Ingram School of Nursing
Faculty and Student Handbook, 
7th Edition
2016-2017

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

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This handbook has been developed for students, faculty members, the administrative support team, and clinical agencies to provide relevant information about the Ingram School of Nursing and its programs so as to facilitate the efficient, effective, and enjoyable delivery of our programs. It is updated on an annual basis; however, some policies and procedures may change between updates – notices of change are posted on the Ingram School of Nursing website and/or via the Faculty, Nursing Undergraduate Society and/or Nursing Graduate Student Association list serves.

Essential companion documents include:

- **Health Sciences Calendar**
- **Graduate and Postdoctoral Studies Calendar**
- **University Policies, Procedures, and Guidelines related to students (includes rights and responsibilities)**
- **Quebec Code of Ethics of Nurses**
- **Faculty of Medicine Code of Conduct**
- **Outlook on the Practice of Nursing (OIQ, 2010) (includes legal scope of practice)**
- **The Therapeutic Nursing Plan**

Editor: Madeleine Buck

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

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

Mission and Vision of the Ingram School of Nursing
The mission of the Ingram School of Nursing is to educate current and future nurses; advance the art and science of nursing; and optimize health and health equity globally through academic excellence, strengths-based nursing, and innovation (adopted December 11, 2015).

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

Strategic goals of the School of Nursing include:

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

Overview and brief history of the Ingram School of Nursing
The Ingram School of Nursing (ISoN) is the only English speaking Québec University to offer undergraduate, graduate, and doctoral education in nursing. It is recognised internationally for its approach to clinical practice with theoretical foundations guided by the McGill Model of Nursing and Strengths-based Nursing care. Other unique features of the ISoN include the structural relationship between the School, its clinical facilities, and its local environments that enables the development of working partnerships amongst students, faculty, clientele, clinicians, administrators and others. The ISoN is also known for its unique Direct-Entry Master’s program, the only one of its kind in Canada. The ISoN is one of three schools (Schools of Communication Sciences and Disorders, Nursing, Physical and Occupational Therapy) within the Faculty of Medicine. The Director of the ISoN holds the position of Associate Dean of Medicine (Nursing).

The School was established in 1920. Originally located in Beatty Hall on Pine Avenue, the School is located on the main campus of McGill University in Wilson Hall, 3506 University Street. Previously known as the School for Graduate Nurses, the School offered certificate and degree programs developed for nurses holding diplomas from hospital Schools of Nursing during the years 1920-1957. As professional and educational trends evolved in nursing, the School identified the need to begin offering a first level undergraduate degree program in nursing –
hence the inception of the B.Sc.(N) program in 1957. In 2012, the School of Nursing was formally named the Ingram School of Nursing in recognition of Richard and Satoko Ingram and their exceptional support for Nursing at McGill University.

Organogram

Programs

The School offers five formal degree programs with variations within to accommodate the educational background of different learners as well as specialized interests. Each program offers learning experiences to meet the needs of the health care system and the diverse range of students who seek learning experiences at McGill University.

1. Bachelor of Science (Nursing) – B.Sc.(N) established in 1957 – a three-year program for CEGEP science graduates or people with a degree; a four-year program for out-of-province high school graduates or mature students. The B.Sc.(N) program has been accredited by the Canadian Association of Schools of Nursing since 1990.

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

3. Master of Science (Applied) – M.Sc.(A)
   - Direct Entry stream - established in 1974 (formerly called Generic Masters*) The only program of its kind in Canada. For candidates with a B.A. or B.Sc. degree in academic fields of study other than nursing. A 10-month qualifying year of study followed by two years of full-time studies. Options include: M.Sc.(A) - DE concentration or the M.Sc.(A) Global Health Direct Entry concentration.
○ **Nurse Bachelor Entry stream** - established in 1961 for candidates RNs with a baccalaureate degree in Nursing. Options include: Clinical Nurse Specialist; Nursing Services Administration; Nursing Education; Global Health; Nurse Practitioner: Neonatology (opened in 2005) and Primary Care (opened in 2007) options – a mental health option and pediatric option are being considered.

4. Nurse Practitioner - Graduate Diploma in Nursing — for nurses who already have a master’s degree and seek Nurse Practitioner status.

5. **Ph.D. Program** established in 1994 as a joint program with Université de Montréal. Research programs include nursing intervention research (RRISIQ), health administration research (FERASI), psychosocial oncology and others.

* First graduate: Marcia Beaulieu, Class of 1977; ** First graduate: Francine Ducharme

**Approach to Nursing Practice – Strengths-Based Nursing**

In 2016, the Ingram School of Nursing adopted *Strengths-Based Nursing (SBN)* as its foundation for practice, education, and research. SBN is the culmination of an approach to nursing that has been an integral part of the McGill School of Nursing since its founding in 1920, evolving from the McGill Model of Nursing. Strengths-Based Nursing is both a philosophy as well as a value-driven approach that has as its foundational pillars: person/family centred care, empowerment, relational care, and innate and acquired healing. “Strengths-based care is an approach that considers the whole person, focuses on what is working and functioning well, what the person does best, and what resources people have available to help them deal more effectively with their life, health, and health care challenges. It is about how nurses can best support what is working in order to help patients, clients, families, and communities cope, develop, grow, thrive and transform” (Gottlieb, 2013, p. 2).

Key writings on the McGill approach to nursing include:
- *Perspectives on health, family and collaborative practice: A collection of writings on the McGill Model of Nursing*

**Philosophy of Teaching and Learning**

Nursing education at McGill is guided by a collaborative, student-centered approach to teaching and learning. The teacher assumes the role of facilitator, stimulator, co-investigator, motivator and promoter of student learning. Faculty engage in the learning process with students and, together, student and teacher participate in learning activities such as: observing and exploring; sharing knowledge, perspectives and experiences; reflecting, raising questions and dialoguing; experimenting, and problem-solving. Promoting student-centered learning involves creating a supportive learning environment such as starting where students are at, pacing learning and setting expectations for success, identifying and working with student strengths and competencies, addressing and responding to student stress, anxiety and other emotions, building confidence and promoting cooperative learning amongst students (Young & Patterson, 2007). Throughout their interactions with students, faculty serve as role models for the application to...
practice of a strengths-based, collaborative partnership approach to working with people. Faculty and students roles include:

The role of Faculty is to:

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

The role of the Student is to:

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

Critical Thinking, Clinical Reasoning, Evidence Informed Clinical Decision Making

Critical thinking is a highly valued process and outcome in education, particularly so in relation to higher education and, even more so, in the education of health professionals (Daly, 1998). Profetto-McGrath defines critical thinking as ‘an active, ongoing, cognitive process of logical reasoning in which the individual methodically explores and analyzes issues, interprets complex ideas, considers all aspects of a situation and/or argument and where appropriate follows with prudent judgment’. The ideal critical thinker is ‘inquisitive, well-informed, trustful of reason, open-minded, flexible, fair-minded in evaluation, honest in facing personal biases, prudent in making judgments, willing to reconsider, clear about issues, orderly in complex matters, diligent in seeking relevant information, reasonable in the selection of criteria, focused in inquiry, and persistent in seeking results which are as precise as the subject and the circumstances of the inquiry permit’ (American Philosophical Association, 2015). Clinical reasoning, or the ability to
reason in clinical situations while taking into account the context and concerns of the patient and family (Benner, et.al. 2010), and clinical decision-making are dependent on critical thinking skills (Ruggiero, 1990).

Critical thinking, clinical reasoning, and clinical decision-making are developed throughout all nursing programs offered at the ISoN. Students are challenged to use inductive and deductive inquiry to understand the clinical/nursing situations under study. Students use their knowledge and thinking skills to determine what data to collect in any given situation; these very skills also determine the meaning that is placed on the data that have been collected. The nurse generates hypotheses i.e., tentative statements of relationships that can be tested empirically to explain and predict a phenomenon. For example, the nurse makes hypotheses that a patient who is two days post-operative and is agitated may be in pain, have hypoxemia, have low blood glucose, be experiencing a cerebral event or other – the nurse then collects further empirical data (e.g., O₂ saturation, glucose level) to support or negate the hypotheses. Hypotheses can vary in complexity – some simply place meaning on a phenomenon (e.g., reduced concentration, droopy eyelids and sluggish movements may mean the patient is experiencing fatigue); others offer tentative explanations (e.g., fatigue may be related to low Hgb or dehydration); other hypotheses offer tentative predictions (e.g., establishing a 1:3 rest/activity ratio will reduce fatigue). Once validated, the nurse establishes goals that are client/patient/person centered. Strategies to achieve goals are selected using best evidence and in collaboration with the person. Strategies are then implemented and evaluated. Evidence informed clinical decision making is ensured by using high quality research findings (such as those found in systematic reviews and meta analyses) and taking into account the available resources, patient/client preferences, and clinical expertise.

Professionalism

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

Attributes of the Professional

Responsibility to the Profession: the commitment to maintain the integrity of the moral and collegial nature of the profession and to be accountable for one's conduct to the profession.

Self-regulation: the privilege of setting standards; being accountable for one's actions and conduct in professional practice and for the conduct of one’s colleagues.

Responsibility to Society: the obligation to use one's expertise for, and to be accountable to, society for those actions, both personal and of the profession, which relate to the public good.

Teamwork: the ability to recognize and respect the expertise of others and work with them in the patient's best interest.

Attributes of the Professional Nurse

Caring and Compassion: sympathetic consciousness of another's distress together with a desire to alleviate it.
Insight: self-awareness; the ability to recognize and understand one's actions, motivations and emotions.

Openness: willingness to hear, accept and deal with the views of others without reserve or pretence.

Respect for the Resilience of the Person: the ability to recognize, elicit and foster the power to heal and grow inherent in each person.

Respect for Persons’ Dignity and Autonomy: the commitment to respect and ensure subjective wellbeing and sense of worth in others and recognize the individual’s personal freedom of choice and right to participate fully in his/her care.

Presence: to be fully present, without distraction and to fully support and accompany persons throughout care.

Competence: to master and keep current the knowledge and skills relevant to health professionals.

Commitment: being obligated or emotionally impelled to act in the best interest of the patient; a pledge given by way of the Hippocratic Oath or its modern equivalent.

Confidentiality: to not divulge patient information without just cause.

Autonomy: the health professional’s freedom to make independent decisions in the best interest of the patients and for the good of society.

Altruism: the unselfish regard for, or devotion to, the welfare of others; placing the needs of the person receiving care before one’s self-interest.

Integrity and Honesty: firm adherence to a code of moral values; incorruptibility.

Morality and Ethics: to act for the public good; conformity to the ideals of right human conduct in dealings with patients, colleagues, and society.

(Based on the writings of R. & S. Cruess, 2002)

Interprofessional Collaborative Practice

Interprofessional collaborative practice is espoused by the ISoN and represents “a partnership between a team of health professionals and a client in a participatory, collaborative and coordinated approach to shared decision-making around health issues” (Orchard & Curran, 2005). Nurses play an important role in the interprofessional team, defined as a group of people from different provider backgrounds that works with clients and families to meet jointly established goals. “Effective teams demonstrate mutual respect for all contributions, establish an environment of trust, communicate clearly and regularly, minimize duplication, address conflict directly, and focus their attention on the client and family” (Canadian Interprofessional Health Collaborative). The ISoN has adopted the National Interprofessional Competency Framework (2010) as the basis for developing interprofessional courses and activities – as have all Schools within the Faculty of Medicine. All Nursing, Medical, Dentistry, Physical Therapy, Occupational Therapy, and Communications Sciences and Disorders students come together in 3 formal compulsory interprofessional courses to learn with, about, and from each other as a means of fostering interprofessional collaborative practice.

Academic and Professional Integrity

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

Writing and citation guides are compiled and updated by resource librarians to demonstrate the proper citation of ideas. Most Nursing courses require use of the APA Style – a concise guide is available via the McGill libraries.

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

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

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

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

"Cleaning Up" Your Social Media Identity
- Search your own name on the web and ensure that there is no inappropriate content associated with you.
- Subscribe to Google Alerts so you know if a public posting about you has been made.
- Review the privacy settings of all your social media accounts.
- Review your friend list on a regular basis.
- Read through any blogs you have written, your tweets, and your profiles. Remove any posts that might be considered unprofessional/inappropriate.

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

Faculty
Faculty members are committed to excellence and strive to develop in all areas of scholarship i.e., discovery, teaching, service, integration, and application. Most are involved in teaching across programs and participate in local, national, and international initiatives. The clinical and affiliated faculty network includes Directors of Nursing, Clinical Nurses Specialists, Nurse Researchers, Nurse Educators, Nurse Clinicians and allied health professionals (e.g., lawyers, ethicist). This network of individuals ensures that the ISON programs are relevant and accountable to society, students, and our institutions. Most faculty members have appointments within clinical agencies. Sessional appointees with advanced clinical skills support clinical education needs as they facilitate students’ studies within the clinical agency and are the most up-to-date on clinical practice guidelines within their setting. Preceptors play a vital role in supporting student learning in community and senior level clinical courses. The ISON supports preceptors through training sessions and the input from course coordinators. Teaching assistants, lab demonstrators, and graders support students and faculty in the delivery of all programs.

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

Nursing Undergraduate Society (NUS) – The NUS mandate is “to act as a liaison between the staff and students, and also provide a means of contact with organizations and groups on campus, in addition to promoting communication with professional nursing groups throughout Canada.” The NUS organizes extracurricular activities for nursing students. NUS Office: Room 221, Wilson Hall. nus.nursing@mail.mcgill.ca
Canadian Nursing Students Association (CNSA) – The national voice of Canadian nursing students. In 1971 McGill University, along with University of Ottawa and New Brunswick, was a founding member of the Canadian University Nursing Students Association (CUNSA) – now called CNSA. McGill hosts Quebec regional conferences and participates in national CNSA initiatives. McGill’s reps to CNSA can be reached at mcgill@cnsa.ca.

Nursing Graduate Student Association - This student association aims to provide support and a sense of community to the master, doctoral, and postdoctoral students within the Ingram School of Nursing by arranging scholarly and social activities for the graduate nursing students to promote their academic, social, and professional development. NGSA has representation on the Post-Graduate Students’ Society of McGill (PGSS) and on the ISoN Faculty Council ngsa.pgss@mail.mcgill.ca

McGill Nurses for Global Health - committed to global health issues from a nursing perspective. MNGH encourages students to be global citizens and to work towards achieving health equity and social justice. The group also aims to work in solidarity with community-based health organizations in the majority world, and to advocate for the right to accessible healthcare. globalhealth.nus@mail.mcgill.ca
Section 2 – Programs

Undergraduate Program Objectives – current

On completion of a baccalaureate degree at McGill University, nursing graduates will:

- Have/use a framework of nursing that is health-oriented, collaborative, strengths-based, and family-oriented.
- Demonstrate an integrated understanding of the biological, psychological, social, spiritual and environmental aspects of health and illness.
- Have the professional knowledge and skills to provide health promotion and care that is inclusive yet takes into account the diversity that may exist among individuals/families/groups/ and communities.
- Demonstrate skills in critical thinking and clinical decision-making within the context of the nursing process in collaboration with individuals, families, groups and communities.
- Apply/Demonstrate principles of Primary Health Care*, Public Health sciences and socio-ecological approaches to health.
- Recognize opportunities to promote social justice and advocate with and on behalf of individuals, families, groups and communities.
- Take action to maximize individual/family/group/community capacity to take responsibility for and to manage health issues according to available resources and personal skills.
- Understand the scope of practice for baccalaureate-prepared nurses, and have the ability to practice autonomously according to principles of self-regulation.
- Apply ethical and legal standards and principles within nursing practice and collaborative partnerships; consult appropriately in the face of ethical dilemmas or risks.
- Demonstrate intra-and inter-professional collaboration.
- Demonstrate knowledge of the integrated health care system and assume responsibility for the systematic follow-up of clients/families.
- Profess a commitment to integrity, morality, altruism, competence, and promotion of the public good within their domain (Professionalism).
- Demonstrate research-mindedness and the ability to critically appraise nursing studies for their contribution to evidence-based practice.
- Have the ability to combine information from individual family/group or community needs/preferences, empirical literature, experiential knowledge and available resources to deliver evidence-informed nursing care.
- Have the ability to engage in research and continued quality improvement activities
- Communicate effectively with individuals, families, groups, and colleagues and interpret health information for professional and non-professional audiences.
- Have the ability to develop, implement and evaluate health education and health promotion programs.
- Have the professional knowledge and skills to assume leadership roles to effect change in their practice environments and advance the profession of nursing.
- Have the academic background to pursue graduate studies.

*Accessibility –essential, acceptable, affordable health care universally available to all regardless of geography; Public participation – clients participate in making decisions about their health; Health promotion –empowering people to understand determinants of health and develop skills to improve/maintain health/well-being; Appropriate technology – technology and modes of care adapted to community’s social, economic, and cultural development; Intersectoral cooperation—multidisciplinary health activities that aim at improving economic and social development.
### Undergraduate Program Objectives – Canadian Association of Schools of Nursing

**National Nursing Educational Framework – Proposed 2017**

*Forms the basis for curricular revision (adopted by Faculty Council in 2016; formal enactment anticipated Fall 2017 pending adoption of program revisions by Academic Policy Committee and Senate)*

<table>
<thead>
<tr>
<th>Domain 1: Knowledge - Essential Competencies</th>
</tr>
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<tbody>
<tr>
<td>1.1 Foundation knowledge of nursing including nursing history, nursing theories, and other theories relevant to nursing practice.</td>
</tr>
<tr>
<td>1.2 Foundation knowledge of human development and functioning over the life-span that builds on secondary education, from natural &amp; life sciences, and from behavioural &amp; social sciences (anatomy, physiology, microbiology, biochemistry, pharmacology, nutrition, pathophysiology, genetics, psychology, sociology).</td>
</tr>
<tr>
<td>1.3 Foundation knowledge of the health-related needs of diverse clients to provide promotive, preventive, curative, rehabilitative, and end-of-life nursing care.</td>
</tr>
<tr>
<td>1.4 Knowledge of professional and organizational structures (i.e. regulatory, professional and union), socio-political, historical, and economic contexts of nursing practice.</td>
</tr>
<tr>
<td>1.5 Knowledge of the use of information technology in nursing care, including epidemiology and statistics.</td>
</tr>
<tr>
<td>1.6 Foundational knowledge of relational practice (focusing attention on intrapersonal, interpersonal and contextual variables) to impact health outcomes of individuals, families, and communities.</td>
</tr>
<tr>
<td>1.7 Knowledge of ethical nursing practice within a legal context in dynamic healthcare systems and in emergent and multifaceted health situations.</td>
</tr>
<tr>
<td>1.8 Knowledge of primary healthcare in relation to health disparities, vulnerable populations, and the determinants of health.</td>
</tr>
<tr>
<td>1.9 Knowledge of social justice, population health, environment and global health issues.</td>
</tr>
<tr>
<td>1.10 Knowledge regarding healthy work environments including collaborative skills, leadership theories, and effective team functioning and conflict resolution.</td>
</tr>
<tr>
<td>1.11 Knowledge of the art and science of professional caring for persons, families, or communities.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Domain 2: Research, Methodologies, Critical Inquiry &amp; Evidence - Essential Competencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 An appreciation of the salience of inquiry for nursing as a profession and a discipline</td>
</tr>
<tr>
<td>2.2 The ability to seek, locate and interpret a broad range of information, knowledge, evidence, methodologies, and practice observations within the profession and across disciplines</td>
</tr>
<tr>
<td>2.3 Critical thinking skills to use relevant information, knowledge, and communication technologies to support evidence-informed nursing practice</td>
</tr>
<tr>
<td>2.4 The ability to formulate research questions arising from nursing practice and analyze research findings</td>
</tr>
<tr>
<td>2.5 The ability to compose a written academic argument</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Domain 3: Nursing Practice - Essential Competencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1 Holistic and comprehensive assessment of diverse clients, to plan and provide competent, ethical, safe, and compassionate nursing care</td>
</tr>
<tr>
<td>3.2 The use of clinical reasoning, nursing knowledge, and other evidence to inform decision making in diverse practice situations</td>
</tr>
<tr>
<td>3.3 The ability to recognize and respond safely, competently and ethically to rapidly changing client conditions and contexts</td>
</tr>
<tr>
<td>3.4 The ability to monitor and manage complex care of clients in stable and unstable contexts using multiple technologies</td>
</tr>
<tr>
<td>3.5 The use of information technologies to support quality patient care</td>
</tr>
</tbody>
</table>
3.6 The capacity to engage in RN entry-level scope of practice as defined by the provincial/territorial regulatory body

3.7 Engagement and leadership in the provision of comfort care, including pain and symptom management

3.8 The ability to counsel and educate clients to promote health, and symptom and disease management

3.9 The coordination of patient care in collaboration with individuals, families and other members of the healthcare team

3.10 The ability to facilitate client navigation through health-care services

3.11 The ability to promote the health of individuals, families, communities, and populations through actions to address health disparities

3.12 The use of the core elements of patient safety and quality care

**Domain 4: Communication & Collaboration - Essential Competencies**

4.1 The ability to communicate and collaborate effectively with diverse clients and members of the healthcare team to provide high quality nursing care

4.2 The ability to self-monitor one’s beliefs, values, and assumptions, and recognize their impact on interpersonal relationships with clients and team members

4.3 The ability to communicate using information technologies to support engagement with patients/clients and the interprofessional team

4.4 The ability to articulate a nursing perspective and the scope of practice of the registered nurse in the context of the health care team

4.5 The ability to collaborate with diverse clients, adapt relational approaches appropriately, and accommodate varying contextual factors in diverse practice situations

4.6 The ability to contribute to positive health-care team functioning through consultation, application of group communication theory, principles, and group process skills

**Domain 5: Professionalism - Essential Competencies**

5.1 The ability to practice within the context of professional standards of practice, ethical, regulatory, and legal codes

5.2 An understanding of the significance of fitness to practice as it relates to self-care and lifelong learning

5.3 The ability to act as a role model for the intraprofessional nursing team

5.4 The ability to maintain professional boundaries with clients and other members of the healthcare team

5.5 The ability to ensure client confidentiality and privacy

5.6 An understanding of the importance of participating in a professional nursing organization

5.7 Foundational knowledge and skills required to pursue graduate studies as desired

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

The B.Sc.(N) program extends over three years (including summer sessions) with general and professional courses in each year, and equips students with the expertise to effectively deal with complex and contemporary nursing issues. Students entering the program directly from high school complete an additional U0 year to meet freshman science requirements. Successful completion of this program entitles graduates to sit licensure examinations in Quebec, Canada, and other countries. The B.Sc.(N) program has been accredited by the Canadian Association of Schools of Nursing since 1990 with the most recent full accreditation status granted until 2017. An accreditation review will take place February 13 – 17, 2017. Entry points to the program include:
### Entry type |
**CEGEP Diplôme d’études collégiales (DEC) Health Sciences**

<table>
<thead>
<tr>
<th>Transfer credits</th>
<th>Credits at McGill</th>
<th>Total Cr</th>
</tr>
</thead>
<tbody>
<tr>
<td>33 CEGEP science credits transferred</td>
<td>106 credits over 3 years (U1 to U3)</td>
<td>139</td>
</tr>
</tbody>
</table>

**High School graduates (Canadian, international)**

| AP/IB credits if applicable | 139 credits over 4 years (U0 to U3) |

**Mature student**

| Applicable Freshman Sciences (33 CEGEP or University credits maximum) | 106 credits over 3 years (U1 to U3) – may require 3.5 years if missing FS |

**University transfer/second degree**

| Applicable 33 Freshman Sciences | 106 credits over 3 years (U1 to U3) minus any transfer credits for non FS courses |

The B.Sc.(N) program prepares graduates to meet the entry level scope of practice outlined in the *Mosaïque des compétences cliniques de l’infirmière* (OIIQ) & *Law 90 Quebec Nurses Act* - nursing consists on assessing a person’s state of health, determining and carrying out of the nursing care and treatment plan, providing nursing and medical care and treatment in order to maintain or restore health and prevent illness, and providing palliative care. The following activities are reserved for nurses:

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

Any variation in sequence must be approved by Program Director.

<table>
<thead>
<tr>
<th>Semester</th>
<th>Course #</th>
<th>Cr</th>
<th>Course Title</th>
<th>Pre/co-requisites</th>
</tr>
</thead>
<tbody>
<tr>
<td>U1 Fall Focus on Health</td>
<td>NUR1 422</td>
<td>3</td>
<td>Research in Nursing</td>
<td></td>
</tr>
<tr>
<td></td>
<td>NUR1 220</td>
<td>3</td>
<td>Therapeutic Relationships ☉</td>
<td>NUR1 222</td>
</tr>
<tr>
<td></td>
<td>NUR1 223</td>
<td>3</td>
<td>Development over the lifespan*</td>
<td></td>
</tr>
<tr>
<td></td>
<td>NUR1 222</td>
<td>1</td>
<td>McGill Model of Nursing (undergoing name change to Strengths-based Nursing)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PHGY 209</td>
<td>3</td>
<td>Mammalian Physiology 1</td>
<td>BIOL 112, CHEM 110 &amp; 120, PHYS 101 &amp; 102/CHEM 212</td>
</tr>
<tr>
<td></td>
<td>PSYC 215</td>
<td>3</td>
<td>Social Psychology</td>
<td></td>
</tr>
<tr>
<td></td>
<td>IPEA 500</td>
<td>0</td>
<td>Roles in Interprofessional Teams</td>
<td></td>
</tr>
<tr>
<td>U1 Winter Focus on Health</td>
<td>NUR1 221</td>
<td>3</td>
<td>Families and Health Behaviour</td>
<td>NUR1 220, 222</td>
</tr>
<tr>
<td></td>
<td>NUR1 200</td>
<td>4</td>
<td>Biology for Illness and Therapy</td>
<td>CHEM 212</td>
</tr>
<tr>
<td></td>
<td>NUR1 234</td>
<td>3</td>
<td>Nursing Elderly Families ☉</td>
<td>NUR1 220, 222</td>
</tr>
<tr>
<td></td>
<td>NUR1 235</td>
<td>4</td>
<td>Health &amp; Physical Assessment ☉</td>
<td>NUR1 220, PHGY 209/PHGY 210; NUR1 234</td>
</tr>
<tr>
<td></td>
<td>PHGY 210</td>
<td>3</td>
<td>Mammalian Physiology 2</td>
<td>PHGY 209 recommended</td>
</tr>
<tr>
<td></td>
<td>IPEA 501</td>
<td>0</td>
<td>Communication in Interprofessional Teams</td>
<td></td>
</tr>
<tr>
<td>U1 Summer</td>
<td>NUR1 233</td>
<td>4</td>
<td>Promoting Young Family Development ☉</td>
<td>NUR1 220, 234, 235</td>
</tr>
<tr>
<td>U2 Fall Health and Illness coexisting</td>
<td>NUR1 311</td>
<td>3</td>
<td>Infection Prevention and Control</td>
<td>NUR1 200, NUR1 331/331</td>
</tr>
<tr>
<td></td>
<td>NUR1 335</td>
<td>1</td>
<td>Illness Management Clinical Skills Laboratory 1</td>
<td>NUR1 235, 233, 234/ NUR1 311, 323, 331</td>
</tr>
<tr>
<td></td>
<td>NUR1 323</td>
<td>3</td>
<td>Illness Management 1</td>
<td>NUR1 331</td>
</tr>
<tr>
<td></td>
<td>NUR1 331</td>
<td>4</td>
<td>Nursing in Illness 1 ☉ ☉</td>
<td>NUR1 235, 233, 234/321, 323</td>
</tr>
<tr>
<td></td>
<td>PHAR 300</td>
<td>3</td>
<td>Drug Action</td>
<td>NUR1 200, PHGY 209, 210</td>
</tr>
<tr>
<td>U2 Winter Health and Illness coexisting</td>
<td>NUR1 324</td>
<td>3</td>
<td>Illness Management 2</td>
<td>NUR1 323</td>
</tr>
<tr>
<td></td>
<td>NUR1 336</td>
<td>1</td>
<td>Illness Management Clinical Skills Laboratory 2</td>
<td>NUR1 311, 323, 331, 335/NUR1 324, 332</td>
</tr>
<tr>
<td></td>
<td>NUR1 322</td>
<td>3</td>
<td>Chronic Illness &amp; Palliative Care</td>
<td>NUR1 331</td>
</tr>
<tr>
<td></td>
<td>NUR1 332</td>
<td>4</td>
<td>Nursing in Illness 2 ☉ ☉</td>
<td>NUR1 235/ 331/322</td>
</tr>
<tr>
<td></td>
<td>PHAR 301</td>
<td>3</td>
<td>Drugs and Disease</td>
<td>PHAR 300</td>
</tr>
<tr>
<td></td>
<td>PATH 300</td>
<td>3</td>
<td>Human Disease</td>
<td>NUR1 200, PHGY 209 /PHGY210</td>
</tr>
<tr>
<td></td>
<td>IPEA 502</td>
<td>0</td>
<td>Patient-Centred Care in Action</td>
<td></td>
</tr>
<tr>
<td>U2 Summer</td>
<td>NUR1 333</td>
<td>4</td>
<td>Nursing in Illness 3 ☉ ☉</td>
<td>NUR1 332</td>
</tr>
<tr>
<td>U3 Fall Community</td>
<td>NUR1 428</td>
<td>3</td>
<td>Learning and Health Education</td>
<td>NUR1 331</td>
</tr>
<tr>
<td></td>
<td>NUR1 420</td>
<td>3</td>
<td>Primary Health Care</td>
<td>NUR1 420, NUR1 431 or NUR1 432/NUR1 432 or NUR1 431, 432</td>
</tr>
<tr>
<td></td>
<td>NUR1 424</td>
<td>3</td>
<td>Legal and Ethical Issues: Nursing</td>
<td>NUR1 333</td>
</tr>
<tr>
<td></td>
<td>NUR1 431#</td>
<td>4</td>
<td>Community Health Nursing Practicum ☉ ☉</td>
<td>NUR1 333/NUR1 420 or 421</td>
</tr>
<tr>
<td></td>
<td>Elective**</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>U3 Winter Community</td>
<td>NUR1 432#</td>
<td>4</td>
<td>Community Health Nursing Project ☉ ☉</td>
<td>NUR1 333 (BScN)/NUR1 420 or 421</td>
</tr>
<tr>
<td></td>
<td>NUR1 421</td>
<td>3</td>
<td>Resources in Special Populations</td>
<td>NUR1 420, MUST BE TAKEN WITH EITHER 431 or 432</td>
</tr>
<tr>
<td></td>
<td>PSYC 204</td>
<td>3</td>
<td>Psychological Statistics</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Elective**</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>U3 Summer</td>
<td>NUR1 530</td>
<td>5</td>
<td>Clinical Internship ☉</td>
<td>NUR1 432</td>
</tr>
</tbody>
</table>

© = Clinical
☉ Students in Probationary or Interim Unsatisfactory standing must consult Section 3 Semester to Semester Promotion to determine if clinical studies can continue. Students who fail NUR1 220 cannot move into NUR1 234 or 235
DEWN: D = Days; E = Evenings; W = Weekends; N = Nights
* Students who took NUR1 223 in U0 take a 3-credit elective (U0 and U1 students generally take U0 or U1 level courses)
** Electives – Students who entered in U1: 6 credits with a minimum of 3 credits at ≥ 300 level; students who entered in U0 9 credits with a minimum 3 credits at ≥ 300 level. Upper level courses (>300 level) are advised for students planning on graduate studies. Credit French courses (e.g., FRSL) are considered ‘300’ level regardless of the actual level.
# register for one of these courses in the Fall Term and the alternate one in the Winter Term.
Students who are required to complete U0 to meet freshman science requirements (e.g., high school admits) follow the course of study below:

<table>
<thead>
<tr>
<th>Semester</th>
<th>Course #</th>
<th>Cr</th>
<th>Course Title</th>
<th>Pre/co-requisites</th>
</tr>
</thead>
<tbody>
<tr>
<td>U0 Fall</td>
<td>CHEM 110</td>
<td>4</td>
<td>General Chemistry 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PHYS 101</td>
<td>4</td>
<td>Introductory Physics - Mechanics</td>
<td></td>
</tr>
<tr>
<td></td>
<td>MATH 140 or 139</td>
<td>3/4</td>
<td>Calculus 1 or Calculus 1 with Precalculus</td>
<td>High School Calculus</td>
</tr>
<tr>
<td></td>
<td>*NUR1 223 OR U0 elective</td>
<td>3</td>
<td>Development Across the Lifespan</td>
<td></td>
</tr>
<tr>
<td>U0 Winter</td>
<td>CHEM 120</td>
<td>4</td>
<td>General Chemistry 2</td>
<td>College level mathematics and physics</td>
</tr>
<tr>
<td></td>
<td>PHYS 102</td>
<td>4</td>
<td>Intro Physics - Electromagnetism</td>
<td>PHYS 101/ MATH 139 or 140</td>
</tr>
<tr>
<td></td>
<td>MATH 141</td>
<td>4</td>
<td>Calculus 2</td>
<td>MATH 139 or 140</td>
</tr>
<tr>
<td></td>
<td>BIOL 112</td>
<td>3</td>
<td>Cell and Molecular Biology</td>
<td></td>
</tr>
<tr>
<td>U0 ** Summer</td>
<td>CHEM 212</td>
<td>4</td>
<td>Organic Chemistry 1</td>
<td>CHEM 110/ CHEM 120</td>
</tr>
<tr>
<td></td>
<td></td>
<td>33/ 34</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Those who take NUR1 223 in U0 take a 3-credit elective in U1; those who take a 3-credit elective in U0 take NUR1 223 in U1. It is recommended that 223 be taken in U0 so that U0 students meet other nursing students.

** Students in satisfactory standing can opt to ‘study away’ during summer session as long as the course at the host university/college has been deemed equivalent to McGill’s CHEM 212. See section later on Study Away.

**Overview of the B.Sc.(N) Curriculum**

U1 focuses on healthy individuals and families across the lifespan. Students gain knowledge about the biological, familial, social, and psychological processes and indicators of health, as well as an understanding of the role the nursing profession plays in supporting health in all age groups. *Therapeutic Relationships* introduces students to therapeutic and collaborative relationships and processes. Scientific processes related to clinical assessment and clinical decision making are developed in *Therapeutic Relationships, Nursing in Elderly Families, Nursing in Young Families,* and *Health and Physical Assessment. Research in Nursing* ensures that students appreciate nursing research and gain skills in accessing and critiquing research literature. Physiology and biology courses ensure an in-depth understanding of how the body functions.

U2 students address the stress of illness and its impact on health. *Illness Management, Chronic Illness and Palliative Care, Clinical Skills labs, Drug Action,* and *Human Disease* provide the basis for clinical studies in *Nursing in Illness.* The impact of acute and chronic illness on people is addressed. Nursing knowledge and processes in caring for people dealing with difficult situations are addressed e.g., helping people find meaning and achieve developmental goals in spite of their situation; learning to deliver evidence-informed care and situation-responsive nursing that takes into account the strengths, deficits, and risks in a particular situation.

The theme of the final year is social resources and primary health care (PHC). Students learn about the management and organization of PHC, the principles and methods of working with vulnerable populations (e.g., homeless), and the theoretical bases of health education and behaviour change. Knowledge and skills from the first years of the program continue to be integrated and new nursing approaches with aggregates and communities are developed. Professional practice challenges, including legal and ethical issues and the development of research skills for evidence based practice continue to be integrated. A final five- week *Clinical Internship,* with an Ambassador Program option, ensures that students are prepared for their ‘graduated’ status.
Bachelor of Nursing (Integrated) Program

Students enter this 2-year, 5-semester, 67-credit program (3 year part-time option available) following completion 180 A.0 Diplôme d’études collégiales (DEC) in Nursing from CEGEP. The program aims to advance the practice of students by expanding their knowledge base, strengthening critical thinking skills, promoting a strength based, family-centred perspective and preparing them for roles expected of a baccalaureate nurse. The B.N.(I) program is fully accredited by the Canadian Association of Schools of Nursing.

B.N.(I) Program of Study

Full-time program of study over two years:

<table>
<thead>
<tr>
<th>Semester</th>
<th>Course #</th>
<th>Cr</th>
<th>Course Title</th>
<th>Pre-/Co-requisites</th>
</tr>
</thead>
<tbody>
<tr>
<td>U2 Fall</td>
<td>NUR1 239</td>
<td>4</td>
<td>Health &amp; Physical Assessment 2©</td>
<td>/PHGY 209</td>
</tr>
<tr>
<td></td>
<td>NUR1 428</td>
<td>3</td>
<td>Learning &amp; Health Education</td>
<td></td>
</tr>
<tr>
<td></td>
<td>NUR1 422</td>
<td>3</td>
<td>Research in Nursing</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PHGY 209</td>
<td>3</td>
<td>Mammalian Physiology 1</td>
<td>DEC 180 A.0/CHM 232</td>
</tr>
<tr>
<td></td>
<td>CHEM 232</td>
<td>4</td>
<td>Organic Chemistry Principles</td>
<td></td>
</tr>
<tr>
<td></td>
<td>IPEA 500</td>
<td>0</td>
<td>Roles in Interprofessional Teams</td>
<td></td>
</tr>
<tr>
<td>U2 Winter</td>
<td>NUR1 200</td>
<td>4</td>
<td>Biology for Illness &amp; Therapy</td>
<td>CHEM 212 or 232 or equivalent</td>
</tr>
<tr>
<td></td>
<td>NUR1 219</td>
<td>1</td>
<td>Transition to McGill Model</td>
<td></td>
</tr>
<tr>
<td></td>
<td>NUR1 320</td>
<td>3</td>
<td>Stress &amp; Illness Management 2</td>
<td>NUR1 319</td>
</tr>
<tr>
<td></td>
<td>PHGY 210</td>
<td>3</td>
<td>Mammalian Physiology 2</td>
<td>PHGY 209 (recommended)</td>
</tr>
<tr>
<td></td>
<td>PSYC 215</td>
<td>3</td>
<td>Social Psychology</td>
<td></td>
</tr>
<tr>
<td></td>
<td>IPEA 501</td>
<td>0</td>
<td>Communication in Interprofessional Teams</td>
<td></td>
</tr>
<tr>
<td>U2 Summer</td>
<td>NUR1 334</td>
<td>4</td>
<td>Nursing in Illness©</td>
<td>NUR1 239/ NUR1 219, 319, 320</td>
</tr>
<tr>
<td>U3 Fall</td>
<td>NUR1 424</td>
<td>3</td>
<td>Legal and Ethical Issues: Nursing</td>
<td>NUR1 334</td>
</tr>
<tr>
<td></td>
<td>NUR1 420</td>
<td>3</td>
<td>Primary Health Care$</td>
<td>MUST BE TAKEN WITH EITHER 431 or 432</td>
</tr>
<tr>
<td></td>
<td>NUR1 431#</td>
<td>4</td>
<td>Community Health Nursing Practicum©</td>
<td>NUR1 334/ NUR1 420 or 421</td>
</tr>
<tr>
<td></td>
<td>PHAR 300</td>
<td>3</td>
<td>Drug Action</td>
<td>NUR1 200, PHGY 209, 210</td>
</tr>
<tr>
<td></td>
<td>Elective</td>
<td>3</td>
<td>Elective (200 level or higher)</td>
<td></td>
</tr>
<tr>
<td>U3 Winter</td>
<td>NUR1 322</td>
<td>3</td>
<td>Chronic Illness &amp; Palliative Care</td>
<td>NUR1 319</td>
</tr>
<tr>
<td></td>
<td>NUR1 421</td>
<td>3</td>
<td>Resources: Special Populations$</td>
<td>NUR1 420, MUST BE TAKEN WITH EITHER 431 or 432</td>
</tr>
<tr>
<td></td>
<td>NUR1 432#</td>
<td>4</td>
<td>Community Health Nursing Project©</td>
<td>NUR1 334/ NUR1 420 or 421</td>
</tr>
<tr>
<td></td>
<td>PATH 300</td>
<td>3</td>
<td>Human Disease</td>
<td>NUR1 200, PHGY 209/PHGY210</td>
</tr>
<tr>
<td></td>
<td>PSYC 204</td>
<td>3</td>
<td>Introduction to Psychological Statistics</td>
<td></td>
</tr>
<tr>
<td></td>
<td>IPEA 502</td>
<td>0</td>
<td>Patient-Centred Care in Action</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>67</td>
<td>+ 27 credits CEGEP</td>
<td></td>
</tr>
</tbody>
</table>

© = Clinical; # register for one of these courses in the Fall Term and the alternate one in the Winter Term; $ NUR1420 and NUR1421 MUST be taken with a companion clinical course NUR1 431 or 432.
### Part-time program of study over three years – must be approved by Program Director

<table>
<thead>
<tr>
<th>Year 1</th>
<th>Semester</th>
<th>Course #</th>
<th>Cr</th>
<th>Course Title</th>
<th>Pre-/Co-requisites</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall</td>
<td>NUR1 422</td>
<td>3</td>
<td>Research in Nursing</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PHGY 209</td>
<td>3</td>
<td>Mammalian Physiology 1</td>
<td>CHEM 212</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CHEM 232</td>
<td>4</td>
<td>Organic Chemistry Principles</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Winter</td>
<td>NUR1 200</td>
<td>4</td>
<td>Biology for Illness &amp; Therapy</td>
<td>CHEM 212</td>
<td></td>
</tr>
<tr>
<td></td>
<td>NUR1 219</td>
<td>1</td>
<td>Transition to McGill Model</td>
<td>PHGY 209 (recommended)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PHGY 210</td>
<td>3</td>
<td>Mammalian Physiology 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Summer</td>
<td>PSYC 204</td>
<td>3</td>
<td>Introduction to Psychological Statistics</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>OR INTE 296 at Concordia</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year 2</th>
<th>Semester</th>
<th>Course #</th>
<th>Cr</th>
<th>Course Title</th>
<th>Pre-/Co-requisites</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall</td>
<td>NUR1 239</td>
<td>4</td>
<td>Health &amp; Physical Assessment 2©</td>
<td>PHGY 209</td>
<td></td>
</tr>
<tr>
<td></td>
<td>NUR1 428</td>
<td>3</td>
<td>Learning and Health Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>ELECTIVE</td>
<td>3</td>
<td>Elective (200 level or higher)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Winter</td>
<td>PATH 300</td>
<td>3</td>
<td>Human Disease</td>
<td>NUR1 200, PHGY 209 &amp; PHGY 210</td>
<td></td>
</tr>
<tr>
<td></td>
<td>NUR1 320</td>
<td>3</td>
<td>Stress &amp; Illness Management 2</td>
<td>NUR1 319</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PSYC 215</td>
<td>3</td>
<td>Social Psychology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Summer</td>
<td>NUR1 334</td>
<td>4</td>
<td>Nursing in Illness©</td>
<td>NUR1 239, NUR1 319, NUR1 320</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year 3</th>
<th>Semester</th>
<th>Course #</th>
<th>Cr</th>
<th>Course Title</th>
<th>Pre-/Co-requisites</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall</td>
<td>NUR1 424</td>
<td>3</td>
<td>Legal and Ethical Issues: Nursing</td>
<td>NUR1 334</td>
<td></td>
</tr>
<tr>
<td></td>
<td>NUR1 420</td>
<td>3</td>
<td>Primary Health Care$</td>
<td>MUST BE TAKEN WITH EITHER 431 or 432</td>
<td></td>
</tr>
<tr>
<td></td>
<td>NUR1 431#</td>
<td>4</td>
<td>Community Health Nursing Practicum©</td>
<td>NUR1 335 / NUR1 420 or 421</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PHAR 300</td>
<td>3</td>
<td>Drug Action</td>
<td>NUR1 200, PHGY 209 &amp; 210</td>
<td></td>
</tr>
<tr>
<td>Winter</td>
<td>NUR1 322</td>
<td>3</td>
<td>Chronic Illness &amp; Palliative Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>NUR1 421</td>
<td>3</td>
<td>Resources: Special Populations$</td>
<td>NUR1 420, MUST BE TAKEN WITH EITHER 431 or 432, 431/432</td>
<td></td>
</tr>
<tr>
<td></td>
<td>NUR1 432#</td>
<td>4</td>
<td>Community Health Nursing Project©</td>
<td>NUR1 334 / NUR1 420 or 421</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Credits</th>
<th>Total</th>
<th>Clinical</th>
</tr>
</thead>
<tbody>
<tr>
<td>67</td>
<td>+ 27 credits</td>
<td>CEQEP</td>
</tr>
</tbody>
</table>

© = Clinical;
# register for one of these courses in the Fall Term and the alternate one in the Winter Term;
$ NUR1 420 and NUR1421 MUST be taken with a companion clinical course NUR1 431 or 432.
Overview of the B.N.(I) Curriculum

The first year develops the science foundation, through Chemistry, Physiology, and Biology courses and introduces the research base of practice through Research in Nursing and through involvement in clinical/quality assurance or research projects generated by clinical units. Clinical skills in health and physical assessment and stress and illness management are further developed. At the end of this year, a 6-week clinical experience helps students to integrate new knowledge, perspectives and skills, and focuses on reflective practice.

In the final year of the B.N.(I) program, students continue to develop a more robust science foundation by taking Pathology and Pharmacology courses. They are concurrently immersed in a yearlong community clinical experience and relevant theoretical courses that deepen their knowledge of health determinants and broaden their view of health promotion. They learn about socioecological approaches, principles of primary health care, resources for special populations and the theoretical bases of health education and behaviour change. The community content and experience is new to students and provides a strong base for them to work in community settings.
Master’s Program Curriculum Objectives

The Master’s prepared nurse will demonstrate:

1) Critical analysis:
   a) through critical thinking in analyzing nursing literature and clinical practice;
   b) by her/his intellectual autonomy and self-directed learning;
   c) by her/his scholarly communication skills (verbal and written).

2) Clinical knowledge and practice:
   a) by understanding the Developmental Health Framework within the McGill Model of Nursing;
   b) by integrating understanding of biological, psychological, social, and environmental aspects of health and illness;
   c) by practicing a wide range of theoretical and empirical clinical knowledge;
   d) by practicing advanced skills in nursing assessment, planning, intervention and evaluation.

3) Research training:
   a) by understanding and using principles of quantitative and qualitative research methodologies;
   b) by understanding and applying principles of knowledge transfer to nursing practice.

4) Contextual and systemic analysis and intervention:
   a) by actively promoting continuous improvements in nursing practice settings and the contribution of nursing to health care systems;
   b) by examining and advocating for the resolution of professional and ethical issues in nursing;
   c) by understanding and demonstrating how nursing can address health concerns relating to population health, multiculturalism and the environment.

Master’s of Science (Applied) Programs and Areas of Study


For information on the different areas of study within these programs: visit [https://www.mcgill.ca/nursing/programs/msca](https://www.mcgill.ca/nursing/programs/msca).

Registration and Study Guidelines

Registration is completed on Minerva. Students must ensure that they are registered in the required courses of their program and follow the rules/regulations of the ISoN (see Health Sciences Calendar for undergraduate programs and details within this Handbook). Graduate students consult Graduate and Postdoctoral Studies for registration procedures. Students must ensure that they have the adequate pre- or co-requisites when registering for a course. Students can verify their unofficial transcript in Minerva. The Degree Evaluation option helps students to ensure that they are taking the correct courses for their program.

Registration Difficulties Students with registration difficulties must note: name; ID #; course name, number, CRN, and section (if applicable); details about the problem and the error code indicated on Minerva in all communication related to registration difficulties.

- Registration problems with nursing courses: send email to the Nursing Timetable Coordinator, info.nursing@mcgill.ca
- Registration problems with required non-Nursing courses: contact the Faculty responsible for the course and keep trying to register until the Add/Drop deadline. If still unable to register at this time, inform the UG-NSAO undergraduate.nursing@mcgill.ca or the GR-NSAO graduate.nursing@mcgill.ca.

Regardless of the registration difficulties with required courses, continue to attend.

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

<table>
<thead>
<tr>
<th>Clinical Course</th>
<th>Register Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUR1 234; NUR1 332; NUR1 432</td>
<td>November 15</td>
</tr>
<tr>
<td>NUR1 233; NUR1 333; NUR1 331 (summer session)</td>
<td>March 15</td>
</tr>
<tr>
<td>NUR1 331 (fall session); NUR1 431/432</td>
<td>June 15</td>
</tr>
</tbody>
</table>

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

Satisfactory/Unsatisfactory (S/U) Option The S/U option has limited application in the ISoN. All required Undergraduate courses must be graded or Pass/Fail so only electives can be graded “S/U”. Only one course per term can be graded S/U. S/U is generally only advised when the student is taking an upper level course (e.g., 500) and does not want to compromise the GPA. S/U may preclude students from receiving awards as most require 27 graded credits between fall and winter studies. Once a course is taken as S/U, the student cannot be assigned a grade. Students who accidentally select the S/U option for a mandatory course must redo the course.

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

Electives Things to consider in choosing electives:

- Personal interest – McGill offers a range of courses that appeal to varying interests. Nursing students often choose courses in anthropology, political science, sociology, environmental sciences, religious studies, and philosophy; however, students are free to opt for other topics!
• **Career plans** – students can take a course in line with their career goals e.g., health geography for those interested in global health; advanced statistics for those pursuing graduate studies.
• **Timetabling, prerequisites** – practical issues can prevail! Students lacking prerequisites should contact the course coordinator as some prerequisites can be waived in light of nursing studies.

**Inter-University Transfer (IUT) Agreement** Students may take 3 or, exceptionally, 6 credits at another Quebec university while paying tuition to McGill without having to formally register at the other university - see [Quebec Inter-University Transfer Agreement](#). Students apply for IUT on Minerva. If approved, upon successful completion of the course(s) *(minimum grade of C)*, the credits will be recognized by McGill towards the student’s degree. Students seeking to take a required course as IUT must ensure that the course is deemed equivalent. Under the IUT agreement, grades are automatically sent from the other Quebec University to McGill. **Note that failed grades at the host university are recorded as failures on the McGill transcript.**

**Study Away** Students wishing to take a course at another educational institution outside of Quebec must apply for Study Away on Minerva. (Note: students who wish to take university courses within Quebec apply for IUT - see above). The student is responsible for applying to and following the requirements and deadlines of the host university. Study away generally applies to:

- U0 students wishing to complete CHEM 212 (generally taken in summer session of U0) in their home province/country – may apply for this option as long as they are in Satisfactory Standing and have found a course that has been deemed equivalent to McGill’s course).
- Students in Satisfactory Standing wishing to complete an elective or other required course (that has been deemed equivalent) at another university outside Quebec.

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

The following steps apply to Study Away:

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

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

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

**Step 4:** once the approved equivalent has been found, find out if the course is actually offered in the session you want and whether you meet the host university criteria for visiting or special student. **Note:** avoid taking study away in the graduating term – this could delay your graduation.

**Step 5:** If the above steps are all positive then apply for Study Away from McGill on Minerva. If a letter needs to be sent from McGill, you can generate this from the Study Away module. **NOTE:** students are strongly urged to register for the course at McGill to ensure a space in the event that the host university refuses the student. (Don’t forget to drop the McGill course if all works out with study away!) **ALSO NOTE:** If you have been approved for Study Away but decide not to go through with the course, please cancel your Study Away application on Minerva.
Step 6: once study away is approved on Minerva, register for the course at the university/college you want to attend – then follow the admission and registration policies/procedures of that university/college.

Step 7: On completion of the course, you must ensure that the Nursing Student Affairs Office receives an official transcript from the educational institution so that credits can be transferred. This arrangement must be made regardless of the grade received.

Step 8: Allow for processing time, then verify your transcript on Minerva to ensure that the transfer credits have been processed. If they are not, contact the Nursing Student Affairs Office.

Exemptions and Transfer Credits

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

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

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

<table>
<thead>
<tr>
<th>Course Requirement</th>
<th>Equivalent course (not comprehensive; equivalencies for nursing students may not apply to non-nursing students)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHEM 110, 120, 212</td>
<td>McGill AECH 110, AECH 111, &amp; FDSC 230 OR see Course Equivalency System</td>
</tr>
<tr>
<td>MATH 140 &amp; 141</td>
<td>McGill AEMA 101 and AEMA 102 OR see Course Equivalency System</td>
</tr>
<tr>
<td>PHYS 101 &amp; 102</td>
<td>McGill PHYS 131 &amp; 142; AEPH 112 &amp; 114 OR see Course Equivalency System</td>
</tr>
<tr>
<td>BIOL 112</td>
<td>McGill AEPI 122 OR see Course Equivalency System</td>
</tr>
<tr>
<td>NUR1 200</td>
<td>McGill BIOL 200 &amp; BIOL 201 or BIOL 200 &amp; BIOL 202 or BIOL 200 &amp; BIOL 212 or BIOL 200 &amp; ANAT 212 or BIOL 200 &amp; CHEM 222. McGill LSCI 211 or FDSC 211 (missing 1 credit is met with another university course from the past or must be undertaken); Approved by Nursing: Bishops: BIOL110; Concordia: BIOL 266 &amp; CHEM 27 or BIOL 261 &amp; BIOL 266; U de</td>
</tr>
</tbody>
</table>

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Minor Degrees for B.Sc.(N) Students

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

<table>
<thead>
<tr>
<th>STUDENT NAME</th>
<th>STUDENT McGill ID</th>
<th>TITLE OF MINOR DEGREE</th>
<th>DEPARTMENT OFFERING MINOR DEGREE</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

You are in satisfactory standing and have never been in unsatisfactory or probationary standing nor on Clinic alert.

Your CGPA is ≥3.0.

You have obtained a list of courses required in the minor and ensure that you are able to complete the courses (e.g., prerequisites, no scheduling conflicts).

The department offering the minor degree will accept any overlapping courses (e.g., the department will accept courses that apply to both the major (Nursing) and minor degree).

You will be able to complete the minor degree without extending your nursing studies beyond the original graduation date at admission.

You will be able to complete the minor degree without interfering with your performance in the B.Sc.(N) program.

You have attached the list of courses required for the minor**.

You agree that if either your CGPA drops < 3.0 or you are placed in a standing other than satisfactory that permission to complete a minor will be revoked.

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

FOR USE BY UNDERGRADUATE NURSING STUDENT AFFAIRS OFFICE

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>The student is granted permission to complete a minor degree</td>
<td></td>
</tr>
</tbody>
</table>
Support for Students

Nursing Student Affairs Office

- Undergraduate Nursing Student Affairs Office – UG-NSAO - Room 228, Wilson Hall - 514-398-3784 - for all matters specific to nursing studies (including deferred examinations in non-nursing courses) undergraduate.nursing@mcgill.ca
  - Gabrielle Liounis, Student Affairs Coordinator
  - Margie Gabriel, Student Affairs Officer
- Graduate Nursing Student Affairs Office – GR-NSAO Room 203A, Wilson Hall - 514-398-4151, graduate.nursing@mcgill.ca
  - Anna Santandrea, Student Affairs Coordinator
  - Kathryn Weaver, Student Affairs Coordinator

Service Point and Other University Services for Students

- Service Point for Undergraduate and Graduate Students - 3415 McTavish Street; 514-398-7878 Services: certified copies, Minerva help, ID cards, legal documents, tuition & fees, etc.
- Student Services Brown Building, 3600 McTavish, Suite 4100; 514-398-3825
- Ombudsperson – Dr. Dimitrios Berk - 3600 McTavish, Suite 5202 - 514-398-7059
- Dean of Students – Dr. Christopher Buddle - 3600 McTavish, Suite 4100 - 514-398-4990
- Additional student resources and services www.mcgill.ca/students/.

Academic and Learning Support

Program Directors

<table>
<thead>
<tr>
<th>Program</th>
<th>Name/Role</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>B.Sc.(N)</td>
<td>Madeleine Buck – Program Director</td>
<td>211, Wilson Hall, 514-398-4155; <a href="mailto:madeleine.buck@mcgill.ca">madeleine.buck@mcgill.ca</a></td>
</tr>
<tr>
<td></td>
<td>Lia Sanzone – Assistant Program Director</td>
<td>409A, Wilson Hall, 514-398-2488; <a href="mailto:lia.sanzone@mcgill.ca">lia.sanzone@mcgill.ca</a></td>
</tr>
<tr>
<td>B.N.(I)</td>
<td>Elaine Doucette – Program Director</td>
<td>408B, Wilson Hall, 514-398-2630; <a href="mailto:elaine.doucette@mcgill.ca">elaine.doucette@mcgill.ca</a></td>
</tr>
<tr>
<td></td>
<td>Annie Chevrier – Assistant Program Director</td>
<td>405A, Wilson Hall, 514-398-2105; <a href="mailto:annie.chevrier2@mcgill.ca">annie.chevrier2@mcgill.ca</a></td>
</tr>
<tr>
<td>M.Sc.(A)</td>
<td>Linda McHarg – Program Director</td>
<td>209, Wilson Hall, 514-398-3309; <a href="mailto:linda.mccharg@mcgill.ca">linda.mccharg@mcgill.ca</a></td>
</tr>
<tr>
<td></td>
<td>Josee Bonneau – Assistant Program Director</td>
<td>405B, Wilson Hall, 514-398-4149; <a href="mailto:josee.bonneau@mcgill.ca">josee.bonneau@mcgill.ca</a></td>
</tr>
<tr>
<td>PhD</td>
<td>Sonia Semenic – Program Director</td>
<td>423, Wilson Hall, 514-398-1281; <a href="mailto:sonia.semenic@mcgill.ca">sonia.semenic@mcgill.ca</a></td>
</tr>
<tr>
<td></td>
<td>Melanie Lavoie-Tremblay – Assistant Program Director</td>
<td>205, Wilson Hall, 514-398-8161; <a href="mailto:melanie.lavoie-tremblay@mcgill.ca">melanie.lavoie-tremblay@mcgill.ca</a></td>
</tr>
</tbody>
</table>
Advisors

**Academic Advising** – advising related to you as a “McGill student” e.g., course of study, transfer credits, managing studies, worried about performance, advice about standing, registration issues, leave of absence, late withdrawal, deferred exams, study away, etc. [N.B. Nursing Student Affairs Office is the first stop for academic advising – Student Affairs Officer and/or Coordinator will determine if the student must meet with Program Director or Assistant Program Director.]

| Undergraduate Nursing Student Affairs Office | Room 228, Wilson Hall - 514-398-3784 undergraduate.nursing@mcgill.ca |
| Graduate Nursing Student Affairs Office | Room 203, Wilson Hall - 514-398-4151 graduate.nursing@mcgill.ca |

**Professional Advising** – related to your career as a nurse

**Entry-to-practice/licensure matters** (B.Sc.(N), DE MSC) e.g., writing licensing exams, OIIQ exam preparation, deciding on where to register

- Madeleine Buck; 211, Wilson Hall, 514-398-4155 madeleine.buck@mcgill.ca
- Maria Di Feo; 226, Wilson Hall, 514-398-2831 maria.difeo@mcgill.ca

**Career planning** e.g., is nursing for me? Graduate school? What specialty to choose? Which job offer should I accept?

- TBA (B.Sc.N consult with M. Buck in the interim)

**Ambassador Program**

- Madeleine Buck; 211, Wilson Hall, 514-398-4155 madeleine.buck@mcgill.ca
- Maria Di Feo; 226, Wilson Hall, 514-398-2831 maria.difeo@mcgill.ca

**Direct Entry Masters**

- Linda McHarg; Room 209, Wilson Hall, 514-398-3309 Linda.mcharg@mcgill.ca

**Nurse Entry Masters**

- Heather Hart; Room 409C, Wilson Hall, 514-398-2843 Heather.hart@mcgill.ca

**Masters Nurse Practitioner**

- Norma Ponzoni; Room 419, Wilson Hall, 514-398-4152 norma.ponzoni@mcgill.ca

**Masters Education Concentration**

- Norma Ponzoni; Room 419, Wilson Hall, 514-398-4152 norma.ponzoni@mcgill.ca

**Masters Administration Concentration**

- Melanie Lavoie-Tremblay; Room 205, Wilson Hall, 514-398-8161; melanie.lavoie-tremblay@mcgill.ca

**Global Health (DE and NE)**

- Jodi Tuck; Room 402A, Wilson Hall, 514-398-1598 jodi.tuck@mcgill.ca

**Nursing Peer Mentorship Program** A peer mentoring program is available to all students (undergraduate and graduate) and is designed to help and support them in their transition into nursing and throughout the nursing program. Mentors, who can be current students, recent graduates and faculty of the School, are paired with a student to assist them in all aspects of university life. Students who are interested in the program (as a mentor or as a mentee) and would like more information should contact npmp.nursing@mcgill.ca.

**Library Services** – the Health and Biological Sciences collection at McGill are located in two libraries:

- **Schulich Library of Science and Engineering** - collection of nursing and medical materials. Located in Macdonald-Stewart Building.
- **Osler Library of the History in Medicine** - McIntyre Medical building - course reserves, study space.
Writing and citation guides (e.g., APA) and writing tools (e.g., Five Steps to a Better Paper) are compiled by resource librarians and are wonderful resources!

The Nursing Study Guide provides valuable links to CINAHL, PsycInfo, evidence-based resources (e.g., Cochrane, Joanna Briggs Institute); Up-to-Date; e-books and journals; streaming videos (e.g., clinical skills, physical examination) and more!!

McGill University Teaching Hospital Libraries provide loans to McGill University students on presentation of McGill University ID.

Master’s Students’ Projects – the portal to a virtual library of Master’s students’ projects can be found at www.mcgill.ca/nursing/students/gradstudentprojects.

The Steinberg Centre for Simulation and Interactive Learning - 3575 du Parc # 5640; 398-8978. The SCSIL is an interprofessional centre of excellence that uses simulation to enhance the skills of health care professionals and strives to improve patient safety and quality of care through education, research, and innovation. In addition to its surgical skills area, high fidelity simulation suite, and 10 clinical encounter rooms, the Centre is expanding by 12,000 sq. ft. and will include a simulated ward, a hybrid operating room, a virtual reality trainer room, and a simulated apartment. Users adhere to the policies set by the Centre, including uniform/lab coat and name tag when working with Standardized Patients. Teachers must complete a Session Form.

Ingram School of Nursing Learning Laboratory - 3473 University, University Hall – the lab has 8 clinical beds, an ICU bed, a stretcher, an exam table, and AV for distance education. Resources include task trainers (e.g., IV arm, central line), health assessment equipment. Remedial sessions are available for students (see section on Clinical Studies).

- Hugo Marchand: Clinical Skills Educator – hugo.marchand@mcgill.ca
- Line Robitaille: Lab Technician – line.robitaille@mcgill.ca
- Lab email: lab.nursing@mcgill.ca.

Study skills Workshops and Achievement Builders – Student Services offers workshops to ensure university success e.g., study skills, coping with stress, writing papers, MCQ exams – http://www.mcgill.ca/counselling/workshops.

Campus Life and Engagement – leadership programs, programs for new students, and assistance for Francophone Students – http://www.mcgill.ca/cle/.

Tutorial Service – a range of private tutoring services is offered by a bank of trained tutors.


International Student Services - Health insurance guide, Buddy Program to acclimate international students, assistance with immigration. Brown Student Services Building Suite 4400.

Health and Wellness Support

Student Health Services – walk-in and by-appointment nursing and medical services, immunizations, mask fitting, sexual and physical health, Shag Shop (safe sex products). Brown Student Services Building Suite 3301.
**Counselling and Mental Health Services** - assessment and treatment for many conditions which may interfere with psychological well-being; crisis intervention. Brown Student Services Building Suites 4200 and 5500. **Walk-in for emergency/safety same-day appointments: 11:00 a.m. to 13:00 p.m. at Room 5500**

**Office of Religious and Spiritual Life** – serves as students’ religious and spiritual hub.

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

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

**Financial Support**

*Any student in a position of having to stop studies due to lack of finances should consult with the Program Director who may know of alternate solutions.*

General information: [Undergraduate Scholarships and Awards Calendar](#), [Graduate Fellowships Awards Calendar](#).

**Scholarships and Student Aid Office** – helps students deal with loan/bursary related issues. Visit Brown Student Services Building Suite 3200.

**Ingram School of Nursing Scholarships & Awards** – *In-course awards* granted (no application) in July to UG students who have completed 27 graded credits in fall and winter and who are in the top 5% SGPA. *Alumni awards* granted to students who have demonstrated strong academic performance, contributions to the ISoN, the university, and the community at large. Students apply for alumni awards in the fall of each academic year.
Clinical Studies

Theoretical and clinical courses are taken in tandem. Clinical studies are enhanced by a strong relationship with the McGill Teaching Hospital Network and the Réseau Universitaire Intégré de Santé (RUIS) agencies. Students in the Ambassador Program and Global Health Masters study nationally and internationally. An effort is made to place students within reasonable travel distance but this cannot be guaranteed. Students must budget for travel accordingly. Special requests, for specific location or hours of clinical study cannot be accommodated except for exceptional circumstances. Clinical courses may require study during the day, evening, nights and weekends. A summary of requirements for clinical studies is provided below.

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Description</th>
<th>Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>OIIQ Registration</td>
<td>To meet legal requirements of public protection</td>
<td>Jan 15 U1 B.Sc.(N); Sept 15 DE QY*</td>
</tr>
<tr>
<td>Immunization</td>
<td>As per Student Health Services protocol to protect student, public, and to meet requirements of clinical agencies. Annual Flu Vaccine required</td>
<td>Sept 30 U1 B.Sc.(N) in progress**; complete May 1, May 1 U2 B.N.(I); Sept 30 DE QY Annually for flu</td>
</tr>
<tr>
<td>Mask Fitting</td>
<td>Fitting with N-95 mask – Student Health Services</td>
<td>Sept 15 U2 B.Sc.(N), May 1 U2 B.N.(I); Sept 15 DE QY</td>
</tr>
<tr>
<td>Declaration of blood-borne infection(s)</td>
<td>Students who are seropositive for Hepatitis B, C, HIV and/or any other blood-borne pathogens must notify their Program Director</td>
<td>Prior to clinical studies as required</td>
</tr>
<tr>
<td>Exposure – Blood/Body Fluids/Injury</td>
<td>Percutaneous exposure to body substances or any other injury places students at risk and requires investigation, reporting, and follow-up</td>
<td>Within 48 hours must notify NSAO</td>
</tr>
<tr>
<td>CPR-HCP Certification</td>
<td>CPR Health Care Provider (HCP) (includes Automated External Defibrillation - AED)</td>
<td>Jan 15 U1 B.Sc.(N), May 1 U2 B.N.(I)</td>
</tr>
<tr>
<td>Moving Patients Safely</td>
<td>4-hour training based on Moving Patients Safety Principles Program of the Association pour la Santé et Sécurité du Travail</td>
<td>June 15 U1 B.Sc.(N)</td>
</tr>
<tr>
<td>Professional appearance</td>
<td>Name tags to meet legal requirements</td>
<td>Sept. 30 U1 BSc(N), &amp; DE QY; May 1 U2 B.N.(I)</td>
</tr>
<tr>
<td>Professional appearance</td>
<td>ISO90 uniform/uniform for clinical studies</td>
<td>Jan. 5 U1 B.Sc.(N); Sept 15 DE QY</td>
</tr>
<tr>
<td>Health Assessment Equipment</td>
<td>Required equipment to enable health assessment</td>
<td>NUR1 235 B.Sc.(N); NUR1 239 B.N.(I); NUR2 535 DE QY</td>
</tr>
<tr>
<td>Criminal reference check &amp; background verification</td>
<td>Assessment by police department to allow study in certain clinical agencies</td>
<td>As required</td>
</tr>
</tbody>
</table>

* DE QY is student in the Qualifying year of the Direct Entry Program
**at least tuberculosis testing for those at risk and at least first series of vaccinations for those who have no previous record of vaccination.
Ordre des Infirmières et Infirmiers du Québec (OIIQ) Registration

Quebec legislation requires that a nursing student must be registered with their professional order to ensure protection of the public – that is, L’Ordre des infirmières et infirmiers du Québec (OIIQ). Only students with OIIQ registration of some form can have access to patients/clients during their nursing studies. This access is granted under the following three conditions:

- as a student nurse with a Student Permit (applicable to B.Sc.(N) and M.Sc.(A) DE students);
- as a Candidate for the Practice of the Nursing Profession (CPNP) (applicable to B.N.(I) students who have completed DEC 180 A.0 program and has either opted to defer the writing of the OIIQ licensure examination for the first semester of university studies OR has not been successful in the examination up to the maximum three attempts);
- as a Nurse (applicable to B.N.(I) students** who have successfully completed the licensure examination or Nurse Entry M.Sc.(A) student).

**B.N.(I) students who successfully complete their licensure exam must pay OIIQ registration fees to obtain their license and registration throughout studies is required. Annual fees are not waived even if the student is not working while studying. A B.N.(I) student who has passed the OIIQ licensure exam and does not pay OIIQ fees is not considered registered with the OIIQ and cannot be in clinical settings.

The OIIQ refers to the above process as ‘immatriculation’ so ‘registration’ and ‘immatriculation’ may be used interchangeably. Any patient can verify the student’s status or register a complaint with the OIIQ. Students must carry their registration permit at all times during clinical studies.

OIIQ Registration procedure:
- OIIQ sends application notice to new students in the ISoN. Notice is sent ONLY to students who have a Quebec address so it is imperative that a Quebec address is indicated on Minerva.
- Student completes the application - must submit birth certificate (certified or original), a passport-sized & authenticated photograph, and fee payment. Authentication instructions are in the application package.
- Students who have not received the OIIQ registration application by December 1 should contact their respective ISoN Student Affairs Office.

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

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

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

Registration of a student in Nursing may be revoked by the OIIQ if the holder:
1. has no longer been enrolled, for over one year, in a session of a program of studies leading to a diploma giving access to a permit from the Order or in a training course determined by the Order (Section 9 of the Regulation respecting diploma or training equivalence for the issue of a permit by the Ordes des infirmières et infirmiers du Québec (chapter I-8.r.16);

2. fails the program of studies leading to a diploma giving access to a permit from the Order or the training course determined by the Order in accordance with section 9 of said regulation;

3. is expelled from the program of studies leading to a diploma giving access to a permit from the Order or the training course determined by the Order (Section 9 of said regulation);

4. obtained the registration certificate under false pretences; or

5. performs professional acts reserved to nurses other than those authorized in a regulation under subparagraph h of section 94 of the Professional Code (chapter C-26) or does not meet the conditions for performing these acts, in particular those relating to the respect of the ethical obligations applicable to members of the Order.

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

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

Immunization

Compulsory immunization requirements are in place for all nursing students for protection of the public, for their own protection, and to meet the minimum requirements set out by the clinical teaching agencies. Students complete the immunization form for Nursing students and bring it to McGill Student Health Services. Health Services receives all immunization documents and provides immunization clinics, administers any follow-up required in such cases as positive tuberculosis test, re-immunization for hepatitis or varicella, and the like. Students who have insufficient antibody protection will need further dosing. Those who do not seroconvert require precaution in clinical placements: Students lacking sufficient varicella antibodies are not placed on units where patients are immunocompromised (e.g., oncology units) or in pediatrics. Students who do not seroconvert following hepatitis immunization receive counseling to avoid exposure.

Annual influenza (flu) vaccination is required - students who have not received flu vaccine may not be allowed into certain facilities (e.g., all facilities used in NUR1 234 Nursing Elderly).

Only students with proof of immunization can have access to patients/clients. Students who do not meet the immunization requirements will not be able to complete clinical studies as health care agencies will refuse such students – students will then be required to withdraw.

Mask fitting

Mask fitting ensures that students are protected from transmissible airborne infections (e.g., tuberculosis) and is important in the event of a pandemic. McGill Student Health Services provides students with the Mask Fit Test to determine the appropriate size of N-95 mask. Once fitted, the mask size required to ensure safety is noted on the student’s Immunization card.
Declaration of blood-borne infection(s)

Students who are seropositive for Hepatitis B, C, or HIV and/or any other blood-borne pathogens are obliged to notify their Program Director. These students will be referred to the Blood-Borne Infection Risk Assessment Unit - Service d’évaluation des risques de transmission d’infection hématogène (SERTIH) of the Québec Institut national de santé publique responsible for all infected workers, including nursing students. The service will make recommendations to the student based on current scientific knowledge and relevant guidelines and practices. The Service may recommend restricting practice of these students e.g., no clinical studies in trauma ER or in isolated regions such as Nunavik, James Bay. This information is strictly confidential.

Accidental Exposure – Blood or Body Fluids or Injury

Prevention of accidental exposure is paramount (e.g., never recap needles; wear gloves during venipuncture). Despite these efforts, accidental exposure can occur. A percutaneous exposure to body substances, either by a needle stick injury, a laceration, or a splash on mucous membranes or non-intact skin, has the potential to transmit blood borne pathogens such as hepatitis B, hepatitis C, and human immunodeficiency virus to the exposed individual.

Students on any clinical rotation and all employees of McGill are covered for injuries sustained while at work by the Commission de la santé et de la Sécurité du Travail. All accidents, including exposure to body fluids, must be reported by completing the McGill University Accident and Incident Reporting Form. The notification of the exposure and the completed form must be sent to the NSAO within 48 hrs to ensure that all the appropriate steps have been taken. The following chart indicates how to proceed in the event of an injury.
CPR Health Care Provider Certification

All students must maintain cardiopulmonary resuscitation (CPR) Health Care Provider training (see chart below). Certification must be granted, or fully recognized, by one of the following organizations: Canadian Heart and Stroke Foundation, Quebec Heart and Stroke Foundation, Canadian Red Cross, St. John Ambulance, American Heart Association, American Red Cross. Nursing Student Societies organize training sessions for students who require certification.

<table>
<thead>
<tr>
<th></th>
<th>CPR-A</th>
<th>CPR-B</th>
<th>CPR-C</th>
<th>CPR-HCP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hours Of Instruction</td>
<td>4</td>
<td>5</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>AED *</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>CPR for Adults</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>CPR for Children</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>CPR for Infants</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Adult/Child Two Person CPR</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Infant Two Person CPR</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Rescue Breathing</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Bag Valve Mask</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Recertification Available</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Moving Patients Safely

Students must follow a tailored 5 hour training program that uses the Moving Patients Safety Principles Program of the Association pour la Santé et Sécurité du travail. The program is provided by a trained professional of the ASST. The ISoN organizes these sessions. Cost: 30$ (may vary year to year) – charged to Minerva account.

Professional Appearance

Students and faculty aim to present themselves in a manner that ensures confidence, meets clinical agency requirements, and adheres to principles of infection prevention and control. The ISoN acknowledges the rights of students and faculty as well as the rights and expectations of clients encountered during studies, the public image of the ISoN and the nursing profession. Students and faculty identify themselves and dress in a manner that is professional, respectful, and reassuring at all times when interacting with the public, including during community and hospital-based experiences. Uniform guidelines apply agency-based courses and in lab courses. In the community setting, street clothing that projects a professional image must be worn unless the clinical setting has a uniform requirement. Inappropriate clothing includes revealing apparel, shorts, flip-flops, underwear that is visible, and the like. Dress requirements must meet infection prevention and control recommendations (discussed in next section).

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

**Uniform and Professional Appearance:** The B.Sc.(N) uniform, designed by the NUS, consists of a navy top with McGill logo and light blue pants. It is purchased at the Bookstore. A minimum of two uniforms are required to allow for laundering between clinical days. B.N.(I) students wear the uniform normally worn in the workplace or uniforms that fit clinical agency guidelines.

**Guidelines for Professional Appearance (OIIQ, 2006; MUHC 2015)**:
- **Nails** are clean and short with NO nail polish; nail extensions are not permitted *(rationale: long nails can pierce gloves and may cause discomfort to client during percussion; artificial nails and chipped nail polish have been linked to bacterial colonization)*.
- **Hair** is clean, up and away from the face and off the uniform collar; beards/moustaches should be neatly groomed *(rationale: hair can fall into wound or lead to improper mask fitting)*.
- **The use of jewellery** should be limited with no bracelets, rings, dangling earrings, or the like *(rationale: jewellery can cause injury to the client and can pierce gloves)*. Lapel watches are required as wrist watches can cause injury. Body piercings are kept to a minimum – any piercing of a mucous membrane (e.g., tongue, lip, nose) poses a risk for transmission of bacteria – tongue and lip piercings are to be removed during clinical studies; nose piercings should be discrete studs rather than nose rings; nasal septum piercings (bull rings) are removed.
- **Uniforms** are clean** at all times; change into and out of uniforms on arrival/departure from the clinical setting *(rationale: microorganisms continue to live on inanimate objects e.g., uniform)*. Long sleeve sweaters are avoided *(rationale: dangling sleeves can be contaminated or soiled and transmit microorganisms from patient to patient)*.
- **Shoes**: white, closed, comfortable shoes are worn in the hospital setting and not worn outside of clinical *(rationale: protects the health care worker from injury; promotes infection control)*.
- **Scents or perfumes**: no perfumes or colognes should be used to promote a ‘scent free’ environment; personal hygiene is required to prevent student malodour *(rationale: clients may find certain aromas offensive; perfumes can cause asthmatic exacerbation in some clients)*.
- **Tattoos**: tattoos must be covered.

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

**Infection Prevention and Control (IPC)**

Infection prevention and control (IPC) is of utmost importance for the protection of the health care professional and the safety of patients/clients. IPC procedures involve routine practices and additional precautions. **Routine Practices** are used in the care of all clients regardless of their diagnosis or possible infection status. They apply to blood, all body fluids, secretions, and excretions (except sweat), nonintact (broken) skin, and mucous membranes whether or not blood is present or visible. Routine Practices combine the features of Universal Precautions and Body Substance Isolation and are designed to reduce risk of transmission of microorganisms from recognized and unrecognized sources. Routine practices include:
- Hand hygiene with alcohol-based hand rubs/gels/rinses that contain > 60% alcohol is the preferred method for decontaminating hands that are not visibly soiled. Using alcohol-based hand rub is better than washing hands (even with an antibacterial soap) when hands are not visibly soiled (CHICA, 2013. See Hand Hygiene Procedure on next page.

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

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

- Remove gloves before touching uncontaminated items and surfaces.

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

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

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

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

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

- Make sure reusable equipment is cleaned and reprocessed correctly.

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

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

**Hand Hygiene** Hand hygiene removes or kills microorganisms on the hands. When performed correctly, hand hygiene is the **single most effective** way to prevent the spread of communicable diseases and infections. Hand hygiene may be performed either by using soap and running water, or with alcohol-based hand rubs; however, using alcohol based hand rubs is **more effective** than washing hands (even with an antibacterial soap) when hands are **not visibly soiled**.
<table>
<thead>
<tr>
<th><strong>Hand hygiene using alcohol-based hand rubs</strong></th>
<th><strong>Hand hygiene using soap and water (IPAC)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Remove hand and arm jewelry.</td>
<td>1. Remove hand and wrist jewelry and wet</td>
</tr>
<tr>
<td>2. Apply enough antiseptic (the size of a</td>
<td>hands with warm (not hot) running water.</td>
</tr>
<tr>
<td>quarter) onto hands, enough so that when</td>
<td>2. Add soap, and then rub hands together,</td>
</tr>
<tr>
<td>hands are rubbed together all areas of the</td>
<td>making a soapy lather for at least 15 seconds.</td>
</tr>
<tr>
<td>hands are covered, including under the nails.</td>
<td>Be careful not to wash the lather away. Wash</td>
</tr>
<tr>
<td>3. Use a rubbing motion to evenly distribute</td>
<td>the front and back of the hands, between the</td>
</tr>
<tr>
<td>the antiseptic product over all surfaces of</td>
<td>fingers, and under the nails.</td>
</tr>
<tr>
<td>the hands, particularly between fingers,</td>
<td>3. Thoroughly rinse hands under warm running</td>
</tr>
<tr>
<td>fingertips, back of hands and base of thumbs.</td>
<td>water, using a rubbing motion.</td>
</tr>
<tr>
<td>4. Rub hands until they feel dry (minimum 15-</td>
<td>4. Wipe and dry hands gently with paper towel.</td>
</tr>
<tr>
<td>30 seconds).</td>
<td>5. Turn off tap using paper towel so that hands</td>
</tr>
<tr>
<td></td>
<td>are not re-contaminated.</td>
</tr>
</tbody>
</table>

**Proper Steps for Disinfecting with Alcohol Sanitizers**

1. Apply enough sanitizer to open palms.
2. Rub hands together, palm to palm.
3. Rub in between and around fingers.
4. Rub back of each hand with palm of other hand.
5. Rub fingertips of each hand in opposite palm.
6. Rub each thumb clasped in opposite hand.
7. Rub each wrist clasped in opposite hand.
8. Keep rubbing until hands are dry. Paper towels are not needed.

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

<table>
<thead>
<tr>
<th>Type of Precaution</th>
<th>Recommended Practice</th>
</tr>
</thead>
</table>
| **Airborne Precautions**   | - Pt in private room with negative air pressure & air discharge to the outside OR a filtration system. Keep doors closed.  
   - If no private room, place pt with another pt who is infected with the same microorganism.  
   - Wear a respirator (e.g., N95) on entering the room of a pt who is known/suspected of having 1º TB.  
   - Susceptible people should not enter the room of a pt with rubella or varicella (chickenpox).  
   - Limit movement of pt outside the room; use a surgical mask on the client during transport.  
   - Perform hand hygiene after removing respirator.  

| **Droplet Precautions**    | - Place pt in private room OR with another pt infected with same microorganism.  
   - Wear a mask if working within 1 to 2 metres of the client.  
   - Limit pt movement outside the room to essential purposes. Place a surgical mask on the client during transport.  
   - Perform hand hygiene after removing mask.  

| **Contact Precautions**    | - Place pt in private room OR with another who is infected with the same microorganism.  
   - Wear gloves on entering room; change gloves after contact with infectious material; remove gloves before leaving room; perform hand hygiene immediately after removing gloves.  
   - Wear a gown on entering room if a possibility of contact with infected surfaces/items, or if the client is incontinent, has diarrhea, a colostomy, or wound drainage not contained by a dressing.  
   - Remove gown in the client’s room.  
   - Ensure uniform doesn’t contact contaminated objects.  
   - Limit movement of client outside the room.  
   - Dedicate the use of non-critical client care equipment to a single client or to clients with the same infecting microorganisms.  

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

Students purchase the following on commencing NUR1 235 or NUR1 239 Health and Physical Assessment:

- 3 M Littman Classic 11 Stethoscope (or equivalent)
- Portable blood pressure cuff (Adult)
- Penlight (to check pupils) (generally available from the NUS at great prices!)
- Watch (preferably a lapel watch) that reads out seconds (for use in vital signs assessment)

Check with the NUS or NGSA for ‘bargains’ they may have negotiated with the bookstore!

Criminal Reference Check or Background Verification

Clinical agencies may require students entering their facility to undergo a formal criminal reference check or provide a self-declaration on a Criminal Background Verification Form prior to being granted permission to enter their facility. Inability of the student to gain access to clinical study settings will preclude their ability to meet clinical course requirements within the program of study. Registration with the Profession (OIIQ) requires that students self-declare any criminal offences – students who are not able to obtain a nursing student license from the OIIQ cannot continue in the program as this license is required to enter clinical studies.

Language Requirements

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

The McGill French Language Centre offers credit and non-credit French courses including 3 designed for Health Sciences students (see below). Placement tests are required.

<table>
<thead>
<tr>
<th>Cours ↓</th>
<th>2016-</th>
<th>2017</th>
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</thead>
<tbody>
<tr>
<td>FRSL 332-002 (3 cr)</td>
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<td>FRSL 332-003 (3 cr)</td>
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<tr>
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<tr>
<td>FRSL 332-004 Communication orale élémentaire (3 cr/hybride)</td>
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<tr>
<td>FRSL 333-004 Communication orale intermédiaire I (3 cr/hybride)</td>
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</tbody>
</table>
Faculty of Medicine offers French medical language workshops (basic, low, intermediate) for a minimal fee in fall and winter terms - [http://www.mcgill.ca/ugme/french-workshop-form](http://www.mcgill.ca/ugme/french-workshop-form)

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

**Stress and Coping**

Students may experience stress and distress in their nursing studies, in particular in clinical studies when they may be working with clients/families experiencing with complex illness situations, viewing invasive procedures, dealing with dying and death, witnessing emergencies, dealing with errors, or observing unprofessional behaviour. Students are encouraged to speak with clinical teachers, preceptors, coordinators, nurse managers, program directors, or others if they have concerns or feel worried, guilty, isolated, anxious, depressed, or dread clinical studies. If the student does not feel comfortable approaching someone within the ISoN or clinical setting, then they can consult the psychological and spiritual supports discussed previously.

**Clinical Skills Guidelines**

Students holding an active registration with the profession adhere to the Regulation respecting the professional activities which may be performed by persons other than nurses (chapter 1-8, s. 3, Nurses Act). As such, nursing students may carry out the professional activities that nurses may perform that are required to complete the program of study in which they are registered, with the exception of the adjustment of the therapeutic nursing plan, when the following conditions have been met:

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

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

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

**Knowledge of Risks and Patient Safety:** Before performing a skill, students must review risks of the procedure i.e., risks to the patient and to themselves (e.g., splash of body fluids). Precautions are to be taken based on such risks. To avoid undue anxiety in the student and the client when the student is performing a procedure for the first time, choose the client wisely. For example, don’t attempt the first IV insertion on a dehydrated patient who is extremely anxious.
**Adherence to Infection Prevention and Control Guidelines:** see previous IPC guide and use unit-based Infection Prevention and Control Manual to ensure that site guidelines are followed.

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

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

**What students cannot or should not do!**

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

- they do not know how to do it or the supervisor feels the student lacks competence;
- there is no one to provide direct or indirect supervision;
- the patient is deteriorating rapidly - students cannot perform as an RN in an emergency;
- there is no prescription or collective order (as per Law 90 in Quebec);
- the skill requires certification or special training (e.g., inserting a PICC line);
- legal or local institutional parameters do not allow for it e.g., only RNs can have access to narcotic keys in some institutions; only RNs can accept a verbal or telephone order from a physician or adjust the therapeutic nursing plan (students can have input but cannot alter the TNP); only RNs can transcribe medical orders or witness patients’ consents for procedures.

**Documentation (charting)**

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

- **Documentation must be relevant, complete, and concise** to reflect at a minimum: the status of the patient’s physical and mental health; any significant issues requiring monitoring; the patient’s strengths (significant negatives are important e.g., ‘no complaints of pain’), deficits and risks; the interventions that have been carried out and the evaluation of their effectiveness (positive or negative) on the patient’s status (OIQ, 2005). The documentation must **at least** reflect the issues identified in the Therapeutic Nursing Plan (TNP) that is found at the front of every patient’s chart. (NOTE: nursing students can write about the various aspects of the TNP and must inform the RN of any issues needing follow up and update but nursing students **CANNOT** adjust the TNP – legally, only registered nurses can update the TNP.

- **Objective** (e.g., physical assessment) and **subjective** (patient statements) **data** are documented as well as the student’s **analysis** of these data including strengths, deficits, and risks. **Goals** and the **interventions** (always written in past tense!) used to achieve these goals must be documented with an **evaluation** of the outcome and **recommendations for follow-up** noted.

- Documentation must be **timely** e.g., immediately for a critical deterioration; within the ‘shift’ for a stable patient; within 24 hours for a home visit (guidelines vary with the agency – students must follow the policies and procedures of their clinical placement site).

- Documentation must be **legible** and **clear** so that others can understand the information.
• Accepted abbreviations are allowed – e.g., LUQ (left upper quadrant), ROM (range of motion).

• If ‘charting by exception’ or on ‘flow sheets’, students should complete these items as well as write a progress note so as to gain experience with documentation. (Note: it is likely that patients in acute settings have ‘exceptions’ that require extensive documentation anyway; there is no need to ‘repeat’ data that are documented in other parts of a chart (e.g., vital signs, intake/output) in the progress note.

• Professional terminology that is precise is used at all times (e.g., ‘3 + pitting pedal edema’ rather than ‘feet swollen’; ‘500 mL urine’ rather than ‘peeing ++’), except if quoting patient.

• The patient’s chart is a confidential document and cannot be read/shown to family members.

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

• Errors in charting have a single line drawn through them with an initial and an indication of the error e.g., error – wrong patient. NO ‘white out’ or erasures are allowed as the original note must be legible; fill in blank spaces with a line so no one else can write in your charting.

• What not to chart?? Complaints about other health professionals; data obtained from the patient’s family about their own health and experience other than how it may directly relate to the patient – remember that the patient has access to his/her chart and it is not the place where he/she learns about how ‘frustrated’ or ‘out of love’ his/her partner is!!

• A student’s charting does not require countersignature by the teacher or RN unless the RN is using the student’s charting in lieu of his/her own or if the teacher intervened in providing care to the patient. Otherwise, the RN writes notes which may/not be the same as the student notes. The RN may countersign the student’s charting indicating agreement (not required).

• Once charting is completed, reread the notes and ask “have I relayed the most important information about this patient for purposes of ensuring safety and continuity of care?”, “have I documented my nursing assessment and care to reflect my professional responsibilities?”, “will this documentation ‘make sense’ to the next person who reads it?”

Attendance in Clinical Studies

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

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

Evaluation in Clinical Studies

All clinical courses provide course outlines with details about course objectives and requirements. All clinical courses evaluate scope and specificity of knowledge, critical thinking skills, communication skills, technical/procedural skills, professionalism and comportment, and the ability to apply the McGill nursing philosophy. Professionalism and comportment are measured throughout all clinical courses – unlike the other elements that have formative and summative evaluation periods. Students must also adhere to the Quebec Code of Ethics of Nurses.

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

- Clinical assessments are based on evidence that includes the student’s behaviour in various aspects of clinical studies (e.g., direct patient care, participation in unit-based activities, dialogue with the teacher, contributions in conference, learning logs, reflective journals). Unlike MCQ exams where the teacher chooses the question AND the answer, the student can ‘showcase’ learning in a clinical situation i.e., if a teacher asks a question the student cannot answer, he/she has the opportunity to clarify and note other ideas!
- Inter-rater reliability (IRR) is assured in courses with multiple teachers through consistency of course objectives and application of evaluation criteria. Course coordinators provide support to teachers across sites; site teachers meet as a group and share anonymous clinical evidence of student learning and apply the evaluation criteria. If there is a discrepancy in IRR (e.g., ‘above expectations’ versus ‘meets expectations’), the discrepancy is resolved in favour of the student.
- The student’s grade in any clinical course is irrespective of any previous grade. Except in the case of Clinic alert (see Section 3), clinical teachers are not informed about previous grades.
- Clinical teachers/preceptors provide formative feedback about learning. Students who are not meeting course objectives are informed so that a learning contract can be developed (see Section below ‘Student not meeting course objectives in a clinical course’). Students play a role in reflecting on their learning, seeking clarification/validation of their learning, and using all learning resources available to progress.
- Students who are assessed as being unsafe in their practice are removed immediately from the clinical course and granted a failing grade.
- As with all interactions between students and teachers, the clinical evaluation dialogue is conducted in a professional manner – respectful, calm, non-confrontational. Students sign the clinical evaluation form to indicate that they have met and discussed the evaluation.

Remedial Lab sessions for Clinical Studies

Clinical course coordinators/instructors can ask for remedial lab sessions for students who are experiencing difficulties in clinical studies. These personalized one hour sessions with the
Clinical Skills Educator are meant to be a support tool and will focus on the area where the student needs to improve. Every attempt is made to provide the remedial session with 48 hours of the request. Students will need to provide sufficient availability to the Educator to facilitate the scheduling. No formal or graded evaluation will be done. The Educator will send a report to the teacher and student explaining the progress. The need for further sessions are discussed.

Instructors complete a Remedial Learning Lab Session Form - submit to lab.nursing@mcgill.ca

Student Name:
Clinical Course Number:
Instructor/Coordinator Name:
Area needing improvement:

Student not meeting course objectives in a Clinical Course

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

- The instructor/preceptor identifies actions/attitudes/behaviours indicating that the student is not meeting course objectives/expectations in one or more areas of assessment and validates the assessment with the course coordinator.
- The instructor/preceptor and/or course coordinator meets with the student to discuss the matter and indicates to the student what course objectives/expectations are not being met.
- The clinical instructor and the student discuss the challenges and negotiate a learning contract aimed at addressing the learning challenges with the aim to ensure success. The instructor/preceptor contributions and the student contributions to the learning contract are clearly identified (see sample learning plan below) and each person signs the contract.
- The student is then assessed daily relative to the course objectives/expectations and identified challenges to determine if the learning contract is being met.
- If the learning contract is met and the student demonstrates evidence that the course objectives/expectations are being met then the student continues in clinical studies; if the learning contract is not met and the student demonstrated ongoing evidence that the course objectives/expectations are not being met then the course coordinator can determine that the student does not continue in the course thus not passing the course.

<table>
<thead>
<tr>
<th>Learning objective</th>
<th>Strategies and resources to achieve the objective</th>
<th>Evidence that goal/objective has been met</th>
</tr>
</thead>
</table>
| I will assess patients’ responses to medications including desired and undesired effects (e.g., side effects, toxic effects, allergic reactions, iatrogenic disease, and other adverse effects). | - Review pharmacology chapters of medications that are commonly used on the unit (e.g., diuretics, analgesics, antiemetics, antihypertensive) - Use pharmacology text, med-surg text, and nursing drug guide to identify nursing specific assessments to focus on. - Make cue cards and summary notes of the different medications | - Within one week, I will be able to assess each patient that I administer medications to and determine if the desired medication effect is being reached - Within one week, I will be able to assess each patient that I administer medications to and determine if the most significant/riskiest undesired effects are being experienced. - Within two weeks, I will be able to present in post-conference an accurate and detailed summary comparing my patients’ responses (desired and undesired) to their
and the desired and side effects/adverse effects as well as clinical indicators of these to help as memory aids
- Use past patients as ‘case studies’ from which to identify thorough assessment
- Make a list of relevant questions to ask patients about their medications.

medication regimens and outline the nursing care modifications that I made as a result of these assessments.

### Failure in Clinical Courses

Students are granted a grade of ‘F’ (failure) in a clinical course when they do not meet course objectives during the summative evaluation period OR do not demonstrate professionalism and proper comportment (measured throughout all clinical courses), OR place patients at significant risk during any of the clinical studies OR do not demonstrate professional behaviour in adherence with standards in classroom and clinical studies (including performance at the Simulation Centre and in the ISO Learning Lab) OR violate the Quebec Code of Ethics of Nurses, the McGill University Code of Student Conduct (as outlined in the Handbook on Student Rights and Responsibilities), or the Faculty of Medicine Code of Conduct. The Ingram School of Nursing reserves the right to dismiss from the clinical course any student who is considered incompetent and/or unsuitable for the practice of Nursing. See Section 3 for information on Student Standing

### Clinical Internship – NUR1 530

Clinical Internship is a 5 week intensive clinical experience that provides students with an opportunity to integrate the knowledge and skills acquired in the B.Sc.(N) program. B.N.(I) students can use this internship as an elective. Students opt for a community or hospital-based experience in any of the McGill University Teaching Hospital Network to achieve program and personal learning objectives. Critical care experiences (e.g., ICU, ER) require a minimum CGPA of 3.2. An Ambassador Program (described later) is available for students who wish to complete the internship outside the McGill Teaching Hospital and community network.

The following considerations will help in determining the internship placement choice.

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

- **Finances.** Local internships are less costly than out-of-province or -country internships.

Students may speak with professors, clinical coordinators, alumni, mentors, career guidance counsellors, or classmates to help in their decision making processes. The McGill [Career Planning Service](https://www.caaps.mcgill.ca/) (CaPS) offers a career advisor.

### Clinical Internship Placement Proposal

All students submit an on-line Clinical Internship Proposal - generally due mid-December for the subsequent May/June internship. The clinical placement coordinator, course coordinator, and clinical agency review the proposals and contact students accordingly. Criteria upon which the internship placement request decisions are made include:

- The quality and comprehensiveness of the proposal - it must be completed accurately, with thought, using good grammar, and learning objectives/rationales must show insight and link to professional standards.
- The identified learning objectives can be met within the placement requested and that the agency agrees to provide the student with the necessary supervision.
- The student has the necessary skills/background for that particular setting (e.g., an agency may require previous placements in a similar setting; language requirements may be specified).
- Interview (required by some agencies; mandatory for Ambassador Program)
- CGPA minimum 3.2 in B.Sc.(N) program and minimum CGPA of 3.2 in NUR1 courses for high acuity areas (e.g., ICU, ER).
- Level of autonomy and accountability consistently high in the Nursing program. Students with disciplinary action in progress may be required to meet additional requirements.

### Ambassador Program

The *Ambassador Program* provides students with an opportunity to complete the Clinical Internship (NUR1 530) experience outside the [McGill Teaching Hospital Network](https://www.teachinghospitalnetwork.mcgill.ca/). Students can study in areas within Montreal/Quebec, other Canadian provinces, or internationally. B.Sc.(N) students can apply to the Ambassador Program to complete NUR1 530 program requirement; B.N.(I) students can become an Ambassador by opting for NUR1 530 as an elective.

Students in the *Ambassador Program* are chosen carefully as they act as representatives of the students and faculty of the Ingram School of Nursing, McGill University. They also represent Montreal, Quebec, and Canada! Candidates must be in Satisfactory standing and be self-directed, professional, confident, knowledgeable, and versatile. They must have insight into the nature of the site being requested and the fit with that agency’s ability to meet course and personal learning objectives. Applicants must complete an Ambassador Program Application and Clinical Internship Placement Proposal (sent to all graduating BNI and BScN students in mid-October; due the first week of January). Ambassador Program applicants must:

- Submit a strong and complete Ambassador Program Application and Clinical Internship Placement Proposal (includes overview of the agency including mission, vision, nature of services; demographics of the population served by the agency including health/illness issues, life expectancy, leading causes of morbidity/mortality, population pyramid; socio-economic,
political, cultural and linguistic characteristics; anticipated challenges; discussion of practical issues such as living arrangements, transport; personal learning objectives and how the experience will facilitate meeting them).

- Have a minimum CGPA (excluding freshman sciences if applicable) of 3.2 and NUR1 CGPA of ≥ 3.2 by the end of Fall semester of U3 and no record of clinic alert status (except for students who were on CA due to absence from clinical studies for health/family reasons).
- Students whose CGPA is < 3.2 but have a NUR1 CGPA ≥ 3.4 and a CGPA > 3.0 can apply.
- Demonstrate a good fit between the proposed site and the course & personal learning objectives
- Perform strongly in an interview (approximately 20 minutes; takes place only if the placement proposal is deemed adequate).
- Ensure that the site is deemed safe for travel by the Government of Canada Department of Foreign Affairs and International Trade
- Participate in a mandatory ½ day weekend Nursing pre-departure workshop in winter session – generally held the third weekend of March.
- Qualify to obtain a passport (visa if necessary); pass a criminal reference check (if necessary).
- Provide proof of health insurance including emergency evacuation.
- Demonstrate the ability to fund any costs associated with the experience.
- Provide proof of immunization requirements and current registration with the OIIQ.

Once accepted as an Ambassador, the final approval is based on the final agreement of the site to receive the student, the site’s ability to provide sufficient clinical supervision, and agreement of the site to sign a clinical placement contract with McGill University, including provision of emergency care (e.g., post-exposure prophylaxis - PEP) if required.

The following summarizes the various steps:
1. Interested students attend NUS ‘Ambassador Night’ information session (usually in Sept.).
2. Review listing of previous sites – this document is updated annually and circulated at Ambassador Night. Note that the Clinical Placement Coordinator must be contacted prior to exploring any site or organization that has not been used in the past.
3. Make contact with the desired site to explore interest in having an Ambassador – this is preliminary groundwork to ‘at least’ learn if the agency is willing to accept a student. NOTE: students do NOT contact any Canadian agency that uses HSPNet as the clinical placement platform – check with Clinical Placement Coordinator.
4. Complete the AP application – instructions circulated mid-October to all final year Undergraduate students – the application is due the first week of January.
5. If application and proposal are acceptable then applicants undergo an interview in January – acceptance as an Ambassador is given within 1-2 days of the interview.

**Externship Program**

Students in Satisfactory Standing and who have completed U2 studies are eligible to participate in the Quebec Externship Program. There are strict regulations regarding this program and students must adhere to the practice guidelines - see Regulations respecting the professional activities which may be performed by persons other than nurses. The program is not administered by McGill, rather by the OIIQ and the health agency. McGill’s insurance does not cover students during the externship nor do students represent themselves as McGill nursing students in documentation or wear the McGill uniform. The OIIQ provides malpractice insurance. Students interested in being an Extern should consult local hospitals to see if the program is offered in that institution. Students applying for this program must have OIIQ forms completed by the ISoN. These forms are submitted to the Nursing Student Affairs Office.
Section 3 – Evaluation and Academic Standing - Undergraduate Programs

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

Grading

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

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

* Minimum passing grade in any course in the undergraduate nursing programs is a ‘C’ (55%); minimum passing grade in the graduate programs is ‘B-’ (65%).

** designated a failure in the Ingram School of Nursing.

% IUT courses must be passed with a minimum letter grade of C (not the %)

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

\[
GPA = \frac{\sum (\text{course credit} \times \text{grade points})}{\sum (\text{GPA course credits})}
\]

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

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

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

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

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

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

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

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

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

**Standing**

**Satisfactory Standing** Any U1, 2, or 3 student who meets ALL of the following criteria:

- a CGPA $\geq 2.0$;
- no more than 2 failures in non-nursing (non-NUR1) courses of the program;
- no more than 4 credits of failure in nursing (NUR1) courses;
- no failures in nursing clinical courses NUR1 233, 234, 235, 233, 239, 331, 332, 333, 431, 432, 530 or in NUR1 220*
- demonstrated professional behaviour and integrity in adherence with standards in classroom and clinical studies (including performance at the Simulation Centre and in the Ingram School of Nursing Learning Lab), and adherence to the Quebec Code of Ethics of Nurses, the McGill University Code of Student Conduct (as per the Handbook on Student Rights and Responsibilities), and the Faculty of Medicine Code of Conduct.

*Students who do not pass NUR1 220 cannot move into NUR1 234 or NUR1 235 (even if in Satisfactory Standing)*
Any U0 student who meets the following criteria:
- a CGPA $\geq 2.0$;
- no more than 3 failures in the U0 year (note that the number of failures in U0 Freshman Science courses are zeroed when the student enters U1 and the above conditions apply).

The student who has not met the criteria of Satisfactory Standing is assessed on an individual basis by the Student Standing and Promotions Committee. The Committee takes into account several factors when making decisions as to whether a student can or cannot continue in the program and, if they do continue, what the student standing and conditions are. Standings decisions take into account factors such as:
- the student’s pattern of performance
- extenuating circumstances (e.g., illness, family crisis)
- reason for failure in a clinical course
- degree of violation of code of ethics and/or code of conduct

**Probationary Standing.** The student who has not met the criteria of Satisfactory Standing (see above) and who has been allowed to continue in the program is placed on probationary standing in the following conditions when the student has:
- a CGPA between 1.5 – 1.99 but has not exceeded the number of allowable failures in nursing and/or non-nursing courses and was previously in Satisfactory Standing;
- a CGPA of 1.5 – 1.99 and has not failed more than 3 courses in the U0 year of studies;
- a CGPA between 1.5 – 1.99 and a TGPA in Fall or Winter greater than or equal to 2.5 and previously in Probationary Standing;
- been granted the exceptional decision to repeat a failed clinical course or who has had a repeated clinic alert status and allowed to continue in the program;
- failed to demonstrate professional behaviour or integrity by not adhering with standards in classroom and clinical studies (including performance at the Simulation Centre and in the ISoN Learning Lab), by violating the Quebec Code of Ethics of Nurses, the McGill University Code of Student Conduct (as outlined in the Handbook on Student Rights and Responsibilities), or the Faculty of Medicine Code of Conduct and has been allowed to continue in the program;
- been readmitted as ‘Unsatisfactory Readmitted’; the student remains on probation until the conditions specified in their letter of readmission are met.

Students in probationary standing may continue in their program, but must carry a reduced load (maximum 14 credits per term). They must maintain a TGPA of a minimum 2.5 and obtain a CGPA of 2.0 or above at the end of the next academic year to return to satisfactory standing. Students on probation must also meet any requirements outlined by the Student Standing and Promotions Committee. Any student on probation should see the Nursing Student Affairs Officer, Nursing Student Affairs Office, to discuss their course selection and degree planning.

**U1 B.Sc.(N) students who are in Probationary Standing cannot continue into either NUR1 234 or NUR1 235. Students who do not pass NUR1 220 cannot move into NUR1 234 or NUR1 235 (even if in Satisfactory Standing)**

**Unsatisfactory Standing** Students in unsatisfactory standing have not met the minimum standards set by the Ingram School of Nursing. Students in unsatisfactory standing are required to withdraw from the program. These students should consult their nursing adviser for guidance as their status in the University may be deemed satisfactory in programs with less rigorous standing requirements. Unsatisfactory Standing is granted when the student:
- obtains a CGPA of less than 1.5;
- obtains a CGPA of less than 2.0 but greater than 1.5 and the number of allowable failures in nursing and non-nursing courses is exceeded and the student has not been granted permission to remain in the program;
- has a CGPA of greater than 2.0 and the number of allowable failures in nursing and non-nursing courses is exceeded and the student has not been granted permission to remain in the program;
- was previously in probationary standing (includes Unsatisfactory Readmitted students) or Interim Unsatisfactory standing and the TGPA is below 2.5 and the CGPA is below 2.0 OR does not meet the requirements outlined by the SS&P Committee;
- has failed a clinical nursing course and the student has not been allowed to repeat the course.
- has failed to demonstrate professional behaviour or integrity by not adhering with standards in classroom and clinical studies (including performance at the Simulation Centre and in the ISON Learning Lab), by violating the Quebec Code of Ethics of Nurses, the McGill University Code of Student Conduct (as outlined in the Handbook on Student Rights and Responsibilities), or the Faculty of Medicine Code of Conduct and has not been allowed to continue in the program.
- is considered incompetent and/or unsuitable for the practice of Nursing.
- has had the student licence revoked by the OIQ

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

**Clinic Alert** Clinic alert (CA) status is indicated in the following situations:
- the student demonstrates performance that is ‘Below Expectations’ (i.e., B-, C+, or C in a graded clinical course or in NUR1 220 Therapeutic Relationships; a clinical evaluation indicating overall performance as ‘Below Expectations’ in a non-graded clinical course)
- the student’s pattern of performance during the clinical evaluation period indicates steady decline.
- The student’s conduct in the areas of professionalism or moral/ethical behaviour is a concern (but meets minimum standards);
- the student has been out of clinical studies for two or more semesters;
- the student has failed a clinical course and has been allowed to repeat the course;

Clinic alert (CA) is not meant to be punitive, rather it is to ensure that student learning and patient safety needs are met. The student on CA is allowed to continue into the subsequent clinical course but must meet the criteria outlined in the learning plan that is established between the student and clinical course coordinator. Failure to meet the learning plan criteria results in a grade of “F”, **Only one CA is allowed in the program of study**. The CA standing is not recorded on the student’s Minerva record but is included in the student’s Ingram School of Nursing file.

**Procedure:**
- The SS&P Committee reviews clinical grades to determine CA status; the Clinical Course Coordinator informs the Chair of the SS&P Committee of students in non-grade categories (noted above). The SS&P Committee receives a copy of the clinical evaluation.
- The SS&P Committee sends a formal letter and a copy of the clinical evaluation to the student with copies to the Clinical Course Coordinator for the subsequent clinical course.
- The student develops a learning contract (including learning objectives, plans to ensure learning, and outcome measures – see sample on page 47) for the next clinical course. Generally, the learning objectives are assessed within 4-6 weeks of the next clinical course.
The subsequent course coordinator selects (as much as possible) a learning environment that will be supportive to the student in achieving learning objectives. The clinical teacher is informed of the student’s CA status to ensure that timely and relevant teaching/learning support is provided to the student.

At the pre-designated interval* established to achieve learning objectives, the clinical teacher, student, and/or course coordinator meet to evaluate achievement indicators. If the student is assessed at having met the objectives and is progressing in the clinical course according to the course objectives, then the CA status is revoked and the student continues in the course; if the objectives are not met and/or the student is otherwise demonstrating difficulties in demonstrating the ability to meet ongoing course objectives, then the student does not progress in the course and a grade of F is granted.

*NOTE: in accordance with ISoN regulations, clinical performance that is considered incompetent or unsafe or violates the Code of Ethics of Nurses or the Code of Student Conduct can result in the student being removed from the clinical setting and the Program at any time.

**Appeals of Student Standing Decisions**

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

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

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

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

**Promotions**

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

**Semester to semester promotion** Generally, students must successfully complete prerequisite courses prior to taking required courses. The following table summarizes key principles - students are strongly encouraged to consult the NSAO in the case of a failed course.
| Non-NUR1 course that is a prerequisite for another | Students who do not pass PHAR 300 should speak with Prof of 301.  
  Students who do not pass MATH 139,140 are generally advised to redo the course before taking MATH 141. |
| NUR1 course or Probationary/Interim Unsatisfactory standing | Students who do not pass NUR1 220 cannot proceed into NUR1 234 OR 235.  
  Students who do not pass a clinical course (e.g., NUR1 234) cannot proceed into the next clinical course (e.g., NUR1 233).  
  U0 students in anything other than Satisfactory Standing cannot proceed into NUR1 220 without permission from the Program Director.  
  U1 B.Sc.(N) students in Probationary or Interim Unsatisfactory Standing cannot continue in NUR1 234 or NUR1 235 until in Satisfactory Standing.  
  U2 or U3 students not in SA standing may not continue in clinical courses until they return to SA standing or are granted permission by the Program Director. |

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

**B.Sc.(N):**
- U0 to U1 – Satisfactory Standing and completion of 27/33 U0 credits
- U1 to U2 – Successful completion of NUR1 233
- U2 to U3 – Successful completion of NUR1 333

**B.N.(I):**
- U2 to U3 – Satisfactory Standing and successful completion of NUR1 334

**Examinations**

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

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

Conduct during all examinations is also governed by the Code of Student Conduct and the Disciplinary Procedures in the [Handbook of Student Rights and Responsibilities](#).
Evaluation methods may include multiple choice examinations, short answer questions, case study analysis, essay, literature review, debate, position paper, OSCE (objective structured clinical evaluation), oral exam, group presentation, analysis of an AV clip, etc. Most courses use at least two methods of evaluation e.g., midterm and final examination or term paper and final examination. The course coordinator chooses the best evaluation method suited to measure the objectives of the course and can establish criterial for passing a course (e.g., all elements of the course must be successfully completed or student must pass final OSCE exam to pass the course).

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

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

**Deferred Examinations**

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

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

**Supplemental Examinations**

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

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

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

The supplemental result may count for 100% of the final grade or may include the same proportion as did the original grade. The format and content of the supplemental exam will not necessarily be the same as for the final examination; therefore students should consult the instructor. The supplemental grade does not overwrite the original grade. Both the original course mark and the supplemental result are calculated in the CGPA. A failed supplemental is counted in the number of allowable failures.

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

<table>
<thead>
<tr>
<th>Pros of supplemental examinations</th>
<th>Cons of supplemental examinations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good option for students who did not pass a course and feel confident that they will be successful given another opportunity.</td>
<td>Failing a supplemental exam means another failure on the record and a further reduction in CGPA.</td>
</tr>
<tr>
<td>Gives the student another chance to write an exam and complete the necessary course requirements so that studies can progress.</td>
<td>A failed supplemental is counted in the number of allowable failures and could place some students.</td>
</tr>
</tbody>
</table>

When in doubt, consult the Nursing Student Affairs Office

**Reassessment and Rereads**

The ISoN values and promotes transparency and fairness in evaluation. Instructors provide information about evaluation procedures in the first two weeks of the course and are open to clarifying students’ questions. In accordance with the Charter of Student Rights and subject to the conditions stated therein, students have the right to consult any written submission for which they have received a mark, to discuss this submission with the examiner, and to obtain an impartial and competent review of any mark. Students are encouraged to discuss their concerns with the course coordinator or examiner and resolve issues in a professional and transparent manner.

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

A written request for a reread is submitted to the Student Standing and Promotions Committee (submit to NSAO). A reread of a final exam or paper involves a cost to the student. Grades are either raised, lowered, or remain the same, as the result of a reread. Rereads for courses not
administered by the ISON are subject to the deadlines and regulations of the relevant faculty.

Reassessment is done free of charge. Computer-marked examinations can be reassessed but not reread. There is a fee for the reread of a final examination or paper - www.mcgill.ca/student-accounts/tuition-fees/non-tuition-charges/other.

Application Deadlines for Rereads
• March 31 for courses ending in the Fall term
• July 31 for courses ending in the Winter term
• August 31 for courses ending in May

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

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

Time to Degree Completion
Students entering U1 of the B.Sc.(N) program are expected to complete the program as full-time students over a three year period (including summer sessions). Exceptionally, such as in the case of failed courses or LOA, students may take a maximum 4 years to complete the degree. Students entering in U0 are expected to complete the program as full-time students over a four year period (including summer sessions) with a maximum time to completion of five years. B.N.(I) students are expected to complete their program in two years if studying full-time or in three years if part-time. Completion must be no more than 4 years after initial program registration.

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

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

Any student who has been granted a LOA for one academic year and who does not resume studies in the following semester, must withdraw from the program. Such students may apply for
readmission within one year after withdrawal at which time the student may be required to recommence the program.

Students must return their registration certificate to the OIIQ on interruption of studies for any amount of time or upon withdrawal from the nursing program. The OIIQ returns the certificate free of charge upon request if he/she returns to study within one year. In the case of an interruption of more than a year, a student must register again with the Order, providing the OIIQ with all the required documents and the registration fee.

**Pregnancy and Nursing Studies**

Pregnant students should contact the Program Director to discuss the program of study and any adjustments that may be needed to ensure a safe pregnancy. Certain clinical settings preclude the placement of pregnant students (e.g., operating room, emergency department, intensive care unit, post anaesthesia care unit, paediatrics, and some psychiatric agencies). An alternate placement or delay in clinical studies may be required based on consultation with Public Health officials.

**Withdrawal**

Prior to transferring out of Nursing or withdrawing from the university, students should consult the Program Director for advisement. Alternate solutions (e.g., financial support, leave of absence) may be a better solution than a complete withdrawal. If withdrawal is due to disinterest in the nursing profession then a discussion with the Program Director may clarify experiences and views. If withdrawal from the university is required (e.g., a student is in Unsatisfactory Standing), it is the student’s responsibility to initiate the withdrawal process. A withdrawal form (available at NSAO) must be completed and submitted. The McGill ID card must be returned with the completed form. The form is then forwarded to the Registrar and Accounting Department to assess any amount that should be reimbursed or owed. B.Sc.(N) students must return their OIIQ license to the OIIQ as they can no longer practice as a student nurse. Note: Students who withdraw from all their courses in the fall term are considered as withdrawn from the University and must apply for readmission if they wish to continue in their program.

**Readmission – Unsatisfactory Readmit**

Students who are in Unsatisfactory Standing and required to leave either the program or the university can apply for unsatisfactory readmission after one year since leaving the university. The application is completed on Minerva and the student must submit a compelling letter, including relevant supporting documentation (e.g., grades obtained at another educational institution) to the SS&P Committee outlining the reasons why readmission should be granted. Readmission is granted only if it is determined that the reasons that gave rise to the original unsatisfactory standing decision are resolved and that the student has the capacity to succeed if readmitted. Readmitted students must follow and meet the requirements of the SS&P Committee, including a possible recommencement of all nursing studies (such as if the student performed poorly and/or there has been a gap in studies of over one year). It is generally recommended that the applicant have undertaken university level courses in previously identified areas of weakness. Readmission is also contingent on the availability of seats in the program to which the student requests readmission. **Students can make only one request for unsatisfactory readmission.**

**Accommodation for Student Athletes and Students in Leadership Roles**

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

It is generally easier to accommodate for lecture format classes than for clinical studies. Factors that influence how easily the latter can be accommodated will depend on the nature of the clinical setting, the student’s overall performance in the clinical course, and/or how easily the learning can be ‘made up’. Absences during formal orientation or evaluation periods in clinical courses and/or midterm or final exams can pose a challenge. Such cases require individual assessments and decision making. Fairness to the individual student, the faculty member(s) involved, the clinical agencies, and other students must prevail at all times.

Examples of how students can be accommodated include: deferral of assignment due dates; shifting the weight of assignments with less weight placed on an assignment that is due during an event; audio/video recording of lectures; and offering alternate work.

**Accommodation for Student with Religious Obligations**

The section on Examination Policies and Procedures addresses McGill and the ISoN’s policy on accommodation for religious obligations during midterm and final exam evaluation periods. Other than formal evaluation periods, students may request accommodation related to clinical or classroom studies related to religious obligations. The ISoN encourages that efforts be made to accommodate based on the policy on holy days; this accommodation must be reasonable and possible in that it does not cause undue strain or inconvenience to those being asked to accommodate, it does not interfere with obtaining course objectives, it does not compromise the situation of other students, and it does not incur additional expense to the ISoN (such as if additional clinical supervision is required).
Section 4 - Graduation and Licensure (Registration) to Practice

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

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

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

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

- **Successful completion of a licensure examination**: offered twice a year – in September and March. The exam is designed to “assess the candidate’s ability to carry out a clinical assessment, intervene, ensure continuity of care, including determining and adjusting the therapeutic nursing plan, and support clinical decisions in different situations.” It consists of 130 – 150 open-ended questions about a range of clinical situations. Graduates must follow the strict requirements of the OIIQ as described on their webpage, including registration for the exam (generally at least 45 days before the date of the examination). A person who does not sit the examination, without valid reason, is considered to have failed the examination. Since candidates are entitled to take the exam three times, an unjustified absence means losing one chance at passing the exam. The validity of absences is assessed by the OIIQ with examples of valid reasons being “a health problem, childbirth, the death of father, mother, child or spouse, or unavoidable circumstances.” In such cases, the candidate must provide the OIIQ with a medical or birth or death certificate. Where the candidate claims unavoidable circumstances, the situation is analyzed by the OIIQ who indicates that “unavoidable circumstances are defined as a serious event that is impossible to foresee or prevent.”

- **Proof of proficiency in the French language**: Québec law requires that candidates seeking admission to the nursing profession (and other professions) in Quebec must possess a working knowledge of the French language, that is, be able to communicate verbally and in writing in that language. To demonstrate this capability, candidates are required to pass an examination set by the Office de la langue française (OLF), unless they can show that three years of full-time instruction in a French post-primary school have been completed. Candidates who have completed their secondary education in Quebec in 1986 or later and have received their certificate from secondary school are exempt from writing the examination. The professional corporation will require this certificate, proof of attendance or of successful completion of the OLF examination. The examination may be attempted during the two years prior to the date nurses receive their degree. Application forms for the exam while still a student are available.
at Service Point. Priority is given to those closest to graduation. Examinations take place every three months and may be attempted an unlimited number of times. More information may be obtained from the Office de la langue française. Resources to develop a functional level of proficiency in French are found in this Handbook, Section 2 – Language Requirements.

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

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

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

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

Completion of Licensing Documents Graduating or graduated students who require completion of documents for licensure outside of Quebec follow Enrolment Services procedure:
1. Request of an official transcript via Minerva: Student Records - Transcripts. Once you proceed to the Service Point Checkout, you will be able to Add Documents to Accompany an Official Transcript (i.e., licensing forms).
2. At the Service Point Checkout, select ‘Other’ and upload the form(s), with all relevant personal information;
3. This request is received by Management of Academic Records and is sent to the ISoN for completion (course descriptions, by program, will also be included);
4. The ISoN then returns the completed package to ES; ES will mail the package to the designated licensing board.

The process may take from 6 to 10 weeks, depending on the volume of requests.

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Section 5 - Interesting Things to Know

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

On September 10, 2012, the School of Nursing was formally named the Ingram School of Nursing in recognition of Richard and Satoko Ingram and their exceptional support for Nursing at McGill University. After working in international development for five years in Latin America, Mr. Ingram co-founded Archivex in 1973. It was sold in 1999 as the 4th largest (and largest privately-held) office records storage company in North America. Mr. Ingram used a portion of the proceeds to launch the Newton Foundation, which focuses on academic nursing in Montreal, with the aim of making the city one of the five leading metropolises in that area. Satoko Ingram devotes significant time and money to LOVE (Leave Out Violence). As per Mr. Ingram “as a start-up entrepreneur blessed with commercial success, I aspired to pioneer a contribution in some important but overlooked field of philanthropy. I wanted to focus on academic nursing in Montreal, which I view as severely underfunded and generally under-recognized by private and public funders. I dare to dream that Montreal will become one of the top five metropolises in the world for developing nursing leadership.”

What is the McGill Nursing Collaborative for Education and Innovation in Patient-and Family-Centered Care?

The Collaborative was inaugurated on September 10, 2012. It is supported by an initial gift of $6 million to the founding partners - the Ingram School of Nursing and the Nursing Departments of the McGill University Health Centre (MUHC) and the Jewish General Hospital (JGH). The goal of the Collaborative is to increase the national and international impact of McGill’s Nursing programs of research and education and also McGill’s model of clinical practice.

The Susan E. French Chair in Nursing Research

Established in the fall of 2012, the Susan E. French Chair in Nursing Research and Innovative Practice is integral to the McGill Nursing Collaborative for Education and Innovation in Patient-and Family-Centered Care. The chair was endowed by the Newton Foundation to provide the leadership essential to achieve the goals of the Collaborative. Dr. French was the Director of the School of Nursing from 2001 – 2005 and has been an influential nursing leader in Quebec, Canada, and around the world for many years. In 1965, she began her teaching career as a lecturer in McGill’s School of Nursing. After she received her MSc at Boston University in 1969, she returned to McGill for another year. She then left for a 31-year career at McMaster University, where she served as Associate Dean of Health Sciences (Nursing) and Director of its School of Nursing from 1980 to 1990. Dr. French became a member of the Order of Canada in 2014.

Who is Wilson Hall named after?

Wilson Hall is named after Maurice Watson Wilson, Chancellor of McGill University from 1943–1946. He died suddenly in 1946 at the age of 63. He was a respected man who was extremely interested in education. While having no formal university education, he went on to become the president of the Royal Bank and worked his way to this position from the bottom up.

Wilson Hall was used during WW1 to house Royal Canadian Air Force radio technicians, then as a barracks for members of the University Army Course, and finally as a temporary hospital for war casualties.
Key historical dates for Anglophone Nursing in Montreal

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

The Wendy Patrick Room

Situated on the first floor of Wilson Hall, the Wendy Patrick Room was named in memory of Wendy Patrick, head librarian of the Nursing/Social work library that was previously housed in Wilson Hall. The library was in WH Rm 103 & 105; the 'pit' or 'swimming pool' area housed the stacks. The current WPR was a reading room. Wendy, whose picture is over the fireplace, was in her mid-forties when she died suddenly from a cerebral aneurysm. She would have been saddened when in 1991, the WH library was ‘centralized’ with collections going to Redpath and Life Sciences Libraries. Ms. Patrick was a resource librarian during the McGill Model of Nursing demonstration project. She died just as she was completing a patient information centre at the McGill University Health Centre. She was fascinated by how people learned to be healthy and how they coped with illness - hence, her interest in providing comprehensive literature to patients/families. The Wendy Patrick Collection of lay literature is housed in the libraries.
Directors of the Ingram School of Nursing

- 1920 – 1927 Flora Madeline Shaw
- 1927 – 1928 Anne Slattery
- 1928 – 1934 Bertha Harmer
- 1934 – 1950 Marion Lindeburgh
- 1951 – 1952 Elva Honey
- 1952 – 1953 Eva Green (Acting)
- 1953 – 1953 Edith Green (Acting)
- 1953 – 1963 Rae Chittick
- 1963 – 1964 Elizabeth Logan (Acting)
- 1964 – 1973 Elizabeth Logan
- 1973 – 1982 Joan M. Gilchrist
- 1995 – 2000 Laurie Gottlieb
- 2001 – Carly Pepler (Acting – January to June)
- 2001 – 2005 Susan E. French
- 2005 – 2006 Helene Ezer (Acting)
- 2006 – 2015 Helene Ezer
- 2015 – 2016 Anita Gagnon (Acting/Interim)
- 2016 – September – Anita Gagnon
Appendix A Nursing Lab Guidelines

The Nursing Lab provides a supervised learning environment for safe practice of clinical skills. The lab is housed in a student residence, therefore at all times, users must demonstrate respect for that community. Students have building access during business hours, Monday to Friday. Since the lab serves multiple undergraduate and graduate students, consideration for other users is of the utmost importance. The following rules are intended to ensure smooth, cost effective and efficient operations of the lab:

- Students require the supervision from the Clinical Skills Educator, Lab Technician, a Teaching Assistant, or a Faculty Member to use the lab.
- Noise is kept to a minimum in the lab and in the hallways.
- Wet boots or shoes are left on the shelves outside the lab.
- Coats and bags are left in the coat room.
- Lab dress code is at the discretion of the course coordinator however name tags must be worn at all times. Students should abide by the dress code stipulated in their course outline by their professor for their lab sessions.
- No food or drinks should be taken into the lab except bottled water; drinking is restricted to the coatroom.
- At the end of each lab session, students return all materials to the place from which they were taken; dispose of all sharps (needles, etc.) into the sharps dispensers; remove spiked IV bags from the IV stands and empty them into the sink; put single use materials, including emptied IV bags into the garbage; put tables, chairs, stools, beds, IV stands and bedside trays back in their proper place; remake beds they have used.
- Audio visual equipment should only be used by Faculty, Staff or Teaching Assistants trained on how to use it
- Students and Faculty members abide by the “Attributes of the Professional Nurse”.
- Cells phone are not allowed during simulation.
- Report low inventory items to the Lab Technician 514-398-1384 or lab.nursing@mcgill.ca.
- Report any emergency maintenance issues (e.g. flooding, leakage, spills, etc.) to the Lab Technician 514-398-1384 or lab.nursing@mcgill.ca.
Appendix B Ten “Rights” of Medication Administration

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

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

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

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

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

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

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

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

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

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