Preamble

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. The handbook focuses primarily on undergraduate programs though many aspects relate to the graduate programs.

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 (OIIQ, 2010) (includes legal scope of practice)
- The Therapeutic Nursing Plan

This manual 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.

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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 through teaching, scholarship and service to society by offering to outstanding undergraduate and graduate students the best education available, by carrying out scholarly activities judged to be excellent when measured against the highest international standards, and by providing service to society in those ways for which we are well suited by virtue of our academic strengths.”

Mission of the Ingram School of Nursing

The mission of the School of Nursing is to be an internationally recognized centre for the advancement of nursing and the benefit of mankind through a commitment to a collaborative patient and family centered Model of Nursing that integrates practice, research and education; the provision of undergraduate and graduate programs of the highest academic quality; the development, dissemination and exchange of nursing knowledge through research and other scholarly activities; and through active collaboration with other disciplines, professions and institutions to promote health locally, nationally and worldwide.

The School achieves this mission by: creating environments that enable its faculty and students to advance academic nursing practice and to provide the best possible health care; educating students in undergraduate and graduate programs to become leaders who will engage in building better societies and in shaping the future of their discipline; fostering the development of rigorous and innovative programs of research in nursing practice, education and administration; and taking a leadership role in advancing Nursing within the McGill health network and at regional, national and international forums.

Overview of the Ingram School of Nursing

The Ingram School of Nursing (ISoN) is the only English speaking Québec University to offer undergraduate, graduate, and doctoral education in nursing. It is recognized internationally for its distinctive approach to clinical practice: The McGill Model of Nursing. 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 first and 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 Ingram School of Nursing holds the position of Associate Dean of Medicine (Nursing).

History of the ISoN

The School was established in 1920. Originally located in Beatty Hall on Pine Avenue, the School is currently located on the main campus of McGill University in Wilson Hall, 3506 University Street, the building was initially constructed as a residence and headquarters of the...
Wesleyan Theological College. 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 BSc(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.

Programs

The Ingram School of Nursing 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.

1. Bachelor of Science (Nursing) – BSc(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.

2. Bachelor of Nursing – B.N. – a post RN program first offered in 1944 – 1977; reopened 1998; Integrated option (BNI) for DEC 180 A.0 CEGEP graduates opened in 2004. A two-year program that can be taken on a part-time basis to complement and enhance the learning from the CEGEP Nursing program of study.

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 who meet the high admission standards for the program. A 10-month qualifying year of study followed by two years of full-time studies. Options include: MSc(A) - DE concentration or the MSc(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 and Primary Care options.

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 (RIJSIQ), health administration research (FERASI), psychosocial oncology (PORT) and others.

* First graduate: Marcia Beaulieu, Class of 1977; ** First graduate: Francine Ducharme
Philosophy and Pedagogical Approaches used in the Ingram School of Nursing, Faculty of Medicine

The conceptual approach for nursing practice at McGill University is the McGill Model of Nursing (MMON). The Model is described in the edited book, *Perspectives on health, family and collaborative practice: A collection of writings on the McGill Model of Nursing* as well as in several journal articles and book chapters. This philosophical orientation has been integrated in the mission statement of the Department of Nursing of the McGill University Health Centre and the McGill University Teaching Hospital Network and many centres de santé et de services sociaux (CSSS). This vision of nursing, shared by educational and practice settings, has been an anchor for students’ thinking and development and for their work as independent practitioners.

The Model espouses a collaborative, family-centered approach to care. Health is the central element of the model and the goal of nursing is to engage individuals, families, and communities in the process of learning and acquiring healthy ways of living. Health is a complex phenomenon and has multiple determinants that include: income and social status, social support networks, education and literacy, employment/working conditions, social environments, personal health practices and coping skills, healthy child development, biology and genetic endowment, health services, gender, and culture (*Public Health Agency of Canada*, 2010). Health is a process rather than an end point and it develops throughout the lifespan. It involves setting and achieving goals and developing competencies to manage normative and non-normative life events. Competencies include such skills as regulating and expressing emotion, problem solving, developing supportive relationships, and carrying out roles and responsibilities (Gottlieb, 1998). Coping, a component of health, refers to efforts made to deal with some problematic situation - it is aimed at mastery or problem solving rather than on simply reducing tension. Development, another dimension of health, relates to the achievement of life goals. This broad concept of health means that the nurse focuses on strengths and potentials. Within the MMON, health is conceptualized as a distinct entity that exists alone or co-exists with illness (Gottlieb, 1998). The optimum state exists when the individual is free of disease and displays positive and constructive health behaviour; the least satisfactory state is when an individual has a disease and, at the same time, his health behaviours fail to permit him to cope with it and to learn further (Allen, 1981).

The McGill Model of Nursing directs the nurse to focus on the family as the unit of concern; when working with individuals, the nurse understands the person through a ‘family filter’ (Gottlieb & Rowat, 1987). The family influences healthy development and coping and is where people learn healthy ways of living.

“The nature of the nurse-person relationship is a collaborative partnership. The person is active and shares responsibility for his care. The person has knowledge and capabilities that he can use to understand and manage his illness or problems or work toward his goals in ways that are meaningful to him; the nurse is a facilitator who encourages people to share their perceptions and expertise, to participate in joint decision making, and to develop the person’s autonomy and self-efficacy. The nurse helps people more fully use their strengths and resources and has knowledge of their illnesses and themselves… The nature of the nurse-person relationship is reciprocal and mutual; each partner gives and receives and, thus, the relationship is balanced. It involves the continual negotiation of goals, roles, and responsibilities.” (Gottlieb & Feeley, p. 6, 2006).
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. The roles of faculty and students are outlined below:

The role of Faculty is to:

- work to promote the development of student knowledge, psychomotor and interpersonal skills, critical thinking and clinical reasoning, 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 Student’s role 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, 2010). 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). Reflection, a thinking process of creating and clarifying the meaning of an experience (Gorneris & Peden-McAlpine, 2007), is a key element of critical thinking for nurses as they return to the experience, analyze their thoughts and feelings, and then identify new perspectives that help to direct and enhance future thinking processes.

Critical thinking, clinical reasoning, and clinical decision making are developed throughout all nursing programs within the ISoN. Students are challenged to use inductive and deductive inquiry to understand the 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 for goal achievement.

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 (Mulhall, 1998). A range of best practice guidelines are available (e.g., pain management, ostomy care, bereavement support) to guide nursing interventions.

**Professionalism and Interprofessionalism**

Nursing students are introduced to the concepts of professionalism and inter-professionalism within their first semester of their program. All new Nursing, Medical, Dentistry, Physical Therapy, Occupational Therapy, and Communications Sciences and Disorders students come together in an interprofessional context to learn with, about, and from each other as a means of
fostering interprofessional collaborative practice. 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. It is a vocation in which knowledge of some department of science or learning or the practice of an art founded upon it is used in the service of others. 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. (Cruess, Johnson, & Cruess, 2004).

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: a 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 well being 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.
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).

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 (e.g., using another student’s Clicker), 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 to reduce the risks of cheating and/or plagiarizing.

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 at http://www.mcgill.ca/library/sites/mcgill.ca.library/files/APA.pdf

Professional Integrity Students are expected to adhere to a high standard of professional integrity at all times during classroom and clinical studies (including performance at the Simulation Centre, in the Ingram School of Nursing Lab, and in clinical agencies). The Quebec Code of Ethics of Nurses (Code de déontologie des infirmières et infirmiers) the McGill University Code of Student Conduct (as per 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 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 Code of Ethics)
- Abusing the trust of a patient/client (e.g., acting disrespectfully, stealing, verbal, physical or psychological abuse, accepting money for personal use) (Items 11.1.28, 3.37 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 Code of Ethics)
- Entering clinical studies in a condition liable to impair the quality of care (e.g., going to clinical drunk or under the influence of other drugs impairing function). (Item 1.3.16 Code of Ethics)

Social Media, Anonymous Feedback and Professionalism

Social media tools (e.g., Facebook, Twitter) are valuable in promoting communication among students and anonymous course evaluations provide students an opportunity to provide feedback with security. Professional integrity expectations also apply to social media and anonymous course evaluations. Within a social media context, it is not professional to post any notice about a client/institution and students are not to become ‘friends’ with their patients/clients. Defaming teachers in such forums as ‘RateMyProfessors.com’ is also seen as unprofessional. Anonymous course evaluations are most helpful to teachers when the feedback is factual and respectful. The 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, hurtful, and destructive is not professional.

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. It is advisable to exercise caution, and generally discouraged, to accept invitations to become ‘friends’ with patients, their families, and instructors online.
- Avoid profanity and substance abuse associated with your online profile. 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 of clinical encounters online. This is also a breach of confidentiality. If a photo of a patient is merited (discuss with clinical teacher), always obtain written permission from the patient and follow hospital policy related to this matter.
- Always treat colleagues with respect. Don't publicize your frustrations.
- Never discriminate. It is extremely easy to click a button to post a comment online which might be inappropriate, but it is very important to remember that by posting such a comment it might be linked to you for an indefinite period of time, and could jeopardize professional advancement.

"Cleaning Up" Your Social Media/Online Identity

- Search your own name on the web and ensure that there is no inappropriate content associated with you online.
- Subscribe to Google Alerts. This will keep you informed if any new public information is posted on the Internet about you.
- 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.
Faculty
The ISoN faculty members are committed to excellence and strive to develop in all areas of scholarship i.e., discovery, teaching, service, integration, application. Faculty are involved in teaching across programs and participate in local, national, and international initiatives. The clinical and affiliated faculty network is a unique network in Canada ranging from Directors of Nursing to Clinical Nurses Specialists to Nurse Researchers. This network of individuals with cross-appointments between clinical agency and university ensures that the ISoN programs are relevant and accountable to society, students, and our institutions. ISoN faculty members also enjoy cross-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 an important role in supporting student learning in community-based and upper-level clinical courses. Clinical agencies nominate nurses as preceptors and the ISoN supports them through preceptor training sessions and liaison with the course coordinators. Teaching assistants, lab demonstrators, and graders support students and faculty in the delivery of all programs.

Students
Our Nursing students are diverse in culture, age, educational background, and work experience. They are known in practice settings for their family focus and attention to health and illness issues; they are seen as bright, dynamic, professional, and eager to learn! Students have formal representation on Student Standing and Promotions, Faculty Council, Curriculum Council, and other committees. Formal student organizations within the ISoN include:

Nursing Undergraduate Society (NUS) – A student council promoting professional interests and communication within the ISoN and the University. The NUS provides a means of contact with faculty and administration as well as with other organizations on campus e.g., Student Society of McGill University. In addition to organizing academic, social and athletic events throughout the year, the NUS promotes communication with nursing organizations nationwide and worldwide.

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. Students are encouraged to act as delegates and attend conferences as participation is seen as an educational experience that fosters leadership.

Nursing Graduate Student Association - This student-run 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.pgss@mail.mcgill.ca

McGill Nurses for Global Health - committed to fostering awareness among students about global health and social justice issues. Contact: MNGH-owner@yahoogroups.com
**Environmental Policy**

The ISoN embraces the [McGill University Environmental Policy](#) (Senate, 2001, 2002) that we shall strive to be recognized as an environmentally safe and responsible institution of learning, and as a model of environmentally responsible living. All are encouraged to make every reasonable effort to: Prevent the over consumption of energy and other resources and reduce the production of waste, and the release of substances harmful to the biosphere; Maintain purchasing policies which favor environmentally-benign, post-consumer, biodegradable, and non-toxic products wherever possible; Encourage all members of the McGill community to Re-think/Reduce/Re-use/Recycle.

As per the University [Paper Use Policy](#) (2005), the ISoN strives to: purchase paper with greater recycled and post-consumer content; print and copy double-sided, when appropriate; allow and encourage students to submit double-sided assignments; print double-sided documents, exams, handouts; post syllabi, notes and notices in a way that reduces consumption of paper; print/post PowerPoint slides six to a page; and encourage web-based assignments.

The [Canadian Nurses Association](#) has created resources for nurses and clinical practice milieus to use in improving their ability to preserve and protect the environment. Relevant resources related to the environment include: The Ecosystem, the Natural Environment, and Health and Nursing; Environmental Health Workshop Proceedings (2008); and Nursing and Environmental Health Websites.
Section 2 – Programs

Undergraduate Program Objectives

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. (Undergraduate Curriculum Council and Faculty, 2009).

*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.
Bachelor of Science (Nursing) Program

The BSc(N) program (106 credits) extends over three years (including summer sessions) with general and professional courses in each year, and equips students with the expertise and confidence to effectively deal with complex and contemporary nursing issues. Some students study for four years (139 credits) – these include students entering McGill directly from high school or mature students who need to complete freshman science courses. Successful completion of the BSc(N) program entitles graduates to sit licensure examinations in Quebec, Canada, and several other countries. The BSc(N) program has been accredited by the Canadian Association of Schools of Nursing (CASN) since 1990 with the most recent full accreditation status having been granted from 2010 - 2017. Entry points to the BSc(N) program include:

- CEGEP Diplôme d’études collégiales (DEC) in Health/Medical Science – 3-year program with 33 CEGEP science credits transferred; 106-credit program for a 139-credit degree.
- High School graduate with upper level sciences from outside of Quebec or international graduate – 4-year BSc(N) program with 33 credits of Freshman (U0) sciences and 106 credit U1, 2, & 3 program for a 139 credit degree.
- Mature student entry for people over 23 who meet part or all of the Freshman Science courses – enter a 3 or 4-year stream depending on courses already completed.
- Transfer students from other universities or from other faculties at McGill and second degree students complete a 139-credit degree with exemptions for previous course work deemed equivalent to BSc(N) program requirements.

In addition to the Undergraduate Program Objectives, the BSc(N) program prepares graduates to meet the entry level scope of practice outlined in the Mosaïque des compétences cliniques de l’infirmière (OIIQ, 2009) & Law 90 Quebec Nurses Act:

“The practice of nursing consists in 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 in the practice of nursing are reserved to 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.

**BSc(N) Program of Study** – This is a full-time program, with the exception of students who have received exemption credits; any variation in the courses as outlined in the Program of Study must be discussed with the program Director. *Clinical courses (©) MUST be taken sequentially.*

<table>
<thead>
<tr>
<th>Semester</th>
<th>Course #</th>
<th>Cr</th>
<th>Course Title</th>
<th>Pre/co-requisites</th>
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<tr>
<td>U1 Fall Focus on Health</td>
<td>NUR1 422</td>
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<td>Research in Nursing</td>
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<td>NUR1 233, 234</td>
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<tr>
<td></td>
<td>NUR1 331</td>
<td>4</td>
<td>Nursing in Illness 1 © © DEW</td>
<td>NUR1 235, 233, 234/323, 321</td>
</tr>
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<td>3</td>
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<td>NUR1 200, PHGY 209, 210</td>
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<td>U2 Winter Health and Illness coexisting</td>
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<td>NUR1 331 or 319</td>
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<td>NUR1 323 or 319</td>
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<td>4</td>
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<td>PHAR 301</td>
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<td>Drugs and Disease</td>
<td>PHAR 300</td>
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<td>PATH 300</td>
<td>3</td>
<td>Human Disease</td>
<td>NUR1 200, PHGY 209/PHGY210</td>
</tr>
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<td>U2 Summer</td>
<td>NUR1 333</td>
<td>4</td>
<td>Nursing in Illness 3 © © © DEW</td>
<td>NUR1 332</td>
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<td>NUR1 428</td>
<td>3</td>
<td>Learning and Health Education</td>
<td>NUR1 331</td>
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<td>NUR1 420</td>
<td>3</td>
<td>Primary Health Care</td>
<td>/NUR1 431</td>
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<tr>
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<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 © © © DEW</td>
<td>NUR1 333/420 or 421</td>
</tr>
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<td>U3 Winter Community</td>
<td>NUR1 421</td>
<td>3</td>
<td>Resources in Special Populations</td>
<td>NUR1 420, 431/432</td>
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<tr>
<td></td>
<td>NUR1 432#</td>
<td>4</td>
<td>Community Health Nursing Project © © © DEW</td>
<td>NUR1 333/420 or 421</td>
</tr>
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<td>PSYC 204</td>
<td>3</td>
<td>Psychological Statistics</td>
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<td>Elective**</td>
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<td>U3 Summer</td>
<td>NUR1 530</td>
<td>5</td>
<td>Clinical Internship © DEW</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.
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 – 6 credits with at least 3 credits at ≥ 300 level. McGill offers a range of courses of possible interest; upper level courses are generally advised for students planning on graduate studies. The 300 level requirement is waived when French as a Second Language (FRSL) courses are taken.
# register for one of these courses in the Fall Term and the alternate one in the Winter Term:
<table>
<thead>
<tr>
<th>U0 Fall</th>
<th>CHEM 110</th>
<th>4</th>
<th>General Chemistry 1</th>
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<tbody>
<tr>
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<td>PHYS 101</td>
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<td>Introductory Physics - Mechanics</td>
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<td></td>
<td>MATH 140</td>
<td>3/4</td>
<td>Calculus 1 or Calculus 1 with Precalculus</td>
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<td></td>
<td>or 139</td>
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<tr>
<td></td>
<td>**NUR1 223 OR elective</td>
<td>3</td>
<td>Development Across the Lifespan</td>
</tr>
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<td></td>
<td>3</td>
<td>Elective</td>
</tr>
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<td>U0 Winter</td>
<td>CHEM 120</td>
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<td>PHYS 102</td>
<td>4</td>
<td>Intro Physics - Electromagnetism</td>
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<td>MATH 141</td>
<td>4</td>
<td>Calculus 2</td>
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<tr>
<td></td>
<td>BIOL 112</td>
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<td>Cell and Molecular Biology</td>
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<td>CHEM 212</td>
<td>4</td>
<td>Organic Chemistry 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>33/34</td>
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</table>

** Students who take NUR1 223 in U0 will take a 3-credit elective at any level in U1; students who take a 3-credit elective in U0 will take NUR1 223 in U1. It is generally recommended that U0 students take NUR1 223 in U0 so that they meet other nursing students.

**Overview of the BSc(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 important role that 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, Acute Stressors, Chronic Illness and Palliative Care, 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, 66-credit program (part-time study option available over three years) following 11 years of high school and completion of a three year Diplôme d’études collégiales (DEC) in Nursing from CEGEP (College d’enseignement général et professionnel – College of General and Professional Education). The Integrated Nursing program was developed following a mandate from the Ministère de l’Éducation, du Loisir et du Sport (MELS) to provide a 2-year university program that builds on a revised DEC (180.A0) in Nursing at the CEGEP level. The program aims to advance the practice of students by expanding their knowledge base, strengthening their critical thinking skills, promoting a strength based, family-centred perspective and preparing them for roles expected of a baccalaureate nurse. The BNI program is fully accredited by the Canadian Association of Schools of Nursing.

**BNI 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>3</td>
<td>Health &amp; Physical Assessment 2</td>
<td>PHGY 210</td>
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<td></td>
<td>NUR1 319</td>
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<td>Stress &amp; Illness Management</td>
<td>PHGY 209</td>
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<td>Research in Nursing</td>
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<td>PHGY 209</td>
<td>3</td>
<td>Mammalian Physiology 1</td>
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<tr>
<td></td>
<td>CHEM 232</td>
<td>4</td>
<td>Organic Chemistry Principles</td>
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<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>
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<tr>
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<td>NUR1 219</td>
<td>1</td>
<td>Transition to McGill Model</td>
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<td>Mammalian Physiology 2</td>
<td>PHGY 209 (recommended)</td>
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<td>PSYC 215</td>
<td>3</td>
<td>Social Psychology</td>
<td></td>
</tr>
<tr>
<td>U2 Summer</td>
<td>NUR1 331</td>
<td>4</td>
<td>Nursing in Illness I</td>
<td>NUR1 239/ NUR1 219, 319, 320</td>
</tr>
<tr>
<td>U3 Fall</td>
<td>NUR1 428</td>
<td>3</td>
<td>Learning &amp; Health Education</td>
<td>NUR1 331</td>
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<td>NUR1 420</td>
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<td>Primary Health Care</td>
<td>NUR1 431</td>
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<td>NUR1431#</td>
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<td>NUR1 331/ NUR1 420 or 421</td>
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<td>Drug Action</td>
<td>NUR1 200, PHGY 209, 210</td>
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<td>Elective course at 200 level or higher</td>
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</tr>
<tr>
<td>U3 Winter</td>
<td>NUR1 322</td>
<td>3</td>
<td>Chronic Illness &amp; Palliative Care</td>
<td>NUR1 331 or NUR1 319</td>
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<tr>
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<td>NUR1 421</td>
<td>3</td>
<td>Resources: Special Populations</td>
<td>NUR1 420, 431/432</td>
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<td>NUR1 432#</td>
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<td>NUR1 331/ NUR1 420 or 421</td>
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<td>NUR1 200, PGHY 209, 210</td>
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<td>PSYC 204</td>
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# register for one of these courses in the Fall Term and the alternate one in the Winter Term

© Ingram School of Nursing Faculty and Student Handbook, 5th Edition – 2014 20
### Part-time program of study over three years:

#### Year 1

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

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<td><strong>Fall</strong></td>
<td>NUR1 239</td>
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<td>Health &amp; Physical Assessment 2</td>
<td>/PHGY 210</td>
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<td>NUR1 319</td>
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<td>PATH 300</td>
<td>3</td>
<td>Human Disease</td>
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<td>3</td>
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#### Year 3

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<th>Cr</th>
<th>Course Title</th>
<th>Pre-/Co-requisites</th>
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<td>NUR1 428</td>
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<td>Learning &amp; Health Education</td>
<td>NUR1 331</td>
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<tr>
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<td>NUR1 420</td>
<td>3</td>
<td>Primary Health Care</td>
<td>NUR1 431</td>
</tr>
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<td>PHAR 300</td>
<td>3</td>
<td>Drug Action</td>
<td>NUR1 200, PHGY 209 &amp; 210</td>
</tr>
<tr>
<td><strong>Winter</strong></td>
<td>PSYC 215</td>
<td>3</td>
<td>Social Psychology</td>
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<tr>
<td></td>
<td>NUR1 421</td>
<td>3</td>
<td>Resources: Special Populations</td>
<td>NUR1 420, 431/ NUR1 432</td>
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<td>NUR1 432#</td>
<td>4</td>
<td>Community Health Nursing Project</td>
<td>NUR1 331/ NUR1 420 or 421</td>
</tr>
</tbody>
</table>

# register for one of these courses in the Fall Term and the alternate one in the Winter Term
Overview of the BNI 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 BNI 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 behavior 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

Information on the Master’s of Science (Applied) Direct-Entry program can be found on our website at: www.mcgill.ca/nursing/programs/msca-direct-entry.

Information on the Master’s of Science (Applied) Nurse Bachelor Entry program can be found at: www.mcgill.ca/nursing/programs/msca.

For information on the different areas of study within these programs, please visit: http://www.mcgill.ca/nursing/programs/msca-studies.

Information on the two Nurse Practitioner areas of study (Neonatology and Primary Care) can be found at http://www.mcgill.ca/nursing/programs/msca-studies/nppnpc.
Registration and Study Guidelines

Registration is completed using Minerva. Students must ensure that they are registered in the required courses of their program and follow the rules and regulations of the Ingram School of Nursing (see Health Sciences Calendar for undergraduate programs). Graduate students should 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 - contrary to popular belief, Minerva does not block students from registering for most courses for which the student lacks a prerequisite.

Students can verify their unofficial transcript in Minerva. The Degree Evaluation option within Minerva 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 non-Nursing courses: contact the Faculty responsible for the course and keep trying to register until the Add/Drop deadline. Students who are still unable to register at this time should inform the Undergraduate Nursing Student Affairs Office undergraduate.nursing@mcgill.ca or the Graduate Nursing Student Affairs Office graduate.nursing@mcgill.ca.

Regardless of the registration difficulties with mandatory courses, please continue to go to the course to avoid missing important material.

Registration Dates Registration dates and add-drop deadlines are as outlined in Important Dates. Deadlines for registration in nursing clinical courses are earlier than other courses to ensure a placement site is reserved. Failure to register in a clinical course before the deadline means that a clinical placement cannot be guaranteed.

<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</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 BNI and BSc(N) courses must be graded, so only electives can be graded in the S/U option. Only one course per term can be graded S/U and S/U is generally only recommended when the student is taking an upper level course (e.g., 500) and does not want to compromise the GPA. The S/U may preclude students from receiving awards as most require 27 graded credits between fall and winter studies. Once a course is taken under as S/U, the student cannot be assigned a grade. Students who accidentally select the S/U option for a mandatory course must redo or complete a substitute course approved by the Program Director.
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
The following provides guidance in helping students choose their 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.
- **Timing** – students may opt to take an elective in the summer; note that this option may mean the student is part-time in fall or winter and may not be eligible for awards requiring full-time studies.

Inter-University Transfer (IUT) Agreement
Students may take 3 or, exceptionally, 6 credits at another Quebec university while paying tuition to McGill University and without having to formally register at the other university based on the Quebec Inter-University Transfer Agreement. Students apply on Minerva. If approved, upon successful completion of the course(s) (minimum 55%), the credits will be recognized by McGill towards the student’s degree. Students wishing to take a required course using the IUT option must provide a copy of the course description so that equivalency can be assessed. Under the IUT agreement, grades are automatically sent from the other Quebec University to McGill so the student does not have to attend to this detail. Note that failed grades at the host university are recorded as failures on the McGill transcript.

Study Away
Any student who wishes to take a course or courses 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 who wish to complete CHEM 212 (generally taken in summer session of U0) in their home province or country – these students can 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 (see Math/Science Equivalency Table).
- Students in Satisfactory Standing who wish to complete an elective or other required course (that has been deemed equivalent) at another university outside Quebec.

On completion of the course, the student is responsible for ensuring that the NSAO receives an official transcript from the educational institution so that credits can be transferred.

The following steps apply to ‘study away’:
Step 1: 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 2: find a course that is equivalent to the required course at whatever university/college you want to attend - http://www.mcgill.ca/mathscitable/ can be used for freshman sciences; non freshman courses must be assessed by the respective department (e.g., physiology).

Step 3: once the 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. If a letter needs to be sent from McGill, please contact the Nursing Student Affairs Office.

Step 4: If the above steps are all positive then apply for Study Away from McGill – this is done on Minerva. 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!)

Step 5: once study away is approved on Minerva, register for the course at the university/college you want to attend – you must follow the admission and registration policies/procedures of that university/college.

Step 6: 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.

Exemptions and Transfer Credits
Students with previous university studies may be eligible for exemptions and transfer credits. A minimum of 60 credits is required to grant an UG degree, thus students cannot receive exemption credits beyond the 60 credit requirement. Exemptions for required courses are granted when:

- The course has been successfully completed within the last 3 – 5 years with a minimum of 55%, except for nursing (NUR1) courses, which must have a minimum grade of B.
- The course is deemed equivalent to the McGill required course (a course outline must be provided); Basic Math and Sciences Equivalency Table outlines equivalent freshman courses.
- 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., at CEGEP) exempt the student from the course but the credits must be replaced. The table below summarizes common exemptions.
- In the case of McGill interfaculty transfer students, all previous McGill courses (credits & grades, including failures) that are part of the Nursing program are included in the transcript record of Nursing studies. All previous McGill courses (credits & grades) that are not part of the Nursing program are excluded from GPA calculations, with the exception of minor degree studies when grades and credits for courses in the minor are carried forward. Courses from previous McGill studies that are used to fill BSc(N) elective credit requirements will receive credit transfer (no grade) except when the student has taken only one or two of the required elective courses. The policy of transferring credit without grade is determined to avoid the false elevation/lowering of GPA that would take place by selecting electives with high/low grades. If a student has taken one or two electives then the issue of ‘choosing’ an elective is moot. This policy is consistent with other professional Schools at McGill.
<table>
<thead>
<tr>
<th>Course Requirement</th>
<th>Exemption and/or credit transfer</th>
</tr>
</thead>
<tbody>
<tr>
<td>U0 Freshman Sciences</td>
<td>Any course deemed equivalent in the Math Science Table</td>
</tr>
<tr>
<td>NUR1 200 Biology for Illness and Therapy</td>
<td>McGill BIOL 200 &amp; BIOL 201 or BIOL 200 &amp;ANAT 212 or BIOL 200 and ANAT 212 or LSCE 211 &amp; ANSC 234 (credit &amp; grade transferred if transfer student; credit transfer for 2nd degree)</td>
</tr>
<tr>
<td>PSYC 204 Psychological Statistics</td>
<td>Students with 75% in CEGEP Math 201-307 or 201-337 or equivalent or the combination of Quantitative Methods 300 with Math 300 are exempted but must replace the 3 university credits - students must inform their advisor. McGill courses accepted for credit exemption: AGRI 310; BIOL 373; ECON 227, ECON 257; GEOG 202; MGCR 271; MATH 203; SOCI 350.</td>
</tr>
<tr>
<td>NUR1 311 Infection Prevention and Control</td>
<td>McGill MIMM 211 NOT equivalent – nor any non-nursing microbiology courses (owing to lack of nursing specific competencies)</td>
</tr>
</tbody>
</table>
Minor Degrees for BSc(N) students

Minor degrees are offered by a range of academic units at McGill (e.g., Women’s Studies, Psychology). Minor degrees involve a specified program of study – generally 18 to 24 credits. The option is most applicable to transfer students from another program at McGill. Students seeking to complete a minor must complete the following and respond ‘yes’ to each of the questions. The form is submitted to the Undergraduate Nursing Student Affairs Office for approval.

<table>
<thead>
<tr>
<th>STUDENT NAME</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>STUDENT McGill ID</td>
<td></td>
</tr>
<tr>
<td>TITLE OF MINOR DEGREE</td>
<td></td>
</tr>
<tr>
<td>DEPARTMENT OFFERING MINOR DEGREE</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>You are currently in satisfactory standing in the B.Sc.(N) program and have never been in unsatisfactory or probationary standing nor on Clinic alert.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Your CGPA is $\geq 3.0$.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>You have obtained a list of courses required in the minor degree that interests you and you have ensured that you will be able to complete these courses (e.g., you have the prerequisites, there are no scheduling conflicts).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>You have ensured that the department offering the minor degree will accept any overlapping courses (e.g., the minor department will accept that a required B.Sc.(N) course can apply to both the major (Nursing) and minor degree).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>You will be able to complete the minor degree without extending your nursing studies beyond the original graduation date at admission.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>You will be able to complete the minor degree without interfering with your performance in the B.Sc.(N) program.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>You have attached the list of courses required for the minor**.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>You agree that if either your CGPA drops below 3.0 or you are placed in either unsatisfactory or probationary standing or clinic alert, permission to complete a minor will be revoked retroactively.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

** Transfer 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 (in the space below) what courses are to be included:

<table>
<thead>
<tr>
<th>FOR USE BY UNDERGRADUATE NURSING STUDENT AFFAIRS OFFICE</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>The student is granted permission by the B.Sc.(N) Program Director to complete a minor degree</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If YES, the minor degree has been entered on the Minerva record</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If approved, the ISoN adds the minor designation to the Minerva record; however, it is the department offering the minor that must indicate to the Undergraduate Nursing Student Affairs Office that the minor requirements have been met.
Support for Students

Administrative Support

- Undergraduate Nursing Student Affairs Office – Pia Pozzuto, Student Affairs Coordinator - Room 203, Wilson Hall - 514-398-3784, undergraduate.nursing@mcgill.ca
- Graduate Student Affairs Office – Anna Santandrea, Student Affairs Coordinator - Room 203A, Wilson Hall - 514-398-4151, graduate.nursing@mcgill.ca
- Service Point for Undergraduate and Graduate Students - 3415 McTavish Street; 514-398-7878 Services: certified copies, Minerva help, ID cards, legal documents, Tuition & Fees info, etc.
- Student Services Brown Building, 3600 McTavish, Suite 4100; 514-398-3825
- Ombudsperson - Spencer Boudreau – 3600 McTavish, Suite 5202 - 514-398-7059
- For a complete list of student resources and services at McGill, visit www.mcgill.ca/students/.

Academic and Learning Support

Program Directors

- BSc(N): Madeleine Buck, R. 211, Wilson Hall, 514-398-4155; madeleine.buck@mcgill.ca
- BNI: Elaine Doucette, R. 408, Wilson Hall, 514-398-2630; elaine.doucette@mcgill.ca
- M.Sc.(A): Linda McHarg; linda.mcharg@mcgill.ca
- PhD: Margaret Purden, R. 423, Wilson Hall, 514-398-2417; margaret.purden@mcgill.ca

Advisors

All students are assigned an advisor at admission and when promoted from year to year. The advisor’s name is indicated on the Minerva advising transcript.

Library Services – nursing students frequently use the Life Sciences Library including *Patrick Health Information Collection – (*established in memory of W. Patrick, a McGill Librarian - the collection offers lay-oriented monographs on health care). The Nursing collection is located at the Schulich Library of Science and Engineering.

Course reserves ensure that students have required texts available to them. Faculty can suggest a purchase. Any required text should be available in the library.

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 Subject Guide provides valuable links to CINAHL, PsycInfo, evidence-based resources (e.g., Cochrane, Joanna Briggs Institute, National Guideline Clearing House); Up-to-Date; e-books and journals; streaming videos (Bates Guide to 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 on the Ingram School of Nursing website at: www.mcgill.ca/nursing/students/gradstudentprojects.
Arnold & Blema Steinberg Medical Simulation Centre (3575 du Parc # 5640; 398-8978) The centre uses simulation to enhance the skills of health professionals – its clinical examination rooms, technical skills area, high-fidelity simulators, and task trainers support student learning. The Centre offers a virtual tour; users adhere to the Policies and Procedure Manual and present in a professional manner, including uniform/lab coat and name tag when working with Standardized Patients (SPs). Teachers book sessions by completing a Session Form (prior to requesting use of the Centre, ensure that there is no conflict with an existing ISoN course).

Ingram School of Nursing Learning Laboratory (3473 University, University Hall) – The lab has 7 clinical beds, an ICU bed, a stretcher, an exam table, and AV capacity for distance education. Reserve: info.nursing@mcgill.ca. Resources include task trainers (e.g., IV arm; central line), health assessment equipment.

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.

Campus Life and Engagement (formerly First Year Office) – Leadership programs, programs for new students, assistance for Francophone Students

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

SKILLSETS – Professional Development for Graduate Students (SKILLSETS) is an initiative from Graduate and Postdoctoral Studies and Teaching and Learning Services designed to complement the research training provided by the academic experience at McGill. Workshops provide general, transitional and professional skill development opportunities within nine themes recommended for training High Quality Personnel, Canadian Association for Graduate Studies.

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

Health and Wellness Support

Student Health Services – walk-in services, medical appointments, immunizations, outreach campaigns on sexual and physical health, Shag Shop provides safer sex products and information.

Student Mental Health Services - provides assessment and treatment for many conditions which may interfere with psychological well-being.

Chaplaincy Service – an interfaith organization dedicated to spiritual and religious care.

Counselling Service – Counselling and psychotherapy sessions, crisis intervention, wellness workshops.
First Peoples’ House – Provides support and a community for Aboriginal students (cultural activities, networking opportunities, informal counsel, advocacy, financial and employment resources, etc.).

Office for Students with Disabilities – Provides access technology and adaptive software, facilitates exam and lecture accommodations, serves as a student advocate on accessibility and disability rights.

Financial Support

Any student who is 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.

Ingram School of Nursing Scholarships & Awards – In-course awards are 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 – 10% SGPA. Alumni awards are granted to students who have demonstrated strong academic performance as well as contributions to the Ingram School of Nursing, the university, and the community at large. Students apply for alumni awards in the fall of each academic year.
Clinical Studies

The ISoN emphasizes an integrated approach to nursing education with theoretical courses provided to inform clinical practice and clinical practice informing theoretical content. Clinical studies are enhanced by a long standing relationship with the McGill Teaching Hospital Network. Most clinical placements are in McGill affiliated Réseau Universitaire Intégré de Santé (RUIS) agencies including Centres de Santé et de Service Sociaux (CSSS). Students in the Ambassador Program and in the Global Health Masters option study nationally and internationally. The clinical placement coordinator liaises between the ISoN and clinical agencies.

An effort is made to place students within reasonable travel distance but this cannot be guaranteed. Students must budget for travel to/from clinical course experiences. Special requests (except in NUR1 530), for specific location or hours of clinical study cannot be accommodated except for exceptional circumstances (e.g., a family member admitted to a particular unit). Clinical courses may require study during the day, evenings, nights and weekends. A summary of requirements for clinical studies is provided below – each is discussed in more detail.

<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 BSc(N)</td>
</tr>
<tr>
<td>Licensure</td>
<td>BNI students must obtain RN licensure within the 1st year of studies. Those who did not sit the September exam must notify the Program Director</td>
<td>May 1, U2 BNI</td>
</tr>
<tr>
<td>Immunization</td>
<td>A range of immunizations as per McGill Student Health Services protect students &amp; the public</td>
<td>Sept. 30 U1 BSc(N), May 1 U2 BNI</td>
</tr>
<tr>
<td>Mask Fitting</td>
<td>Fitting with N-95 mask</td>
<td>May 1 U1 BSc(N), U2 BNI</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>Accidental Exposure – Blood or Body Fluids or Other 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>As required</td>
</tr>
<tr>
<td>CPR Certification</td>
<td>Health Care Provider (HCP) and Automated External Defibrillation (AED)</td>
<td>Jan 15 U1 BSc(N), May 1 U2 BNI</td>
</tr>
<tr>
<td>Moving Patients Safely</td>
<td>5-hour training based on Moving Patients Safety Principles Program of the Association pour la Santé et Sécurité du Travail</td>
<td>June 15 U1 BSc(N)</td>
</tr>
<tr>
<td>Professional appearance</td>
<td>Name tags to meet legal requirements</td>
<td>Sept. 30 U1 BSc(N); May 1 U2 BNI</td>
</tr>
<tr>
<td>Professional appearance</td>
<td>ISoN uniform for clinical studies</td>
<td>Jan 15 U1 BSc(N) (certain students in NUR1 234); remainder by May 1 for NUR1 233</td>
</tr>
<tr>
<td>Health Assessment Equipment</td>
<td>Required equipment to enable health assessment</td>
<td>As per NUR1 235 or NUR1 239 requirements</td>
</tr>
<tr>
<td>Student criminal verification</td>
<td>Assessment by police department to allow study in certain clinical agencies</td>
<td>As required</td>
</tr>
</tbody>
</table>
OIIQ (l’Ordre des Infirmières et Infirmiers du Québec) Registration

Quebec legislation requires that any student in a health profession must be registered with their respective professional order to ensure protection of the public. In the case of nursing, that order is L’Ordre des infirmières et infirmiers du Québec (OIIQ). Only students with OIIQ registration, either as a student nurse with a Student Permit or as a Registered Nurse, can have access to patients/clients – hence, lack of such documentation results in inability to continue in clinical courses. The OIIQ refers to the above process as ‘immatriculation’ so ‘registration’ and ‘immatriculation’ may be used interchangeably.

Any patient can verify the student’s status or register a complaint with the OIIQ. Teachers and health facility agents can ask for proof of registration so students must carry this documentation at all times during clinical studies, including community visits.

Deadline for registration with the OIIQ: BSc(N) U1 – program # 190.02 – January 15

Procedure for registration (for students who are not already a registered nurse):
- The OIIQ sends the notice of application in the fall (generally November) to newly enrolled students in the ISoN. Notice is sent ONLY to students who have a Quebec address so it is imperative that students register a Quebec address on Minerva at the time of admission.
- The application must be accompanied by a birth certificate (certified or original), a photograph (passport-sized, authenticated), and a fee payment. Authentication of these documents can be completed by following instructions in the application package.
- Students who have not received the OIIQ registration application by December 1 should contact their respective ISoN Student Affairs Office.

All Nursing students registered with the OIIQ must adhere to the Quebec Code of Ethics of Nurses. All clinical courses within ISoN programs monitor clinical performance according to the Code of Ethics and failure to adhere to this code can lead to a failure in clinical studies. The OIIQ can revoke the Student Permit based on complaints received by the Order. Such revocation will mean automatic withdrawal from the Nursing program.

According to the Quebec Nurses Act, Regulation Respecting Conditions and Procedures for Revoking the Registration of a Student in Nursing includes: “expulsion from an educational institution, for unacceptable conduct in the clinical milieu, criminal convictions, drug addiction, alcoholism, troubles of a physical or psychological nature incompatible with the practice of nursing, and for any other act derogatory to the dignity of the profession.” R.R.Q., 1981, c. I-8, r. 6, s. 2.01.

Leave of Absence or Withdrawal from Nursing and OIIQ registration 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 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 the OIIQ with all the required documents and the registration fee.

All correspondence with the OIIQ should be directed to:
Ordre des infirmières et infirmiers du Québec - inf@oiiq.org; 4200, rue Molson
Montréal (Québec) H1Y 4V4 – 514-935-2501 ; 1-800-363-6048
Immunization

Immunization requirements are in place for all students in the health professions for protection of the public as well as the health professional. Students complete the immunization form and send/bring it to McGill Student Health Services, Brown Student Services Building, 3600 McTavish. Health Services receives all immunization documents and provides nursing specific 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 will not be placed on units where patients are immunocompromised (e.g., oncology units), or in the paediatric setting.
- Students who do not seroconvert following hepatitis immunization will receive career counseling to avoid exposure.

Annual influenza (flu) vaccination is currently not mandatory; however, most agencies require this type of immunization so students who have not received influenza vaccination may not be allowed into certain facilities (e.g., all facilities used in NUR1 234 Nursing in Elderly).

Only students with proof of immunization can have access to patients/clients – lack of such documentation results in inability to continue in clinical courses. Students must carry this documentation at all times during clinical studies, including community visits.

Deadline for Immunization: BSc(N) U1: Sept 30 at least ‘in progress’ with ppd testing complete for those requiring it; remainder complete by May 1 (for NUR1 233); BNI U2: May 1.

Mask fitting

Mask fitting ensures that students are adequately 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.

Deadlines for mask fitting: BSc(N) U1 & BNI U2 – May 1 (prior NUR1 233 or BNI NUR1 331).

Declaration of blood-borne infection(s)

Students who are seropositive for Hepatitis B, C, or HIV and/or any other blood-borne pathogens have an obligation 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, Rapid Lake. Program Directors keep this information strictly confidential.
Accidental Exposure – Blood or Body Fluids or Injury Sustained in Clinical Studies

Prevention of accidental exposure is most important (e.g., do not 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. Visit http://www.mcgill.ca/health/staff/researchstaff.

Students on clinical rotation, whether in Quebec or elsewhere, and all employees of McGill are covered for injuries sustained while at work by the Quebec Workmen’s Compensation Board (Commission de la santé et de la sécurité du travail). Thus, all accidents, including accidental exposure to body fluids, have to be reported to the University by completing the McGill University Accident and Incident Reporting Form. The form needs to be returned to the Nursing Undergraduate Student Affairs Office.

The student’s Program Director must be contacted within 24-48 hrs of the exposure to ensure that all the appropriate steps have been taken and to offer counselling. A needle-stick or other exposure is a frightening and anxiety provoking experience, often leaving someone with feelings of shame, embarrassment, and an unbearable sense of being alone.

For accidental exposure in a McGill University teaching hospital: If an exposure, such as a needle-stick injury, does occur, report this immediately to the Head/Charge nurse, the supervisor/preceptor, and the Occupational Health services of the institution. The institution-based forms should be completed accordingly.

For accidental exposure in non-McGill teaching hospitals: In the case of a student doing a community placement (e.g., CLSC) or studying in a Montreal non-McGill teaching setting, a) Call the Centre de référence de prophylaxie post-exposition at Hôpital St-Luc at 890-8000 ext. 36519; b) Go directly to the emergency room at Hôpital St-Luc and inform the triage nurse that you have had an exposure; or c) Proceed to the emergency room at the McGill teaching hospital nearest your location. For students outside Montreal or elsewhere in the country or world, contact Student Health Services for assistance, your own family physician, or an infectious disease specialist.

CPR Certification

All students must obtain and maintain CPR certification level Health Care Provider (HCP) and Automated External Defibrillation (AED). The student societies generally organize certification/recertification sessions.

Deadlines for CPR Certification are: BSc(N) Jan 15 U1 and BNI May 1 U2.

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. Cost: 25 – 35$ (varies). Deadline: BSc(N) June 15 U1.
Professional Appearance

Students and faculty aim to present themselves to the public in a manner that ensures confidence and adheres to the principles of infection prevention and control. The ISoN acknowledges the rights of students and faculty as well as the rights and expectations of patients/families encountered during studies, the public image of the School and that of 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 for studies in hospital-based courses and at the Medical Simulation Centre with Standardized Patients.

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. 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 BSc(N) uniform, designed by the NUS, consists of a navy top with McGill logo and light blue pants. It is purchased through the NUS contact at a reasonable cost. Two uniforms are required to allow for laundering between clinical days. Students are informed of fitting sessions by a NUS representative. *Uniforms are needed by Jan 15 of U1 for certain students in NUR1 234; the remainder by May 1 for NUR1 233.*

*BNI students* wear the uniform normally worn in the workplace or uniforms that fit the guidelines of the hospitals in which they are placed.

*Guidelines for Professional Appearance (OIIQ, 2006)*:

- **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. Wrist watches may cause injury so a lapel watch is advised. 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) must be 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).
• 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).
• 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).


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

### Infection Prevention and Control (IPC)

Prevention and control of infections is of utmost importance – both for the protection of the health care professional and the safety of patients/clients. Dress guidelines (above) take into consideration the principles of infection prevention and control. Key IPC procedures involve routine practices (includes hand hygiene) 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. If hands are not visibly soiled, then hand hygiene may be performed with an alcohol-based hand rub. Hand hygiene is performed between client contacts. Routine Practices combine the major features of Universal Precautions and Body Substance Isolation and are designed to reduce risk of transmission of microorganisms from recognized and unrecognized sources.” (Kozier, Erb, Berman, Buck, Yiu, Stamler 2014). Routine practices include:

- Hand hygiene with alcohol-based hand rubs/gels/rinses that contain more than 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, Public Health Agency of Canada, 2013). See Hand Hygiene Procedure on next page.
- Use an antimicrobial agent or antiseptic agent for the control of specific outbreaks of infection.
- Wear clean gloves when touching blood, body fluids, secretions, excretions, non-intact skin and mucous membranes, and contaminated items (e.g., soiled gowns).
- Clean gloves can be unsterile unless their use is intended to prevent the entrance of microorganisms into the body.
- 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 the transfer of microorganisms to others (i.e., clients, healthcare workers, or self). 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.
- Dispose of single-use equipment 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 refers to removing or killing microorganisms on the hands. When performed correctly, hand hygiene is the single most effective way to prevent the spread of communicable diseases and infections. In health care, hand hygiene is used to eliminate transient microorganisms that have been picked up via contact with patients, contaminated equipment or the environment.” (CHICA - Community and Hospital Infection and Control Association Canada 2013). Hand hygiene may be performed either by using soap and running water, or with alcohol-based hand rubs; however, using alcohol based hand rubs is more effective than washing hands (even with an antibacterial soap) when hands are not visibly soiled.

**Hand hygiene procedure using alcohol-based hand rubs (CHICA, 2013)**

Alcohol-based hand rubs/gels/rinses are the preferred method for decontaminating hands, provided they contain more than 60% alcohol. They are widely used in health care settings, or in situations where running water is not available. Using alcohol-based hand rub is better than washing hands (even with an antibacterial soap) when hands are not visibly soiled.

- Remove hand and arm jewellery.
- Apply enough antiseptic to make about the size of a quarter onto hands, enough so that when hands are rubbed together all areas of the hands are covered, including under the nails (1-2 pumps).
- Use a rubbing motion to evenly distribute the antiseptic product over all surfaces of the hands, particularly between fingers, fingertips, back of hands and base of thumbs.
- Rub hands until they feel dry (minimum 15-30 seconds).

**Hand hygiene procedure using soap and water (CHICA)**

1. Remove hand and wrist jewellery and wet hands with warm (not hot) running water.
2. Add soap, and then rub hands together, making a soapy lather. Do this for at least 15 seconds, being careful not to wash the lather away. Wash the front and back of the hands, as well as between the fingers, and under the nails.
3. Thoroughly rinse hands under warm running water, using a rubbing motion.
4. Wipe and dry hands gently with single use paper towel. Rubbing vigorously with paper towels can damage the skin.
5. Turn off tap using paper towel so that hands are not re-contaminated.

**Cough Etiquette**

When a mask is not available, covering your mouth when sneezing and coughing is recommended. Cover the mouth with a tissue or raise your arm up to your face to cough or sneeze into your sleeve. If using a tissue, dispose of it as soon as possible and wash hands immediately.
Additional precautions are used for clients with known or suspected infections that are spread by either: 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. Recommended practices for Additional Precautions are shown in the following table.

<table>
<thead>
<tr>
<th>Type of Precaution</th>
<th>Recommended Practice</th>
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<tbody>
<tr>
<td><strong>Airborne Precautions</strong> - used for pts known or suspected to have serious illnesses transmitted by airborne droplet nuclei smaller than 5 microns. Examples of such illnesses include measles (rubeola); varicella (including disseminated zoster); and tuberculosis.</td>
<td>- Pt in private room with negative air pressure &amp; 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.</td>
</tr>
<tr>
<td><strong>Droplet Precautions</strong> - used for pts known/suspected of serious illnesses transmitted by particle droplets ≥5 microns (e.g., mumps, pertussis (whooping cough); rubella; influenza, pneumonia, scarlet fever.</td>
<td>- 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.</td>
</tr>
<tr>
<td><strong>Contact Precautions</strong> – used if pt known/suspected of serious illnesses transmitted by direct pt contact or with items in the environment e.g., GI, resp, skin, wound infections or colonization with multidrug-resistant bacteria; clostridium difficile, Ecoli 0157:H7, Shigella, Hep A in diapered/incontinent clients; RSV, parainfluenza virus, enteroviral infections in infants/children; skin infections (HSV, impetigo, pediculosis, scabies).</td>
<td>- Place pt in private room OR with another pt 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.</td>
</tr>
</tbody>
</table>

**Health Assessment Equipment**

Students purchase the following on commencing NUR1 235 Health and Physical Assessment 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 Nursing Undergraduate Society for ‘group bargains’ they may have negotiated. The McGill bookstore stocks stethoscopes and other equipment.
Student Criminal Verification

Most health care agencies and community-based services (e.g., day cares, schools), in and outside of Quebec, require a formal criminal reference check or a formal self-declaration on a ‘Criminal Background Verification Form’. A criminal reference check that prevents a student access to a clinical setting can jeopardize his/her clinical placement requirements. The Student Clinical Placement Coordinator and the clinical instructors provide students with procedures to follow as required.

Language Requirements

The majority of hospital-based clinical placements are in designated Anglophone agencies where English is the principle language of communication among health professionals, including patient documentation; however, patients will speak a range of languages. Placements in community agencies generally require fluency in French as it is the language of delivery of services and documentation. While French language testing is not required for entry to any program, non-bilingual students are strongly encouraged to develop their French language skills as soon as they commence their program of study.

The McGill French Language Centre offers a range of French credit courses from beginner to advanced levels, including three courses designed for Health Sciences students. In particular, FRSL 332-002 (Fall) and FRSL 333-002 (Winter) are two 3-credit courses for intermediate/advanced level students, focusing on writing and grammar review (generally offered in the evening) and one free non-credit intermediate/advanced level course focusing on oral communication for students in Health Sciences (offered both semesters, in the evening). Placement tests are required; courses fill up quickly so early registration is encouraged.

The Faculty of Medicine arranges French courses for students in the Faculty, including Nursing. The courses are generally on the weekend. Information is provided by email notice to students.

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


Stress and Coping

Students are exposed to a range of placements in tertiary and quaternary care (ultra-specialized) hospitals as well as settings where the patients/clients/families are dealing with complex and possibly life-threatening illness. Students may experience high levels of stress in clinical studies such as when 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, head nurses, 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

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 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);
- post exposure prophylaxis (PEP) is not available i.e., antiretroviral medications for a needle stick injury with an HIV or Hepatitis carrying client;
- legal parameters do not allow for it e.g., only RNs can have access to narcotic keys so RN must accompany and witness the student during procurement and preparation of narcotics; 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 (OIIQ, 2005). The documentation must at least reflect the issues identified in the Therapeutic Nursing Plan (TNP) that is found at the front of every patient’s chart. (NOTE: nursing students can write about the various aspects of the TNP and must inform the RN of any issues needing follow up and update but nursing students CANNOT adjust the TNP – legally, only RNs 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.

- Anyone authoring a note in a patient’s chart must identify themselves clearly and properly by full name, title, and institutional affiliation (e.g., Syd Syn, Nursing Student, McGill University).

- 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 that 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 his/her notes which may/not be the same as the student notes. In some cases, the RN may countersign the student’s charting indicating agreement with what has been written and then write an additional note to add other relevant information.

- 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 BSc(N) students to meet minima 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. Those who miss a unique experience (e.g., prenatal class) may simply miss that experience if an alternate experience cannot be offered. 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 negative 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 (with clients/families, health professionals), technical/procedural skills (includes performance of the skill and sensitivity to the patient), professionalism and comportment, and the ability to use the McGill Model of Nursing in nursing care. 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.

Clinical course coordinators orient students to the goals and objectives of each course. All courses have a period of formative (aimed at improvement) assessment (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 assessment and care, participation in unit-based activities, dialogue with the teacher, contributions in conference, learning logs, reflective
journals). Unlike multiple choice 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 meet with students on a regular basis to give formative feedback about learning. Students who are at risk of failing are informed about this risk so that a learning plan can be developed. Students play a role in reflecting on their learning, seeking clarification and validation of their learning, and using all learning resources available to progress.
- Teachers assign clinical grades with much thought. 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.

**Failure in Clinical Courses**

Students are granted a failure in a clinical course when they do not meet the objectives identified in the course outline during the summative evaluation period OR fail to demonstrate professionalism and proper comportment (measured throughout all clinical courses), OR place patients at significant risk during any of the clinical studies OR fail to demonstrate professional behaviour in adherence with standards in classroom and clinical studies (including performance at the Simulation Centre and in the ISoN 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 180 hour clinical experience that provides students with an opportunity to integrate the knowledge and skills acquired in the BSc(N) program. BNI 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 below) is available for students who wish to complete the internship outside McGill Teaching Hospitals 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.

Advising sessions are held in May and September. Students may also speak with professors, clinical coordinators, alumni, mentors, career guidance counsellors, or classmates to help in their decision making processes. The McGill Career Planning Service (CaPS) offers a career advisor.

Clinical Internship Placement Proposal

All students must 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 BSc(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. Students can study in areas within Montreal/Quebec, other Canadian provinces, or internationally. BSc(N) Students can apply to the Ambassador Program to complete NUR1 530 program requirement; BNI students can opt for the Ambassador Program as an elective.

Students in the Ambassador Program are chosen carefully because 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 nursing students in good academic standing who are self-directed, professional, confident, knowledgeable, and versatile. They must
demonstrate insight into the nature of the site being requested and the fit with that agency’s ability to meet course and personal learning objectives. In addition to the Clinical Internship Placement Proposal, applicants to the Ambassador Program must complete an Ambassador Program Application. Applicants are chosen based on the following criteria:

- Strength and completeness of Ambassador Program Application.
- A minimum CGPA and NUR1 CGPA of \( \geq 3.2 \) by the end of Fall semester of U3 and no record of clinic alert status.
- Fit between proposed site and the course and personal learning objectives.
- Performance in interview with course coordinator and clinical placement coordinator.
- The site is deemed safe for travel by the Government of Canada Department of Foreign Affairs and International Trade.
- Ability to participate in mandatory 1½ day weekend Nursing pre-departure workshop in winter session – generally held the third weekend of March.
- Ability to obtain a passport and visa (if necessary) and meet criminal reference check (if necessary).
- 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.
- Proof of health insurance including emergency evacuation.
- The student’s ability to fund any costs associated with the experience.
- Proof that immunization requirements are met; proof of registration with the OIIQ.

**Resources for students considering the Ambassador Program:**

- The Nursing Clinical Placement Coordinator maintains a list of previous Ambassador sites.
- **Health Knows no Boundaries – Ingram School of Nursing Publication**
- **McGill Library Global Health Resource Guide**
- **Arts and Science Faculty Internship Guide** – while aimed at Arts and Science Students, this guide provides some information that can be helpful to Nursing students.

**Externship Program**

Nursing students in Satisfactory Standing and who have completed two years or 60 credits of nursing studies are eligible to participate in the Quebec Externship Program under the auspices of the OIIQ. Externs benefit from supervision (required by law) and opportunities to develop a range of nursing skills. There are strict regulations regarding this program and students must adhere to the scope of practice guidelines to avoid legal repercussions – see [http://www2.publicationsduquebec.gouv.qc.ca/dynamicSearch/telecharge.php?type=3&file=I_8/I8R2_A.HTM](http://www2.publicationsduquebec.gouv.qc.ca/dynamicSearch/telecharge.php?type=3&file=I_8/I8R2_A.HTM). Students must be aware that this program is not administered by McGill University, rather by the OIIQ and the institution offering the externship – the latter must provide the extern with an integration program. McGill’s insurance does not cover students during the externship; nor do students represent themselves as McGill nursing students in documentation. The OIIQ provides malpractice insurance and provides externs with the proper identification to note in documentation.

Students who are interested in participating in this program should consult with local hospitals to see if the program is offered in that institution and what their internal procedure is for application. Students applying for this program must have OIIQ forms completed by the ISoN. These forms should be submitted to the Student Affairs Office prior to the deadlines indicated on the form.
Section 3 – Evaluation and Academic Standing - Undergraduate Programs

Academic standing matters are the jurisdiction of the Student Standing and Promotions (SS&P) Committee. This committee is composed of faculty and student representation and meets at least three times a year to review the performance of all students in the ISoN. The committee reviews the students’ records and makes decisions on all matters relating to standing, promotion and graduation. The committee also receives and responds to requests for leave of absence, grants or denies permission to write deferred and/or supplemental examinations (in nursing and non-nursing courses), assesses that students have fulfilled the Registration with the Profession requirements, assesses that students have fulfilled the Vaccination/Immunization requirements, receives requests for reassessments and rereads in examinations, appeals, and receives inquiries and/or complaints related to student conduct issues (as per McGill Handbook of Student Rights and Responsibilities, and/or Quebec Code of Ethics of Nurses). The Committee refers disciplinary issues to the Associate Dean and Director of the Ingram School of Nursing.

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.

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

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

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.

\( J \) – Absent; recorded for the student who did not write the final examination and had not been granted deferred status, or who did not complete an essential part of the course requirements without a valid reason. This is a failure and is calculated in the TGPA and CGPA as a failure. Appearing at the incorrect time for an examination is not a sufficient reason for a \( J \) grade to be replaced by a grade of \( L \) (deferral).

\( K \) – Incomplete; deadline extended for submission of course work (maximum 4 months). This option is rarely used (e.g., illness, compassionate reasons) in the Undergraduate Nursing Program and can only be given after discussion with the Assistant Director of the respective program; if used, a ‘\( K \) contract’ must be signed (available at Nursing Undergraduate Student Affairs Office). 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; for students whose final examinations or papers have been deferred, for reasons such as illness, at the time of the examination. The ‘\( L \)’ grade must be cleared within 4 months. A medical certificate or appropriate document must be submitted to the Undergraduate Nursing Student Affairs Office 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 will not be considered. By commencing to write any examination, the student waives the right to plead medical causes for deferral or permission to write a supplemental examination, 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.

\( LE \) – Further deferral: permitted to defer examination for more than the normal period.

\( W \) – Withdrawn with approval: a course dropped, with permission of the Program Director, after the change of course period; not included in GPA calculations.

\( WF \) – Withdrawn 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.

\( WL \) – Withdrawn 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 of 2.0 or above and a TGPA of ≥ 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 (clinical courses are indicated by the middle course number of ‘3’ e.g., NUR1 234, 235, 331 are clinical courses);
- no failure in NUR1 220 Therapeutic Relationships
- 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.

Any U0 student who meets ALL of the following criteria:

- a CGPA of 2.0 or above and a TGPA of ≥ 2.0;
- no more than 2 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).

NOTE: Students who do not pass NUR1 220 cannot move into NUR1 234 or NUR1 235 (even if in Satisfactory Standing).

Probationary Standing The student who has not met the criteria of Satisfactory Standing and who has been allowed to continue in the program is placed on probationary standing in the following conditions when the student has:

- more than 2 failures in the non-nursing (non-NUR1) courses of the program but has a CGPA ≥ 2;
- more than 4 credits of failures in nursing (NUR1) courses and has a CGPA ≥ 2;
- 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 between 1.5 – 1.99 and TGPA in Fall or Winter ≥ 2.50 and previously in Probationary Standing;
- a CGPA of between 1.5 – 1.99 and has exceeded the number of allowable failures in nursing and non-nursing courses but who has been granted permission to remain in the program**;
- 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/term). They must maintain a TGPA of a minimum 2.5 and obtain a CGPA ≥ 2.0 by the end of the next academic year to return to satisfactory standing. Students on
probation must also meet any requirements outlined by the SS&P Committee. Any student on probation should see their faculty adviser to discuss their course selection and degree planning.

** The Committee takes into account several factors when making decisions as to whether a student can or cannot continue in the program e.g., pattern of performance, insight, extenuating circumstances, degree of violation of code of ethics and/or code of conduct, among other factors.

U1 BSc(N) students who are in Probationary Standing cannot continue into neither NUR1 234 or NUR1 235. As well, students who do not pass NUR1 220 cannot move into NUR1 234 or NUR1 235 (even if in Satisfactory Standing)

**Unsatisfactory Standing** Any student with the following:
- CGPA of < 1.5;
- CGPA of 1.5 to 1.99 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;
- 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;
- failure in a clinical nursing course and the student has not been allowed to repeat the course.
- failure 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.
- Any student who is considered incompetent and/or unsuitable for the practice of Nursing.
- Any student who has had their student licence revoked as per OIIQ legal guidelines:
  According to the Quebec Nurses Act, Regulation Respecting Conditions and Procedures for Revoking the Registration of a Student in Nursing includes: “expulsion from an educational institution, for unacceptable conduct in the clinical milieu, criminal convictions, drug addiction, alcoholism, troubles of a physical or psychological nature incompatible with the practice of nursing, and for any other act derogatory to the dignity of the profession.” R.R.Q., 1981, c. I-8, r. 6, s. 2.01.

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 Program Director for guidance as their status in the university may be deemed satisfactory in programs with less rigorous standing requirements. Students whose CGPA is above 2.0 may be granted permission to stay within the Ingram School of Nursing and take non-NUR1 courses to raise their CGPA and/or meet transfer requirements within other faculties.

**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 obtains a grade that reflects ‘Below Expectations’ i.e., B-, C+, or C in a clinical course (e.g., NUR1 233, 234, 235, 331, 332) or in NUR1 220 Therapeutic Relationships;
• the student’s pattern of performance during the clinical evaluation period indicates steady decline or whose conduct in the areas of professionalism, comportment, or moral/ethical behaviour is a concern (but meets minimum “Meets Expectations” 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 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 who then arranges a meeting with the student, course coordinator from course in which difficulties were met, and the subsequent course coordinator to develop a learning plan (including learning objectives, plans to ensure learning, and outcome measures) for the next clinical course. Generally, the learning objectives are to be assessed within 4-6 weeks of the subsequent 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 course coordinator, clinical teacher, and student meet to evaluate achievement indicators. If the student is assessed at having met the objectives then the CA status is revoked and the student continues in the course; if the objectives are not met 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 from the Program at any time.

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 their Advisor in the case of a failed course.
| Failure in a non-nursing theory course that is a prerequisite for a subsequent course | • Consult the teacher of the next course for advice e.g., students who have not passed PGHY 209 can generally continue into PHGY 210.  
• Students who do not pass PHAR 300 should speak with Prof of 301.  
• Students who fail MATH 139 or 140 are generally advised to redo the course; only students who have relatively strong GPA should consider taking MATH 141 without having successfully completed Cal 1. |
|---|---|
| Failure in any nursing (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 who are in anything other than Satisfactory Standing cannot proceed into NUR1 220 without permission from the Program Director.  
• U1 BSc(N) students who are in Probationary or Interim Unsatisfactory Standing cannot continue into NUR1 234 or NUR1 235.  
• U2 or U3 students in other than 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 promotion from year-to-year are as follows:

**BSc(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

**BNI:**
- U2 to U3 – Satisfactory Standing and successful completion of NUR1 331

**Examination Policies and Procedures**

The ISoN follows the University Exam Regulations. Students and course coordinators must familiarize themselves with these 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 on-line 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 examination 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 Deputy Invigilator or the Chief Invigilator. Candidates are not permitted to 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 or if the UGNNSAO does not deem the circumstances for missing the exam are legitimate will 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.
• Written examinations (including take-home exams) shall not be held during the last two weeks of scheduled classes during the fall and winter terms, except where a pattern of continuous evaluation has been established, in which case the total value of examinations given in this period shall comprise no more than 10% of the final mark.
• 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, clinical case study analysis, essay, literature review, debate, position paper, OSCE (objective structured clinical evaluation), oral examination, group presentation, analysis of an audiovisual 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 ultimately chooses the best evaluation method suited to evaluate the objectives within the course.

**Midterm Examinations** are held during the course and the date is set by the course coordinator. Exams are held in the regular classroom except when a larger room is needed to ensure one seat between students - thus, the exam may need to be written at an alternate time than the usual class (e.g., in the evening). The class is cancelled on the day of the examination. Midterm exams are invigilated by the course coordinator. Setting dates for midterm examinations should adhere to the policy on holy days such that:

• 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.
• Efforts are to be made to select exam dates which do not conflict with religious holy days or to find other appropriate accommodations. A multifaith calendar is provided by the Registrar on an annual basis.
• Students who, because of religious commitment cannot meet academic obligations, other than final examinations, on certain holy days are responsible for informing the instructor, with two weeks' notice of the conflict. Solutions include: a) rescheduling the evaluation; b) preparing an alternative evaluation for the student; c) shifting the weight normally assigned to the evaluation to the weight assigned to the remaining evaluation. When the instructor and student are unable to agree on suitable accommodation, the matter will be referred to the Program Director, who may request official documentation confirming the student's religious affiliation.

**Final Examinations** are held during the final examination period. These exams are booked by Examination Services, Enrolment Services Department. 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 back up in the event that the teacher is absent. Students are expected to find the date, time, and location of the examination.
Missed Examinations and Deferred Examinations

Students who miss a midterm exam or who are unable to hand in a course related submission on the due date because of medical or extenuating circumstances (e.g., family crisis) must discuss the issue with the course coordinator who may request supporting documentation (e.g., medical note). Possible solutions include a) rescheduling the evaluation; b) preparing an alternative evaluation for the student; c) shifting the weight normally assigned to the evaluation to the weight assigned to the remaining evaluation; d) granting the student a grade of 0 in the event that the reason for missing the examination or submitting course work is not deemed valid.

Students who miss a final examination must inform the Undergraduate Nursing Student Affairs Office as soon as possible after the examination. Supporting documentation (e.g., medical certificate) is required unless the UGNSAO already has documentation to that effect. Deadlines for providing documentation are: January 15 for Fall exams; May 15 for Winter exams; July 15 for Summer exams. NOTE: generally, courses taken during summer session (e.g., CHEM 212) do not offer deferred exams.

Students who miss final exams must apply for a Deferred Examination on Minerva. Permission to write a deferral is granted (or denied) by the Undergraduate Nursing Student Affairs Office. An ‘L’ will appear on the student record. There is no cost associated with writing a deferred examination and it must be written at the first available opportunity (generally the first week of May for Fall courses and the last week of August for Winter courses). If the student is unable to write the deferred exam(s) as scheduled due to documented illness, family affliction, or extenuating circumstances, the student must contact the Nursing SAO to initiate withdrawal from the deferred exam(s). If withdrawal is not approved or if the student did not write the exam without seeking withdrawal, a final grade of “J” (absent) will be entered, and will count as zero in GPA calculations.

Supplemental Examinations

Nursing students who have a grade of D, J, F, or U in a course and who have a CGPA of \( \geq 2.0 \) 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 (or not) by the ISoN Student Affairs Office.

Students who fail an elective course can opt to take a supplemental OR redo the course OR take an alternate course.

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. 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 will not overwrite the grade originally obtained. Both the original course mark and the supplemental result will be 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 examination will need to repeat the course the next time it is offered. In such cases, consult your Advisor to discuss an alternate plan of study (e.g., students may not be promoted into the next year of the program due to incomplete prerequisite course).

<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 failed 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 in unsatisfactory/probationary standing.</td>
</tr>
</tbody>
</table>

When in doubt, consult your academic advisor!

**Appeals**

The ISoN values and promotes transparency and fairness in processes related to evaluation within courses and in student standing decisions. Course instructors provide detailed information about evaluation procedures in the first two weeks of the course and are open to clarifying students’ questions or concerns. Be it at the level of an individual course or at the program level, students are encouraged to seek clarification on any concerns, questions, or confusion with clinical teachers, course coordinators, the program director, or the chair of the SS&P Committee.

It can occur that students feel they do not understand how decisions related to their performance have been made or that they have been treated unfairly. Any such student should arrange to meet with relevant faculty member(s) or administrative decision maker (e.g., Program Director) to seek clarification.

*Only standing decisions that place the student in Unsatisfactory Standing or require the student to withdraw from the program the student can be appealed.* Students are encouraged to review the [Handbook of Students Rights and Responsibilities](#) for additional information.

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.

**Appeals in Theory Courses** After a dialogue between the student and teacher has not resolved the student’s sense of conflict over the evaluation in a theory course, the student has the option of a ‘reassessment’ or a ‘reread’.

**Reassessment and Rereads** Requests for reassessments are made to the 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 NSAO by March 31 for courses ending in the fall term, by July 31 for courses ending in winter term, and by August 31 for courses ending in May. A reread involves a cost to the student as per university rates – the cost is refunded if the reread results in the letter grade being raised. Note: no rereads are permitted for computer scored examinations. The reread is coordinated by the Program Director who obtains the original grading scheme or exam key and finds a third party to reread the course material under question and grade it as they would have done themselves based on the answer key or grading scheme provided. Grades are either raised, lowered, or remain the same, as the result of a reread. Rereads in courses not administered by the ISoN are subject to the deadlines and regulations of the relevant faculty.

Appeals 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 at least 2 days 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. Hopefully, clarifications can be made with this dialogue. Program Directors are a resource in such cases. Ultimately, the clinical teacher and course coordinator’s grade is the one retained (in addition, see Section 2 Evaluation in Clinical Studies earlier in this document).

Students can formally appeal at a higher level only failed clinical courses in which the student feels that due process was not followed or clinical courses in which the student is required to withdraw from the course because of academic or professional integrity.

First level appeal The student makes a written appeal to the SS&P Committee and outlines the reason(s) for why he/she feels due process was not followed or if there is disagreement in the assessment of the breach of academic or professional integrity. The SS&P Committee reviews the documentation and determines the need for further evidence e.g., interview with the student, teacher, or clinical agency. The committee then renders a decision.

Second level appeal can occur if the student does not agree with the decision of the first level appeal. The second appeal is directed to the Associate Dean of Medicine and Director of the Ingram School of Nursing – see section on Second Level Appeal later in document.

Appeals of Student Standing and Promotions Committee Decisions:

First level appeal Only SS&P Committee decisions that place the student in unsatisfactory standing or require the student to withdraw from the program of study can be appealed. In such cases, the student makes a written appeal to that Committee, within 14 days of having received the decision, stating the reason(s) for the appeal. The SS&P Committee then reconvenes and considers the information provided in the written 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.
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.

Time for the Completion of the Degree
Students who enter directly into U1 of the BSc(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 a leave of absence, students may take four years to degree completion. BSc(N) 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. BNI students are expected to complete their program in two years if studying full-time or in three years if studying part-time. Completion must be no more than four years after their initial registration in the program. Students who exceed these limits must apply in writing to the respective Program Director to continue their studies.

Leave of Absence (LOA)
Exceptionally, students may require a LOA for personal illness or compassionate reasons (e.g., family crisis). Students submit a written request for a LOA to the Program Director. Supporting documentation may be required. Generally, students are granted no more than one LOA during the program of study. Students returning from a LOA due to illness must provide documentation from the treating physician or counsellor indicating the student’s ability to resume studies.

Students who feel they may need a LOA should meet with their Program Director. Possible benefits of a LOA include: time to recover from illness; help family members in crisis. Drawbacks include: losing a semester/year of studies; difficulty reintegrating into clinical courses.

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 university. 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 Parental Leave
Pregnant students should contact their 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., OR, ED, ICU, paediatrics). An alternate placement or delay in clinical studies may be required based on consultation with Public Health officials.

A leave of absence may be granted for parental or maternity reasons and is discussed on an individual basis. The non-birthing parent may be excused for one week at the time of the birth. The course coordinator should be informed and alternate solutions found if important course work is missed at this time. The Program Director should be contacted if the parent requires additional time (e.g., in the case of complications).
Withdrawal

Prior to transferring out of Nursing or withdrawing from the university, students should consult their Program Director for advisement. Alternate solutions (e.g., financial support, leave of absence) may be a better solution than a complete withdrawal. If withdrawal from the university is required (such as when a student is in Unsatisfactory Standing), it is the student’s responsibility to initiate the withdrawal process. A withdrawal form (available outside Rm 203, Wilson Hall) must be completed and submitted to the NSAO. 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. BSc(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 to the SS&P Committee outlining the reasons why readmission should be granted. 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 with 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 will 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; however, 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.
Section 4 - Graduation and Licensure (Registration) to Practice

Graduation

Students must apply to graduate on Minerva following the deadlines and procedures outlined at http://www.mcgill.ca/student-records/graduation/. Students intending to graduate at the end of the fall term (courses completed December for June convocation) must apply by the end of November; those intending to graduate at the end of the winter term (courses completed April for June convocation) must apply by February; those intending to graduate at the end of the summer term (courses completed by August for October convocation) must apply by March.

Graduation Pin

Traditionally, nursing graduates wear a ‘graduation pin’ to symbolize their status as graduates. The ISoN graduate pin is a lovely way to recognize one’s accomplishments. The pin is available in gold or gold plate and can have the student’s initials engraved on the back. Details are provided by the Administrative Assistant of the ISoN.

Convocation

Time to celebrate! This special event offers students, faculty, family and friends the opportunity to congratulate the graduate and celebrate success. BSc(N) grads generally attend Fall Convocation; BNI and MSc grads generally attend Spring Convocation though may also attend Fall.

Licensure (Registration) to Practice

Graduates of the BSc(N) program must seek licensure to practice on completion of their undergraduate program. The granting of a license to practice nursing and the right to be called a ‘registered nurse – RN’ 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 within Quebec

– The Ordre des Infirmières et Infirmiers du Québec (OIIQ) grants licensure to nurses in Québec. Two components must be met to obtain the ‘RN’ license:

- Successful completion of a licensure examination: offered twice a year – generally 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 different 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 set for 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: Quebec law requires that candidates seeking admission to provincially-recognized professional corporations 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, 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 Office examination. The examination may be attempted by nursing students during the two years prior to the date they receive their degree. Application forms for the exam while still a student may be obtained from McGill 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, 125 Sherbrooke Street West, Montreal, H2X 1X4. Tel: (514) 873-4833. Students needing to acquire a functional level of proficiency in French should consult this Handbook, Section 2 – Language Requirements for resources.

Candidate for the Profession of Nursing (CPN) - candidate à l’exercice de la profession (CEPI) Subsequent to graduation from McGill and 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). As of 2011, for the OIIQ to issue the attestation, CPNs must declare their employer to the OIIQ and the OIIQ must receive the official transcript from the CPN’s educational institution. CNPs must follow the Regulations Respecting the Professional Activities Which may be Performed by Persons other than Nurses. Graduating BSc(N) students must provide the ISoN and McGill University with permission (completed in Winter semester) to send the necessary documentation to the OIIQ for the candidate status to be granted.

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 Provincial Nursing Licensing Associations. All provinces, other than Quebec, use the Canadian Nurses Association Canadian Registered Nurse Examination (CRNE) multiple choice examination as the means of evaluating competence for entry into the nursing profession. Students wishing to be licensed in any Canadian province other than Quebec should consult the Nursing regulatory body of that province for specific details.

The Mutual Recognition Agreement on Labour Mobility for Registered Nurses in Canada (2010) facilitates movement of nurses across the various provinces and territories 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 within 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, which is entirely independent from the OIIQ, and that all other professional licensure requirements have been met.

Licensure Around the World – Students seeking licensure in any country other than Canada should consult the Nursing regulatory body in that country. To our knowledge, the McGill curriculum meets the minimum requirements for licensure in many countries around the world - to date, we know of no graduate who was not able to be granted licensure in any country. Licensure in the United States requires success on the National Council Licensure Examination for Registered Nurses (NCLEX-RN®).
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 over 5 years 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) - by the Newton Foundation and the partner institutions’ donors. The goal of the Collaborative is to increase the national and international impact of McGill’s Nursing’s 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.

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. A man who had 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. He should be an inspiration to any student as proof that many dreams can come true with hard work and determination.
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 [http://archives.mcgill.ca/public/hist_mcgill/nursing/nursing.htm](http://archives.mcgill.ca/public/hist_mcgill/nursing/nursing.htm) 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 ISoN 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 (WPR) 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 – Helene Ezer – ongoing
Appendix A Nursing Lab Rules

The Nursing Lab provides a supervised learning environment for safe practice of interpersonal and psychomotor skills. The lab is housed in a student residence, therefore at all times, users must demonstrate respect for that community. 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 Lab Manager, a Teaching Assistant or a Faculty Member to use the lab.
- Noise must be kept to a minimum in the lab and in the hallways.
- Wet boots or shoes must be left on the shelves outside the lab, regardless of the time of year.
- During wet weather and during the winter months (December to March) all users should bring a change of shoes for the lab.
- Coats and bags should be left in the coat room.
- Lab dress code is at the discretion of the course coordinator. 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; bottles and drinking are restricted to the kitchen area or the coatroom.
- At the end of each lab session, students must do the following:
  - 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.
  - Empty bedside garbage cans into the large garbage beside the door.
  - Put tables, chairs, stools, beds, IV stands and bedside trays back in their proper place.
  - Properly remake beds they have used.
- Xerox use is for faculty and staff only.
- Audio visual equipment should only be used by Faculty, Staff or Teaching Assistants trained on how to use it.
- Report low inventory items to the Lab Manager at 514-398-1384.
- Report any emergency maintenance issues (e.g. flooding, leakage, spills, etc.) to the Lab Manager at 514-398-1384.
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?).