Care Assistant Program is responsible for his/her physical and moral conduct and respectful communication at all times. The student will be evaluated by the instructor on an ongoing basis throughout the program and in the clinical setting. Numerous sources of data will be used in the lab/clinical evaluation process including: demonstration of skills, facility staff and home support worker's input, course assignments, journaling, practice charting, participation in clinical conferences and professional behaviour and appearance. If conduct or clinical skills are unsafe, or unsatisfactory, the student may be placed on a learning contract or asked to leave the program.

Development of professional work habits is an important part of the HCA program. Evaluation of these habits will include student attitude, initiative, reliability and time management during program and clinical experience.

The student will be evaluated on his/her ability to cope with standards required for safe practical application of knowledge and skills. An important component of the evaluation includes daily journaling and practice charting. The BC Provincial Health Care Assistant curriculum outlines the objectives that must be learned to perform a safe standard of care.

Journaling/Charting

Journaling and Charting are important components of the evaluation process for HEAL 1250 and HEAL 1300 and will be submitted regularly during practicum. If regular journaling and charting is not handed in, a learning contract will be initiated.

(Described in HEAL 1250/1300 courses)

Skill Test

Skill Tests will be graded with a pass or fail. Students not receiving a passing grade during a skill test will discuss this with the instructor and arrange time for further learning and demonstration of a safe level of knowledge of the failed skill. Students, who have been unsuccessful in a skill test, may be re-tested one additional time within 7 days of the original skill test. A second unsuccessful attempt of a skill test will result in failure of the course and the student will be asked to withdraw from the program.

Absences in the Clinical/Practicum Setting – HCA Students

In the event that a student will be absent in the Clinical/Practicum setting they will inform the facility/agency and instructor a minimum of an hour prior to the start of the student shift. Informing the site and the instructor allows the staff to plan for their shift.

One unreported or unexcused absence will result in a verbal reminder to the student of their professional obligation to report absences, as a courtesy to the practice sites.

A second unreported or unexcused absence will result in a meeting with the instructor to discuss the issue. A written letter outlining instructor expectations will be given to the student in question and a copy placed in the student's file.

A third unreported or unexcused absence will result in the student being placed on a learning contract.

Practice absenteeism may result in faculty recommending withdrawal from the program. Absenteeism seriously impacts student's ability to effectively meet the learning outcomes.

Regardless of excused or unexcused absences, **after three missed practice days**, a letter will be given to the student outlining that he/she is at risk of failing. A copy of the letter will go to the Chairperson, HCA Program.

PROGRESSION POLICIES

Program Completion Requirements

Health Care Assistant program students must successfully complete all program requirements in order to receive an HCA certificate. Students who have left the program, prior to graduation, may re-enter the program at the discretion of the Chairperson, HCA Program and program seat availability. Students maintain credit for prior courses that have been successfully completed.

Withdrawal from Program

TRU Withdrawal Policy [ED 3-0](#)

Thompson Rivers University (TRU) Board recognizes that students may withdraw from their courses for a wide variety of reasons. Because of the possible impact on their educational future, students are urged to seek counselling before making a decision to withdraw from a course or program. Refer to the [TRU Withdrawals Policy ED 3-0](#) for detailed information regarding procedure and deadlines for withdrawal.

Students withdrawing from the HCA Program are expected to:

Thompson Rivers University
School of Nursing

-
- inform the appropriate instructor
 - complete the appropriate withdrawal forms.
 - deliver the signed withdrawal form to the Admission and Records Department.

HCA Student Re-entry Policy

Due to the competition for seats in the School of Nursing, if there are insufficient seats to accommodate all students, a ranking will be done to determine which student(s) are readmitted to the program. This ranking will be based on the student's reason for re-entry, HCA course marks, number of courses that need to be repeated and the student's letter of intent. Please see TRU [Course and Repeaters Policy ED 3-3](#)

Students who take a medical withdrawal from the program will be required to submit a doctor's note, which states that they are physically/mentally fit to return to the nursing program.

Process for Re-Entry:

1. At least four (4) months prior to the date of intended re-entry, submit a Letter of Intent, to the Chairperson, HCA Program. The Letter of Intent should indicate the date that the student wishes to re-enter and include steps that the student has taken to ensure their success in the program (if applicable).
2. At least three (3) months prior to the date of intended re-entry, make an appointment to see the Chairperson, HCA Program for the purpose of advising.
3. Students are reminded of the program completion requirements and the policies regarding failures and re-entry, as stated in the Thompson Rivers University Calendar.
4. A student who wishes to re-enter the program must show competence of lab skill tests including oral care, handwashing, bed-making, morning care with peri care, lifts, moves, transfers and feeding. Re-entry students will have to pay a fee for the lab skills testing. If a student fails to successfully demonstrate lab skills, they will be required to retake HEAL 1150, the lab skills course.

Authorization to Disclose Personal Information (Reference)

Students who request references from a faculty member for employment purposes are required to complete the Authorization to Disclose Personal Information (Reference) consent form. Students are not obligated in any way to provide consent and may withdraw their authorization to disclose personal information at any time. The consent form will be kept for one year.



THOMPSON RIVERS UNIVERSITY

Health Care Assistant Program

School of Nursing

Authorization to Disclose Personal Information (Reference)

NB: The intent of this consent form is to facilitate timely responses to requests for references. You are not obligated in any way to provide your consent and may withdraw your authorization to disclose personal information at any time.

I, _____ voluntarily consent to the School of Nursing at Thompson Rivers University disclosing personal information regarding my academic and practice performance, my attendance record, and my grades in the Health Care Assistant Program for the period of one

(1) year, to prospective employers and/or education institutions in the following format:

- a. In a verbal reference or on a written reference form, from faculty members who have agreed to provide a reference on my behalf.

This consent remains in effect for one (1) year or until revoked by me in writing.

Student Name _____

TRU Student _____

Signature: _____

Date: _____

Appendix A: SON Student Learning Contracts

Guidelines for Implementation

Written evaluations, in the form of practice appraisals, are the primary method of recording a student's progression towards professional practice. However, from time to time, learning contracts are considered necessary by a faculty member to clearly communicate competencies of concern and clearly identify strategies to achieve quality indicators indicative of practice expectations for the course. The learning contract is one method designed to focus student and faculty member attention on practice competencies of concern and specific strategies to promote student achievement of the competencies.

Process Guidelines

1. At the discretion of the faculty member, upon assessing student progress, a learning contract **may** be initiated. The following are examples of reasons faculty may initiate a learning contract:
 - a. a high-risk or several low-risk incident(s) indicative of student performance that places clients at actual or potential risk
 - b. a recurring pattern of unacceptable practice identified in previous practice appraisals
 - c. below minimum student practice performance, or inconsistent performance, in one or several domains
 - d. unprofessional behaviour or actions that create either an unsafe or unsupportive learning environment
2. Learning contracts may be initiated by the faculty member during a practice rotation or at the end of a practice rotation.
3. The faculty member will consult with the program Chairperson or Coordinator prior to initiating a learning contract.
4. In writing the contract, the faculty member will identify the practice domains, competency(ies) and associated quality indicator(s) of concern from the course Practice Appraisal Forms (PAF's). It is advisable to list the [BCCNM Practice Standards](#) or [CNA Code of Ethics](#) involved as appropriate.
5. Students have the right to invite a support person to be present during any formal practice appraisal sessions (end of practice appraisal interview, meetings to discuss learning contract) between students and the faculty member. Students are required to inform the faculty in advance of the meeting when the support person will be present.
6. Faculty members should make every effort to inform a student of the decision to initiate a learning contract prior to meeting to discuss learning contract competencies and strategies.
7. The faculty member and student develop strategies, in writing, intended to assist the student to become successful in practice during the allotted time frame.

-
8. The faculty member, in consultation with the program Chairperson or Coordinator, determines a timeframe in which the student ought to demonstrate competent practice.
 9. The learning contract is signed and dated by both the student and faculty member and then placed in the student file. The student's signature on the learning contract indicates that the student is aware of the concerns. The student has an opportunity to provide written feedback regarding the contract, if desired.
 10. A copy of the learning contract is given to the student and the program Chairperson or Coordinator.
 11. In rare circumstances a learning contract may be carried over into the next term at the discretion of the program Chairperson or Coordinator. The Chairperson or Coordinator will notify the next term faculty member.
 12. If the learning contract is in place and the student is, or will be, with a nurse preceptor, the student along with the faculty member will discuss with the preceptor, the specific learning contract strategies to promote student success.
 13. Students may appeal a grade through the office of Student Affairs. See the TRU [Student Academic Appeals](#) policy.

Appendix B: SON Unusual Occurrence Report

This form must be completed by both the student and faculty member per the template provided here.

Instructions:

1. Include the following information:

- Describe the nature of the incident (e.g., med error; physical, psychological or stress induced injury, safety concerns for yourself or client; physical, verbal, bullying, harassment, discrimination, or sexual assault).
- Describe the circumstances surrounding the events as noted on the hospital or agency unusual occurrence form. Include factors identified as being possible causes for the error/incident, e.g., mitigating circumstances. If this is a harassment, bullying or discrimination, refer to TRU's [Respectful Workplace and Harassment Prevention](#) policy
- Faculty member's comments (e.g., student's attitude, anxiety level, acceptance of responsibility and access of resources: reporting, counselling etc.).
- Has the student been involved in previous unusual occurrences? If so, were the factors that contributed to the incident similar? Please describe.
- Suggested follow up action (e.g., counselling, further education, referral to TRU health services).
- Student's comments.

2. Copies of this form will be given to the student, one placed in the student's file, and if necessary, a copy forwarded to [TRU Safety](#).

TRU School of Nursing Unusual Occurrence Report

Date of Incident:

Location:

Incident:

Circumstances related to the incident:

Student comments:

Faculty comments:

Suggested Follow Up Action:

Student's signature:

Date:

Faculty signature:

Date:

Copies: student, faculty, student file, program chairperson/coordinator

Attachments: ___ WorkSafe BC Form 6A ___ Other _____