# McGill | Ingram School of Nursing / École des sciences infirmières Ingram
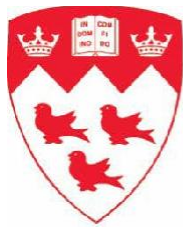
## Graduate Programs
## Student and Faculty Handbook
## 2023–2024 Edition

# Ingram School of Nursing
# Graduate Programs Student and
# Faculty Handbook

# 2023-2024

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

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| Ingram School of Nursing | École Ingram des sciences infirmières |
| McGill University | Université McGill |
| 680 Sherbrooke St. | 680, rue Sherbrooke |
| Montreal, QC | Montréal, (Québec) |
| H3A 2M7 | H3A 2M7 |

Tel: 514-398-4151
Fax: 514-398-8455

WEB: www.mcgill.ca/nursing

@McGillNursing

@McGillNursing

Graduate Nursing Student Affairs Office (GR-NSAO)
Suite 1940, 680 Sherbrooke St. West – graduate.nursing@mcgill.ca (MScA-Nursing and MScA-Advanced Nursing)
graduate2.nursing@mcgill.ca (MScA-Nurse Practitioner and PhD)

Satoko Shibata Clinical Nursing Laboratories – lab.nursing@mcgill.ca

McGill University is located on unceded land which has long served as a site of meeting and exchange amongst Indigenous peoples, including the Haudenosaunee and Anishinabeg nations. We acknowledge and thank the diverse Indigenous people whose footsteps have marked this territory on which peoples of the world now gather.

This handbook has been developed for Graduate students, faculty members, the administrative support team, and clinical agencies to provide relevant information about the Ingram School of Nursing and its programs. The handbook provides information intended tofacilitate the efficient, and effective delivery of our programs. It is updated on an annual basis; however, some policies and procedures may change between updates – notices of change are posted on the Ingram School of Nursing website and/or sent via the Faculty, Nursing Student Affairs Office (NSAO) and/or Nursing Graduate Student Association (NGSA) list serves.

Essential companion documents include:

- Graduate and Postdoctoral Studies E-Calendar
- University Policies, Procedures, and Guidelines related to students (includes rights and responsibilities)
- Graduate and Postdoctoral Studies
- 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

# Table of Contents

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

## Mission of McGill University

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

## Mission and Vision of the Ingram School of Nursing

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

*Please note that that the Ingram School of Nursing's mission and vision statements are currently under review. This Student Handbook will be updated within this academic year once the new mission and vision statements are available.*

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

Strategic goals of the Ingram School of Nursing include:

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

## Overview and brief history of the Ingram School of Nursing

The Ingram School of Nursing (ISoN) is the only English-speaking Québec University to offer undergraduate, graduate, doctoral, and postdoctoral education in nursing. It is recognized internationally for its approach to clinical practice with theoretical foundations guided by the McGill Model of Nursing and Strengths-Based Nursing and Healthcare. Other unique features of the ISoN include the 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 Master of Science (Applied) program (formally known as the Direct-Entry Master's program,) the only one of its kind in Canada. The ISoN is one of the schools within the Faculty of Medicine and Health Sciences. The Director of the ISoN holds the position of Associate Dean, Faculty of Medicine and Health Sciences, Director, Ingram School of Nursing.

The School was established in 1920. Originally located in Beatty Hall, then Wilson Hall, and as of August

2017, the ISoN occupies the 18th, 19th, and 20th floors at 680 Sherbrooke Street West.

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 from 1920 to1957. As professional and educational trends evolved in nursing, the School identified the need to begin offering a first level science-based undergraduate degree program in nursing – hence the inception of the B.Sc.(N) program in 1957. In 2012, the School of Nursing was formally named the Ingram School of Nursing in recognition of Mr. Richard and Mrs. Satoko Ingram and their exceptional support of Nursing at McGill University.

## Health Equity and Social Justice

We, as a School of Nursing, acknowledge the existence of systemic racism in our health care system and the system of higher education. We acknowledge the need to address systemic racism with deep humility and humanity. We are committed to establishing a path forward that leads to real and sustainable change. The Ingram School of Nursing is working to create actionable change within our educational programs to address the issues of systemic racism, specifically anti-Black racism and anti-Indigenous racism.

Read about the CASN Statement of Anti-racism: https://www.casn.ca/2020/09/casn-anti-racism-statement/
Learn about the Truth and Reconciliation Commission's calls to action on Health: https://www.rcaanc-cirnac.gc.ca/eng/1524499024614/1557512659251

## Programs

The School offers several formal degree programs with variations within each to accommodate the educational background of different learners as well as specialized interests:

1. Bachelor of Science (Nursing) – B.Sc.(N) established in 1957 – a three-year program for CEGEP science graduates or individuals with a university degree; a four-year program for out-of- province high school graduates or mature students. The B.Sc.(N) program is fully accredited until 2024.

2. Bachelor of Nursing – B.N.(I) (on-campus and online modality) – a post RN program first offered 1944 – 1977; reopened 1998; Integrated option (B.N.(I)) for DEC 180.A0 CEGEP graduates opened in 2004 – a two-year program that complements and enhances the learning from the CEGEP Nursing program. The B.N.(I) program is fully accredited until 2024.

3. Master of Science (Applied) - Nursing [M.Sc.(A.) ]:

   o M.Sc.(A) Nursing - established in 1974 (formerly called Direct Entry Program). It is the only program of its kind in Canada. For candidates with a Bachelor's Degree in academic fields of study other than nursing. The program includes a 10-month qualifying year of study followed by two years of full-time studies.
   The M.Sc.(A) has two (2) Concentrations:
     o Direct Entry to Advanced Practice Nursing (DE-APN); and
     o Global Health Direct Entry

   o M.Sc.(A) Advanced Nursing - established in 1961 for licensed nurses with a baccalaureate degree in Nursing.
   The M.Sc.(A) Advanced Nursing has three (3) Concentrations:

- o Advanced Practice Nursing (APN); and
- o Nursing Services Administration (NSA); and
- o Global Health (GHC);

- o M.Sc.(A) Nurse Practitioner – established in 2005 for licensed nurses with a Bachelor degree in nursing or a Masters degree in nursing.

    The M.Sc.(A) Nurse Practitioner has five (5) Concentrations:
    - o Neonatal (opened in 2005),
    - o Primary Care (opened in 2007),
    - o Pediatric (opened in 2017),
    - o Mental Health (opened in 2017); and
    - o Adult Care (opened in 2021).

4. Graduate Diploma (Grad.Dip.) Nurse Practitioner (NP). The Graduate Diploma NP complements the M.Sc.(A) and is a requirement for sitting the Order des Infirmières et Infirmiers du Québec (OIIQ) NP certification exam upon graduation. For students in the Neonatal and Pediatric concentrations, and for students in the Primary Care Nurse Practitioner concentration enrolled prior to Fall 2022, the M.Sc.(A) and the Graduate Diploma are completed consecutively (M.Sc.A followed by the Graduate Diploma). For students in the Adult Care and Mental health Concentrations and for students in the Primary Care Concentration enrolled after the Fall 2022 the M.Sc.(A) and Graduate Diploma are completed concurrently (at the same time).

5. Graduate Certificate (Grad. Cert.) in Nurse Practitioner (NP). The Graduate Certificate NP complements the Graduate Diploma NP for students entering the Program already having completed a Master's in Nursing. For students in the Neonatal and Pediatric concentrations and for students in the Primary Care Nurse Practitioner concentration enrolled prior to Fall 2022, the Graduate Certificate and the Graduate Diploma are completed consecutively (Grad.Cert. followed by the Grad.Dip.).
   For students in the the Adult Care and Mental health concentrations and for students in thePrimary Care concentration enrolled after the Fall 2022, , the Graduate Certificate and the Graduate Diploma are completed concurrently (at the same time).

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

## Being a Graduate student at McGill

Information about graduate studies and life at McGill can be found at McGill's Graduate and Postdoctoral Studies (GPS) website:
GRADUATE AND POSTDOCTORAL STUDIES

## Course Information and University Regulations

The eCalendar - Programs, Courses and University Regulations publication is the only official source on the following subject. The following topics are explained:

- Registration
- Fees and Transcripts
- Degree Progress

**Note**: Nurse Practitioner Program - <u>Add/Drop Dates (Neonatal, Pediatric, and Primary Care concentrations (for primary care NP students enrolled prior to Fall 2022):</u> The add/drop dates have been determined, in accordance with the standard university course calendar, to occur at the mid-point of the course that is, following the 3rd class without penalty and following the 6th class with penalty. This information will also appear in each course outline.

## Approach to Nursing Practice – Strengths-Based Nursing and Healthcare (SBNH)

In 2016, the Ingram School of Nursing adopted Strengths-Based Nursing and Healthcare (SBNH) as its foundation for practice, education, and research. SBNH is the culmination of an approach to nursing whose values have been an integral part of the McGill School of Nursing since its' founding in 1920.

Every profession has a social contract. Nursing's contract is to promote health, facilitate healing, and alleviate suffering. This is the work of nurses; this is the essence of nursing. SBNH provides the approach and framework to fulfill its contract.

SBNH has evolved from the McGill Model of Nursing and is rooted in precepts of Florence Nightingale's approach to nursing. SBNH views people as assets to develop and empower rather than merely as liabilities to fix, manage, and control. It is a philosophy of care that is based on a comprehensive set of values founded on principles of person/family centered care, empowerment and agency, relational care, and innate and acquired capacities of health and mechanisms of healing.

SBNH recognizes that the most undervalued resource in the health care system is the patient and their family whose inner and outer strengths, if harnessed successfully, can enable them to self-heal. It does so by mobilizing and capitalizing on people's innate powers to heal as well as developing new skills that are required if people are to assume greater control to manage all aspects of their lives that affect their health. It requires nurses to have the skills to engage in relational care where patients/clients feel trusted, respected, and valued and to engage patients as partners to work with them to "unlock" their strengths andharness their healing capacities.

A strengths-based approach considers the whole, both inner and outer strengths together with problems and deficits. It is about seeing and dealing with the whole and understanding how aspects of the whole are interrelated and act synergistically. Strengths reside at cellular, individual, family, community, social, and environmental levels and can be used to contain, minimize, overcome, compensate, or circumvent that which is diseased and poorly functioning. Moreover, SBNH situates the person/family/community in context, culture, and circumstances because each shapes and is being shaped by the other.

As a philosophy of nursing, SBNH expands the nurses' imaginary horizons that reflect a way of being and influences how nurses create health-promoting and healing environments for persons/patients and families and communities; how educators create healthy learning environments for learners; and how

clinical leaders and managers create healthy workplace environments for their staff. SBNH serves as a roadmap for researchers to develop the art and science of the discipline to base practices.

SBNH is an integrated, comprehensive approach that can be used to align actions with intentions. It is this integrated, comprehensive, value-driven holistic approach that gives SBNH its unique place in the health care system and works in tandem with the Medical Model whose primary focus is diagnosis and treatment. SBNH positions nurses and nursing to be agents of change for patients, families, and communities and to imbue new meaning to the words "health" and "care" for our current healthcare system. Key writings include:

- Gottlieb, L. N. (2013) Strengths-based Nursing Care: Health and healing for person and family.
- Gottlieb, L. N., & Feeley, N. (2006). The collaborative partnership approach to care: A delicate balance.
- Perspectives on health, family and collaborative practice: A collection of writings on the McGill Model of Nursing

## Philosophy of Teaching and Learning

Nursing education at McGill is guided by a collaborative, student-centered approach to teaching and learning. The teacher assumes the role of facilitator, stimulator, co-investigator, motivator and promoter of student learning. Faculty engage in the learning process with students and, together, student and teacher participate in learning activities. 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 of a strengths-based, collaborative partnership approach to working with people. Faculty and students' roles are described in the following sections.

*The role of Faculty is to:*
- work to promote the development of student knowledge, interpersonal skills, critical thinking and clinical reasoning, psychomotor skills, creativity, curiosity, leadership, decision-making, self-awareness, accountability, professionalism, initiative and self-direction.
- inspire and shape student learning.
- tailor learning experiences and educational methods in response to student learning needs, whenever possible.
- identify and build on student strengths by focusing and building on the knowledge and skills that students already possess.
- actively strive to build an inclusive classroom and ISoN community through:
  - seeks out opportunities for education regarding anti-racism and decolonization
  - reflecting on, and seeking to limit the negative impact of, personal biases; encouraging critical thinking about the role of systemic racism and colonialism in our health knowledge;
  - promptly responding to situations in which harm has occurred;
  - providing opportunities for students to flag and discuss problematic course material.

***The role of the Student is to:***

- assume responsibility for, and participate actively in, the learning process.
- demonstrate respect, integrity and openness in their interactions with faculty, colleagues and clinical/community settings to help provide a safe and respectful learning space for all
- provide feedback to faculty, classmates, and staff at clinical agencies in a way that is helpful and constructive.
- participate actively, culturally safely, professionally, with cultural humility, and knowledgeably in the care of people, families, and communities.
- be aware of their learning needs/goals and inform teachers of their self-assessment and learning plans.
- identify gaps in knowledge and skills and make use of available resources, demonstrating the ability to fill these gaps over time.
- actively explore and analyze the clinical situation by: making observations, raising critical questions, applying knowledge from previous theoretical and clinical courses, and seeking new knowledge/information. The student generates ideas and hypotheses, validates (confirms) them and implements nursing strategies.
- actively seek learning experiences to challenge their 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 Based Nursing Practice*

Critical thinking is a highly valued process and outcome in education, particularly in relation to higher education and 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, open-minded, flexible, unbiased in evaluation, honest in facing personal biases, prudent in making judgments, willing to reconsider, diligent in seeking relevant information, focused on inquiry, and persistent in seeking results (Cruess, Johnston, and Cruess, 2004).

Clinical reasoning is the ability to reason in clinical situations while taking into account the context and concerns of the patient and family (Benner, et.al. 2010). Clinical reasoning is developed throughout the undergraduate programs of study and is strengthened in the graduate programs.

Students are challenged to use inductive and deductive inquiry to understand the clinical/nursing situations under study through the lens of strengths-based nursing and health care . The terminology related to 'critical thinking' and 'clinical reasoning' can vary within the nursing profession. This variation will depend on where the nurse was educated and where the nurse is practicing. For example, some nursing textbooks discuss the 'nursing diagnosis' as the end result of clinical analysis while the OIIQ uses the term 'priority assessment or priority needs' and the clinical reasoning cycle identifies this step as 'identifying problems/issues'. Teachers seek to clarify the various terms that students encounter. The nursing process espoused by the ISoN is a strengths-based nursing approach guided by evidence-based practice and sound clinical reasoning. Recognizing the importance of communicating this process across the interprofessional team, The following model depicts the nursing process that integrates these various concepts.

The Nursing Process used at the ISoN uses the Clinical Reasoning Cycle (CRC) to facilitate the cognitive process of clinical decision making guided by Evidence – based Nursing Practice (EBNP). We use a Strengths-Based Nursing (SBN) approach in our practice with individuals, families and communities. This process is documented and orally transmitted using language adapted for interprofessional communication (IC)
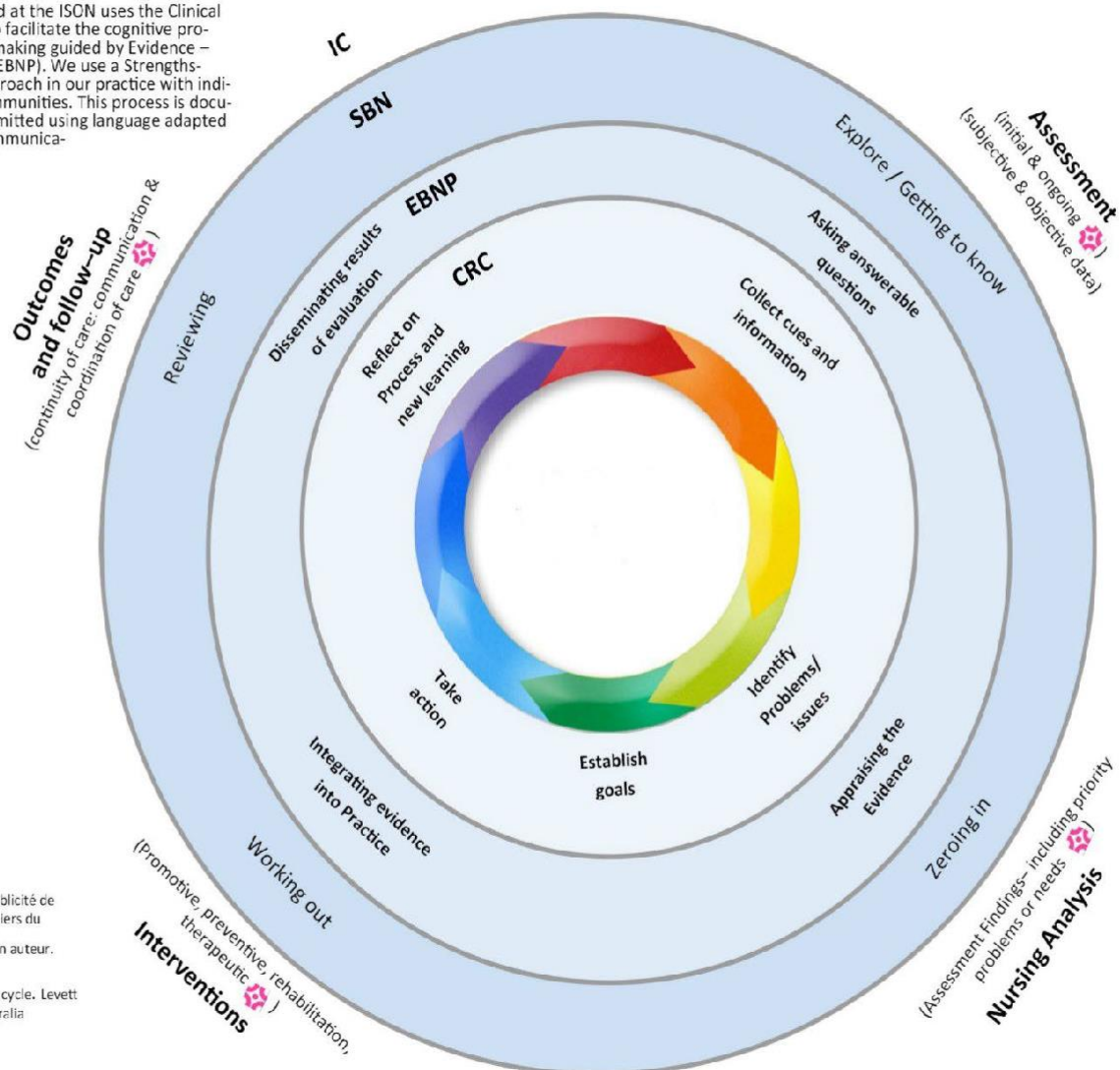
indicates language used by the OIIQ

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Québec et elle n'engage que son auteur.

Image credit: Clinical reasoning cycle. Levett -Jones et al, 2010. Pearson Australia



## Professionalism

Nursing students are introduced to the concepts of professionalism and interprofessionalism within their first semester of their master's program. 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 (Cruess, et.al. 2002) . Its members are governed by codes of ethics and profess a commitment to competence, integrity, morality, altruism, and the promotion of the public good within their domain. These commitments form the basis of a social contract between a profession and society, which in return grants the profession a monopoly over the use of its knowledge base, the right to considerable autonomy in practice and the privilege of self-regulation. Professions and their members are accountable to those served and to society.

**Attributes of the Professional**

*Responsibility to the Profession*: the commitment to maintain the integrity of the moral and collegial nature of the profession and to be accountable for one's conduct to the profession.
*Self-regulation*: the privilege of setting standards; being accountable for one's actions and conduct in professional practice and for the conduct of one's colleagues.
*Responsibility to Society*: the obligation to use one's expertise for, and to be accountable to, society for those actions, both personal and of the profession, which relate to the public good.
*Teamwork*: the ability to recognize and respect the expertise of others and work with them in the patient's best interest.

**Attributes of the Professional Nurse**

*Caring and Compassion*: sympathetic consciousness of another's distress together with a desire to alleviate it.
*Insight*: self-awareness; the ability to recognize and understand one's actions, motivations and emotions.
*Openness*: willingness to hear, accept and deal with the views of others without reserve or pretense. *Respect for the Resilience of the Person*: the ability to recognize, elicit and foster the power to heal and grow inherent in each person.
*Respect for Persons' Dignity and Autonomy:* the commitment to respect and ensure subjective wellbeing and sense of worth in others and recognize the individual's personal freedom of choice and right to participate fully in their care.
*Presence:* to be fully present, without distraction and to fully support and accompany persons throughout care.
*Competence*: to master and keep current the knowledge and skills relevant to health professionals.
*Commitment*: being obligated or emotionally impelled to act in the best interest of the patient; a pledge given by way of the Hippocratic Oath or its modern equivalent.
*Confidentiality*: to not divulge patient information without just cause.
*Autonomy:* the health professional's freedom to make independent decisions in the best interest of the patients and for the good of society.
*Altruism:* the unselfish regard for, or devotion to, the welfare of others; placing the needs of the person receiving care before one's self-interest.
*Integrity and Honesty*: firm adherence to a code of moral values; incorruptibility.
*Morality and Ethics*: to act for the public good; conformity to the ideals of right human conduct in dealings with patients, colleagues, and society.
(Based on the writings of R. & S. Cruess, 2002)

**Interprofessional Collaborative Practice**

Interprofessional collaborative practice is espoused by the ISoN and represents "a partnership between a team of health professionals and a client in a participatory, collaborative and coordinated approach to shared decision-making around health issues" (Orchard & Curran, 2005). Nurses play an important role in the interprofessional team. An interprofessional team is defined as a group of people from different professions that work 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" ("mailto:lab.nursing@mcgill.ca" Interprofessional Health Collaborative)[OBJ]

The ISoN has adopted the [National Interprofessional Competency Framework](#) (2010) as the basis for developing interprofessional courses and activities – as have all Schools within the Faculty of Medicine and Health Sciences. All Nursing (BScN, BNI and MScA Nursing), Medical, Dentistry, Physical Therapy, Occupational Therapy, Social Work, and Communications Sciences and Disorders students come together in four (4) formal compulsory interprofessional courses for the MSc(A) Nursing students to learn with, about, and from each other as a means of fostering interprofessional collaborative practice. The **Office of Interprofessional Education (OIPE) provides students with an** IPE curriculum that consists of four (4) courses, IPE courses bring together students from the health professions: Genetic Counselling, Dentistry, Dietetics, Medicine, Nursing **(BScN, BNI and MScA Nursing),** Occupational Therapy, Physical Therapy, Speech-Language Pathology and Social Work in an active learning experience. The sessions are facilitated by academic and clinical faculty within the Faculty of Medicine and Health Sciences, the School of Social Work, the School of Human Nutrition and the McGill affiliated health care institutions.

**NOTE: All IPE courses are a mandatory component of the nursing curriculum for MScA-Nursing students.** The IPE courses appear on the student's official transcript and successful completion of these courses (Pass) is mandatory for graduation.

## Academic and Professional Integrity

*Academic Integrity* "McGill places a great deal of importance on [honest work](#), theart 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.
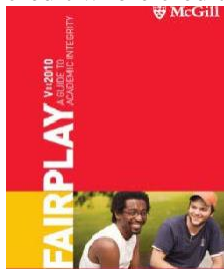


Offences such as [plagiarism and cheating](#) and breaches of [research ethics](#) underminenot only the value of our collective work, but also the academic integrity of the University and the value of a McGill degree."

As most students do not even realize they are cheating, plagiarizing (e.g., quoting someone without proper referencing), or do so because of extreme stress, McGill has developed [Keepingit Honest](#) and [FairPlay](#) resources for students and faculty.

[Writing and citation guides](#) are compiled and updated by resource librarians to demonstrate the proper citation of ideas. Most Nursing courses require use of the APA Style – a concise guide is available via the McGill libraries. [https://libraryguides.mcgill.ca/c.php?g=700390&p=5019439](https://libraryguides.mcgill.ca/c.php?g=700390&p=5019439)

*Professional Integrity*

Students are expected to adhere to the highest standard of professional integrity at all times during classroom and clinical studies (including performance in clinical laboratories and within agencies). The Quebec Code of Ethics of Nurses (Code de déontologie des infirmières et infirmiers), the McGill University Code of Student Conduct (found in the Handbook on Student Rights and Responsibilities), andthe 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 considered major breeches of professional integrity and can affect a student's standing in the program, potentially leading to 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 1.2.14OIIQ Code of Ethics)
- Failing to report an incident or accident that ocurred while caring for a patient (e.g., not informinganyone of a medication error) – Remember: reporting an error is seen as 'positive' – it is the NOTreporting that is the problem! (Item 1.2.12 OIIQ Code of Ethics)
- Abusing the trust of a patient (e.g., acting disrespectfully, stealing, physical or psychological abuse, accepting money for personal use) (Items 11.1.28, 3.37 OIIQ Code of Ethics)
- Appropriation of medications or other substances for personal use (e.g., taking a  narcotic)
- Failure to preserve the secrecy of confidential information (e.g., discussing a patient on a bus; posting a comment about a patient on Facebook). (Item 21.2.31 OIIQ Code of Ethics)
- Entering clinical studies in a condition liable to impair the quality of care (e.g., under the influence of alcohol or other drugs impairing function). (Item 1.3.16 OIIQ Code of Ethics)

*Social Media, Anonymous Feedback and Professionalism* Professional integrity also applies to social media (e.g., Facebook, Twitter, Instagram, Tik Tok) and anonymous course evaluations. It is unprofessional to post any information about a client, any photos of clients, or derogatory commentary on a clinical institution on social media. Students are not to become 'friends' with their patients/clients.

The following (excerpted with minor modification from the Faculty of Medicine and Health Sciences MDCM Handbook) provides extra details on considerations when using social media:

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

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

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

## Faculty

Faculty members are committed to excellence and strive to develop in all areas of scholarship i.e., discovery, teaching, service, integration, and application. Most are involved in teaching across programs and participate in local, national, and international initiatives. The clinical and affiliated faculty network includes Directors of Nursing, Advanced Practice Nurses/Clinical Nurse Consultants, Nurse Researchers, Nurse Educators, Nurse Practitioners, Nurse Clinicians and allied health professionals (e.g., social wokers, physiotherapists, nutritionists, lawyers, ethicists, community consultants). This network of individuals ensures that the ISoN programs are relevant and accountable to society, students, and our partner institutions.

Many faculty members are healthcare professionals who work within clinical agencies and have a McGill University appointment. Sessional appointees (teachers and clinical preceptors) with advanced clinical skills support clinical education needs as they facilitate students' learning within the clinical agencies and are the most up-to-date on clinical practice guidelines within their setting. Preceptors and Clinical Supervisors play a vital role in supporting student learning in community and advanced clinical courses. The ISoN supports clinical preceptors by providing preceptors with training sessions and by course coordinators providing support and guidance during clinical experiences. Teaching assistants, laboratory demonstrators, and graders support students and faculty in the delivery of all programs.

## Students

Nursing students are diverse in culture, age, educational background, and work experience, among others. They are known in practice settings for their family and strengths-based focus; they are typically perceived by as bright, dynamic, professional, and eager to learn. Students have formal representation on ISoN School Council, Curriculum Committees, Student-Faculty Advisory Council (SFAC), Nurse Practitioner Program Committees and other committees.

Formal student organizations include the following:

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

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

**Canadian Nursing Students Association (CNSA)** – The national voice of Canadian nursing students. In 1971 McGill University, along with University of Ottawa and New Brunswick, was a founding member of the Canadian University Nursing Students Association (CUNSA) – now called CNSA. McGill hosts Quebec regional conferences and participates in national CNSA initiatives. McGill's reps to CNSA can be reached at mcgill@cnsa.ca.

McGill Nurses for Health Policy (MNHP) – This student-led group focuses on including social justice and equity issues at the policy level. They have held numerous events throughout the year and partner with the Quebec Nursing Association to promote various health policies. These activities included a paneldiscussion on "Healthcare in Crisis: Nurses Mobilize for Change!". This event was held in English, at McGill, then in French, at Université de Montréal

**McGill Nurses for Planetary Health**. The mandate of this student/faculty/staff led committee is topromote planetary health and environmentally responsible nursing practices at the ISoN that will contribute positively to our global climate.

**Canadian Black Nurses Alliance, McGill Chapter**.

# Section 2: Master's of Science (Applied) Programs

**Mission of Graduate and Postgraduate Studies** (see link)

**Strategic goals of the Ingram School of Nursing Graduate programs**

1. Provide an innovative strength-based teaching and learning curriculum that facilitates the integration of theory, research, and clinical skills to enhance the health and well-being of individuals, families, groups and communities locally and globally.

2. Align our program offerings with current and emerging health care needs of Quebec/ Canada with changing nursing practices.

3. Increase student knowledge of the political issues and challenges that shape clinicalenvironments in which nurses practice and develop student strategies to become resilient and competent change agents.

4. Promote the values, attitudes and beliefs that characterize and inform all aspects of professional practice.

**CASN Domains LEARNING Outcomes for All ISoN Master of Science (Applied) Programs Adapted from Canadian Association of Schools of Nursing (2022). National Nursing Education Framework: Final Report** https://www.casn.ca/wp-content/uploads/2023/04/National-Nursing-Education-Framework_2022_EN_FINAL.pdf

Student will demonstrate the ability to...

| 1. Knowledge - Baccalaureate Level – Applies only to MScA-Nursing program |
|---|
| 1.2.1 Analyze the impact of the historical development of nursing knowledge and practice on current nursing knowledge and practice. |
| 1.2.2 Integrate foundational knowledge from the health sciences related to illness, pathophysiology, psychopathology, epidemiology, genomics, and pharmacology, across the lifespan. |
| 1.2.3 Integrate foundational knowledge from the social sciences and humanities and nursing science related to individual and societal responses to health and illness. |
| 1.2.4 Describe global and planetary health issues and their effects on health. |
| 1.2.5 Examine critically the effects of racism and the monocultural roots of health care services in Canada on health care inequities. |

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| 1.2.6 Describe the relationships between health care systems (federal, provincial/territorial, local), regulatory bodies, professional associations unions, and nursing practice |
| 1.2.7 Analyze the intersection of social, structural and/or ecological determinants of health on the health of individuals, families (biological or chosen), communities and populations. |
| **1.     Knowledge - Master's Level – Applies to all MScA programs** |
| 1.2.1 Evaluate the historical, philosophical, theoretical, and socio-politico foundations of the discipline on health, health equity, and health outcomes. |
| 1.2.2 Evaluate the application of advanced knowledge in a specialized area of nursing practice to improve health, health equity, and health outcomes. |
| 1.2.3 Analyze local policies that address health, health inequities, and social, structural, and ecological determinants of health. |
| 1.2.4 Evaluate policies and interventions that address global and planetary health issues. |
| **2. Research, Methodologies, Critical inquiry, and Evidence - Baccalaureate Level - Applies only to MScA-Nursing program** |
| 2.2.1 Demonstrate a spirit of inquiry in all aspects of their practice. |
| 2.2.2 Evaluate the quality of information used in nursing practice from multiple sources, including scholarly and nonscholarly works. |
| 2.2.3 Participate in data collection and analysis of investigative issues in nursing. |
| 2.2.4 Integrate evidence in decision-making processes, including clinical reasoning and clinical judgement. |
| **2. Research, Methodologies, Critical inquiry, and Evidence - Master's Level - Applies to all MScA programs** |
| 2.2.1 Formulate research problems that are grounded in a synthesis of existing knowledge in an area of nursing practice |
| 2.2.2 Analyze methodologies of inquiry, including approaches that respect Indigenous Peoples in research. |
| 2.2.3 Conduct methodologically sound research projects to address issues in nursing or in health care. |

2.2.4 Engage in scholarship by disseminating advances in knowledge through peer reviewed publications and communications.

2.2.5 Engage individuals, families (biological or chosen), communities, and populations in knowledge mobilization

2.2.6 Identify ethical issues in research and other knowledge-generating projects, and appropriate strategies to minimize and mitigate them.

### 3. Strengths Based Nursing Practice - Baccalaureate Level - Applies only to MScA-Nursing program

3.2.1 Provide promotive, preventive, curative, and rehabilitative care to individuals across the lifespan, families (biological or chosen), communities, and populations.

3.2.2 Conduct assessments (comprehensive, focal, and mental health) of individuals throughout the lifespan, and assessments of communities and populations.

3.2.3 Engage in patient, community and population safety programs, quality assurance initiatives, quality improvement processes, and program evaluation projects.

3.2.4 (a) Use digital health technologies according to professional and ethical standards for delivering quality health care.
3.2.4 (b) Provide virtual care, including assessments and interventions, to individuals, families (biological or chosen), communities, and populations.

3.2.5 Optimize health outcomes by responding effectively in rapidly changing or deteriorating health conditions.

3.2.6 Apply clinical reasoning and clinical judgement when providing care to individuals, families (biological or chosen), communities, and populations.

3.2.7 Demonstrate cultural humility, cultural safety, anti-racist, and anti- discriminatory nursing practice.

3.2.8 Incorporate perspectives of individuals, families (biological or chosen), communities, populations, and support systems when providing care.

3.2.9 Enact care that reflects Indigenous perspectives and values in health and healing practices.

3.2.10 Establish therapeutic relationships using relational inquiry with individuals and families (biological or chosen).

3.2.11 Demonstrate population health, public health, home health, and primary health care principles in urban, rural, and remote practice contexts.

3.2.12 Provide care to individuals with multiple comorbidities and complex health needs, including chronic disease management.

3.2.13 Provide care to individuals and families who have experienced loss or who are anticipating experiencing a loss, including end-of-life care.

3.2.14 Incorporate harm reduction and trauma- and violence informed approaches in caregiving.

3.2.15 Provide care to individuals who are experiencing an acute or a long-term mental health concern.

3.2.16 Implement the basic concepts of emergency management.

**3. Strengths Based Nursing Practice Master's Level - Applies to all MScA programs**

3.2.1 Exercise the full range or scope of an advanced nursing practice role.

3.2.2 Conduct comprehensive diagnostic assessments in an advanced nursing practice role of a person, program, or policy (depending on the advanced nursing practice role).

3.2.3 Develop qualitative, quantitative, and mixed methods approaches to implement and evaluate patient, community, and population safety programs; quality assurance initiatives; quality improvement processes; and program evaluation projects.

3.2.4 Engage in the design and evaluation of digital health technology, services, and processes.

3.2.5 Respond to changing health services and/or health system issues by designing, implementing, and evaluating approaches to improve health equity, and health care outcomes.

**4. Strengths Based Communication and Collaboration - Baccalaureate Level - Applies only to MScA-Nursing program**

4.2.1 (a) Identify one's own beliefs, values, implicit bias, and assumptions and their potential effect in communication with diverse clients and health care team members.
4.2.1 (b) Communicate respectfully, assertively, and in a culturally safe manner with diverse clients and health care team members

4.2.2 Embody the registered nurse's role in intraprofessional and interprofessional health care teams.

4.2.3 Communicate clearly and accurately with members of the intraprofessional and interprofessional health care team, verbally and in writing, to improve efficiency and to reduce errors.

| 4.2.4 Collaborate with members in intraprofessional, interprofessional teams, and intersectoral teams. |
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| 4.2.5 Manage conflict effectively between providers and recipients of care and between health team members. |
| 4.2.6 Collaborate effectively with individuals, their families (biological or chosen), informal caregivers, and their support systems to develop appropriate plans of care. |
| 4.2.7 Educate individuals, families (biological or chosen), communities, and populations using trustworthy information and evidence-informed principles of teaching and learning |
| 4.2.8 Use social media and technology effectively in nursing practice. |

| **4. Strengths Based Communication and Collaboration - Master's level - Applies to all MScA programs** |
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| 4.2.1 Communicate respectfully, assertively and in a culturally safe manner in an advanced nursing practice role. |
| 4.2.2 Articulate the role and contributions of an advanced nursing practice role when engaged in intraprofessional, interprofessional, and intersectoral teams. |
| 4.2.3 Communicate logically and coherently using credible and relevant sources when writing, speaking, or presenting a synthesis of information and/or research findings. |
| 4.2.4 Use effective communication skills to develop collaborations and coalitions with intraprofessional, interprofessional, and intersectoral partners. |

| **5. Professionalism - Baccalaureate Level - Applies only to MScA-Nursing program** |
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| 5.2.1 Participate in lifelong learning to remain current in complex and changing health care environments. |
| 5.2.2 Apply professional standards of practice, ethical codes, and provincial and federal legislation related to nursing practice. |
| 5.2.3 Advocate for organizational policies and practices that support the mental health of health care providers. |
| 5.2.4 Facilitate the professional growth of other members of the intraprofessional and interprofessional health care team. |
| 5.2.5 Maintain professional boundaries when providing nursing care. |

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| 5.2.6 Maintain confidentiality and privacy of personal health information both at work and outside of work. |
| 5.2.7 Engage in nursing related activities with professional nursing organizations |
| 5.2.8 Engage in self-care activities that promote personal physical, mental, emotional health and well-being. |
| 5.2.9 Assess their own fitness to practice. |

| **5. Professionalism - Master's Level - Applies to all MScA programs** |
|---|
| 5.2.1 Implement a personal professional growth plan in an advanced nursing practice role. |
| 5.2.2 Exercise accountability, autonomy, and integrity in collaborations with others in the health care system and in intersectoral partnerships. |
| 5.2.3 Design, implement, and evaluate programs and policies that address the mental health of health care providers. |
| 5.2.4 Act as a mentor, coach, and educator to nurses, nursing students, and other members of the health care team. |
| 5.2.5 Lead the evaluation and development of responses to ethical situations. |
| 5.2.6 Lead the development and evaluation of policies to maintain the confidentiality and privacy of personal health information. |
| 5.2.7 Contribute to the development and critical evaluation of standards of practice and ethical codes related to nursing. |

| **6. Leadership - Baccalaureate Level - Applies only to MScA-Nursing program** |
|---|
| 6. 2.1 a) Coordinate nursing care effectively with other regulated and unregulated health professionals. 6. 2.1 b) Demonstrate leadership skills when collaborating with the intra professional, interprofessional, and intersectoral team. |
| 6.2.2 Advocate for health care environments that include safe working conditions. |
| 6.2.3 Advocate for change to address racism, social injustices, and health inequities in nursing care or nursing services. |

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| 6.2.4 Contribute to team decision-making in the context of diverse, complex and changing health care environments. |
| 6.2.5 Incorporate health care policies and those from other sectors to provide and improve health care. |

| **6. Leadership - Master's Level - Applies to all MScA programs** |
|---|
| 6.2.1 Apply leadership models to lead intraprofessional and interprofessional teams in health care services and/or nursing education. |
| 6.2.2 Lead the development and evaluation of programs or policies to improve the quality of nursing and health care. |
| 6.2.3 Develop initiatives or policies that promote antiracism, health equity, and social justice in health care. |
| 6.2.4 Exercise autonomy, accountability and relationality as a team leader. |
| 6.2.5 Develop and evaluate health care policies to provide and improve health care. |

Master of Science Applied prepared nurses work as advanced practice nurses across a broad range of clinical areas including critical care, maternal and child health, oncology, palliative care, community health and primary care. Graduates from a Master of Science Applied programs may go on to Nurse Practitioner studies or doctoral studies.

### Master of Science (Applied) Programs and Concentrations
1. **M.Sc.(A) Nursing**
   a) Direct Entry to Advanced Practice Nursing (DE-APN)
   b) Global Health
2. **M.Sc.(A) Advanced Nursing**
   a) Advanced Practice Nursing (APN)

b) Nursing Service Administration
c) Global Health
3. **M.Sc.(A.) Nurse Practitioner**
a) Adult Care
b) Mental Health
c) Neonatal
d) Pediatric
e) Primary Care


**Doctoral Program**: **Ph.D in Nursing**



## M.Sc.(A) Nursing program

**Overview**
This program consists of a *Qualifying Year (QY) and MSc(A) Year 1 & Year2* (Upon successful completion of the Qualifying Year, a student must apply for admission to the MSc(A) Nursing programapplicants must complete their QY and the master's program on a full-time basis i.e. a total of three years. Admissions are considered for the fall term only.

Course of study can be found at this link:
https://www.mcgill.ca/nursing/programs/master-programs/msca-direct-entry


*Please Note: Policies regarding the Qualifying Year of the M.Sc.(A) Nursing program*

The Qualifying Year is an intensive 10 -month bridging period that introduces students to nursing and prepares them for entry to graduate-level nursing studies. This QY must be completed on a full-time basis.

Students admitted to the Qualifying Year program are known as "Qualifying for M.Sc.(A)" therefore are considered graduate students even though courses taken in the Qualifying Year are at the undergraduate level. All policies, guidelines and regulations applied during the Master's program, **including the Qualifying Year** are those of the Graduate and Postgraduate Studies. (See e-calendar). Qualifying Year students are registered in graduate studies but are not admitted to a degree program. Qualifying Year students must study full time following the course of study as specified by the department. Please note that a minimum grade of 65% (B-) is required as a passing mark. Grades below a 65% (B-) are automatically changed to "F" (failure) on the unofficial transcript in MINERVA. The courses taken during the Qualifying Year are prescribed by the department and are not credited towards a degree program.

Successful completion of Qualifying Year (a minimum of B- in all courses) does not automatically entitle the student to proceed towards the MSc(A) degree. In February, Qualifying Year students must apply for admission to the M.Sc.(A) Nursing program. Students may apply to continue their studies in either the **MSc(A) – Nursing Direct Entry to Advanced Practice Nursing (DE-APN) concentration or the Global Health concentration.** For more information about the Global Health concentration,click here.

Students must meet the application and admission requirements indicated by the Ingram School of Nursing and Graduate and Post-doctoral Studies Office. Admission is conditional on successful completion of the QY. All Qualifying Year students are reviewed by the Program Director and recommended for admission after completion of the summer session in June. A minimum CGPA of 3.0 is required by GPS for admission to a graduate program.

Policies related to re-reads, supplemental and deferred exams, and failures follow the Graduate guidelines and Policies (see e-calendar). Failing a course in the Qualifying Year is equivalent to failing a Course in a graduate program and will count as a first failed course even if a student is subsequently admitted to a graduate program in a related field.

Policy related to re-reads of 500-level courses falls under the unit's policy and procedures.

## M.Sc.(A) Advanced Nursing program
https://www.mcgill.ca/nursing/programs/msca
(Formerly known as the Nurse-Entry Program)

**Overview**

The Master of Science (Applied) Nursing – Nurse Bachelor Entry concentration is a two-year full time or up to 5 years part time, 48 to 49-credit program for nurses who have completed an undergraduate nursing degree comparable to McGill BScN or BNI program and hold a valid Quebec nursing licence. Students who apply to the Advanced Nursing Master's Program can concentrate in one of the following areas: Advanced Practice Nursing (APN), Global Health (GHC), or Nursing Services Administration (NSA) .
The core content of all concentrations, include the conceptual knowledge base relevant to advanced practice nursing. This knowledge has been organized within a strength based nursing approach and covers such areas as family intervention, health promotion, collaborative practice, learning, coping, development and working with strengths and resources. Under this umbrella, students also acquire in-depth knowledge of additional concepts and theories that are relevant to the discipline. Students will also develop their knowledge of both qualitative and quantitative research methods, engage in a systematic study of nursing problems and disseminate knowledge relevant to clinical practice. Students will have the opportunity to engage in a research project or a knowledge translation project.
Before changing concentrations, a student in the MScA Advanced Nursing Program must seek approval by the program director (GPD for MSc(A). It is also recommended that the student consult with the advisor of the concentration they plan on switching to. See Advising for Graduate Students for the list of advisors.

**M.Sc.(A) Nurse Practitioner Program (including Grad.Dip NP & Grad. Cert. NP)**
https://www.mcgill.ca/nursing/programs/master-programs/npnnpc


**Overview**

The Nurse Practitioner (NP) Program is a 1.5 to 2.5-year program intended to prepare nurses who have a Bachelor of Nursing or a Master of Nursing Degree for the multifaceted role of the nurse practitioner within a designated specialty. The program meets the requirements for graduates to sit the Nurse Practitioner Professional Exam administered by the *Ordre des infirmières et infirmiers du Québec*.

The NP program of study includes and builds on a theoretical and clinical knowledge base relevant to advanced practice nursing. Through a series of lecture, seminar, lab, clinical and inquiry-based learning courses, the NP student develops core competencies enabling them to function as an advanced practice clinician and to develop the multiple roles of educator, leader, health advocate, and consultant. The core content includes the consideration of the impact of illness and disease on the person and the family; identification of strengths and resources that enable optimal conditions for health and healing; treatment of the whole person; collaborative practice with physicians and the interprofessional team members to identify health issues, diagnose illness and establish care and treatment plans; and the enactment of eight NP reserved activities. The NP course content is highly concentrated within the area of specialization.

The length and structure of the NP program depends on the concentration and on the student's prior academic preparation. Nurses with a <u>Bachelor in Nursing degree</u> must complete a Master of Science Applied NP and a Graduate Diploma NP. Nurses with a Master of Nursing degree must complete a Graduate Certificate NP and a Graduate Diploma NP.

The NP Program offers the following specialties (concentrations): Adult Care, Mental Health, Neonatal, Pediatrics and Primary Care.

The following schema depict the structure of the NP program by concentration, the detailed course of study is available on the ISoN Website:

*Adult Care*


*Mental Health*


*Neonatal*


*Pediatrics*


*Primary Care*

**Bachelor-entry**

**Master's-entry**

***M.Sc.(A.) Nurse Practitioner (Neonatal, Pediatric, Primary Care and Mental Health (for students enrolled prior to Fall 2021)***

The M.Sc.(A) Nurse Practitioner is a 2-year, full-time or part-time, 45-credit degree for nurses who have completed an undergraduate nursing degree comparable to the McGill B.Sc.(N) or BNI programs and who hold a current OIIQ nursing license. The M.Sc. (A) NP is a requirement for the consecutive Graduate Diploma NP degree that leads to the professional certification examination and licensure as an NP.

Graduate Certificate NP is a full-time, 15-credit degree for nurses who have completed a Master's in Science Applied in Nursing degree comparable to McGill M.Sc.(A) program and who hold a current OIIQ nursing license. It is a requirement for the consecutive Graduate Diploma in NP degree that leads to the professional certification examination and licensure as an NP.

Graduate Diploma in NP is a 6-month, full time, 30-credit, consecutive degree for nurses who have completed a Master's of Science Applied NP degree or a Graduate Certificate NP degree.
The Graduate Diploma NP must be successfully completed to be eligible to write the certificationexam required to practice as an NP in the province of Quebec.

*IMPORTANT NOTICE: There is no automatic registration from the M.Sc.(A) NP or the Graduate Certificate NP to the Graduate Diploma NP degree.* **There is an application process to complete in order to be registered for the Graduate Diploma NP.**

***M.Sc.(A) Nurse Practitioner and Graduate Diploma NP (concurrent degrees) (for students entering the NP Program in Fall 2021 in the Adult Care and Mental Health specialties)***

The M.Sc.(A) NP and the Graduate Diploma NP for the Adult Care and the Mental Health specialties (curricular revisions implementation Fall 2021) are completed concurrently over a 3-year, full-time or part-time basis for nurses who have completed an undergraduate nursing degree comparable to the McGill B.Sc.(N) or BNI programs and who hold a current OIIQ nursing license. The M.Sc.(A) NP is a 45-credit degree and the Graduate Diploma NP is a 30 credit degree that lead to the professional certification examination and licensure as an NP.

Graduate Certificate NP and the Graduate Diploma NP for the Adult Care and the Mental Health specialties (curricular revisions implementation Fall 2021) are completed concurrently for nurses who have completed a Master's in Science Applied in nursing degree comparable to the McGill M.Sc.(A) degree and who hold a current OIIQ nursing license. The Graduate Certificate in NP is a 21-credit degreeand the Graduate Diploma in NP is a 30 credit degree that lead to the professional certification examination and licensure as an NP.

## Language Policy

The main language of instruction at McGill is English. You have the right to write essays, examinations, and theses in English or in French except in courses where knowledge of a language isone of the objectives of the course.

The official work language in Quebec is French. Nursing programs include mandatory clinical education which are completed in institutions that are regulated by this law. Therefore, all students must be able to work effectively and safely with patients, families and team members in French in order to complete the nursing curriculum. Students are expected to obtain an overall French proficiency level of B2 or higher. Refer to https://www.mcgill.ca/undergraduate-admissions/french-proficiency for specific details. If this requirement cannot be met, the student is to refer to their Program Director to review their course of study and obtain support.

Students that have less experience interacting in French have reported that being immersed in their clinical site has allowed them to gain confidence and skills in using the French language.

The NP Program requires that students be proficient in French (oral and written comprehension, and oral and written expression) in alignment with the OIIQ requirement for licensing in Quebec. Resources are available to support students
in developing their French language skills.

## Advising

### Student Advising at the Ingram School of Nursing

#### Nursing Student Affairs Office*

**Faculty Advisors ***
Faculty advisors can help you by:
- providing information about rules, regulations and requirements governing specific degree programs;
- offering guidance on choosing majors and minors, registering for courses, planning your credit load, and upcoming deadlines;
- helping you manage your academic situation during periods of personal, financial, or medical difficulty; and
- serving as your direct link to other University resources.

**School Advisors***
Departmental/school advisors can help you by:
- guiding your course selections to make sure you meet the requirements of your major or minor;
- evaluating your requests for course equivalencies, recommending prior approval for inter-university transfer credits, or explaining the rationale for the design of academic programs;
- providing information about scholarships, awards, research fellowships, university exchange programs and other opportunities;
- offering support and referrals in cases of academic or personal difficulty.

**Professors / Lecture Advisors**
Your professors may offer to mentor you as you progress through your program. If this interests you, faculty and departmental/school advisors can work with you to find the best professor to guide you through your studies.

Professors and lecturers can help you by:
- advising you on the latest trends in a specific field of study and recommending appropriate readings;
- sharing potential research opportunities;
- providing general guidance related to your field of interest.

**Peer Mentors**
At the ISoN, the Nursing Peer Mentorship Program is available to all BSc(N), BNI and DE MSc students and is designed to help and support the transition into nursing. Mentors, who can be current students, recent graduates and faculty of the School, are paired with a student to assist them in all aspects of university life.

More information can be found through the McGill Nursing Undergraduate Society: www.mcgillnus.ca and/or the Nursing Graduate Student Association: www.mcgillngsa.ca

**ISoN Professional and Academic Advising Committee Decisional Algorithm**
*(to be used accordingly based on the nature of the request)*
*(see next chart)*

**Other University Resources**
- **ISoN Student and Faculty Handbooks** can provide additional information for ISoN students www.mcgill.ca/nursing/students
- **WELL Office** (Wellness Enhanced Lifelong Learning) website: www.mcgill.ca/thewelloffice/
- **Deborah Friedman**, Assistant Dean Student Affairs for the Faculty of Medicine (provides guidance and advocacy for learners who are undergoing academic difficulty or have encountered mistreatment within the learning environment). deborah.friedman@mcgill.ca
- **General Academic Advising at McGill:** www.mcgill.ca/students/advising/
- **McGill Student Services:** www.mcgill.ca/studentservices/services/
- **Student's rights and responsibilities:** www.mcgill.ca/students/srr/
- **Office of the Dean of Students:** Office of the Dean of Students
- **Office for the Ombudsperson:** Office of the Ombudsperson
- **Nightingale Fellow:** Graduating students also have the opportunity to register for the Nightingale Fellow where they meet with a practicing nurse five times a year as a group . This helps them get ready to transition from a student nurse to a practicing nurse. For more information, please contact: lia.sanzone@mcgill.ca

\* The terms Faculty Advisor and School Advisor are used by the University in the advising context. In the Ingram School of Nursing, these functions are performed by or via Nursing Student Affairs Office.

| Nursing Student Affairs Office and Corresponding Undergraduate or Graduate Affairs Coordinator<br>*ACADEMIC ADVISING - Nature of request: Academic File, University rules and regulations* | |
|---|---|
| Undergraduate Students: | undergraduate.nursing@mcgill.ca |
| Graduate Students (QY, MScA N, MScA AN): | graduate.nursing@mcgill.ca |
| Graduate Students (MScA NP & PhD): | graduate2.nursing@mcgill.ca |
| Student Affairs Officer: | student-affairs-officer.nursing@mcgill.ca |

| *PROFESSIONAL ADVISING*<br>*The Nursing Student Affairs Office will refer the student to the appropriate advising resource.* | |
|---|---|
| ***Professional Advising (Professors/Lecture Advisors):***<br><br>Our team \| Ingram School of Nursing - McGill University<br>Peer Mentors:<br>Home \| McGill Nursing Undergraduate Society (mcgillnus.ca)<br>Nursing Graduate Student Association<br>WELL Office:<br>The WELL Office - McGill University<br>Other University Resources:<br>Resources and Services for Students \| McGill University | ***Professional Advising: Clinical Placements & Specialty Programs/Initiatives:***<br><br>Clinical Placement: admincpo.nursing@mcgill.ca<br>Ambassador program: irene.sarasua@mcgill.ca<br>associatecpo.nursing@mcgill.ca<br>Research: Associate Director is Dr. Sylvie Lambert, sylvie.lambert@mcgill.ca |
| | Professional Advising related to licensure, OIIQ Exam preparations; and entry to practice general information: future career choices; specialty certification exams; working in other provinces or countries; pursing graduate studies:<br>Please contact the Program Director of your respective program listed below. |
| ***Professional Advising: Graduate and Doctoral Studies***:<br><br>Advanced Clinical Practice: jodi.tuck@mcgill.ca<br>Administration: susan.drouin@mcgill.ca<br>Nursing: stephanie.charbonneau@mcgill.ca<br>NP Mental Health: giuseppina.la_riccia@mcgill.ca<br>NP Neonatology: phillippe.lamer2@mcgill.ca<br>NP Pediatrics: irene.sarasua@mcgill.ca<br>NP Primary Care: marieclaude.goyer@mcgill.ca<br>NP Adult care: shannon.monamara@mcgill.ca | ***Professional Advising: Academic Standings:***<br>**UNDERGRADUATES**<br>**BScN** Program Director: lia.sanzone@mcgill.ca<br>Assistant Program Director: amanda.cervantes@mcgill.ca<br>**BNI Online** Program Director: oxana.kapoustina@mcgill.ca<br>Assistant Program Director: maria.damian@mcgill.ca<br>**BNI On Campus:** Program Director: melanie.gauthier@mcgill.ca<br>Assistant Program Director: kimani.daniel@mcgill.ca<br><br>**GRADUATES**<br>**MScA Nursing** Program Director: stephanie.charbonneau@mcgill.ca<br>**MScA Advanced Nursing** Program Director: jodi.tuck@mcgill.ca<br>**MScA Nurse Practitioner** Program Director: Irene.sarasua@mcgill.ca<br>**PhD** Program Director: sonia.semenic@mcgill.ca |

## Other Student Resources

Student Resources related to Health, Housing, Advising, etc, please check the Student Resources link on our webpage.Below are some of the resources available to students at the University.

### *Service Point and Other University Services for Students*

- Student Wellness Hub Brown Building, 3600 McTavish,3rd floor; 514-398-3825
- Service Point 3415 McTavish, 514-398-7878
- Pre-Arrival Resources, offered by International Student Services, 3600 McTavish St., Room 3215, Montreal, QC, H3A 1Y2, tel: 514-398-3600.
- Information on off-campus housing, including FAQ, provided by Student Housing, Service Point, 3415 rue McTavish Street, Montreal, QC, H3A 0C8, tel: 398-6368.
- Student Services Guide and Campus Map, from Student Services, 3600 McTavish St., #4100, Montreal, QC, H3A 0G3, tel: 398-8238.
- Fee Descriptions, provided by Student Accounts.
- Graduate Student Handbook available (only to first-year graduate students) from the Postgraduate Students' Society of McGill University, David Thomson House, 3650 McTavish St., Montreal, QC, H3A 1X9, tel: 398-3755.
- Prior to their arrival in Montreal, students from outside of Canada are encouraged to visit the International Student Services website. The International Student Services office is located at 3600 McTavish St., suite 5100, Montreal QC H3A 0G3, tel: 398-4349.
- The Well Office (Schools) located at the Meredith House Annex, The WELL Office services for Schools: Ingram School of Nursing, School of Physical and Occupational Therapy, School of Communication Sciences and Disorders, includes Academic Support, Wellness support such as counseling, workshops and support groups and liaison with McGill University services on wellness related issues.
- Library Services – Sabine Calleja (sabine.calleja@mcgill.ca) is the Nursing Liaison Librarian - the Health and Biological Sciences collection at McGill are located in two libraries
  - Ϫ Schulich Library of Physical Sciences, Life Sciences and Engineering - collection of nursing and medical literature and other material. Located in Macdonald-Stewart Building (under renovations, closed for 2019- 2020)
  - Ϫ Osler Library of the History in Medicine - McIntyre Medical building - course reserves, study space. Writing and citation guides (e.g., APA) and writing tools (e.g., Five Steps to a Better Paper) are compiled by resource librarians and are wonderful resources!
- The **Nursing Study Guide** provides valuable links to CINAHL, PsycInfo, evidence-based resources (e.g., Cochrane, Joanna Briggs Institute); Up-to-Date; e-books and journals; streaming videos (e.g., clinical skills, physical examination) and more!!
- Office for Respectful Environments
- OSVRSE

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

***Ingram School of Nursing Satoko Shibata Clinical Nursing Laboratories (Lab) is* located at** 680 Sherbrooke, Room 2010 (20th floor). The Lab includes a clinical skills laboratory, a health and physical assessment laboratory, critical care area (5 clinical beds), simulated apartment, and two large debriefing rooms.

Several lab courses are offered in the Satoko Shibata Clinical Nursing Laboratories. Remedial sessions are also available for students. Nurse Educators, lab technicians, and a Standardized Patient Coordinator are available to support learning activities in the Satoko Shibata Clinical Nursing Laboratories.

- Laboratory Director: Hugo Marchand– [hugo.marchand@mcill.ca](mailto:hugo.marchand@mcill.ca)

- Interim Assistant Director: Catherine Leblanc - [cath.leblanc@mcgill.ca](mailto:cath.leblanc@mcgill.ca)

- Lab email: [lab.nursing@mcgill.ca](mailto:lab.nursing@mcgill.ca).

***The Steinberg Centre for Simulation and Interactive Learning (SCSIL) is*** located at 3575 duParc, Room 5640; 514 398-8978. The SCSIL is an interprofessional Centre that uses simulation to enhance the skills of health care professionals. The Centre offers a surgical skills area, high fidelity simulation suite, ten (10) clinical encounter rooms, simulated apartment, simulated ward, hybrid operating room, and a virtual reality trainer room.

Users adhere to the policies set by the Centre, including uniform/lab coat and name tag when working with Standardized Patients. Teachers must complete a [Session Form](#).

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

***Campus Life and Engagement –*** leadership programs, programs for new students, and assistance with English language skills –http://www.mcgill.ca/cle/

***First Peoples' House*** – a gathering place and resource centre for First Nations, Inuit and Métis students. Located at 3505 Peel Streel - https://www.mcgill.ca/fph/

***Tutorial Service*** – a range of private [tutoring services](#) is offered by a bank of trained tutors.

***International Student Services -*** Health insurance guide, [Buddy Program](#) to acclimate international students, including assistance with immigration; located at the Brown Student Services Building, Suite 5100.

**Health and Wellness Support**

[The Student Wellness Hub](#) – the Student Wellness Hub is the student's place to go for their holistic health and wellness needs. It provides access to physical and mental health services, as well as health promotion and peer support programs. With a holistic vision on health and well-being, and a [collaborative care model](#) approach, services are integrated and streamlined to allow students to access care quickly and conveniently. Our services and programming are geared toward helping students navigate the wide range of challenges that arise over the course of their academic careers at McGill. The Student Wellness Hub team aims to

empower students to be better informed and take charge of their wellbeing journey.

[WELL (Wellness Enhanced Lifelong Learning) Office](#)
The WELL Office services include: academic support, wellness support such as counselling, workshops, support groups and liaison with McGill University services on wellness related issues. [Urgent Care – Safety Appointments](#) - students experiencing a crisis situation where they might be a harm to self or others may present themselves at the Brown Student Services Building, suite 5500 to request a safety appointment. Students will be seen briefly and given a referral as appropriate. Safety appointments are available daily and are offered Monday through Friday from 11:00a.m. to 1:00 p.m.

[Dean of Students Office](#)
The Office of the Dean of Students provides support, guidance, and interventions for students in need for issues big and small, from academic issues to non-academic issues, as well as crisis management. The office is located at Brown Student Services Building, Rm 2100, 3600 McTavish Street. Hours of operation: Monday to Friday, 9:00 AM to 5:00 PM **514-398-4990** [deanofstudents@mcgill.ca](mailto:deanofstudents@mcgill.ca)

Office for Sexual Violence Response, Support & Education - [O-SVRSE](#)

Located at 550 SherbrookeO., Suite 585 (West tower floors 1-11 elevator); 514-398-3786 or 514-398-4486; [svoffice@mcgill.ca](mailto:svoffice@mcgill.ca)Office of Religious and Spiritual Life – serves as students' religious and spiritual hub; located at Presbyterian College, 3495 Universtiy, 2nd floor.

[Office for Student Accessibility & Achievement](#)
Provides services for a variety of situations e.g., medical diagnoses, mental health issues, anxiety disorders, long term support to accompanystudents with Learning Disabilities, ADD or ADHD, Autism Spectrum Disorder (ASD). Contact access.achieve@mcgill.ca or (514)398-6009 (options #1-3). Or visit 1010 Sherbrooke Ouest, Suite 410 (4th floor).

[Office of Religious and Spiritual Life](#)
Provides programs, resources, and opportunities for students to explore religious and spiritual life. Located at 3610 rue McTavish Room 36-2, 514-398-4104  [morsl@mcgill.ca](mailto:morsl@mcgill.ca)

Office of Social Accountability in Nursing at the Ingram School of Nursing (OSAN)
OSAN is committed to addressing and engaging in anti-racist, anti-oppressive, and decolonizing nursing education, research, and practices. Being socially accountable requires transparency and action from the Ingram School of Nursing to work collaboratively with the individuals and communities we serve. **[josee.lavallee@mcgill.ca](mailto:josee.lavallee@mcgill.ca)**

**Financial Support**
*Any student who is at risk of not being able to continue their studies due to lack of finances are encouraged to consult with their Program Director.*

## Program Directors

| Program | Name/Role | Location |
|---|---|---|
| | Josée Bonneau - Associate Director, Education | Rm 1905, 514-398-4149 josee.bonneau@mcgill.ca |
| B.Sc.(N) | Lia Sanzone – Program Director | Rm 1927, 514-398-2488 lia.sanzone@mcgill.ca |
| | Amanda Cervantes – Assistant Program Director | Rm 1923, 514-398-5287 amanda.cervantes@mcgill.ca |
| BN(I) | Mélanie Gauthier – Program Director On Campus | Rm 1929, 514-398-7321 melanie.gauthier@mcgill.ca |
| | Oxana Kapoustina – Program Director Online | Rm 1934, 514-398-3923 oxana.kapoustina@mcgill.ca |
| | Kimani Daniel – Assistant Program Director On Campus | Rm 1938, kimani.daniel@mcgill.ca |
| | Maria Damian – Assistant Program Director Online | Rm 2019, maria.damian@mcgill.ca |
| BN(I) Online and CNE | Annie Chevrier – Program Director | Rm 2034, 514-398-2105 annie.chevrier2@mcgill.ca |
| M.Sc.(A) | Stephanie Charbonneau – MScA NursingProgram Director | Rm 1906, 514-398-4979 stephanie.charbonneau@mcgill.ca |
| | Jodi Tuck – MScA Advanced Nursing Program Director; Advanced Practice Nursing concentration and Global Health (Nursing & Advanced Nursing) concentration lead | Rm 1935, 514-398-1598 jodi.tuck@mcgill.ca |
| | Irene Sarasua – Nurse Practitioner Program Director | Room 2023; 514-398-6945 irene.sarasua@mcgill.ca |
| | Susan Drouin - MScA Advanced Nursing - Nursing Services Administration Concentration lead | Rm 2028, susan.drouin@mcgill.ca |
| PhD | Sonia Semenic Program Director | Rm 1800, 514-718-8457 sonia.semenic@mcgill.ca |

**Nursing Peer Mentorship Program**
The NPMP program is available to nursing students and is designed to support them in their transition into nursing and throughout the program. Mentors, who can be current students and recent graduates, arepaired with a student to assist them with university life. Students who are interested in the program (as a mentor or as a mentee) and would like more information should contact npmp.nursing@mcgill.ca or lia.sanzone@mcgill.ca

**Nightingale Fellows Project**
The McGill Nursing Collaborative for Education and Innovation in Patient- and Family-Centered Care has established the Nightingale Fellows Project to assist graduating students transitioning into clinical practice. The project provides group mentoring experience to students in their final year of studies. Smallgroups of 4-6 students are placed and mentored by experienced clinical nurses. The groups meet 4 times throughout the school year and one-time post-graduation to discuss topics related to the transition from nursing student to nurse. For more information, contact gilbert.primeau@mail.mcgill.ca.

## Clinical Studies

Theoretical and clinical courses are taken in tandem (exception NP Program – the clinical courses takeplace following the completion of the theoretical courses). Clinical studies are enhanced by a strong relationship with the McGill Teaching Hospital Network and the Réseau Universitaire Intégré de Santé(RUIS) agencies. Clinical courses may require study during the day, evening, nights and weekends.
Clinical attendance is mandatory for all clinical courses. . For absences, the course coordinator will determine, in collaboration with the clinical instructor/preceptor, how the student can make up the missed clinical hours.

The Clinical Partnerships Office is the link between the ISoN and the clinical agencies. The Office tracks the placement requirements of all students in the ISoN. A web-based application called Health Sciences Placement Network (HSPnet) is utilized to coordinate clinical placements. HSPnet is used to track hours in each clinical site and the patient population for each student. Note that the OIIQ does not have pre-established clinical hours in specific settings – as such, there is no formal requirement for placements in such areas as acute care pediatrics or acute psychiatry (excluding NP Program).

***In order to confirm a clinical placement for each student, students must register for clinical courses when prompted by e-mail. Failure to register in a timely manner may result in a delayed start date forclinical placements.***

**Registration Dates for Clinical Courses:**

Deadlines in nursing clinical courses are earlier than other courses to ensure placements. A placement cannot be guaranteed for those registering after the following dates:

| | Register Deadline |
|---|---|
| Winter Clinical courses | November 15 |
| Summer Clinical courses | March 15 |
| Fall Clinical courses | June 15 |

It is imperative to meet the registration deadlines for Clinical courses in order to ensure that each student is guaranteed a placement at a clinical site. Placement details regarding specific clinical sites and schedules are subject to change based on needs related to clinical agencies and/or human resources.

Should any adjustments need to be made to students' clinical schedules or placement sites as a result of the aforementioned factors, the student(s) will receive communications from the Clinical Partnership Office (admincpo.nursing@mcgill.ca) and the Nursing Student Affairs Office (graduate.nursing@mcgill.ca and/or graduate2.nursing@mcgill.ca).

**Clinical Placements Policy**

ISoN students have the privilege of learning in partner clinical environments specifically chosen to meet learning objectives throughout their study trajectory. Students are assigned in a way to ensure they have a rich and varied learning experience. Assignments also take into account travel time and potential conflicts of interests, using information provided by the Students.

Students are informed of their assignment about 2 weeks before their first day. Students must fully comply with McGill ISoN and clinical site onboarding requirements, available through the HSPnet platform, MyCourses platform and email communications.

A student can address any concerns or support needed regarding their clinical placement and onboarding to cpoadmin.nursing@mcgill.ca

**Clinical Course Coordinator Role** The clinical course coordinator is responsible for overseeing the academic integrity of the clinical course. The coordinator assumes a "behind the scenes" role and does not have the same role as a clinical instructor who works directly with the student in the clinical agency. The coordinator recruits and hires clinical instructors who are responsible for direct student teaching and supervision at the various clinical sites. The coordinator will establish the course schedule and will organize introductory classes, simulation experiences. The coordinator will visit clinical sites and communicate with the clinical instructors frequently with respect to student performance. Should students present with challenges in the context of their placements, the coordinator is a available for individual consultation. With respect to evaluation of student performance and grade assignment, the coordinator works with the clinical instructors or preceptors to ensure that evaluation rubrics are applied fairly and consistently across settings. In the case of students who are at risk of failure in their clinical course, the coordinator will ensure that decisions are based on robust evidence of objective student performance. As a student, rest assured that the coordinator is diligently overseeing your clinical experience.

**Requirements for Clinical studies and the Student Portal**

Clinical Requirements, including table of requirements and due dates by Nursing program, located on the Nursing website: https://www.mcgill.ca/nursing/students/student-portal/clinical

It is the student's responsibility to ensure that all clinical studies requirements are met. Failure to meet clinical requirements by the assigned deadline may delay the start of your clinical courses or result in your removal from the clinical course and delay your studies by one year. ISoN has an online student portal where students upload and submit important documents, check the status of certain files, and more. Multiple documents must be integrated into ONE (1) PDF file for upload for each of the requirements. A detailed table of pre-clinical requirements and their respective deadlines are listed at https://www.mcgill.ca/nursing/students/student-portal/clinical. Scroll down the page to the table and across to your program for the deadlines related to you.

The following list summarizes the list of requirements for clinical studies (applies to both on-campusand online students). Details about each of these are also provided both on the website https://www.mcgill.ca/nursing/students/student-portal/clinical  as well as in the section below:

1. Faculty of Medicine Code of Conduct

2. OIIQ registration

3. HSPnet release form

4. Immunizations

5. Annual Flu Vaccine

6. COVID-19 Vaccine

7. Mask Fitting – on hold during COVID. To be informed at the beginning of clinical.

8. Declaration of blood-borne infections

9. Exposure – Blood and Body fluids

10. CPR HPC certification

11. Work Coop Permit (International students only)

12. Professional Appearance: name tags, uniform, watch

13. Criminal Background Verification (site-specific on-boarding documents will be visible to you via HSPnet approximately 10-business days before the start of clinical)

14. Travel registry registration for those placed outside the Greater Montreal Area (i.e. Montreal, Laval, Longueuil and Montérégie (https://www.mcgill.ca/mcgillabroad/safety/registry)


**OIIQ Nursing Student Registration procedure**

**Ordre des Infirmières et Infirmiers du Québec (OIIQ) registration:**

Purpose: To meet legal requirements of public protection.

Quebec legislation requires that a nursing student be registered with the Ordre des infirmières et infirmiers du Québec (OIIQ) to ensure protection of the public. The OIIQ grants registration under the

following two conditions:

- as a student nurse with a Student Permit (i.e., B.Sc.(N) and M.Sc.(A) DE students);
- as a Nurse (i.e., BN(I) student* who has successfully completed the licensure examination and the Office Québécois de la Langue Française (OQLF) requirement (as needed)).

  *BN(I) students must maintain OIIQ registration with annual fees paid as invoiced. The OIIQ does not waive fees, even if the Nurse is not working during studies. A student who does not maintain fullOIIQ licensure cannot enter clinical studies and cannot graduate. Full licensure includes successfullypassing the OIIQ exam and the Office Québécois de la Langue Française (OQLF) requirement (as needed).

The OIIQ refers to the above process as 'immatriculation' so 'registration' and 'immatriculation' maybe 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 have access to proof of their registration (e.g., license number) at all times during clinical studies, includingcommunity visits.

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

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

*With respect to the TNP: Selon l'article 3 du Règlement, vous ne pouvez pas ajuster un plan thérapeutique infirmier (PTI) sauf si l'enseignant l'ajuste pour vous de concert avec l'infirmière responsable de l'usager à des fins pédagogiques. Cependant, il appartiendra à l'infirmière responsable de l'usager d'en évaluer la pertinence et les modalités. Lors de votre stage, vous êtes enapprentissage et exercez sous la supervision d'une infirmière qui encadre votre stage alors que l'infirmière responsable de l'usager détermine par son jugement clinique le plan de soin et les traitements infirmiers requis pour cet usager.*

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

Registration of a student in Nursing may be revoked by the OIIQ if the holder:

1. Has no longer been enrolled, for over one year, in a session of a program of studies leading to a diploma giving access to a permit from the Order or in a training course determined by the Order (Section 9 of the Regulation respecting diploma or training equivalence for the issue of a permit bythe Ordre des infirmières et infirmiers du Québec (chapter I-8.r.16);

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

3. Is expelled from the program of studies leading to a diploma giving access to a permit from theOrder or

the training course determined by the Order (Section 9 of said regulation);

4. Obtained the registration certificate under false pretenses; or

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

For students in Unsatisfactory Standing, or have withdrawn from the Nursing Program will have their registration certificate revoked from OIIQ.

For students on a Leave of Absence (LOA), the OIIQ license will be suspended for the duration of the LOA.

NSAO will contact OIIQ to inform them of any of the above-mentioned leaves or withdrawals.

Note: The OIIQ returns the certificate free of charge upon request if the student returns to study within one year. In the case of an interruption of more than a year, a student must register again with the Order, providing required documents and fee.

Ordre des infirmières et infirmiers du Québec – 4200, rue Molson, Montreal (Québec) H1Y4V4
– 514-935-2501; 1-800-363-6048 etudiants-br@oiiq.org; nurses: infirmieres-br@oiiq.org

Students with questions concerning the OIIQ registration requirement can contact the Nursing Student Affairs Office.

**Work Coop Permit (International students only)**

If you have been admitted to a program as an international student, your study visa is not enough. The program to which you were admitted includes a mandatory practical work component (such as a co-op, placement or stage). Accordingly, if you are not a citizen or permanent resident of Canada and, whether or not you will be paid, you must obtain a "coop work permit" in addition to your study permit. Please see McGill's International Student Services website for details: https://mcgill.ca/internationalstudents/.

You will need to obtain the "co-op" work permit before you begin your clinical studies and clinical internship. In order to apply for the "co-op" work permit, you will need written confirmation that your program includes a mandatory practical work component. In order to obtain a letter that confirms that you have a mandatory practical work component, download the pdf below for the program to which you were admitted. You will accompany the letter below with your letter of offer of admission when applying for the Work Coop Permit. You will also need to submit a Medical Exam with your application. Detailed instructions can be found on the McGill's International Student Services' website at: https://mcgill.ca/internationalstudents/work/co-op-internship-work-permit

Students applying for the co-op work permit must include the International student letter found on our website https://www.mcgill.ca/nursing/students/student-portal/clinical in addition to their acceptance letter into their program at McGill. The work coop permit must remain valid throughout your studies.
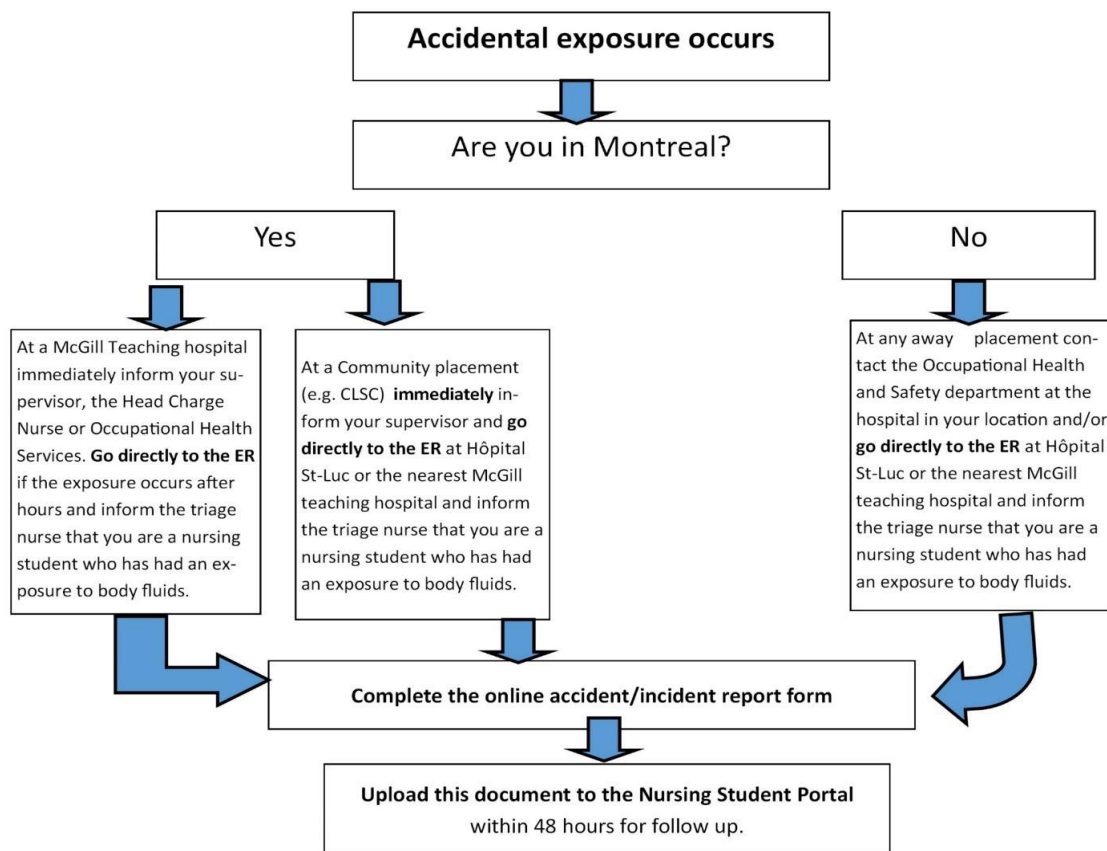
*Accidental Exposure – Blood or Body Fluids or Injury*

*Purpose:* Percutaneous exposure to body substances or any other injury places students at risk and requires investigation, reporting, and follow-up.

Reporting of accidents, incidents and errors are important in quality imrpovement processes. Prevention of accidental exposure is paramount (e.g., never recap needles; wear gloves during venipuncture). Despite 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 and HIV to the exposed individual. Students on any clinical rotation are covered for injuries sustained by the *Commission de la Santé et de la Sécurité du Travail.* All accidents, incidents and errors, ~~including exposure to body fluids,~~ must be reported by completing the McGill University Accident and Incident Reporting Form. The notification of the exposure and the completed form must be uploaded to the ISoN student portal for clinical requirements *within 48 hours* to ensure that all the appropriate steps have been taken.

The following chart indicates how to proceed in the event of an injury:
CPO proposes to replace by:



**Accidental exposure occurs**

**Are you in Montreal?**

**Yes**

**No**

At a McGill Teaching hospital immediately inform your supervisor, the Head Charge Nurse or Occupational Health Services. **Go directly to the ER** if the exposure occurs after hours and inform the triage nurse that you are a nursing student who has had an exposure to body fluids.

At a Community placement (e.g. CLSC) **immediately** inform your supervisor and **go directly to the ER** at Hôpital St-Luc or the nearest McGill teaching hospital and inform the triage nurse that you are a nursing student who has had an exposure to body fluids.

At any away placement contact the Occupational Health and Safety department at the hospital in your location and/or **go directly to the ER** at Hôpital St-Luc or the nearest McGill teaching hospital and inform the triage nurse that you are a nursing student who has had an exposure to body fluids.

**Complete the online accident/incident report form**

**Upload this document to the Nursing Student Portal**
within 48 hours for follow up.

**Professional Appearance: name tags, uniform.**
Purpose: Name tags to meet legal requirements. ISoN uniform/uniform for clinical studies.
Students and faculty aim to present themselves in a manner that ensures confidence, meets clinical agency requirements, and adheres to principles of infection prevention and control. The ISoN acknowledges the rights of students and faculty as well as the rights and expectations of clients encountered during studies, the public image of the ISoN and the nursing profession. Students and faculty identify themselves and dress in a manner that is professional, respectful, and reassuring at all times when interacting with the public, including during community and health care agency experiences. Uniform guidelines apply in agency-based courses and in lab courses. In settings where street clothing is worn (e.g., CLSC, out-patientunits, certain mental health settings), this attire must project a professional image. Inappropriate clothing includes revealing apparel, shorts, flip-flops, underwear that is visible, clothes with offensive or threatening prints etc. Dress requirements must meet infection prevention and control recommendations (discussed in next section).

**Identification**: Name Pin (badge) needs to be worn to meet legal requirements. Students and faculty identify themselves with a name pin with a McGill logo during all clinical learning activities (e.g., on hospital units, during community visits,), ). The individual's full name (first and last) must appear on thename pin (badge) and be the same as that appearing on the OIIQ registration certificate (MScA students)or autorisation de stage (NP students). The name pin (badge) must be worn above the waist for ease of visibility.The name badge must be worn above the waist for ease of visibility. Most hospitals require that students and faculty also have a hospital-issued name pin.

Students/faculty can be asked at any time by a client/patient or hospital/clinical official for proof of identification including the OIIQ registration certificate (MScA students) . or autorisation de stage (NP students).

For questions about student name badges, or to request a replacement name pin , please contact theNursing Student Affairs Office.

**Uniform and Professional Appearance**:
MScA Nursing students are required to wear ISoN uniforms for their clinical studies and laboratory courses. Uniforms are purchased at the McGill Bookstore. A minimum of three uniforms are required (one for HPA courses; 2 for patient-related clinical studies) to allow for laundering between clinical days.

Nurse Practitioner students are required to wear either 'scrubs' or a lab coat for their clinical studies (internship) and laboratory courses. For the internship courses, the ''uniform' should be consistent withthe expectations of the clinical milieu.

**Professional Attire**
Professional attires is regulated by the OIIQ and the clinical site. All students are expected to read the OIIQ guidelines (https://www.oiiq.org/documents/20147/237836/5513-image-professionnelle-infirmieres-prise-position-web.pdf)  as well as be informed of the specific expectations for each clinical site. Any concerns can be addressed to cpoadmin.nursing@mcgill.ca

*Infection Prevention and Control (IPC)*

Infection prevention and control (IPC) is of utmost importance for the protection of the health care professional and the safety of patients/clients. IPC procedures involve routine practices and additional precautions. **Routine Practices** are used in the care of all clients regardless of their diagnosis or possible infection status. They apply to blood, all body fluids, secretions, and excretions (except sweat), nonintact (broken) skin, and mucous membranes whether or not blood is present or visible. Routine Practices combine the features of Universal Precautions and Body Substance Isolation and are designed to reduce risk of transmission of microorganisms from recognized and unrecognized sources.

| Type of Precaution | Recommended Practice |
|---|---|
| ***Airborne Precautions*** - 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. | ▪ Pt in private room with negative air pressure & air discharge to the outside OR a filtration system. Keep doors closed.<br>▪ If no private room, place pt with another pt who is infected with the same microorganism.<br>▪ Wear a respirator (e.g., N95) on entering the room of a pt who is known/suspected of having 1° TB.<br>▪ Susceptible people must not enter the room of a pt with rubella or varicella (chickenpox).<br>▪ Limit movement of pt outside the room; use a surgical mask on the client during transport.<br>▪ Perform hand hygiene after removing respirator. |
| ***Droplet Precautions*** - used for pts known/suspected of serious illnesses transmitted by particle droplets ≥5 microns (e.g., mumps, pertussis; rubella; influenza, pneumonia, scarlet fever.) | ▪ Place pt in private room OR with another pt infected with same microorganism.<br>▪ Wear a mask if working within 1 to 2 metres of the client.<br>▪ Limit pt movement outside the room to essential purposes. Place a surgical mask on the client during transport.<br>▪ Perform hand hygiene after removing mask. |
| ***Contact Precautions*** – 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). | ▪ Place pt in private room OR with another who is infected with the same microorganism.<br>▪ Wear gloves on entering room; change gloves after contact with infectious material; remove gloves before leaving room; perform hand hygiene immediately after removing gloves.<br>▪ 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.<br>▪ Remove gown in the client's room.<br>▪ Ensure uniform doesn't contact contaminated objects.<br>▪ Limit movement of client outside the room.<br>▪ Dedicate the use of non-critical client care equipment to a single client or to clients with the same infecting microorganisms. |

## *Criminal Background Verification and Criminal Reference Check*

Registration with the Ordre des Infirmiers et Infirmières du Quebec is required for entry into clinical studies. Students must complete an official self-declaration of any criminal offences at the time of application; in addition, if the student is accused of a criminal offence during studies in the nursing program, the OIIQ must be notified. Any student who is not able to obtain a nursing student registrationfrom the OIIQ cannot continue in the program.

Most clinical agencies require that students complete a self-declaration on a *Criminal Background Verification Form* prior to being granted permission to enter their facility. Some agencies require that students undergo a formal criminal reference check (completed by a police department). Inability of the student to gain access to clinical study settings will preclude their ability to meet clinical course requirements within the program of study.

## *Language Requirements*

The official language of instruction at McGill is English. In accordance with McGill University's Charter of Students' Rights, students have the right to submit in English or in French any written work that is graded.

The Nursing program includes mandatory internships, or 'stages', which will be completed in a hospital, clinic,social service centre, or school setting where the ability to communicate proficiently in French is essential.

Proficiency in French is necessary for students to effectively and safely work with and support patients, families,and team members and for the successful completion of the nursing curriculum.

Students are expected to obtain a French proficiency level of B2 or higher. Refer to https://www.mcgill.ca/nursing/apply Graduate tab for specific details.

ISoN offers 'beginner' and 'intermediate' level French language workshops specific to Nursing students throughthe Nurse Peer Mentorship program. The McGill Faculty of Medicine & Health Sciences offers French medical language workshops (basic, low, intermediate) for a minimal fee in fall and winter terms - https://www.mcgill.ca/ugme/french-workshop-form

*The McGill French Language Centre* offers credit and non-credit courses from beginner, intermediate and advanced levels including courses for students in Health Disciplines (funded by McGill Training and Retention ofHealth Professionals Project).

Students must take a French Placement Test and be interviewed by an evaluator before registering for their first French course. Visit: https://www.mcgill.ca/flc/fr/inscription-0/tests-de-classement/dates-des-tests-de-classement or Contact **Dr. Ariel Mercado** at ariel.mercado@mcgill.ca

**Dawson College** offers a French Language course specifically for health professionals: https://www.dawsoncollege.qc.ca/ctd/course-category/languages/

The McGill Writing Centre offers a variety of resources to support students with their writing skills. Graduate students are strongly encouraged to utilize these resources when in need: https://www.mcgill.ca/graphos/.

### *Stress and Coping*

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

### *Clinical Skills Guidelines*

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

• The professional activities are performed as part of the program of study;

• The professional activities are performed *under the supervision of a nurse who supervises the training period and who is present in the care unit concerned in order to rapidly intervene (O.C. 551-2010.s.3)*

To perform a clinical skills with minimal risk to patients, students must have knowledge of the technical skill and the risks and patient safety issues associated with it; they must 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 performance of the actual skill is imperative. In all cases, skills mustbe consistent with nursing acts conducted within legislative boundaries.

_Knowledge of the Technical Skill:_ Students must 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 can refer to their Fundamentals in Nursing text and/or review the unit "policies andprocedures" guidelines._ Prior to conducting the skill, students must verbalize the reasons why the procedure is required, review the 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" 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 to the student and the client, when the student is performing a procedure for the first time, choose the client wisely. For example, do not attempt the firstIV insertion on a dehydrated patient who is extremely anxious.

_Safe practice:_ It is recommended that students practice an invasive procedure in a simulated learning environment (e.g., task trainer) prior to performing the procedure on a patient. If a student has not had previous experience with a skill, the student must first observe the procedure.

_Adequate supervision:_ Performance of invasive technical skills requires supervision to ensure thatadequate learning 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 adequatesupervision. _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 (in these cases, the student can make a request to the Satoko Shibata Clinical Nursing Laboratories and perform the skill in a simulated environment before practicing on an actual patient);
- there is no one to provide direct or indirect supervision;
- the patient is deteriorating rapidly - students cannot be expected to perform as an RN in anemergency;
- 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, administering certaincancer chemotherapy);
- legal or local institutional parameters do not allow for it (based on hospital/agency policy) e.g.,
  - most institutions require that only licensed nurses have access to narcotic 'keys';
  - most institutions required that only licensed nurses accept a verbal or telephone order;
  - only licensed nurses can adjust the therapeutic nursing plan (students can have input but cannot alter the TNP);
  - most institutions require that only licensed nurses transcribe medical orders or witness patients' consents for procedures.
  - most institutions require that two licensed practitioners do an independent double check of high alert medications such as insulin and heparin, or to document narcotic wastage, or to determine blood product accuracy. In such cases, the student can co-sign as a witness however the signatures of 2 licensed nurses are required in addition to the student's signature.

*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 but nursing students *CANNOT adjust the TNP* – legally, only licensed nurses can update the TNP.

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

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

- Documentation must be *legible* and *clear* so that others can understand the information.

- *Accepted abbreviations* are allowed – e.g., LUQ (left upper quadrant), ROM (range of motion).

- If 'charting by exception' or on 'flow sheets', students must 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; 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 the patient.

- The patient's chart is a *confidential* document and cannot be read/shown to family members.

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

- 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 permitted as the original note must be legible; fill in blank spaces with a line so no one else can write in your charting.

- *What not to chart?* Avoid charting on personal biases, or stigma, regarding a patient (eg. Personal situation, culture, behaviours). 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 their chart and it is not the place where someone learns about how 'frustrated' or 'out of love' their 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 their own *or* if the teacher intervened in providing care to the patient.

Otherwise, the RN writes notes which may/not be the same as the student notes. The RN may countersign the student's charting indicating agreement, but this is not required.

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

### *Attendance in Clinical Studies*

Full in-person attendance in clinical studies is expected from all students and are regulated for licensure. When registering for a clinical course, Students are responsible to ensure they are available for the length of the semester to meet the objectives of their course. Some courses are on set days of the week, which usually means they are on day shift or evening shift, 8h or 12h. Other courses have a variable schedule that may occur on day, evening or night shift, 8h or 12h. Students must be ready to attend all their clinical days.

In case of a sick day, Students are to report their absence as soon as possible to their Clinical Supervisor (Preceptor, Preceptor Support, Clinical Instrctor) as well as their Clinical Course Instructor.
Written requests for longer motivated absences are to be submitted to your Course Coordinator as soon as possible. They will evaluate the Student situation and provide you with a plan as needed. Prolonged absences may require a revised course of study, and a delay in your graduation.

All Students should inform themselves on the law **An Act to ensure the protection of trainees in the workplace** to Protect Trainees in the workplace to inform their decisions.

### *Accommodations Requests:*
The ISoN makes every effort to accommodate students with recognized motives. Students seeking accommodation must contact the Clinical Course Coordinator when accommodation applies to a single course; contact the Program Director when accommodation will need to be made across several courses. For all accommodation requests, Students are to keep in mind that the accommodation must be reasonable and possible in that it does not interfere with reaching course objectives, it does not compromise the situation of other students, it does not incur additional expense, or cause undue strain or inconvenience to those being asked to accommodate.

### *Accommodation for Pregnancy and Breastfeeding for Clinical Courses*
Students that are pregnant or breastfeeding must inform their Program Director to discuss their course of study and any adjustments that may be needed. The Program Directors will work closely with the Clinical Partnership Office to find adequate accommodations based on the guidelines in place and the medical recommendations for each individual case. Nursing students must follow the directives of their care provider at all times.

### *Accommodation for Religious Obligations affecting attendance to their Clinical Course*
Requests for religious accommodations are to be submitted to the Clinical Course Coordinator and should follow the Policy on Holy days available: https://www.mcgill.ca/importantdates/holy-days-0/policy-holy-days

### Accommodations for Medical Conditions in Clinical Courses

The Student Accessibility & Achievement provides support services and reasonable accommodations to students of all levels of study with documented disabilities of either a permanent, temporary, or episodic nature. They foster an accessible and inclusive university experience for McGill's diverse student population in collaboration with other Student Services and the wider McGill community through resources and services. More information : https://www.mcgill.ca/access-achieve/ Students must supply a letter from the Student Accessibility & Achievement outlining the nature of the accommodation as early as 8 weeks before the first clinical day, so the CPO can work with the clinical partner to find the most suitable environment.

### Pregnancy and Nursing Clinical Studies

Pregnant students must inform their Program Director to discuss the program of study and any adjustments that may be needed to ensure a safe pregnancy. The Program Directors will work closely with the Clinical Partnership Office to find accommodations. Many clinical settings preclude the placement of pregnant students (e.g., operating room, emergency department, ICU, post anesthesia care unit, pediatrics, and some psychiatric agencies). Nursing students must follow the directives of their pregnancy care provider however, the ISoN cannot guarantee that suitable placement can be found, in particular if the recommended setting cannot meet the learning objectives of the courses. An alternate placement or delay in clinical studies may be required based on clinical agency policies related to pregnancy (usually removed from clinical at 24 weeks

### 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.. The 'shame and blame' cultureis replaced with one where students report near misses and errors so that learning can take place; faculty support disclosure and provide support to students when errors are disclosed. Students are supported in dealing with the emotions that can occur in the event of an error; in particular, if there have been patient sequelae.

### Reporting Mistreatment in a Clinical Setting

ISoN depends on strong collaborations with clinical partners to support excellence in clinical education. However, it is known that not health care environments may be harsh working and learning environments due to the nature of the work.

Mistreatment events can happen in environments outside of ISoN regimented by their own policies and disciplinary regulations. Each clinical partner must share their policies in preventing mistreatment locally with ISoN. Students will find those policies in their clinical course onboarding packages.
All Clinical Supervisors (preceptors, clinical instructors, circulating clinical instructors, preceptor supports and project supports) are informed of ISoN and local policies during their orientation, and reminded each semester. Clinical Supervisors and Students are expected to abide by their Code of Ethics (ref: https://www.oiiq.org/documents/20147/237836/8450_doc.pdf) as well as the Faculty of Medicine and Health Sciences Code of Conduct (ref.: https://www.mcgill.ca/medhealthsci/files/medhealthsci/code_of_conduct_june2021_v01_en.pdf)

In a situation where mistreatment has occurred or is witnessed by or towards an ISoN Learner, it is important to remove yourself from the situation as soon as possible and report it. In the immediacy of the

event, a Learner may choose to reach out to a Clinical Supervisor, trusted Faculty Member, a Peer Learner or a family member for support. McGill and community-based resources are available to all Students, free of charge.

The Student is strongly encouraged to report it to the Clinical Partnerships Office using the Mistreatment Report Form as soon as the time feels appropriate to them. A reporting mechanism has been put in place, offering an option of anonymous or identifiable reporting. The Clinical Partnerships (CPO) Director is the only person who will have access to the report and will follow-up directly with the person who reported the event, if they have chosen to be identified. The CPO Director is not involved in influencing grades or placements of any student. Their role is to ensure there is neutral and appropriate management of the report with those concerned, as well as guide towards available support and follow-up with appropriate actions swiftly.

Students should note that both anonymous and identifiable reporting are taken seriously. Follow-up with anonymous reporting may result in more general measures due to the nature of the report. All reports remain confidential, and nothing is shared with other parties without prior consent.

*Students should note that McGill and clinical sites also offer other reporting mechanisms and are free to use the one their choice.*



**See Appendix A:** Nursing Student's Guide to Thriving in Clinical.

### *Remedial Lab sessions for Clinical Studies*

Students and clinical course coordinators/instructors can ask for remedial lab sessions for students who are experiencing difficulties in clinical studies. These remedial sessions are meant to be a support tool andfocus on the area where the student needs to improve. Every attempt is made to provide the remedial session with 48 hours of the request. No formal or graded evaluation will be done during these sessions.

Instructors can request a *Remedial Learning Lab Session* by emailing the student name, Clinical Course Number, Instructor/Coordinator name, and area needing improvement to lab.nursing@mcgill.ca.

### *Student not meeting course objectives during a Clinical Course*

A student who is not meeting course objectives during a clinical course must be informed of such and, conjointly with the clinical instructor/preceptor/supervisor and/or course coordinator, develop alearning contract.

Guidelines:

- The instructor/preceptor/supervisor identifies actions/attitudes/behaviors indicating that the student is not meeting course objectives/expectations in one or more areas of assessment and validates the assessment with the course coordinator and/or the 'preceptor/supervisor supportperson'.
- The instructor/preceptor/supervisor and/or course coordinator meets with the student to discussthe matter and indicates to the student what course objectives/expectations are not being met.
- The clinical instructor/supervisor support person and the student discuss the challenges and negotiate a learning contract aimed at addressing the learning challenges. . The instructor/preceptor/supervisor support person contributions and the student contributions to the learning contract are clearly identified (see sample learning plan below) and each person signs thecontract.
- The student is then assessed daily relative to the course objectives and those outlined in thecontract to determine if the learning objectives are being met.
- If the learning objectives outlined in the contract are met and the student continues to demonstrate evidence that the course objectives/expectations are being met, then the student continues in their clinical studies; if the learning objectives outlined in the contract are not met and the student demonstrates ongoing difficulties in meeting course objectives/expectations, the course coordinator will determine if the student is 'Developing' or 'Unsatisfactory'. In this situation, the student may not pass the course.

Sample Learning Plan

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

*'Unsatisfactory' Students*

Students are granted a grade of 'F' (failure) in a clinical course when they do not meet course objectives or clinical competencies and are given 'Unsatisfactory' Assessment, OR do not demonstrate professionalism and proper comportment (measured *throughout* all clinical courses), which also results in and 'Unsatisfactory' assessment. 'Unsatisfactory' Assessment may be given to students who do not demonstrate professional behaviour in adherence with standards in classroom and clinical studies (including performance at the Steinberg Centre for Simulation and Interactive Learning 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.

**Clinical Support Status in the MSc (A) Nursing Program**

A Clinical Support (CS) status is designated to students to ensure that the student's learning is supported, and that patient safety needs are met. Only **one** Clinical Support status is allowed during a student's program of study. The CS status is not recorded on the student's transcript, but it will be noted in the student's Ingram School of Nursing file.

After completing a learning plan a student who is designated a CS status is permitted to move forward to the next Clinical Placement Course in their program of study (more details on Learning Plan found below).

At the **midterm** of the Clinical Placement Course if the student meets the objectives outlined in their underline plan and demonstrates progression toward meeting the course objectives the CS status is removed. If the student does not meet these conditions the CS status remains for the remainder of the course, and the student is informed at this time that they are at high risk of failing the course.

Procedure to be followed
- The student is informed of the CS status by the Course Coordinator of the course.
- The Course Coordinator notifies the Program Director.
- The Course Coordinator of the next Clinical Placement Course is informed of the student's CS status by the Program Director. Program Director will share with the course coordinator the student's areas for improvement identified in the course/s in which the student was designated a CS status.

**Learning Plan: Prior to the first clinical day** the student with the guidance and support of the course coordinator of the Clinical Placement Course creates a learning plan based on the areas for improvement identified in the course/s in which the student was designated a CS status. The student shares the plan with their Clinical instructor/Preceptor Support or Preceptor. See information on Learning Plan and Sample Learning Plan on page 48 of this handbook.

The following table includes the **Clinical Courses** in the MSc (A) Nursing Program and summarizes the situations that result in a Clinical Support Status

**Clinical Support Status**

| QY Fall | |
|---|---|
| **If one or more** of the conditions below apply to a student, the student will be assigned a Clinical Support Status in their next Clinical Placement Course | |
| NUR2 534: Health Assessment/Anatomy 1 | Final OSCE Grade below 75% and/or concerns regarding professionalism or |

| | | |
|---|---|---|
| | | moral/ethical behaviour during the course |
| | NUR2 517: Nursing Clinical Skills Lab 1 | Final Grade between 65% - 75% and/or concerns regarding professionalism or moral/ethical behaviour during the course |
| | NUR2 513: Introduction to Nursing Care | Assessment Decision on Final CPAF is **Developing** |
| **QY Winter**<br>**If one or more** of the conditions below apply to a student, the student will be assigned a Clinical Support Status in their next **Clinical Placement Course.** | | |
| | NUR2 535: Health Assessment/Anatomy 2 | Final OSCE Grade below 75% and/or concerns regarding professionalism or moral/ethical behaviour |
| | NUR2 518: Nursing Clinical Skills Lab 2 | Final Grade between 65% - 75% and/or concerns regarding professionalism or moral/ethical behaviour |
| | NUR2 514: Introduction to Nursing 2 (**Clinical Placement Course**) | Assessment Decision on Final CPAF is **Developing** |
| **QY Summer**<br>If one or more of the conditions below apply to a student, the student's dossier will be reviewed by the **Student Standings and Promotions Committee** to determine if the student will be recommended to the MSc (A) in Nursing program. | | |
| | NUR2 512: Practice and Theory in Nursing **(Clinical Placement Course)** | Assessment Decision on Final CPAF is **Developing** |
| | NUR2 519: Nursing Clinical Skills Lab 3 | Final Grade below between 65% - 75% and/or concerns |

| | | |
|---|---|---|
| | | regarding professionalism or moral/ethical behaviour |
| **MSc(A) Nursing- Year 1 Fall** | | |
| If condition below applies to a student, the student will be assigned a Clinical Support Status in their next **Clinical Placement Course** | | |
| NUR2 609: Nursing Care of Children and their Families **(Clinical Placement Course)** | | Assessment Decision on Final CPAF is **Developing** |
| **MSc(A) Nursing- Year 1 Winter** | | |
| If condition below applies to a student, the student will be assigned a Clinical Support Status in their **Clinical** next **Placement Course** | | |
| NUR2 610: Ambulatory/Community Care (**Clinical Placement Course)** | | Assessment Decision on Final CPAF is **Developing** |
| **MSc(A) Nursing- Year 1 Summer** | | |
| If condition below applies to a student, the student will be assigned a Clinical Support Status in their **Clinical** next **Placement Course** | | |
| NUR2 616: Advanced Clinical Skills **(Clinical Placement Course)** | | Assessment Decision on Final CPAF is **Developing** |
| NUR2 619: Nursing Clinical Skills Lab 4 | | Final Grade between 65% - 75% and/or concerns regarding professionalism or moral/ethical behaviour |
| **MSc(A) Nursing- Year 2 Fall** | | |
| If condition below applies to a student, the student will be assigned a Clinical Support Status in their **Clinical** next **Placement Course** | | |
| NUR2 638: Nursing in Critical Care **(Clinical Placement Course)** | | Assessment Decision on Final CPAF is **Developing** |
| NUR2 636: Global Health Nursing Clinical **(Clinical Placement Course)** | | Assessment Decision on Final CPAF is **Developing** |
| **MSc(A) Nursing- Year 2 Winter** | | |

| | |
|---|---|
| NUR2 637: Clinical Nursing Specialization **(Clinical Placement Course)** | Clinical Support Status is not an option as this is the final Clinical Placement Course (Pass or Fail Decision Required) |
| NUR2 638 Nursing in Critical Care - Global Health students **(Clinical Placement Course)** | Clinical Support Status is not an option as this is the final Clinical Placement Course (Pass or Fail Decision Required) |

### Externship Program*

Students in Satisfactory Standing and who have completed U1 studies including summer session are eligible to participate in the Quebec Externship Program. For students on Clinical Support (CS), form can only be signed once you are no longer on CS. ISoN can only complete Externship forms once the entire BScN U1 year or the MScA – Nursing Qualifying Year (37 credits) has been completed. This includes all the required summer courses. Generally, ISoN summer courses end the third week of June and the grades are posted on Minerva in early July. When applying for an externship, please be sure to communicate the above policy to the hiring manager so that an appropriate start date can be selected.

There are strict regulations regarding this program and students must adhere to the practice guidelines - see Regulations respecting the professional activities which may be performed by persons other than nurses. The program is not administered by McGill, rather by the OIIQ and the health agency. *McGill's insurance does not cover students during the externship nor do students represent themselves as McGill nursing students in documentation or wear the McGill uniform.* The OIIQ provides malpractice insurance.

Students interested in being an Extern should consult local hospitals. Students applying for this program must have OIIQ forms completed by the ISoN – **it is the OIIQ that sends the form to the student as McGill has no involvement in this process other than signing the form**. Once the form has been received, students complete the top portion submit the form to the Nursing Student Affairs Office for completion.

*Important points communicated by the OIIQ.*

*Nursing Externs: https://www.oiiq.org/en/acceder-profession/parcours-etudiant/externat/activites-professionnelles-permises*

# Section 3 – Assessment and Academic Standing - Graduate Programs

Academic standing matters are the jurisdiction of the Student Standing and Promotions (SS&P) Committees. The Program Directors are the chair of their respective committees.

## Grading

A student can write a final examination in a course only if the course requirements have been fulfilled, including attendance. Courses can be graded either by letter grades or in percentages, but the official grade in each course is the letter grade. Clinical courses are pass/fail. For grading classification please check the Graduate & Postdoctoral eCalendar available at https://www.mcgill.ca/study/

## Satisfactory Standing for Master's and Grad.Dip. students (Nursing, AN and NP)

- a CGPA ≥ 3.0;
- B- or higher on all courses, (including nursing theory courses and electives)
- Proficient or Exceptional on Clinical Performance Assessment
- demonstrates professional behaviour and integrity in adherence with standards in classroom and clinical studies (including performance at the Ingram School of Nursing Learning Lab and SteinbergCentre for Simulation and Interactive Learning), 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.

    - The student who has not met the criteria of Satisfactory Standing is assessed on an individual basis by the Student Standing and Promotions Committees to determine if they are in Probationary Standing or Unsatisfactory standing

## *Probationary Standing*:

When a student is not in satisfactory standing the SS&P Committee takes into account several factors when making decisions as to whether a student can or cannot continue in the program and, thus if they fall into Probationary standing or Unsatisfactory standing. Standings decisions take into account factors such as:
- the student's pattern of performance
- extenuating circumstances (e.g., illness, family crisis)
- reason for failure in a clinical course
- degree of violation of code of ethics and/or code of conduct
- a personal statement from the student submitted to the SS&P to share their perspective

***Unsatisfactory Standing*:**

https://www.mcgill.ca/study/2021-2022/university_regulations_and_resources/graduate/gps_gi_failure_policy

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 the Nursing Student Affairs Officer for guidance as their status in the University may be deemed satisfactory in programs with less rigorous standing requirements.

Unsatisfactory Standing is granted when the student:
- obtains a CGPA of less than 3.0;
- fails two courses (i.e., two different courses, one failed course plus a failed repeat of the same courseor one failed course and a failed supplemental exam for that course);
- obtains two developing or unsatisfactory Clinical Performance Assessments during the program of study
- did not meet the requirements set out in the clinical support learning plan .
- has failed to demonstrate professional behaviour or integrity by not adhering with standards in classroom and clinical studies (including performance at the Steinberg Centre for Simulation and Interactive Learning 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 allowedto continue in the program.
- has had their student license revoked by the OIIQ

- For clinical courses, the student develops a learning contract (including feedback from previous clinical evaluations, learning objectives to meet the unmet objectives, plans to ensure learning, and outcome measures for the next clinical course. Generally, the learning objectives are assessed within4-6 weeks of the next clinical course.
- The subsequent course coordinator selects (as much as possible) a learning environment that will besupportive to the student in achieving learning objectives. The new clinical teacher/preceptor is informed of the student's CS status to ensure that timely and relevant teaching/learning support is provided to the student.
- At mid-term, the clinical teacher/preceptor, student, and/or course coordinator meet to evaluate achievement indicators and to ensure student is progressing well and meeting the learning objectives. If the student is assessed at having met the objectives and is progressing in the clinical course according to the course objectives, then the CS status is revoked and the student continues in the course; if the objectives are not met and/or the student is otherwise demonstrating difficulties in their ability to meet ongoing course objectives, then this student will be presented to the SS&P for recommendations as to whether the student should continue or fail the course.

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

All guidelines and policies follow those of Graduate and Postgraduate Studies. Please refer to thewebsites below for complete details to guide your experience as a graduate student. Some points below are

emphasized as important to graduate studies at ISoN.

- GRADUATE AND POSTDOCTORAL STUDIES - McGill's Graduate and Postdoctoral Studies (GPS) website
- eCalendar - Programs, Courses & University Regulations
- Graduate e-calendar - University Regulations and Resources

**Failure Policy in Graduate studies (as it pertains to Master's students)**

See Failure Policy in Graduate Studies for information regarding the policy and procedures to follow in cases of failure.

This policy specifies conditions under which graduate students will be withdrawn from the University due to unsatisfactory standing resulting from failed courses.

**Failing a course in a **Qualifying Year (or as a special student**) is equivalent to failing a course in a graduate program, and counts as a first failed course if a Student is subsequently admitted to a graduate program in a related field.

The Student's transcript will thereafter indicate that the student was withdrawn from the University.

## Exams

Students looking for general information about final exams in courses, including dates, locations and regulations, can visit McGill's Exams website.

Students seeking guidance on graduate-level exams, such as comprehensive exams and the doctoral oral defence are encouraged to read the advice on the Grad Supervision website.

### *Applying for a deferred/supplemental exam*

To apply for a deferred or supplemental exam, students must send a written request to the Graduate Program Director in their department and the course instructor. Requests for deferrals also require a medical note. The GPD and instructor will decide if they accept the request and, if so, will then send the recommendation to NSAO. NSAO will fill a form on the student's behalf requesting approval from GPS.. The date for the deferred/supplemental exam is to be decided by the student and the instructor.

N.B. Supplemental exams do not apply to nursing courses (including NP courses) unless specified in the course outline.

### *Missed exams without supporting documentation*

If an exam is missed and no supporting documentation is available, students must contact the GPD in their department.

*Re-read Policy*

Please refer to the GPS re-read policy in the graduate e-calendar for full details and expectation of graduate student and faculty involved.

**This re-read policy only applies to 600 and 700-level courses.** For 500 level courses and below, the re-read policy of the appropriate undergraduate faculty applies.

*Please note: Reassessments and rereads are not available in clinical courses, group or class presentations.* While every effort is made to be transparent and fair in clinical evaluations, students may disagree with the feedback they receive. In such cases, students should take time to reflect on the feedback. If the student continues to disagree with the evaluation process, then the student should meet with the clinical teacher and course coordinator to dialogue. Owing to the nature of clinical studies, there is no formal appeal process and the clinical teacher and course coordinator's grade is considered the final grade.

University Regulations and Resources Graduate e-calendar

**Course Withdrawal**
See section on Graduate e-Calendar

**University Withdrawal**

If you are considering withdrawing from the University, you are strongly encouraged to consult with your adviser and your Graduate Nursing Student Affairs Office before making a final decision.
See section on Graduate e-Calendar

**Readmission**

See Graduate and Post-doctoral Studies Office policy on re-admission

**Academic Integrity**

Before submitting work in your courses, you must understand the meaning and consequences of plagiarism and cheating, which are serious academic offences. Inform yourself about what might be considered plagiarism in an essay or term paper by consulting the course instructor to obtain appropriate referencing guidelines. You can also consult *Fair Play*, the student guide to academic integrity available at www.mcgill.ca/students/srr/honest .There you will also find links to instructional tutorials and strategies to prevent cheating. The *Code of Student Conduct and Disciplinary Procedures* includes sections on plagiarism and cheating. The possession or use of unauthorized materials in any test or examination constitutes cheating. You can find the *Code* in the *Handbook on Student Rights and Responsibilities* or at www.mcgill.ca/students/srr/publications .

Responses on multiple-choice exams are normally checked by the Exam Security Computer Monitoring program. The program detects pairs of students with unusually similar answer patterns on multiple- choice exams. Data generated by this program can be used as admissible evidence in an investigation of cheating under Article 16 of the *Code of Student Conduct and Disciplinary Procedures*.

The Office of the Dean of Students administers the academic integrity process as described in the *Handbook on Student Rights and Responsibilities*.

Note for Graduate and Postdoctoral Studies: Since Spring 2011, graduate students must complete a **mandatory online academic integrity tutorial** accessed through myCourses. All newly-admitted graduate students must complete the tutorial within their first semester or a "hold" will be placed on their record. For more information, see www.mcgill.ca/students/srr/honest/students/test .

**Leave of Absence**
*See Graduate and Postdoctoral Leave of Absence Policy*
*Note: Qualifying Year students CANNOT request for LOA. They need to request for Withdrawal first and request for Readmission once ready to return.*

**Guidelines for the Academic Accommodation for Students who are pregnant and Students who are Caring for Dependants.**

See section on the Graduate e-Calendar

Pregnant students must contact the Clinical Partnerships Office to discuss the program of study and any adjustments that may be needed to ensure a safe pregnancy. Many clinical settings preclude the placement of

pregnant students (e.g., operating room, emergency department, ICU, post anesthesia care unit, pediatrics, and some psychiatric agencies). Nursing students must follow the directives of their pregnancy care provider however, the ISoN cannot guarantee that suitable placement can be found, in particular if the recommended setting cannot meet the learning objectives of the courses. An alternate placement or delay in clinical studies may be required based on clinical agency policies related to pregnancy (usually removed from clinical at 24 weeks).

**Fees**
See fees section of the Graduate e-Calendar

# Section 4 - Graduation and Licensure (Registration) to Practice

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

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

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

**Licensure in Québec** – The ordre des Infirmières et Infirmiers du Quèbec (OIIQ) grants licensure to nurses in Québec. For additional information on nursing and nurse practitioner licensing in Quebec, visit the OIIQ website at: https://www.oiiq.org/acceder-profession/apercu

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

**Licensure Within Canada** – Each Canadian province has a nursing regulatory body that grants licensure to nurses wishing to practise within the particular province. Since 2015, all provinces, other than Québec, use the NCLEX-RN entry-to-practice exam provided by the National Council of State Boards of Nursing (NCSBNH). Graduates wishing to be licensed in any Canadian province/territory other than Quebec should consult the Nursing regulatory body of that province for specific details. See *Completion of Licensing Documents* for procedure. **McGill NCLEX code is: CA99F00000**

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

**Completion of Licensing Documents** Graduating/graduated students requiring completion of documents for licensure outside of Quebec follow Enrolment Services procedure:
▪ Request of an official transcript on Minerva: Student Records - Transcripts.
▪ At 'Checkout', select 'Add Documents to Accompany an Official Transcript' (i.e., licensing forms).
▪ At 'Checkout', select 'Other' and upload the form(s), with all relevant personal information;
▪ The request is received by Management of Academic Records and sent to the ISoN for completion;

▪ The ISoN then returns the completed package to ES who forwards the package to the designated licensing board.

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


# Section 5 - Interesting Things to Know


## Where did the Ingram School of Nursing get its' name?

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


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

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


## The Susan E. French Chair in Nursing Research

Established in the fall of 2012, the Susan E. French Chair in Nursing Research and Innovative Practice is integral to the McGill Nursing Collaborative for Education and Innovation in Patient- and Family- Centered Care. The chair was endowed by the Newton Foundation to provide the leadership essential to achieve the goals of the Collaborative. Dr. French was the Director of the School of Nursing from 2001 –2005 and has been an influential nursing leader in Quebec, Canada, and around the world for many years.In 1965, she began her teaching career as a lecturer in McGill's School of Nursing. After she received her MSc at Boston

University in 1969, she returned to McGill for another year. She then left for a 31-year career at McMaster University, where she served as Associate Dean of Health Sciences (Nursing) and Director of its School of Nursing from 1980 to 1990. Dr. French became a member of the Order of Canada in 2014.

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 advancedtraining for nurses who had already earned their RN degrees. (Visit McGill History - Nursing for photos)
- 1920 -23 – ISoN funded by the Quebec Provincial Red Cross Society as a gesture of appreciation tonurses who had served in World War I.
- 1924-31 – McGill undertook maintenance of the Ingram School of Nursing.
- 1932 -40 – the University could no longer 'bear the financial burden' of the SoN so the Alumnae and concerned citizens supported it until it was placed under the direction of the Faculty of Medicine.
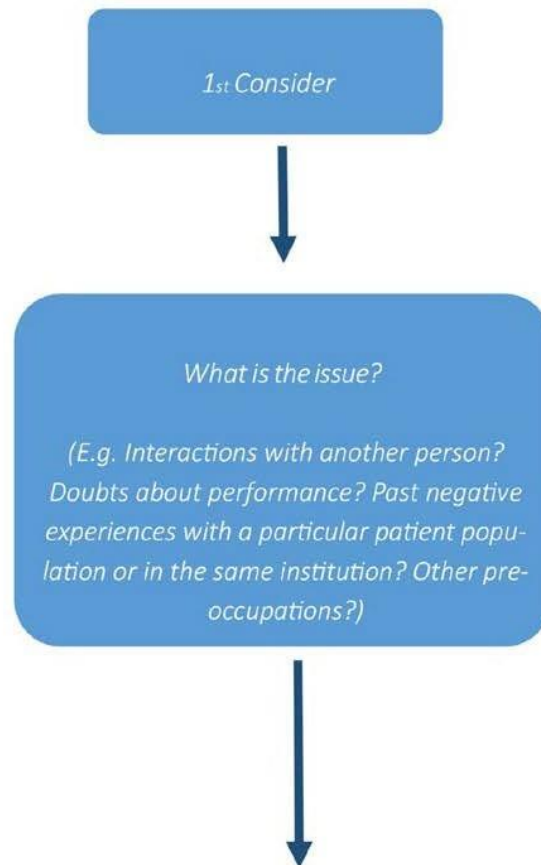
## Directors of the Ingram School of Nursing

- ❖ 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
- ❖ 1982 – 1983 F. Moyra Allen (Acting)
- ❖ 1983 – 1992 Mary Ellen Jeans
- ❖ 1992 – 1993 Kathleen Rowat (Acting)
- ❖ 1993 – 1995 Sr. Barbara Ann Gooding (Acting)
- ❖ 1995 – 2000 Laurie Gottlieb
- ❖ 2001 – Carly Pepler (Acting – January to June)
- ❖ 2001 – 2005 Susan E. French
- ❖ 2005 – 2006 Helene Ezer (Acting)
- ❖ 2006 – 2015 Helene Ezer
- ❖ 2015 – 2016 Anita Gagnon (Acting/Interim)
- ❖ 2016 – Anita Gagnon

# APPENDIX A – Nursing Student's Guide to Thriving in Clinical

Clinical should be a positive learning environment!

Different factors may contribute to a more difficult learning experience (e.g. interpersonal conflicts may arise/ high levels of student stress and anxiety may interfere with a student's learning/ doubts about performance in clinical).

1st Consider

↓

What is the issue?

(E.g. Interactions with another person? Doubts about performance? Past negative experiences with a particular patient population or in the same institution? Other pre-occupations?)

↓

Have you addressed the issue yet?

If the issue is interpersonal, have you addressed the issue with that person?

If you are considering seeking support from resources on campus to help you with the issue, please see links to resources below

No

Yes

No

Do you feel that the issue was well interpreted and understood?

Strategies to Help Address the Issue:

Clarify/reclarify with the person:

- Your learning needs/objectives
- Their expectations/perceptions (consult course outline)
- Set time aside to talk
- Write down what the person has to say
- Be solution focused and respectful
- Remember you are a learner! Try not to take things too personally
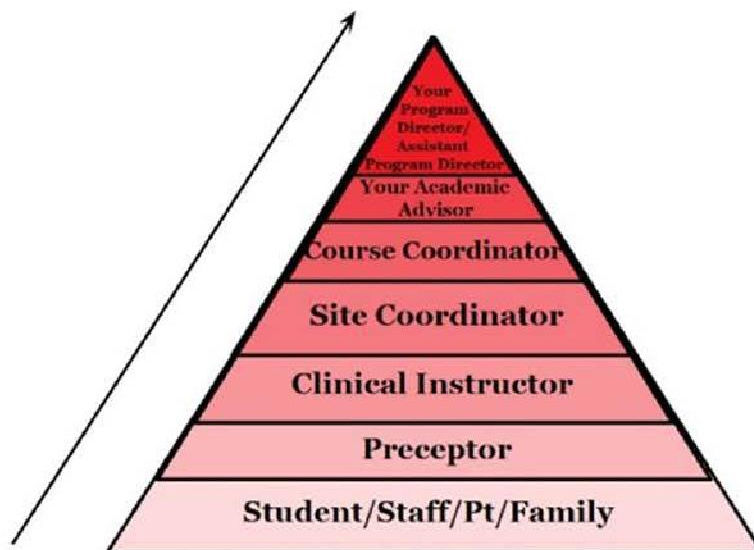
Yes (the issue was resolved)

IF YOU FEEL:

Unsafe
Bullied
Harassed
Belittled

Seek council with the next person in the pyramid below. Bring forward your issue and your reflection process.



Your Program Director/Assistant Program Director
Your Academic Advisor
Course Coordinator
Site Coordinator
Clinical Instructor
Preceptor
Student/Staff/Pt/Family

Ingram School of Nursing
École des sciences infirmières Ingram
680 Sherbrooke St. West,
Montréal (Quebec) Canada
H3A 2M7

Undergraduate Student Affairs
19th floor, suite 1941
514-398-3784
undergraduate.nursing@mcgill.ca

Graduate Student Affairs
19th floor, suite 1940
514-398-4151
graduate.nursing@mcgill.ca - MScA Nursing and MScA
Advanced Nursing, not NP

graduate2.nursing@mcgill.ca - NP, PhD

Student Affairs Officer
19th floor, suite 1944
514-398-4159
student-affairs-officer.nursing@mcgill.ca

Mcgill.ca/nursing

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