



McGill

Ingram School of Nursing Undergraduate Programs Faculty and Student Handbook 2017-2018

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

Ingram School of Nursing
McGill University
680 Sherbrooke St. West, Suite 1800
Montreal, QC H3A 2M7

Tel: 514-398-4144
Fax: 514-398-8455
WEB: www.mcgill.ca/nursing



@McGillNursing



@McGillNursing

General Information - info.nursing@mcgill.ca

Undergraduate Nursing Student Affairs Office (UG-NSAO)
1942, 680 Sherbrooke St. West – undergraduate.nursing@mcgill.ca

Learning Laboratory – lab.nursing@mcgill.ca



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

Essential companion documents include:

- [Health Sciences Calendar](#)
- [University Policies, Procedures, and Guidelines related to students \(includes rights and responsibilities\)](#)
- [Quebec Code of Ethics of Nurses](#)
- [Faculty of Medicine Code of Conduct](#)
- [Outlook on the Practice of Nursing \(OIIQ, 2010\)](#) (includes legal scope of practice)
- [The Therapeutic Nursing Plan](#)

Editor: Madeleine Buck, Ingram School of Nursing



Section 1 – Mission, History, Organization of the Ingram School of Nursing.....	6
Mission of McGill University	6
Mission and Vision of the Ingram School of Nursing	6
Overview of the Ingram School of Nursing.....	6
Programs	7
Approach to Nursing Practice – Strengths-Based Nursing.....	7
Philosophy of Teaching and Learning	8
Critical Thinking, Clinical Reasoning, Evidence Informed Clinical Decision Making	9
Professionalism	10
Attributes of the Professional.....	11
Attributes of the Professional Nurse	11
Interprofessional Collaborative Practice	11
Academic and Professional Integrity	12
Academic Integrity.....	12
Professional Integrity	12
Social Media, Anonymous Feedback and Professionalism	12
"Cleaning Up" Your Social Media Identity	13
Faculty.....	13
Students.....	13
Nursing Undergraduate Society (NUS)	14
Canadian Nursing Students Association (CNSA).....	14
McGill Nurses for Global Health -	14
Section 2 – Programs	15
Undergraduate Program Objectives – for students who entered U1 before Fall 2017 .	15
Undergraduate Program Objectives – Canadian Association of Schools of Nursing	
National Nursing Educational Framework – for students who entered U1 Fall 2017..	16
Bachelor of Science (Nursing) Program – B.Sc.(N).....	18
B.Sc.(N) Program of Study	19
Bachelor of Nursing (Integrated) Program	22
B.N.(I) Program of Study.....	22
Registration and Study Guidelines.....	24
Degree Evaluation.....	24
Credit Load	24
Registration Difficulties.....	24
Registration Dates	24
Proof of Enrolment and Official Transcript.....	24
Satisfactory/Unsatisfactory (S/U) Option	24
Registering for Courses in Continuing Education or Faculties other than Arts and	
Science	24
Electives	24
Inter-University Transfer (IUT) Agreement	25
Study Away.....	25
Exemptions and Transfer Credits.....	26
Minor Degrees for B.Sc.(N) Students.....	27
Support for Students	28



Nursing Student Affairs Office.....	28
Service Point and Other University Services for Students	28
Program Directors.....	28
Advising.....	29
Mentorship Program	31
Library Services.....	31
Ingram School of Nursing Learning Laboratory	31
The Steinberg Centre for Simulation and Interactive Learning.....	31
Study skills Workshops and Achievement Builders.....	31
Campus Life and Engagement.....	31
First Peoples' House	32
Tutorial Service.....	32
International Student Services	32
Health and Wellness Support.....	32
Financial Support	32
Clinical Studies	34
Policy for Clinical Placements.....	34
Clinical Course Coordinator Role.....	34
Requirements for Clinical studies.....	35
Ordre des Infirmières et Infirmiers du Québec (OIIQ) Registration	36
Immunization	37
Mask fitting.....	38
Declaration of blood-borne infection(s).....	38
Accidental Exposure – Blood or Body Fluids or Injury	38
CPR Health Care Provider Certification.....	39
Moving Patients Safely.....	39
Professional Appearance.....	39
Infection Prevention and Control (IPC).....	40
Health Assessment Equipment	44
Criminal Background Verification and Criminal Reference Check	44
Language Requirements.....	44
Stress and Coping	45
Clinical Skills Guidelines	45
What students cannot or should not do!.....	46
Documentation (charting).....	47
Attendance in Clinical Studies.....	48
Culture of Safety in Clinical Studies	48
Evaluation in Clinical Studies.....	48
Remedial Lab sessions for Clinical Studies.....	49
Student not meeting course objectives in a Clinical Course.....	49
Failure in Clinical Courses.....	51
Nursing Practice Consolidation – Clinical Internship NUR1 530 and NUR1 531...	51
Ambassador Program – Ambassador Nursing Practice Consolidation – NUR1 531	52
Externship Program	53
Section 3 – Evaluation and Academic Standing.....	54
Grading	54



Standing	55
Satisfactory Standing for B.Sc.(N) students commencing U1 in Fall 2017 (revised curriculum).....	55
Satisfactory Standing for B.Sc.(N) and B.N.I students admitted to U1 in Fall 2016 or earlier	56
Probationary Standing.....	56
Unsatisfactory Standing	57
Interim Standings	57
Clinic Alert.....	57
Appeals of Student Standing Decisions	58
Promotions	59
Semester to semester promotion	59
Year-to-Year Promotion	59
Examinations.....	59
Midterm Examinations.....	60
Final Examinations	60
Deferred Examinations	60
Supplemental Examinations.....	61
Reassessment and Rereads.....	61
Time to Degree Completion.....	62
Leave of Absence (LOA).....	62
Pregnancy and Nursing Studies	63
Withdrawal.....	63
Readmission – Unsatisfactory Readmit	63
Accommodation for Student Athletes and Students in Leadership Roles	64
Accommodation for Student with Religious Obligations	64
Section 4 - Graduation and Licensure (Registration) to Practice	65
Graduation.....	65
Convocation	65
Licensure (Registration) to Practice.....	65
Licensure in Québec	65
Candidate for the Profession of Nursing (CPN) - candidate à l'exercice de la profession (CEPI).....	66
Licensure Within Canada.....	66
Licensure Around the World	66
Completion of Licensing Documents	66
Section 5 - Interesting Things to Know	67
Where did the Ingram School of Nursing get its' name?.....	67
The McGill Nursing Collaborative for Education and Innovation in Patient- and Family-Centered Care	67
The Susan E. French Chair in Nursing Research.....	67
Key historical dates for Anglophone Nursing in Montreal.....	67
Directors of the Ingram School of Nursing.....	68
Appendix A Ten “Rights” of Medication Administration.....	69



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.

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

Strategic goals of the School of Nursing include:

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

Overview of the Ingram School of Nursing

The Ingram School of Nursing (ISoN) is the only English speaking Québec University to offer undergraduate, graduate, and doctoral education in nursing. It is recognised internationally for its approach to clinical practice with theoretical foundations currently guided by the Strengths-Based Nursing and formerly by the McGill Model of Nursing. The ISoN has a unique relationship with its clinical partners including community agencies that enables the development of strong working partnerships amongst students, faculty, clientele, clinicians, administrators and others. The ISoN is known for its Direct-Entry Master’s program, the only one of its kind in Canada. The ISoN is one of three schools (Schools of Communication Sciences and Disorders, Nursing, Physical and Occupational Therapy) within the Faculty of Medicine. The Director of the ISoN holds the position of Associate Dean of Medicine (Nursing).

The School was established in 1920. Originally located in Beatty Hall, then in Wilson Hall, as of August 2017, the ISoN occupies the 18, 19, and 20th floors of 680 Sherbrooke Street. Previously known as the School for Graduate Nurses, the School offered certificate and degree programs developed for nurses holding diplomas from hospital Schools of Nursing between 1920-1957. In 2012, the School of Nursing was formally named the Ingram School of Nursing in recognition of Richard and Satoko Ingram and their exceptional support for Nursing at McGill University.



Programs

The School offers five formal programs with variations within to accommodate the educational background of different learners and specialized interests.

1. Bachelor of Science (Nursing) – B.Sc.(N) established in 1957 – *a three-year program for CEGEP science graduates or people with a degree; a four-year program for out-of-province high school graduates or mature students. The B.Sc.(N) program is fully accredited until 2024.*
2. Bachelor of Nursing – B.N. – a post RN program first offered 1944 – 1977; reopened 1998; Integrated option (B.N.(I)) for DEC 180 A.0 CEGEP graduates opened in 2004 – *a two-year program that complements and enhances the learning from the CEGEP Nursing program. The B.N.(I) program is fully accredited until 2024.*
3. Master of Science (Applied) – M.Sc.(A)
 - o [Direct Entry stream](#) - established in 1974 (formerly called Generic Masters) *The only program of its kind in Canada.* For candidates with a B.A. or B.Sc. degree in academic fields of study other than nursing. *A 10-month qualifying year of study followed by two years of full-time studies.* Options include: M.Sc.(A) - DE concentration or the M.Sc.(A) Global Health Direct Entry concentration.
 - o [Nurse Bachelor Entry stream](#) - established in 1961 for candidates RNs with a baccalaureate degree in Nursing. Options include: Advanced Clinical Practice; Global Health; Nurse Practitioner: Neonatology (opened 2005), Primary Care (opened 2007), Mental Health (opened 2017), and Acute Pediatrics (opened 2017).
4. Nurse Practitioner - Graduate Diploma in Nursing — for nurses who already have a master’s degree and seek Nurse Practitioner status.
5. [Ph.D. Program](#) established in 1994 as a joint program with Université de Montréal. Research programs include nursing intervention research.

Approach to Nursing Practice – Strengths-Based Nursing

In 2016, the Ingram School of Nursing adopted *Strengths-Based Nursing (SBN)* as its foundation for practice, education, and research. SBN is the culmination of an approach to nursing 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. SBN provides the approach and framework to fulfill its contract.

SBN has evolved from the McGill Model of Nursing and is rooted in precepts of Florence Nightingale’s approach to nursing. SBN 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.



SBN 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 and harness 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, SBN 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, SBN expands the nurses' imaginary horizons that reflect a way of being and influences and 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. SBN serves as a roadmap for researchers to develop the art and science of the discipline to base practices.

SBN 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 SBN its unique place in the health care system and works in tandem with the Medical Model whose primary focus is diagnosis and treatment. SBN 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 such as: observing and exploring; sharing knowledge, perspectives and experiences; reflecting, raising questions and dialoguing; experimenting, and problem-solving. Promoting student-centered learning involves creating a supportive learning environment such as starting where students are at, pacing learning and setting expectations for success, identifying and working with student strengths and competencies, addressing and responding to student stress, anxiety and other emotions, building confidence and promoting cooperative learning amongst students (Young & Patterson, 2007). Throughout their interactions with students, faculty serve as role models for the application to



practice of a strengths-based, collaborative partnership approach to working with people. Faculty and students roles include:

The role of Faculty is to:

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

The role of the Student is to:

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

Critical Thinking, Clinical Reasoning, Evidence Informed Clinical Decision Making

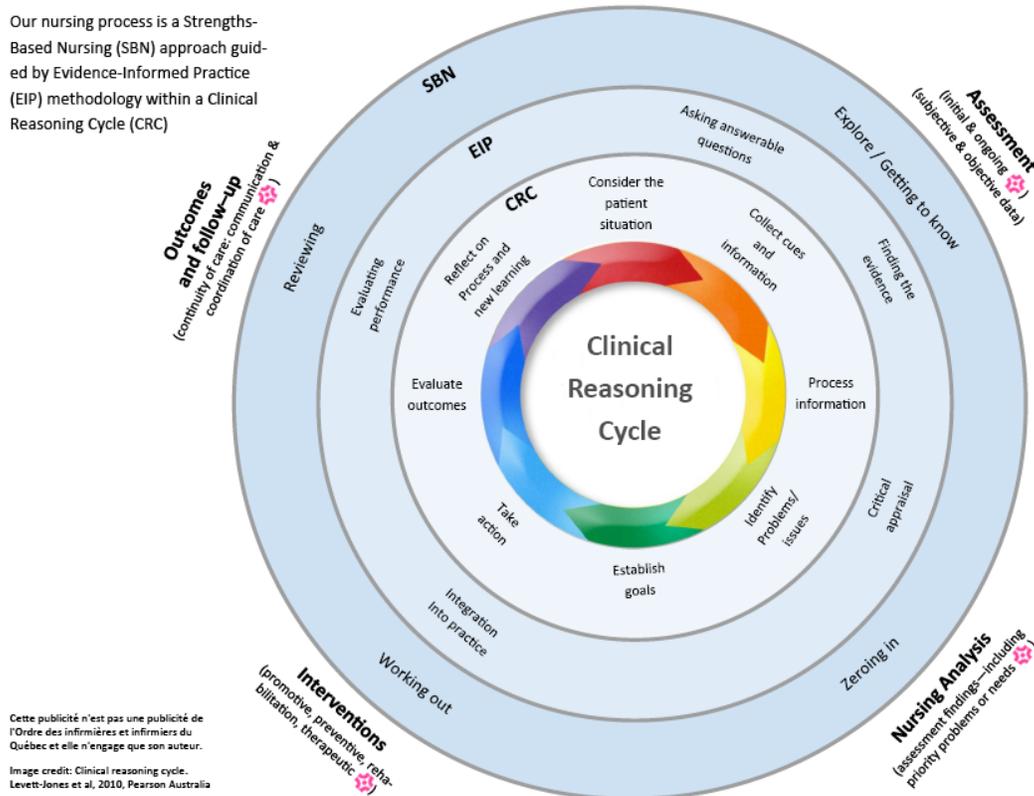
Critical thinking is a highly valued *process and outcome* in education, particularly so in relation to higher education and, even more so, in the education of health professionals (Daly, 1998). Profetto-McGrath defines critical thinking as ‘an active, ongoing, cognitive process of logical reasoning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



reason in clinical situations while taking into account the context and concerns of the patient and family (Benner, et.al. 2010), and clinical decision-making are dependent on critical thinking skills (Ruggiero, 1990). Clinical reasoning is developed throughout the undergraduate programs of study. Students are challenged to use inductive and deductive inquiry to understand the clinical/nursing situations under study through the lens of strengths-based nursing.

The terminology related to ‘critical thinking’ and ‘clinical reasoning’ can vary widely within the nursing profession. This variation will depend on what country a nurse was educated in, the philosophy of the program of study, what textbooks are used by students, and what clinical agencies choose to use. For example, some of the 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 it as ‘identifying problems/issues’. Teacher clarify the various terminology used in their courses.

The nursing process espoused by the ISoN is a strengths-based nursing approach guided by evidence informed practice methodology within a clinical reasoning cycle. The following model depicts the nursing process that integrates these various concepts.



Professionalism

Nursing students are introduced to the concepts of professionalism and interprofessionalism within their first semester of their programs. The ISoN espouses that *Profession* is an occupation whose core element is work based upon the mastery of a complex body of knowledge and skills...Its members are governed by codes of ethics and profess a commitment to competence,



integrity, morality, altruism, and the promotion of the public good within their domain. These commitments form the basis of a social contract between a profession and society, which in return grants the profession a monopoly over the use of its knowledge base, the right to considerable autonomy in practice and the privilege of self-regulation. Professions and their members are accountable to those served and to society.

Attributes of the Professional

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

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

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

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

Attributes of the Professional Nurse

Caring and Compassion: sympathetic consciousness of another's distress together with a desire to alleviate it.

Insight: self-awareness; the ability to recognize and understand one's actions, motivations and emotions.

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

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

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

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

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

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

Confidentiality: to not divulge patient information without just cause.

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

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

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

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

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

Interprofessional Collaborative Practice

Interprofessional collaborative practice is espoused by the ISON and represents "a partnership between a team of health professionals and a client in a participatory, collaborative and coordinated approach to shared decision-making around health issues" (Orchard & Curran, 2005). Nurses play an important role in the interprofessional team, defined as a group of people from



different provider backgrounds that works with clients and families to meet jointly established goals. “Effective teams demonstrate mutual respect for all contributions, establish an environment of trust, communicate clearly and regularly, minimize duplication, address conflict directly, and focus their attention on the client and family” ([Canadian Interprofessional Health Collaborative](#)). The ISoN has adopted the [National Interprofessional Competency Framework](#) (2010) as the basis for developing interprofessional courses and activities – as have all Schools within the Faculty of Medicine. All Nursing, Medical, Dentistry, Physical Therapy, Occupational Therapy, and Communications Sciences and Disorders students come together in 3 formal compulsory interprofessional courses (IPEA 500, 501, and 502) to learn with, about, and from each other as a means of fostering interprofessional collaborative practice.

Academic and Professional Integrity

Academic Integrity “McGill places a great deal of importance on honest work, the art of scholarship, and the fair treatment of all members of the university community, and demands a rigid insistence on giving credit where credit is due. Offences such as [plagiarism and cheating](#) and breaches of [research ethics](#) undermine not only the value of our collective work, but also the academic integrity of the University and the value of a McGill degree.”

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



Visit <http://libraryguides.mcgill.ca/citation> for citation summaries.

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

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

Social Media, Anonymous Feedback and Professionalism Professional integrity also applies to social media (e.g., Facebook) and anonymous course evaluations. It is unprofessional to post any



information about a client, any photos of clients, or derogatory commentary on a clinical institution on social media. Students are not to become ‘friends’ with their patients/clients. Anonymous course evaluations are helpful to teachers when the feedback is factual and respectful. Course evaluations are taken seriously by teachers and are available to the teacher’s colleagues and supervisors – as such, use of language that is demeaning or destructive is not helpful. The following (excerpted with minor modification from [Faculty of Medicine](#)) provides considerations when using social media:

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

"Cleaning Up" Your Social Media Identity

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

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

Faculty

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

Students

Nursing students are diverse in culture, age, educational background, and work experience. They are known in practice settings for their family and strengths-based focus; they are seen as bright,



dynamic, professional, and eager to learn. Students have formal representation on Faculty Council and other committees. Formal student organizations include:

Nursing Undergraduate Society (NUS) – The NUS mandate is “to act as a liaison between the staff and students, and also provide a means of contact with organizations and groups on campus, in addition to promoting communication with professional nursing groups throughout Canada.” The NUS organizes extracurricular activities for nursing students. NUS Office: 19th floor - nus.nursing@mail.mcgill.ca

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

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



Section 2 – Programs

Undergraduate Program Objectives – for students who entered UI before Fall 2017

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

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

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



***Undergraduate Program Objectives – Canadian Association of Schools of Nursing
National Nursing Educational Framework – for students who entered U1 Fall 2017***

Domain 1: Knowledge - Essential Competencies	
1.1	Foundational knowledge of nursing including nursing history, nursing theories, and other theories relevant to nursing practice.
1.2	Foundational knowledge of human development and functioning over the life-span that builds on secondary education, from natural & life sciences, and from behavioural & social sciences (anatomy, physiology, microbiology, biochemistry, pharmacology, nutrition, pathophysiology, genetics, psychology, sociology).
1.3	Foundational knowledge of the health-related needs of diverse clients to provide promotive, preventive, curative, rehabilitative, and end-of- life nursing care.
1.4	Knowledge of professional and organizational structures (i.e. regulatory, professional and union), socio-political, historical, and economic contexts of nursing practice.
1.5	Knowledge of the use of information technology in nursing care, including epidemiology and statistics.
1.6	Foundational knowledge of relational practice (focusing attention on intrapersonal, interpersonal and contextual variables) to impact health outcomes of individuals, families, and communities.
1.7	Knowledge of ethical nursing practice within a legal context in dynamic healthcare systems and in emergent and multifaceted health situations.
1.8	Knowledge of primary healthcare in relation to health disparities, vulnerable populations, and the determinants of health.
1.9	Knowledge of social justice, population health, environment and global health issues.
1.10	Knowledge regarding healthy work environments including collaborative skills, leadership theories, and effective team functioning and conflict resolution.
1.11	Knowledge of the art and science of professional caring for persons, families, or communities.
Domain 2: Research, Methodologies, Critical Inquiry & Evidence - Essential Competencies	
2.1	An appreciation of the salience of inquiry for nursing as a profession and a discipline
2.2	The ability to seek, locate and interpret a broad range of information, knowledge, evidence, methodologies, and practice observations within the profession and across disciplines
2.3	Critical thinking skills to use relevant information, knowledge, and communication technologies to support evidence-informed nursing practice
2.4	The ability to formulate research questions arising from nursing practice and analyze research findings
2.5	The ability to compose a written academic argument
Domain 3: Nursing Practice - Essential Competencies	
3.1	Holistic and comprehensive assessment of diverse clients, to plan and provide competent, ethical, safe, and compassionate nursing care
3.2	The use of clinical reasoning, nursing knowledge, and other evidence to inform decision making in diverse practice situations
3.3	The ability to recognize and respond safely, competently and ethically to rapidly changing client conditions and contexts
3.4	The ability to monitor and manage complex care of clients in stable and unstable contexts using multiple technologies
3.5	The use of information technologies to support quality patient care
3.6	The capacity to engage in RN entry-level scope of practice as defined by the provincial/territorial regulatory body



3.7	Engagement and leadership in the provision of comfort care, including pain and symptom management
3.8	The ability to counsel and educate clients to promote health, and symptom and disease management
3.9	The coordination of patient care in collaboration with individuals, families and other members of the healthcare team
3.10	The ability to facilitate client navigation through health-care services
3.11	The ability to promote the health of individuals, families, communities, and populations through actions to address health disparities
3.12	The use of the core elements of patient safety and quality care
Domain 4: Communication & Collaboration - Essential Competencies	
4.1	The ability to communicate and collaborate effectively with diverse clients and members of the health care team to provide high quality nursing care
4.2	The ability to self-monitor one's beliefs, values, and assumptions, and recognize their impact on interpersonal relationships with clients and team members
4.3	The ability to communicate using information technologies to support engagement with patients/clients and the interprofessional team
4.4	The ability to articulate a nursing perspective and the scope of practice of the registered nurse in the context of the health care team
4.5	The ability to collaborate with diverse clients, adapt relational approaches appropriately, and accommodate varying contextual factors in diverse practice situations
4.6	The ability to contribute to positive health-care team functioning through consultation, application of group communication theory, principles, and group process skills
Domain 5: Professionalism - Essential Competencies	
5.1	The ability to practice within the context of professional standards of practice, ethical, regulatory, and legal codes
5.2	An understanding of the significance of fitness to practice as it relates to self-care and life-long learning
5.3	The ability to act as a role model for the intraprofessional nursing team
5.4	The ability to maintain professional boundaries with clients and other members of the health care team
5.5	The ability to ensure client confidentiality and privacy
5.6	An understanding of the importance of participating in a professional nursing organization
5.7	Foundational knowledge and skills required to pursue graduate studies as desired
Domain 6: Leadership – Essential Competencies	
6.1	The ability to influence the development of programs to improve health outcomes
6.2	Leadership abilities in the coordination of a healthcare team, including the delegation of tasks, performance evaluation, and facilitation of continuity of care
6.3	The ability to collaborate with and act as a resource for LPNs or other members of the health care team to meet the patient/client needs
6.4	The ability to analyze and influence public policy related to health
6.5	The ability to advocate for change to address issues of social justice, health equity, and other disparities affecting the health of clients



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

The B.Sc.(N) program extends over three years (including summer sessions) equipping students with the expertise to effectively deal with complex and contemporary nursing issues. High school entrants complete an additional U0 year to meet freshman science requirements. Completion of this program entitles graduates to sit licensure examinations in Quebec, Canada, and other countries. The B.Sc.(N) program has been accredited by the Canadian Association of Schools of Nursing since 1990 with the most recent full accreditation status granted until 2024. *As of 2017, entry points to the program include:*

Entry type	Transfer credits	Credits at McGill	Total Cr
CEGEP Diplôme d'études collégiales (DEC) Health Sciences	33 CEGEP science credits transferred	103 credits over 3 years (U1 to U3)	136
High School graduates (Canadian, international)	Applicable AP/IB credits	136 credits over 4 years (U0 to U3)	
Mature student	Applicable Freshman Sciences	103 credits over 3 years (U1 to U3)	
University transfer/second degree	Applicable Freshman Sciences	103 credits over 3 years (U1 to U3) minus transfer credits	

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

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



B.Sc.(N) Program of Study for students who entered U1 of the program before Fall 2017
 Any variation in sequence must be approved by Program Director. (courses with strikethrough have been completed by students entering U2)

Semester	Course #	Cr	Course Title	Pre/co-requisites
U1 Fall Focus on Health	NUR1 422	3	Research in Nursing	
	NUR1 220	3	Therapeutic Relationships ©	
	NUR1 223	3	Development over the lifespan*	
	NUR1 222	4	McGill Model of Nursing (undergoing name change to Strengths-based Nursing)	
	PHGY 209	3	Mammalian Physiology 1	
	PSYC 215	3	Social Psychology	
U1 Winter Focus on Health	IPEA 500	0	Roles in Interprofessional Teams	
	NUR1 221	3	Families and Health Behaviour	
	NUR1 200	4	Biology for Illness and Therapy	
	NUR1 234	3	Nursing Elderly Families ©☼	
	NUR1 235	4	Health & Physical Assessment ☼☼	
	PHGY 210	3	Mammalian Physiology 2	
U1 Summer	IPEA 501	0	Communication in Interprofessional Teams	
	NUR1 233	4	Promoting Young Family Development © ^{DEW}	
U2 Fall Health and Illness coexisting	NUR1 311	3	Infection Prevention and Control	NUR1 200, NUR1 331/331
	NUR1 335	1	Illness Management Clinical Skills Laboratory 1©	NUR1 235, 233, 234/ NUR1 311, 323, 331
	NUR1 323	3	Illness Management 1	NUR1 331
	NUR1 331	4	Nursing in Illness 1 © ^{DEW}	NUR1 233/335
	PHAR 300	3	Drug Action	NUR1 200, PHGY 209, 210
U2 Winter Health and Illness coexisting	NUR1 324	3	Illness Management 2	NUR1 323
	NUR1 336	1	Illness Management Clinical Skills Laboratory 2©	NUR1 311, 323, 331, 335/NUR1 324, 332
	NUR1 322	3	Chronic Illness & Palliative Care	NUR1 331/IPEA 502
	NUR1 332	4	Nursing in Illness 2 © ^{DEW}	NUR1 331/324
	PHAR 301	3	Drugs and Disease	PHAR 300
	PATH 300	3	Human Disease	NUR1 200, PHGY 209 /PHGY210
	IPEA 502	0	Patient-Centred Care in Action	
U2 Summer	NUR1 333	4	Nursing in Illness 3 © ^{DEW}	NUR1 332
U3 Fall Community	NUR1 428	3	Learning and Health Education	NUR1 331
	NUR1 420	3	Primary Health Care	NUR1 420, NUR1 431 or NUR1 432/NUR1 432 or NUR1 431.
	NUR1 424	3	Legal and Ethical Issues: Nursing	NUR1 333
	NUR1 431#	4	Community Health Nursing Practicum © ^{DEW}	NUR1 333/NUR1 420 or 421
	Elective**	3		
U3 Winter Community	NUR1 432#	4	Community Health Nursing Project © ^{DEW}	NUR1 333/NUR1 420 or 421
	NUR1 421	3	Resources in Special Populations	NUR1 420, MUST BE TAKEN WITH EITHER 431 or 432
	PSYC 204	3	Psychological Statistics	
	Elective**	3		
U3 Summer	NUR1 530	5	Clinical Internship © ^{DEWN}	NUR1 432
		106		

© = Clinical

DEWN: D = Days; E = Evenings; W = Weekends; N = Nights

** Electives – Students who entered in U1: 6 credits with a minimum of 3 credits at ≥ 300 level; students who entered in U0 9 credits with a minimum 3 credits at ≥ 300 level. Upper level courses (>300 level) are advised for students planning on graduate studies.

Credit French courses (e.g., FRSL) are considered '300' level regardless of the actual level.

register for one of these courses in the Fall Term and the alternate one in the Winter Term.

NOTE: IPEA courses are a mandatory component of the curriculum - these IPEA courses appear on students' official transcripts and successful completion of these courses (Pass) is mandatory for graduation.



B.Sc.(N) Program of Study for students who entered U1 of the program in Fall 2017. Any variation in sequence must be approved by Program Director.

Semester	Course #		Course Title	Pre/co-requisites
U1 Fall Strengths Based Care in Individuals, Families & Communities	NUR1 209	3	Pathophysiology 1	BIOL 112, CHEM 110, CHEM 120, CHEM 212, PHYS 101 & PHYS 102
	NUR1 222	3	Strengths-based Nursing & Professional Practice	/IPEA 500
	NUR1 235	3	Health & Physical Assessment/Anatomy 1 ©	NUR1 209, 222/NUR1 224, 230 & 234
	NUR1 230	1	Supporting Health & Healing Capacities 1©	/NUR1 209, 222, 224, 234, 235
	NUR1 234	2	Nursing Older Adults ©	NUR1 209 & 222/NUR1 224, 230 & 235
	NUR1 224	4	Development of Individuals and Families Across the Lifespan 1	NUR1 209 & 222/NUR1 230, 234 & 235
	IPEA 500	0	Roles in Interprofessional Teams	
U1 Winter Strengths Based Care in Individuals, Families & Communities	NUR1 210	3	Pathophysiology 2	NUR1 209
	NUR1 311	3	Infection, Prevention & Control	NUR1 209/NUR1 210
	NUR1 236	3	Health & Physical Assessment/Anatomy 2 ©	NUR1 210, 235 & 311/NUR1 225, 231 & 233
	NUR1 231	1	Supporting Health and Healing Capacities 2©	NUR1 210, 230 & 311/NUR1 225, 233 & 236
	NUR1 233	2	Promoting Young Family Development ©DEW	NUR1 210, 311 & 234/IPEA 501, NUR1 225, 231 & 236
	NUR1 225	4	Development of Individuals and Families Across the Lifespan 2	NUR1 224/NUR1 231, 233 & 236
	IPEA 501	0	Communication in Interprofessional Teams	
U1 Summer	NUR1 335	1	Illness Management Clinical Skills Laboratory 1 ©	NUR1 231/NUR1 331
	NUR1 331	4	Nursing in Illness 1 ©DEW	NUR1 233/NUR1 335
U2 Fall Strengths-Based Care in Acute & Chronic Health Challenges	NUR1 300	3	Pharmacology for Nursing 1	NUR1 209 & 210/ 323
	NUR1 323	3	Illness Management 1	/NUR1 331
	NUR1 329	3	Skin Integrity & Wound Care	NUR1 209, 210, 311 & 331/NUR1 323
	NUR1 336	1	Illness Management Clinical Skills Laboratory 2 ©	NUR1 335/NUR1 325 & 332
	NUR1 332	4	Nursing in Illness 2 ©DEW	NUR1 331/NUR1 325, 336 & 323
	NUR1 325	4	Acute, Chronic & Palliative Health Challenge 1	NUR1 224, 225/NUR1 332 & 336
U2 Winter Strengths-Based Care in Acute & Chronic Health Challenges	NUR1 301	3	Pharmacology for Nursing 2	NUR1 300/NUR1 324
	NUR1 324	3	Illness Management 2	NUR1 323
	PSYC 204	3	Intro to Psychological Statistics	
	NUR1 431#	3	Community Health Nursing Practicum ©DEW	NUR1 325 & (332 or 334)
	NUR1 326	4	Acute, Chronic and Palliative Health Challenges 2	NUR1 325/NUR1 333 & 431
	IPEA 502	0	Patient-Centred Care in Action	
U2 Summer	NUR1 333	3	Nursing in Illness 3 ©DEW	NUR1 332
U3 Fall Strengths-Based Nursing Leadership	Elective	3	6 credits at 300 level of above	
	Elective	3		
	Elective	3		
	NUR1 432#	3	Community Health Nursing Project ©DEW	NUR1 333 or 334
	NUR1 423	4	Leading Change: Policy & Practice	NUR1 326, 333
U3 Winter Strengths-Based Nursing Leadership	NUR1 529	4	Critical Care Nursing©DEWN	NUR1 431, 432
	NUR1 530 OR NUR1 531	5	Nursing Practice Consolidation OR Ambassador Nursing Practice Consolidation ©DEWN	NUR1 431, 432
	NUR1 424	4	Legal, Ethical and Professional Practice Issues	NUR1 333 or 334
		103		



© = Clinical

DEWN: D = Days; E = Evenings; W = Weekends; N = Nights

** Electives – Students who entered in U1: 9 credits with a minimum of 6 credits at ≥ 300 level; students who entered in U0 12 credits with a minimum 6 credits at ≥ 300 level. Upper level courses (>300 level) are advised for students planning on graduate studies. Credit French courses (e.g., FRSL) are considered '300' level regardless of the actual level.

register for one of these courses in the Fall Term and the alternate one in the Winter Term.

NOTE: IPEA courses are a mandatory component of the curriculum - these IPEA courses appear on students' official transcripts and successful completion of these courses (Pass) is mandatory for graduation.

Students who are required to complete U0 to meet freshman science requirements follow the course of study below:

Semester	Course #	Cr	Course Title	Pre/co-requisites
U0 Fall	CHEM 110	4	General Chemistry 1	
	PHYS 101	4	Introductory Physics - Mechanics	
	MATH 140 or 139	3/4	Calculus 1 or Calculus 1 with Precalculus	High School Calculus
	Elective*	3		
U0 Winter	CHEM 120	4	General Chemistry 2	College level mathematics and physics
	PHYS 102	4	Intro Physics - Electromagnetism	PHYS 101/ MATH 139 or 140
	MATH 141	4	Calculus 2	MATH 139 or 140
	BIOL 112	3	Cell and Molecular Biology	
U0 ** Summer	CHEM 212	4	Organic Chemistry 1	CHEM 110/ CHEM 120
		33/ 34		

* U0 electives are generally 100 level courses; 200 level courses can be chosen if the student feels that the course is manageable. U0 students should not take 300 or 400 level electives.

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



Bachelor of Nursing (Integrated) Program

Students enter this 2-year, 5-semester, 67-credit program (3 year part-time option available) following completion 180 A.0 Diplôme d'études collégiales (DEC) in Nursing from CEGEP. The program aims to advance the practice of students by expanding their knowledge base, strengthening critical thinking skills, promoting a strength based, family-centred perspective and preparing them for roles expected of a baccalaureate nurse. The B.N.(I) program is fully accredited by the Canadian Association of Schools of Nursing until 2014.

B.N.(I) Program of Study

Full-time program of study over two years:

Semester	Course #	Cr	Course Title	Pre-/Co-requisites
U2 Fall	NUR1 239	4	Health & Physical Assessment 2©	PHGY 209/IPEA 500
	NUR1 428	3	Learning & Health Education	
	NUR1 422	3	Research in Nursing	
	PHGY 209	3	Mammalian Physiology 1	DEC 180 A.0/CHEM 232
	CHEM 232	4	Organic Chemistry Principles	
	IPEA 500	0	Roles in Interprofessional Teams	
U2 Winter	NUR1 200	4	Biology for Illness & Therapy	CHEM 212 or 232 or equivalent
	NUR1 219	1	Transition to McGill Model	
	NUR1 320	3	Stress & Illness Management 2	NUR1 422, PHGY 209
	PHGY 210	3	Mammalian Physiology 2	PHGY 209 (recommended)
	PSYC 215	3	Social Psychology	
	IPEA 501	0	Communication in Interprofessional Teams	
U2 Summer	NUR1 334	4	Nursing in Illness©	NUR1 239/ NUR1 219, 319, 320
U3 Fall	NUR1 424	3	Legal and Ethical Issues: Nursing	NUR1 334
	NUR1 420	3	Primary Health Care\$	MUST BE TAKEN WITH EITHER 431 or 432
	NUR1 431#	4	Community Health Nursing Practicum©	NUR1 334/ NUR1 420 or 421
	PHAR 300	3	Drug Action	NUR1 200, PHGY 209, 210
	Elective	3	Elective (200 level or higher)	
U3 Winter	NUR1 322	3	Chronic Illness & Palliative Care	NUR1 319
	NUR1 421	3	Resources: Special Populations\$	NUR1 420, MUST BE TAKEN WITH EITHER 431 or 432, 431/432
	NUR1 432#	4	Community Health Nursing Project©	NUR1 334,/ NUR1 420 or 421
	PATH 300	3	Human Disease	NUR1 200, PHGY 209/PHGY210
	PSYC 204	3	Introduction to Psychological Statistics	
	IPEA 502	0	Patient-Centred Care in Action	
		67	+ 27 credits CEGEP	
		94		

© = Clinical; # register for one of these courses in the Fall Term and the alternate one in the Winter Term;
\$ NUR1420 and NUR1421 MUST be taken with a companion clinical course NUR1 431 or 432.

NOTE: IPEA courses are a mandatory component of the curriculum - these IPEA courses appear on students' official transcripts and successful completion of these courses (Pass) is mandatory for graduation.



Part-time program of study over three years – must be approved by Program Director

Year 1				
Semester	Course #	Cr	Course Title	Pre-/Co-requisites
Fall	NUR1 422	3	Research in Nursing	
	PHGY 209	3	Mammalian Physiology 1	
	CHEM 232	4	Organic Chemistry Principles	
Winter	NUR1 200	4	Biology for Illness & Therapy	CHEM 212
	NUR1 219	1	Transition to McGill Model	
	PHGY 210	3	Mammalian Physiology 2	PHGY 209 (recommended)
Summer	PSYC 204 or equivalent	3	Introduction to Psychological Statistics	
Year 2				
Semester	Course #	Cr	Course Title	Pre-/Co-requisites
Fall	NUR1 239	4	Health & Physical Assessment 2©	PHGY 209
	NUR1 428	3	Learning and Health Education	
	ELECTIVE	3	Elective (200 level or higher)	
Winter	PATH 300	3	Human Disease	NUR1 200, PGHY 209 & PHGY 210
	NUR1 320	3	Stress & Illness Management 2	NUR1 319
	PSYC 215	3	Social Psychology	
Summer	NUR1 334	4	Nursing in Illness©	NUR1 239, NUR1 319, NUR1 320
Year 3				
Semester	Course #	Cr	Course Title	Pre-/Co-requisites
Fall	NUR1 424	3	Legal and Ethical Issues: Nursing	NUR1 334
	NUR1 420	3	Primary Health Care\$	MUST BE TAKEN WITH EITHER 431 or 432
	NUR1 431#	4	Community Health Nursing Practicum©	NUR1 335 / NUR1 420 or 421
	PHAR 300	3	Drug Action	NUR1 200, PHGY 209 & 210
Winter	NUR1 322	3	Chronic Illness & Palliative Care	
	NUR1 421	3	Resources: Special Populations\$	NUR1 420, MUST BE TAKEN WITH EITHER 431 or 432, 431/432
	NUR1 432#	4	Community Health Nursing Project©	NUR1 334 / NUR1 420 or 421
		67	+ 27 credits CEGEP	
		94		

© = Clinical;

register for one of these courses in the Fall Term and the alternate one in the Winter Term;

\$ NUR1 420 and NUR1421 MUST be taken with a companion clinical course NUR1 431 or 432.



Registration and Study Guidelines

Registration is completed on [Minerva](#). Students must ensure that they are registered in the required courses of their program and follow the rules/regulations of the ISON (see [Health Sciences Calendar](#) for undergraduate programs and details within this Handbook). Students must ensure that they have the adequate pre- or co-requisites when registering for a course.

Degree Evaluation Students are responsible for ensuring that they are taking the required courses as set out in their program of study to meet the degree requirements. The Degree Evaluation tool in Minerva can be used to review the met and unmet requirements.

Credit Load Students must be registered in a minimum of 12 credits a semester to be considered a full-time student at McGill; anything less than 12 credits is considered ‘part-time’ studies. Students seeking to take more than 18 credits/semester must obtain approval from the Nursing Student Affairs Office. Approval is generally only granted if the CGPA is above 3.50

Registration Difficulties Students with registration difficulties must note: name; ID #; course name, number, CRN, and section (if applicable), details about the problem and the error code in all communication related to registration difficulties. Email: undergraduate.nursing@mcgill.ca. *Regardless of the registration difficulties with required courses, continue to attend.*

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

	<i>Register Deadline</i>
Winter Clinical courses	November 15
Summer Clinical courses	March 15
Fall Clinical courses	June 15

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

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

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

Electives Things to consider in choosing electives:

- *Personal interest* – nursing students often choose courses in anthropology, political science, sociology, environmental sciences, religious studies, and philosophy; however, students are free to opt for other topics based on their interest!
- *Career plans* – students can take a course in line with their career goals e.g., health geography for those interested in global health; advanced statistics for those pursuing graduate studies.



- *Timetabling, prerequisites* – practical issues can prevail! Students lacking prerequisites should contact the course coordinator as some prerequisites can be waived in light of nursing studies.

Inter-University Transfer (IUT) Agreement Students may take three or, exceptionally, six credits at another Quebec university while paying tuition to McGill without having to formally register at the other university - see Quebec Inter-University Transfer Agreement. Students in Satisfactory Standing apply at: <https://mobile-cours.crepuq.qc.ca/4DSTATIC/ENAccueil.html>. If approved, the student is responsible for applying to and following the requirements and deadlines of the host university. Upon successful completion of the course(s) (*minimum grade of C*), the credits will be recognized by McGill as pass/ fail towards the student's degree. The grade received at the host institution will not appear on the student's McGill transcript and will therefore not have an impact on the student GPA. Students seeking to take a required course as IUT must ensure that the course is deemed equivalent. Under the IUT agreement, grades are automatically sent from the other Quebec University to McGill. ***Note that failed grades at the host university are recorded as '0 credits transferred' on the McGill transcript and apply as failed courses in student standing decisions.***

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

- UO students in satisfactory standing who wish to complete a CHEM 212 equivalent in their home province/country.
- Students in satisfactory standing wishing to complete an elective or other required course (that has been deemed equivalent) at another university outside Quebec.

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

The following steps apply to Study Away:

- Step 1:* Ensure that the institution where you wish to study is outside of Quebec. If it is a Quebec institution, follow the procedure for Inter-University Transfer credits (IUTs) instead.
- Step 2:* Make sure that you are in satisfactory standing at McGill – if yes, then you are eligible for study away; if not then you must take the course at McGill.
- Step 3:* Find a course that is equivalent to the required course at the university/college you want to attend – see [Course Equivalency System](#). Any course not found in the Course Equivalency must be assessed by the respective department (e.g., physiology, chemistry). Submit a new request for this assessment using the link provided; you may be required to upload a copy of the course description and/or syllabus to complete this request.
- Step 4:* Once the approved equivalent has been found, find out if the course is actually offered in the session you want and whether you meet the host university criteria for visiting or special student. Avoid study away in the graduating term to avoid delays in graduation.
- Step 5:* If the above steps are all positive then apply for Study Away on Minerva. If a letter needs to be sent from McGill, you can generate this from the Study Away module. NOTE: students are strongly urged to register for the course at McGill to ensure a space in the event that the host university refuses the student. (Don't forget to drop the McGill course if all works out with study away!) If you have been approved for Study Away but decide not to go through with the course, please cancel your Study Away application on Minerva.



Step 6: Once study away is approved on Minerva, register for the course at the university/college you want to attend and follow the admission/registration policies/procedures of that university/college.

Step 7: Once completed (even if not passed), ensure that NSAO receives an official transcript from the institution so that credits can be transferred.

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

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

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

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

Course Requirement	Equivalent course (not comprehensive; equivalencies for nursing students may not apply to non-nursing students)
CHEM 110, 120,212	McGill AECH 110, AECH 111, & FDSC 230 OR see Course Equivalency System
MATH 140 & 141	McGill AEMA 101 and AEMA 102 OR see Course Equivalency System
PHYS 101 & 102	McGill PHYS 131 & 142; AEPH 112 & 114 OR see Course Equivalency System
BIOL 112	McGill AEBI 122 OR see Course Equivalency System
NUR1 200	(For students required to take NUR1 200 prior to Fall 2017) McGill BIOL 200 & BIOL 201 <u>or</u> BIOL 200 & BIOL 202 <u>or</u> BIOL 200 & BIOC 212 <u>or</u> BIOL 200 & ANAT 212 <u>or</u> BIOL 200 & CHEM 222. McGill LSCI 211 <u>or</u> FDSC 211 (missing 1 credit is met with another university course from the past or must be undertaken); Approved by Nursing: Bishops: BIO110; Concordia: BIOL 266 & CHEM 27 <u>or</u> BIOL 261 & BIOL 266; U de Montreal: BIO 1153 & 1203; SBP 1035; Guelph: BIOL 2210 & CHEM 2580; Moncton: BIOL 2023 &



	BICH 3843; <i>Queens</i> : MBIO 318, BIOL 205; <i>UBC</i> : BIOC 302 & BIOL 200 & BIOL 201; <i>Ottawa</i> : BIO3570 & 3520 & 3305
NUR1 209 & 210	McGill PHGY 209, 210 AND PATH 300 – those who have taken PHGY 209 and 210 only can opt to take NUR1 209 & 210 OR take PATH 300 in winter of U1 <i>if timetable allows</i> .
NUR1 224 & 225	McGill NUR1 221, 223 AND 422
NUR1 300	McGill PHAR 300
NUR1 301	McGill PHAR 301
PSYC 204	Students with 75% in CEGEP Math 201-307 or 201-337 are exempted but must <i>replace</i> the 3 university credits. (Note: Enrolment Services indicates the exemption with 0 credit at admission); McGill: MATH 203, AEMA 310, BIOL 373, ECON 227D1, D2, ECON 257D1/D2, EPSC 215, GEOG 202, MGCR 271, SOCI 350

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

STUDENT NAME		
STUDENT McGill ID		
TITLE OF MINOR DEGREE		
DEPARTMENT OFFERING MINOR DEGREE		
	YES	NO
You are in satisfactory standing and have never been in unsatisfactory or probationary standing nor on Clinic alert.		
Your CGPA is ≥ 3.0 .		
You have obtained a list of courses required in the minor and ensure that you are able to complete the courses (e.g., prerequisites, no scheduling conflicts).		
The department offering the minor degree will accept any overlapping courses (e.g., the department will accept courses that apply to both the major (Nursing) and minor degree).		
You will be able to complete the minor degree without extending your nursing studies beyond the original graduation date at admission.		
You will be able to complete the minor degree without interfering with your performance in the B.Sc.(N) program.		
You have attached the list of courses required for the minor**.		
You agree that if either your CGPA drops < 3.0 or you are placed in a standing other than satisfactory that permission to complete a minor will be revoked.		

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

FOR USE BY UNDERGRADUATE NURSING STUDENT AFFAIRS OFFICE		
	YES	NO
The student is granted permission to complete a minor degree		



Support for Students

Nursing Student Affairs Office

Undergraduate Nursing Student Affairs Office – UG-NSAO – 19th Floor - 514-398-3784 – undergraduate.nursing@mcgill.ca

For all matters related to Nursing studies

- Gabrielle Liounis, Student Affairs Coordinator
- Nurit Shir, Student Affairs Coordinator
- Margie Gabriel, Student Affairs Officer

Service Point and Other University Services for Students

- [Service Point](#) - 3415 McTavish Street; 514-398-7878 Services: certified copies, ID cards, legal documents, tuition & fees.
- [Student Services](#) Brown Building, 3600 McTavish, Suite 4100; 514-398-3825
- [Ombudsperson](#) – Dr. Dimitrios Berk - 3610 McTavish, Suite 14 - 514-398-7059
- [Dean of Students](#) – Dr. Christopher Buddle - 3600 McTavish, Suite 2100 - 514-398-4990 <http://www.mcgill.ca/deanofstudents/>
- Additional student resources and services www.mcgill.ca/students/.

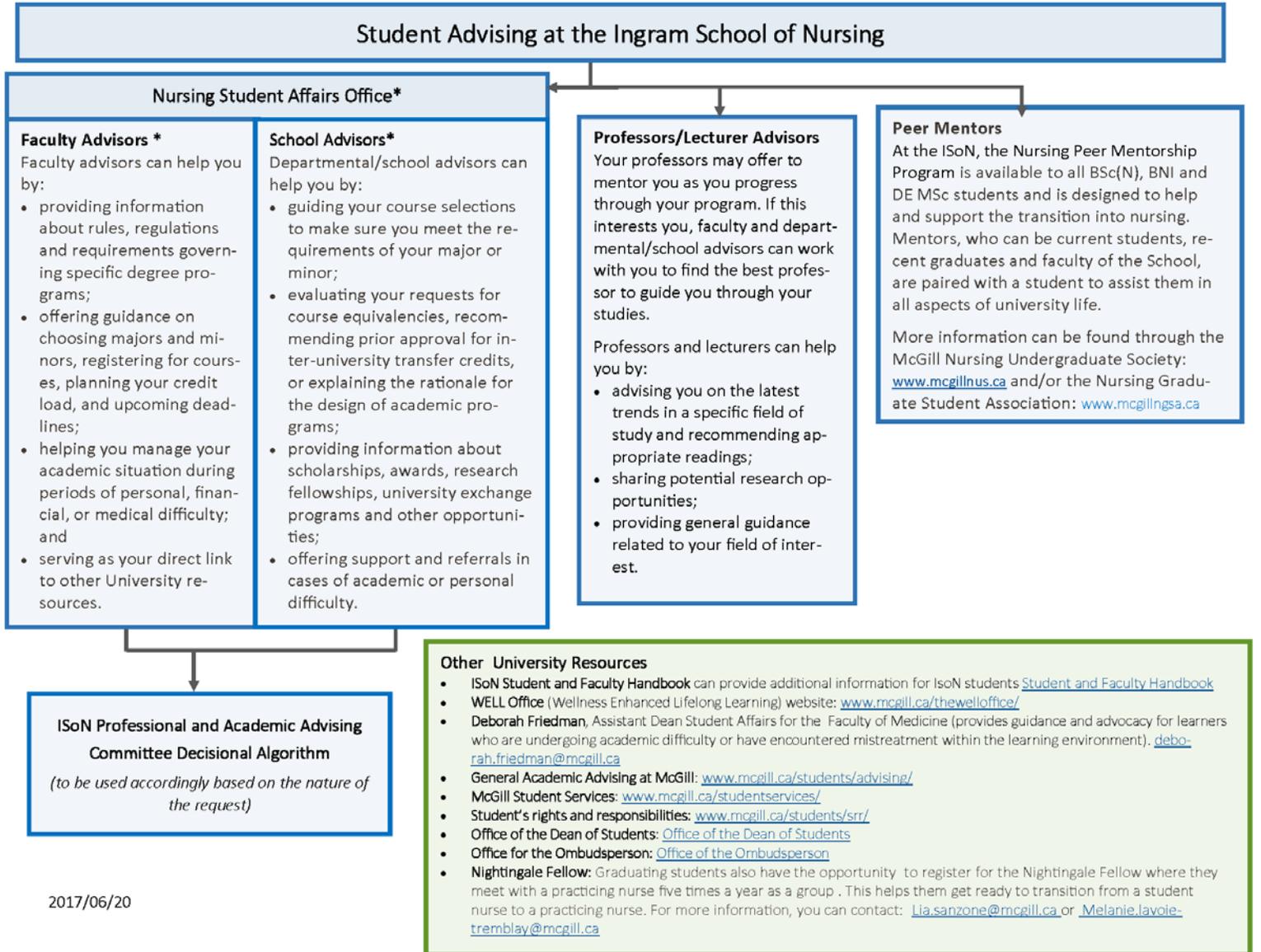
Program Directors

Program	Name/Role	Location
B.Sc.(N)	Madeleine Buck – Program Director	1931, 680 Sherbrooke, 514-398-4155; madeleine.buck@mcgill.ca
	Lia Sanzone – Assistant Program Director	1927, 680 Sherbrooke, 514-398-2488; lia.sanzone@mcgill.ca
B.N.(I)	Elaine Doucette – Program Director	1930, 680 Sherbrooke, 514-398-2630; elaine.doucette@mcgill.ca
	Annie Chevrier – Assistant Program Director	1934, 680 Sherbrooke, 514-398-2105; annie.chevrier2@mcgill.ca
M.Sc.(A)	Josee Bonneau – Program Director	1906, 680 Sherbrooke, 514-398-4149; josee.bonneau@mcgill.ca
	Sylvie Lambert – Assistant Program Director	1811, 680 Sherbrooke, sylvie.lambert@mcgill.ca
PhD	Sonia Semenic – Program Director	1810, 680 Sherbrooke, 514-398-1281; sonia.semenic@mcgill.ca
	Celine Gelinis – Assistant Program Director	1838, 680 Sherbrooke, celine.gelinis@mcgill.ca



Advising

All student advising requests are addressed by the Nursing Student Affairs Office. The NSAO analyses the request and uses the flowcharts below to refer students to the appropriate resource.



* 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



ISoN Professional and Academic Advising Committee Decisional Algorithm

Student Request/Query

Refer to Nursing Student Affairs Office and corresponding Undergraduate or Graduate Affairs Coordinator

Undergraduate students:
Graduate Students (MSc. A and PhD):
Student Affairs Officer:

undergraduate.nursing@mcgill.ca
graduate.nursing@mcgill.ca
student-affairs-officer.nursing@mcgill.ca

Gabrielle Liounis, Nurit Shir
Anna Santandrea
Margie Gabriel

Nature of request
(Academic file, University
rules and regulations)

Will be addressed by the Nursing Student Affairs
Office (Officer/Coordinator/Faculty Advisors /School
Advisors)

undergraduate.nursing@mcgill.ca
graduate.nursing@mcgill.ca
student-affairs-officer.nursing@mcgill.ca

Academic Student Advising

Professional advising related to graduate and doctoral studies

Advanced Clinical Practice: heather.hart@mcgill.ca
Administration: melanie.lavoie-tremblay@mcgill.ca
Direct Entry: josee.bonneau@mcgill.ca
Global Health: jodi.tuck@mcgill.ca
Nurse Practitioner: norma.ponzoni@mcgill.ca
Doctoral studies: sonia.semenic@mcgill.ca

Professional advising related to clinical
placements and ISoN specialty programs/ initiatives

Clinical placements: clinicalplacements.nursing@mcgill.ca
Ambassador program: madeleine.buck@mcgill.ca,
maria.difeo@mcgill.ca
Research: melanie.lavoie-tremblay@mcgill.ca

Professional advising related to Academic Standings

Undergraduate Program Director B.Sc. (N): madeleine.buck@mcgill.ca
Undergraduate Assistant Program Director B.Sc. (N): lia.sanzone@mcgill.ca
Undergraduate Program Director B.N.(I): elaine.doucette@mcgill.ca
Undergraduate Assistant Program Director B.N.(I): annie.chevrier2@mcgill.ca
Graduate Program Director M.Sc. (A): josee.bonneau@mcgill.ca
Graduate Assistant Program Director M.Sc. (A): sylvie.lambert@mcgill.ca
Ph.D Program Director: sonia.semenic@mcgill.ca
Ph.D. Assistant Program Director: celine.gelinas@mcgill.ca

Nature of request
(Professional Advising)

The Nursing Student Affairs Office will
Refer the student to the appropriate advising
resource

Professional Advising: (Professors / Lecture Advisors):
www.mcgill.ca/nursing/faculty
Peer Mentors: www.mcgillnus.ca , www.mcgillngsa.ca
Other University Resources: Student and Faculty
Handbook

Professional advising related to
licensure; OIIQ exam preparation; and entry to
practice general information: future career choic-
es; specialty certification exams; working in other
provinces or countries; pursuing graduate studies

Josee.bonneau@mcgill.ca
francoise.filion@mcgill.ca

2017/06/20



Mentorship Program A nursing peer mentoring 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, recent graduates and faculty of the School, are paired 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.

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

- [Schulich Library of Physical Sciences, Life Sciences and Engineering](#) - collection of nursing and medical materials. Located in Macdonald-Stewart Building.
- [Osler Library of the History in Medicine](#) - McIntyre Medical building - course reserves, study space.

[Writing and citation guides](#) (e.g., APA) and writing tools (e.g., Five Steps to a Better Paper) are compiled by resource librarians and are wonderful resources!

Francesca Frati is the Nursing Liaison Librarian.

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

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

Ingram School of Nursing Learning Laboratory – 680 Sherbrooke, Rm 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 Learning Laboratory. Remedial sessions are available for students. Six Nurse Educators, two lab technicians, and a Standardized Patient Coordinator are available to support learning activities in the Nursing Laboratory.

- Hugo Marchand: Laboratory Director – hugo.marchand@mcill.ca
- Lab email: lab.nursing@mcgill.ca.

The Steinberg Centre for Simulation and Interactive Learning - 3575 du Parc # 5640; 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, 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 for Francophone Students – <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 Street.

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

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

Health and Wellness Support

[Student Health Services](#) – walk-in and by-appointment nursing and medical services, immunizations, mask fitting, sexual and physical health, Shag Shop (safe sex products). Brown Student Services Building Suite 3301.

[Counselling Services](#) - provides students with effective therapy, knowledgeable support, and the opportunity to develop the skills they need to be successful in both school and life.. Brown Student Services Building Suite 4200.

[Psychiatric Services](#) - students who wish to see a psychiatrist should visit Psychiatric Services in the Brown Student Services Building, Suite 5500, telephone 514-398-6019.

[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 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 on a first-come, first-served basis Monday through Friday from 11:00 a.m. to 1:00 p.m.

Office for Sexual Violence Response, Support & Education - [O-SVRSE](#) - 550 Sherbrooke O. Suite 585 (west tower 1-11 elevator); 514-398-3786 or 514-398-4486; svoffice@mcgill.ca

[Office of Religious and Spiritual Life](#) – serves as students' religious and spiritual hub; Presbyterian College, 2nd floor, 3495 University.

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

safeTALK – this is a ½ day suicide alertness training program offered to interested nursing students. It prepares students regardless of prior experience or training, to become a suicide-alert “helper”. The program was created by LivingWorks, a non-profit social enterprise whose mission is “saving lives through the creation, development and delivery of innovative training experiences that empower organizations, communities and individuals to be safer from suicide” (LivingWorks 2015 Annual Report). The program is delivered by facilitators who are extensively supervised. The course is hands-on and involves role playing and video simulation. Students are introduced to the TALK acronym (Tell, Ask, Listen and KeepSafe) and addresses myths and stigma surrounding suicide. Students receive a manual and a certificate of participation.

Financial Support



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

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

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

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



Clinical Studies

Theoretical and clinical courses are taken in tandem. Clinical studies are enhanced by a strong relationship with the *McGill Teaching Hospital Network* and the *Réseau Universitaire Intégré de Santé* (RUIS) agencies. Students in the Ambassador Program study nationally and internationally. An effort is made to place students within reasonable travel distance but this cannot be guaranteed. Students must budget for travel accordingly. Clinical courses may require study during the day, evening, nights and weekends.

Policy for Clinical Placements

Faculty members across the Ingram School of Nursing use due diligence to make selections for clinical placements, based on OIIQ requirements concerning clinical hours, clinical sites, and patient populations. Clinical placement selections are also subject to the various clinical settings' capacity to accommodate students at any given time. Student clinical experiences will necessarily vary; they cannot be identical from student-to-student or from term-to-term. This is due to a multiple factors, including the realities of the rapidly changing healthcare system, the clinical environments, and the individual patients and families who are receiving care at any given time. Clinical placement selections are *not* made on the basis of student choice except for the following exclusions*:

- NUR1 530 Clinical Internship, NUR1 530 Clinical Consolidation and NUR1 531 Ambassador Nursing Practice Consolidation.
- When the student wants to (or must) avoid a particular setting for the following reasons:
 - when the student or close family member is employed on the placement unit
 - when the student is or has been followed as a patient on the placement unit
 - when the Service d'évaluation des risques de transmission d'infection hémotogène (SERTIH) of the Québec Institut national de santé publique has indicated restrictions on the student's placements
 - other legitimate reasons determined by the Clinical Placement Coordinator in consultation with the student and faculty

*For courses where student choice is taken into consideration, no guarantees can be made that students will be assigned their choices.

The Clinical Placement Office is the link between the ISON and the clinical agencies. The Office tracks the placement requirements of all students in the ISON. HSPnet is used to track hours in each clinical site and patient population for each student. Students are placed based on their previous clinical experiences, the clinical settings that have been deemed appropriate to meet the course objectives, their performance in previous clinical courses, students' level or proficiency in French, and their current home address. Note that for 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. The Clinical Placement Office will consider a community placement in Enfance Famille Jeunesse as both a 'community' and 'pediatric' placement setting.

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 and on-boarding procedures. 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 always available for individual consultation. With respect to evaluation of student performance and grade assignment, the coordinator works with the clinical instructors to ensure that evaluation rubrics are applied fairly and consistently across settings. In the case of students who are at risk of failing, 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

The following table summarizes the list of requirements for clinical studies. It is the student's responsibility to ensure that these requirements are met.

Requirement	Description	Deadline
OIIQ Registration	To meet legal requirements of public protection	Sept 15 U1 B.Sc.(N) Apr 1 U2 B.N.(I)
Immunization	As per Student Health Services protocol to protect student, public, and to meet requirements of clinical agencies. <i>Annual Flu Vaccine required</i>	Sept 15 U1 B.Sc.(N) in progress** & complete Jan 1; May 1 U2 B.N.(I) <i>Annually for flu</i>
Mask Fitting	Fitting with N-95 mask – Student Health Services	May 1 U1 B.Sc.(N), May 1 U2 B.N.(I)
Declaration of blood-borne infection(s)	Students who are seropositive for Hepatitis B, C, HIV and/or any other blood-borne pathogens must notify their Program Director	Prior to clinical studies as required
Exposure – Blood/Body Fluids/Injury	Percutaneous exposure to body substances or any other injury places students at risk and requires investigation, reporting, and follow-up	Within 48 hours must notify NSAO
CPR-HCP Certification	CPR Health Care Provider (HCP) (includes Automated External Defibrillation - AED)	Jan 1 U1 B.Sc.(N), May 1 U2 B.N.(I)
Professional appearance	Name tags to meet legal requirements	Sept. 15 U1 BSc(N), Sept 15 U2 B.N.(I)
Professional appearance	ISO N uniform/uniform for clinical studies	Sept. 15 U1 B.Sc.(N) May 1 U2 B.N.(I)
Health Assessment Equipment	Required equipment to enable health assessment	Sept 15 B.Sc.(N); Sept 15 B.N.(I)
Criminal Background Verification and Criminal Reference Check	Completion of <i>Criminal Background Verification Form</i> by most clinical agencies; Assessment by police department to allow study in certain clinical agencies	As required

**at least tuberculosis testing for those at risk and at least first series of vaccinations for students with no previous record of vaccination.



Ordre des Infirmières et Infirmiers du Québec (OIIQ) Registration

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

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

Nursing students who do not meet one of the above three conditions are not able to continue in clinical courses.

**B.N.(I) students who successfully complete the licensure exam must maintain ongoing registration with the OIIQ with annual fees paid as invoiced by the OIIQ. These fees cannot be waived, even if the student is not working while enrolled in the program. As such, if a B.N.(I) student who has passed the OIIQ licensure exam does not pay full OIIQ fees, he/she is not considered registered with the OIIQ and thus cannot be in clinical settings.

The OIIQ refers to the above process as ‘*immatriculation*’ so ‘registration’ and ‘*immatriculation*’ may be used interchangeably. Any patient can verify the student’s status or register a complaint with the OIIQ. Teachers and health facility agents can ask for proof of registration so students must carry this documentation at all times during clinical studies, including community visits.

OIIQ Registration procedure:

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

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

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



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

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

1. has no longer been enrolled, for over one year, in a session of a program of studies leading to a diploma giving access to a permit from the Order or in a training course determined by the Order (Section 9 of the Regulation respecting diploma or training equivalence for the issue of a permit by the *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 the training course determined by the Order in accordance with section 9 of said regulation;
3. is expelled from the program of studies leading to a diploma giving access to a permit from the Order or the training course determined by the Order (Section 9 of said regulation);
4. obtained the registration certificate under false pretences; or
5. performs professional acts reserved to nurses other than those authorized in a regulation under subparagraph *h* of section 94 of the Professional Code (chapter C-26) or does not meet the conditions for performing these acts, in particular those relating to the respect of the ethical obligations applicable to members of the Order.

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

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

Immunization

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

Annual influenza (flu) vaccination is required - ***students who have not received flu vaccine may not be allowed into certain facilities.***

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



Mask fitting

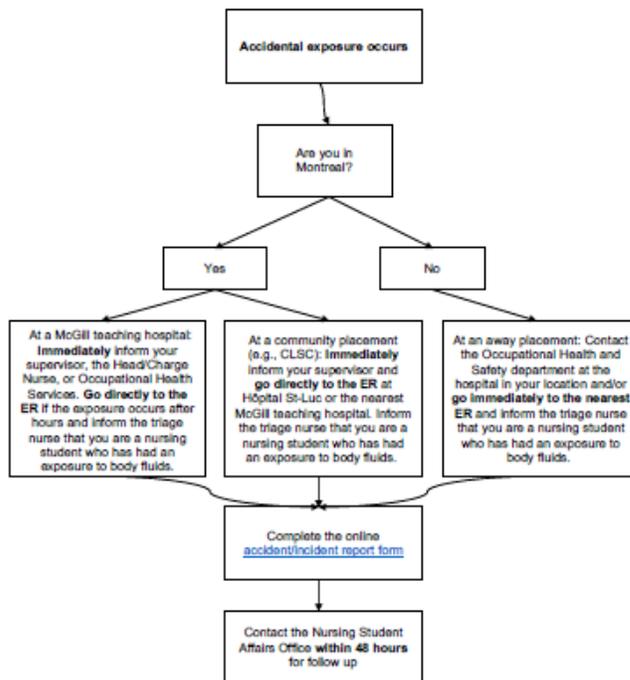
Mask fitting ensures that students are protected from transmissible airborne infections (e.g., tuberculosis). Student Health Services provides students with the Mask Fit Test to determine the appropriate size of N-95 mask. Once fitted, the mask size required to ensure safety is noted on the student's Immunization card.

Declaration of blood-borne infection(s)

Students who are seropositive for Hepatitis B, C, or HIV and/or any other blood-borne pathogens are obliged to notify their Program Director. These students will be referred to the Blood-Borne Infection Risk Assessment Unit - Service d'évaluation des risques de transmission d'infection hémato-gène responsible for all infected workers, including nursing students. The service makes recommendations based on current scientific knowledge and relevant guidelines. The Service may recommend restricting practice of these students. This information is strictly confidential.

Accidental Exposure – Blood or Body Fluids or Injury

Prevention of accidental exposure is paramount (e.g., never recap needles; wear gloves during venipuncture). Despite these efforts, accidental exposure can occur. A percutaneous exposure to body substances, either by a needle stick injury, a laceration, or a splash on mucous membranes or non-intact skin, has the potential to transmit blood borne pathogens such as hepatitis B 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, including exposure to body fluids, must be reported by completing the McGill University [Accident and Incident Reporting Form](#). The notification of the exposure and the completed form must be sent to the NSAO *within 48 hrs* to ensure that all the appropriate steps have been taken. The following chart indicates how to proceed in the event of an injury.



CPR Health Care Provider Certification

All students must maintain cardiopulmonary resuscitation (CPR) Health Care Provider training (5 or 6 hour courses are accepted as well as BCLS Health Care Provider) (see chart below). Certification must be granted, or fully recognized, by one of the following organizations: *Canadian Heart and Stroke Foundation, Quebec Heart and Stroke Foundation, Canadian Red Cross, St. John Ambulance, American Heart Association, American Red Cross*. Nursing Student Societies organize training sessions for students who require certification.

Nursing requires this!

	CPR-A	CPR-B	CPR-C	CPR-HCP
Hours Of Instruction	4	5	5	6
AED *	✓	✓	✓	✓
CPR for Adults	✓	✓	✓	✓
CPR for Children		✓	✓	✓
CPR for infants		✓	✓	✓
Adult/Child Two Person CPR				✓
Infant Two Person CPR				✓
Rescue Breathing				✓
Bag Valve Mask				✓
Recertification Available			✓	✓

Moving Patients Safely

Students are provided with training on how to move patients safely. As of 2017, the training is integrated into clinical laboratory courses.

Professional Appearance

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

Identification: Students and faculty identify themselves with a name badge with a McGill logo during all clinical learning activities (i.e., community visits, in clinical facilities, during Ambassador Program). The individual's full name (first and last) must appear on the name badge and be the same as that appearing on the OIIQ registration certificate. The name badge must be



worn above the waist for ease of visibility. Most hospitals require that students and faculty also have a hospital-issued name badge. Clinical placement coordinators generally arrange these and inform students/teachers of logistics. Students/faculty can be asked at any time by a client/patient or hospital/clinical official for proof of identification including OIIQ registration certificate.

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

Guidelines for Professional Appearance (OIIQ, 2006; MUHC 2015):*

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

* Source: OIIQ (2006). La tenue vestimentaire des infirmières; MUHC Handbook for Students and Clinical Instructors.

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

Infection Prevention and Control (IPC)

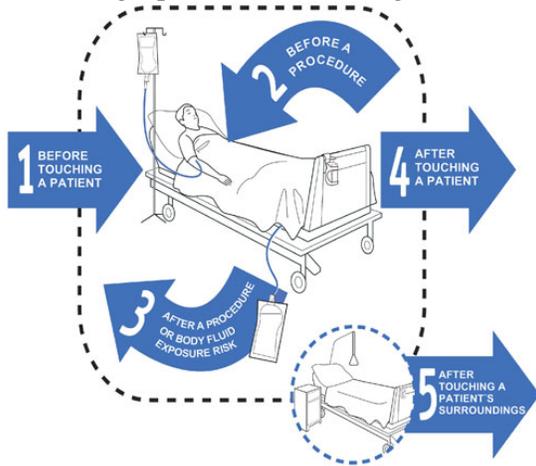
Infection prevention and control (IPC) is of utmost importance for the protection of the health care professional and the safety of patients/clients. IPC procedures involve routine practices and additional precautions. **Routine Practices** are used in the care of all clients regardless of their diagnosis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



Substance Isolation and are designed to reduce risk of transmission of microorganisms from recognized and unrecognized sources.

Routine practices include:

- Hand hygiene with alcohol-based hand rubs/gels/rinses that contain > 60% alcohol is the preferred method for decontaminating hands that are not visibly soiled. Using alcohol-based hand rub is better than washing hands (even with an antibacterial soap) when hands are not visibly soiled (CHICA, 2013. See *Hand Hygiene Procedure* on next page.
- Hands are washed *before* touching a patient, *before* performing a procedure, *after* a procedure or exposure to body fluid, *after* touching a patient, and *after* touching a patient’s surroundings.



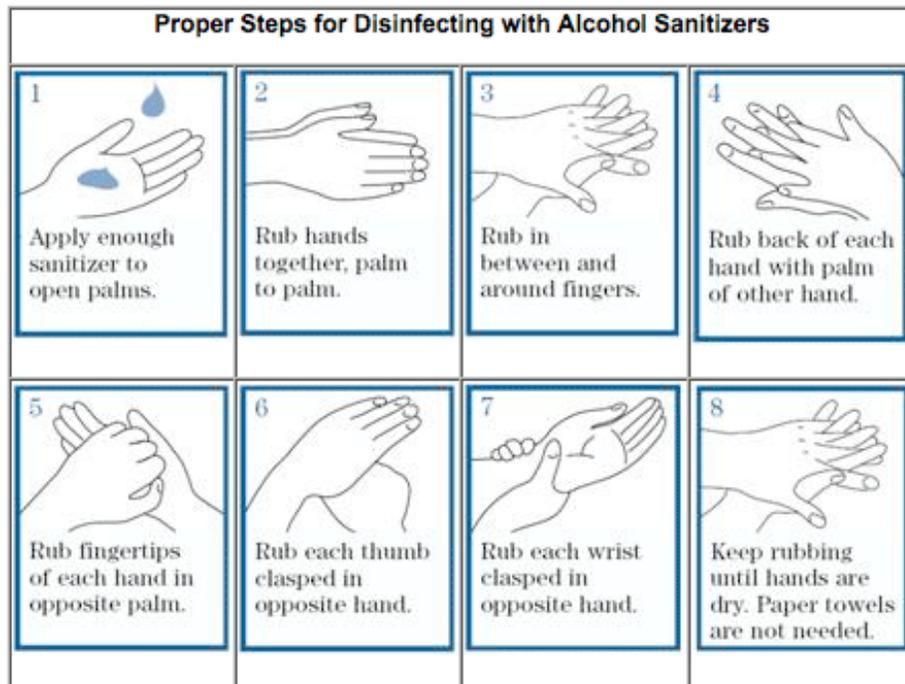
- Wear clean gloves when touching blood, body fluids, secretions, excretions, non-intact skin and mucous membranes, and contaminated items (e.g., soiled gowns).
- Remove gloves before touching uncontaminated items and surfaces.

- Perform hand hygiene immediately before wearing and after removing gloves.
- Wear a mask, eye protection, or a face shield if splashes or sprays of blood, body fluids, secretions, or excretions can be expected.
- Wear a clean, unsterile gown if client care is likely to result in splashes or sprays of blood, body fluids, secretions, or excretions. The gown is intended to protect clothing.
- Remove soiled gowns carefully to avoid transfer of microorganisms to others. Perform hand hygiene after removing gown.
- Handle care equipment that is soiled with blood, body fluids, secretions, or excretions carefully to prevent the transfer of microorganisms to others and to the environment.
- Make sure reusable equipment is cleaned and reprocessed correctly.
- Handle, transport, and process linen that is soiled with blood, body fluids, secretions, or excretions in a manner to prevent contamination of clothing and the transfer of microorganisms to others and to the environment.
- Prevent injuries from used scalpels, needles, or other equipment, and place in puncture-resistant containers.



Hand Hygiene Hand hygiene removes or kills microorganisms on the hands. When performed correctly, hand hygiene is the *single most effective* way to prevent the spread of communicable diseases and infections. Hand hygiene may be performed either by using soap and running water, or with alcohol-based hand rubs; however, using alcohol based hand rubs is *more effective* than washing hands (even with an antibacterial soap) when hands are *not visibly soiled*.

<i>Hand hygiene using alcohol-based hand rubs</i>	<i>Hand hygiene using soap and water (IPAC)</i>
<ol style="list-style-type: none"> 1. Remove hand and arm jewelry. 2. Apply enough antiseptic (the size of a quarter) onto hands, enough so that when hands are rubbed together all areas of the hands are covered, including under the nails. 3. Use a rubbing motion to evenly distribute the antiseptic product over all surfaces of the hands, particularly between fingers, fingertips, back of hands and base of thumbs. 4. Rub hands until they feel dry (minimum 15-30 seconds). 	<ol style="list-style-type: none"> 1. Remove hand and wrist jewelry and wet hands with warm (not hot) running water. 2. Add soap, and then rub hands together, making a soapy lather for at least 15 seconds. Be careful not to wash the lather away. Wash the front and back of the hands, between the fingers, and under the nails. 3. Thoroughly rinse hands under warm running water, using a rubbing motion. 4. Wipe and dry hands gently with paper towel. 5. Turn off tap using paper towel so that hands are not re-contaminated.



Source: Infection Prevention and Control Canada (IPAC)



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

Type of Precaution	Recommended Practice
<p>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.</p>	<ul style="list-style-type: none"> ▪ Pt in private room with negative air pressure & air discharge to the outside OR a filtration system. Keep doors closed. ▪ If no private room, place pt with another pt who is infected with the same microorganism. ▪ Wear a respirator (e.g., N95) on entering the room of a pt who is known/suspected of having 1° TB. ▪ Susceptible people should not enter the room of a pt with rubella or varicella (chickenpox). ▪ Limit movement of pt outside the room; use a surgical mask on the client during transport. ▪ Perform hand hygiene after removing respirator.
<p>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).</p>	<ul style="list-style-type: none"> ▪ Place pt in private room OR with another pt infected with same microorganism. ▪ Wear a mask if working within 1 to 2 metres of the client. ▪ Limit pt movement outside the room to essential purposes. Place a surgical mask on the client during transport. ▪ Perform hand hygiene after removing mask.
<p>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).</p>	<ul style="list-style-type: none"> ▪ Place pt in private room OR with another who is infected with the same microorganism. ▪ Wear gloves on entering room; change gloves after contact with infectious material; remove gloves before leaving room; perform hand hygiene immediately after removing gloves. ▪ Wear a gown on entering room if a possibility of contact with infected surfaces/ items, or if the client is incontinent, has diarrhea, a colostomy, or wound drainage not contained by a dressing. ▪ Remove gown in the client’s room. ▪ Ensure uniform doesn’t contact contaminated objects. ▪ Limit movement of client outside the room. ▪ Dedicate the use of non-critical client care equipment to a single client or to clients with the same infecting microorganisms.

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



Health Assessment Equipment

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

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

Check with the NUS for bargains they may have negotiated with the bookstore!

Criminal Background Verification and Criminal Reference Check

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

Ingram School of Nursing offers 'beginner' and 'intermediate' level French language workshops specific to Nursing students through the Nurse Peer Mentorship program. These workshops are free and offered throughout each semester to interested students. Certain courses provide 'visual translation' of material presented on slides in class (key English terms have French word appearing next to it so as to facilitate acquiring medical vocabulary).

The McGill Faculty of Medicine offers French medical language workshops (basic, low, intermediate) for a minimal fee in fall and winter terms - <http://www.mcgill.ca/ugme/french-workshop-form>

[The McGill French Language Centre](#) offers credit and non-credit French courses ranging from beginner to Intermediate 11 to Advanced levels including courses designed for students in Health



Disciplines (see next page) (funded by McGill Training and Retention of Health Professionals Project).

Fall 2017	Winter 2018
FRSL 332-004 Elementary French (3 cr) M-W 5:05 p.m.- 6:55 p.m.	FRSL 333-004 Intermediate I French (3 cr) M-W 7:05 p.m. – 8:25 p.m.
FRSL 332-002 Cours de communication écrite (intermédiaire II-avancé) (3 cr) M-W 5:05 p.m.- 6:55 p.m.	FRSL 333-002 Cours de communication écrite (intermédiaire II-avancé, 2 ^e partie) (3 cr) M-W 5:05 p.m.- 6:55 p.m.
FIGF PMCO Cours de communication orale destiné aux étudiant(e)s en santé et en service social (intermédiaire II-avancé) T 6:05 p.m. – 8:25 p.m. <i>Tuition-free non-credit course.</i>	

All students must take an on-line French Placement Test and be interviewed by an evaluator before registering for their first French course at McGill. Check the following link in **August** for more information: the link and password for the online test; the schedule and location of interviews with evaluators.

<https://www.mcgill.ca/flc/fr/inscription-0/tests-de-classement/dates-des-tests-de-classement>

For further information, contact **Sue Harrison** at sue.harrison@mcgill.ca.

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

Stress and Coping

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

Clinical Skills Guidelines

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

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



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

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

Knowledge of Risks and Patient Safety: Before performing a skill, students must review risks of the procedure i.e., risks to the patient and to themselves (e.g., splash of body fluids). Precautions are to be taken based on such risks. To avoid undue anxiety in the student and the client when the student is performing a procedure for the first time, choose the client wisely. For example, don’t attempt the first IV insertion on a dehydrated patient who is extremely anxious.

Adherence to Infection Prevention and Control Guidelines: see previous IPC guide and use unit-based Infection Prevention and Control Manual to ensure that site guidelines are followed.

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

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

What students cannot or should not do!

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

- they do not know how to do it or the supervisor feels the student lacks competence (in these cases, the student should visit the learning laboratory and perform the skill in a simulated environment before practicing on a human);
- 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 an emergency;
- there is no prescription or collective order (as per Law 90 in Quebec);
- the skill requires certification or special training (e.g., inserting a PICC line, administering certain cancer chemotherapy);
- legal or local institutional parameters do not allow for it (based on hospital/agency policy) e.g.,
 - most institutions require that only RNs can have access to narcotic ‘keys’;
 - most institutions required that only licensed nurses can 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 can 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 and update but nursing students **CANNOT adjust the TNP** – legally, only registered nurses can update the TNP.)
- *Objective* (e.g., physical assessment) and *subjective* (patient statements) *data* are documented as well as the student's *analysis* of these data including strengths, deficits, and risks. *Goals* and the *interventions* (always written in past tense!) used to achieve these goals must be documented with an *evaluation* of the outcome and *recommendations for follow-up* noted.
- Documentation must be *timely* e.g., immediately for a critical deterioration; within the 'shift' for a stable patient; within 24 hours for a home visit (guidelines vary with the agency – students must follow the policies and procedures of their clinical placement site).
- Documentation must be *legible* and *clear* so that others can understand the information.
- *Accepted abbreviations* are allowed – e.g., LUQ (left upper quadrant), ROM (range of motion).
- If 'charting by exception' or on 'flow sheets', students should complete these items *as well as* write a progress note so as to gain experience with documentation. (Note: it is likely that patients in acute settings have 'exceptions' that require extensive documentation anyway; there is no need to 'repeat' data that are documented in other parts of a chart (e.g., vital signs, intake/output) in the progress note.
- *Professional terminology* that is *precise* is used at all times (e.g., '3 + pitting pedal edema' rather than 'feet swollen'; '500 mL urine' rather than 'peeing ++'), except if quoting patient.
- The patient's chart is a *confidential* document and cannot be read/shown to family members.
- "The nursing student shall record her interventions in the patient's record with her signature, followed by *"student n."* If her signature cannot be clearly identified, she shall write her name in block letters after it (O.C. 551-2010.s.4)."
- Errors in charting have a single line drawn through them with an initial and an indication of the error e.g., error – wrong patient. NO 'white out' or erasures are allowed as the original note must be legible; fill in blank spaces with a line so no one else can write in your charting.



- *What not to chart??* Complaints about other health professionals; data obtained from the patient’s family about their own health and experience other than how it may directly relate to the patient – remember that the patient has access to his/her chart and it is not the place where he/she learns about how ‘frustrated’ or ‘out of love’ his/her partner is!!
- A student’s charting does ***not require countersignature*** by the teacher or RN ***unless*** the RN is using the student’s charting in lieu of his/her own ***or*** if the teacher intervened in providing care to the patient. Otherwise, the RN writes notes which may/not be the same as the student notes. The RN may countersign the student’s charting indicating agreement (not required).
- Once charting is completed, reread the notes and ask “have I relayed the most important information about this patient for purposes of ensuring safety and continuity of care?”, “have I documented my nursing assessment and care to reflect my professional responsibilities?”, “will this documentation ‘make sense’ to the next person who reads it?”

Attendance in Clinical Studies

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

Culture of Safety in Clinical Studies

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

Evaluation in Clinical Studies

All clinical courses provide course outlines with details about course objectives and requirements. All clinical courses evaluate scope and specificity of knowledge, critical thinking skills/clinical reasoning processes, communication skills, technical/procedural skills, professionalism and



comportment, and the ability to strength-based nursing care. Professionalism and comportment are measured *throughout* all clinical courses – unlike the other elements that have formative and summative evaluation periods. Student must adhere to the Quebec Code of Ethics of Nurses.

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

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

Remedial Lab sessions for Clinical Studies

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 and focus on the area where the student needs to improve. Every attempt is made to provide the remedial session with 48 hours of the request. 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 in a Clinical Course

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



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

<i>Learning objective</i>	<i>Strategies and resources to achieve the objective</i>	<i>Evidence that goal/objective has been met</i>
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).	<ul style="list-style-type: none"> - Review pharmacology chapters of medications that are commonly used on the unit (e.g., diuretics, analgesics, antiemetics, antihypertensive) - Use pharmacology text, med-surg text, and nursing drug guide to identify nursing specific assessments to focus on. - Make cue cards and summary notes of the different medications and the desired and side effects/adverse effects as well as clinical indicators of these to help as memory aids - Use past patients as 'case studies' from which to identify thorough assessment - Make a list of relevant questions to ask patients about their medications. 	<ul style="list-style-type: none"> - Within one week, I will be able to assess each patient that I administer medications to and determine if the desired medication effect is being reached - Within one week, I will be able to assess each patient that I administer medications to and determine if the most significant/riskiest undesired effects are being experienced. - Within two weeks, I will be able to present in post-conference an accurate and detailed summary comparing my patients' responses (desired and undesired) to their medication regimens and outline the nursing care modifications that I made as a result of these assessments.



Failure in Clinical Courses

Students are granted a grade of 'F' (failure) in a clinical course when they do not meet course objectives during the summative evaluation period OR do not demonstrate professionalism and proper comportment (measured *throughout* all clinical courses), OR place patients at significant risk during any of the clinical studies OR do not demonstrate professional behaviour in adherence with standards in classroom and clinical studies (including performance at the 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. *See Section 3 for information on Student Standing*

Nursing Practice Consolidation – Clinical Internship NUR1 530 and NUR1 531

The Nursing Practice Consolidation course – Clinical Internship (either NUR1 530 for class of 2018 and 2019 or NUR1 531 for class of 2020 and beyond) is an intensive clinical experience that provides students with an opportunity to integrate the knowledge and skills acquired in the B.Sc.(N) program. B.N.(I) students can use this course as an elective. Students opt for a community or hospital-based experience in any of the [McGill University Teaching Hospital Network](#) to achieve program and personal learning objectives. An *Ambassador* option (described later) is available for students who wish to complete the internship outside the McGill Teaching Hospital and community network.

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

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

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



Ambassador Program – Ambassador Nursing Practice Consolidation – NUR1 531

The *Ambassador Program* provides students with an opportunity to complete the Ambassador Nursing Practice Consolidation (NUR1 531) outside the [McGill Teaching Hospital Network](#) in areas within Montreal/Quebec, other Canadian provinces, or internationally. B.Sc.(N) students in the revised curriculum can apply to the Ambassador Program to complete the NUR1 531 program requirement; B.Sc.(N) students taking NUR1 530 Clinical Internship in Summer 2018 or 2019 can apply to the Ambassador Program to complete the NUR1 530 program requirement; B.N.(I) students can apply to the Ambassador Program by opting for NUR1 530 (Summer 2018 and Summer 2019) or NUR1 531 (commencing summer 2020) as an elective.

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

- Submit a strong and complete Ambassador Program Application and Clinical Internship Placement Proposal (includes overview of the agency including mission, vision, nature of services; demographics of the population served by the agency including health/illness issues, life expectancy, leading causes of morbidity/mortality, population pyramid; socio-economic, political, cultural and linguistic characteristics; anticipated challenges; discussion of practical issues such as living arrangements, transport; personal learning objectives and how the experience will facilitate meeting them).
- Have a minimum CGPA (excluding freshman sciences if applicable) of 3.2 and NUR1 CGPA of ≥ 3.2 by the end of Fall semester of U3 and no record of clinic alert status (except for students who were on CA due to absence from clinical studies for health/family reasons). Students whose CGPA is < 3.2 but have a NUR1 CGPA ≥ 3.4 and a CGPA > 3.0 can apply.
- Demonstrate a good fit between the proposed site and the course & personal learning objectives
- Perform strongly in an interview (approximately 20 minutes; takes place only if the placement proposal is deemed adequate).
- Ensure that the site is deemed safe for travel by the Government of Canada Department of Foreign Affairs and International Trade
- Participate in a mandatory 1½ day Nursing pre-departure workshop.
- Qualify to obtain a passport (visa if necessary); pass a criminal reference check (if necessary).
- Provide proof of health insurance including emergency evacuation.
- Demonstrate the ability to fund any costs associated with the experience.
- Provide proof of immunization requirements and current registration with the OIIQ.

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

The following summarizes the various steps:

1. Interested students attend NUS 'Ambassador Night' information session (usually in Sept.).



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

Externship Program

Students in Satisfactory Standing and who have completed U2 studies are eligible to participate in the Quebec Externship Program. There are strict regulations regarding this program and students must adhere to the practice guidelines - see [Regulations respecting the professional activities which may be performed by persons other than nurses](#). The program is *not* administered by McGill, rather by the OIIQ and the health agency. McGill’s insurance does not cover students during the externship nor do students represent themselves as McGill nursing students in documentation or wear the McGill uniform. The OIIQ provides malpractice insurance. Students interested in being an Extern should consult local hospitals to see if the program is offered in that institution. Students applying for this program must have OIIQ forms completed by the ISO-N – it is the OIIQ that sends the form to the student as McGill has no involvement in this process other than having to sign the form. Once the form has been received, students must submit the form to the Nursing Student Affairs Office for completion.



Section 3 – Evaluation and Academic Standing

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

Grading

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

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

* *Minimum passing grade in any course in the undergraduate nursing programs is a 'C' (55%)*

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

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

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

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

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

Other letter grades include:



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

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

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

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

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

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

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

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

Standing

Satisfactory Standing for B.Sc.(N) students commencing U1 in Fall 2017 (revised curriculum)

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

- a CGPA \geq 2.0;
- no more than 7 credits of failure in non-clinical courses in the program*;
- no failures in clinical courses NUR1 230, 231, 233, 234, 235, 236, 331, 332, 333, 335, 336, 431, 432, 529, 530 or 531
- demonstrated professional behaviour and integrity in adherence with standards in classroom and clinical studies (including performance at the Ingram School of Nursing Learning Lab and Steinberg Centre 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.



Any U0 B.Sc.(N) student who meets the following criteria:

- a CGPA \geq 2.0;
- no more than 3 failures in the U0 year (includes study away courses if applicable) (note that the number of failures in U0 Freshman Science courses are zeroed when the student enters U1 and the above conditions apply).

Satisfactory Standing for B.Sc.(N) and B.N.I students admitted to U1 in Fall 2016 or earlier

Any U2 or 3 student who meets ALL of the following criteria:

- a CGPA \geq 2.0;
- no more than 2 failures in non-nursing (non-NUR1) courses of the program ((includes study away courses if applicable);
- no more than 4 credits of failure in nursing (NUR1) courses;
- no failures in nursing clinical courses NUR1 233, 234, 235, 233, 239, 331, 332, 333, 335, 336, 431, 432, or 530
- demonstrated professional behaviour and integrity in adherence with standards in classroom and clinical studies (including performance at the Steinberg Centre for Simulation and Interactive Learning and in the Ingram School of Nursing Learning Lab), and adherence to the Quebec Code of Ethics of Nurses, the McGill University Code of Student Conduct (as per the *Handbook on Student Rights and Responsibilities*), and the Faculty of Medicine Code of Conduct.

The student who has not met the criteria of Satisfactory Standing is assessed on an individual basis by the Student Standing and Promotions Committee. The Committee takes into account several factors when making decisions as to whether a student can or cannot continue in the program and, if they do continue, what the student standing and conditions are. Standings decisions take into account factors such as:

- the student's pattern of performance
- extenuating circumstances (e.g., illness, family crisis)
- reason for failure in a clinical course
- degree of violation of code of ethics and/or code of conduct

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

- a CGPA between 1.5 – 1.99 but has not exceeded the number of allowable failures in nursing and/or non-nursing courses and was previously in Satisfactory Standing;
- a CGPA of 1.5 – 1.99 and has not failed more than 3 courses in the U0 year of studies;
- a CGPA between 1.5 – 1.99 and a TGPA in Fall or Winter greater than or equal to 2.5 and previously in Probationary Standing;
- been granted the exceptional decision to repeat a failed clinical course or who has had a repeated clinic alert status and allowed to continue in the program;
- failed to demonstrate professional behaviour or integrity by not adhering with standards in classroom and clinical studies (including performance at the 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 been allowed to continue in the program;



- been readmitted as ‘Unsatisfactory Readmitted’; the student remains on probation until the conditions specified in their letter of readmission are met.

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

Unsatisfactory Standing Students in unsatisfactory standing have not met the minimum standards set by the Ingram School of Nursing. Students in unsatisfactory standing are required to withdraw from the program. These students should consult 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 1.5;
- obtains a CGPA of < 2.0 but > 1.5 and the number of allowable failures is exceeded and the student has not been granted permission to remain in the program;
- has a CGPA of > 2.0 and the number of allowable failures is exceeded and the student has not been granted permission to remain in the program;
- was previously in probationary standing (includes Unsatisfactory Readmitted students) or Interim Unsatisfactory standing and the TGPA is below 2.5 and the CGPA is below 2.0 OR does not meet the requirements outlined by the SS&P Committee;
- has failed a clinical nursing course and the student has not been allowed to repeat the course.
- has failed to demonstrate professional behaviour or integrity by not adhering with standards in classroom and clinical studies (including performance at the 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 allowed to continue in the program.
- is considered incompetent and/or unsuitable for the practice of Nursing.
- has had the student licence revoked by the OIIQ

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

Clinic Alert Clinic alert (CA) status is indicated in the following situations:

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



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

Procedure:

- The SS&P Committee reviews clinical grades to determine CA status; the Clinical Course Coordinator informs the Chair of the SS&P Committee of students in non-grade categories (noted above). The SS&P Committee receives a copy of the clinical evaluation or a summary of the concerns in HPA courses.
- The SS&P Committee sends a formal letter and a copy of the clinical evaluation to the student with copies to the Clinical Course Coordinator for the subsequent clinical course.
- The student develops a learning contract (including learning objectives, plans to ensure learning, and outcome measures – see sample on page 47) for the next clinical course. Generally, the learning objectives are assessed within 4-6 weeks of the next clinical course.
- The subsequent course coordinator selects (as much as possible) a learning environment that will be supportive to the student in achieving learning objectives. The clinical teacher is informed of the student’s CA status to ensure that timely and relevant teaching/learning support is provided to the student.
- At the pre-designated interval* established to achieve learning objectives, the clinical teacher, student, and/or course coordinator meet to evaluate achievement indicators. If the student is assessed at having met the objectives and is progressing in the clinical course according to the course objectives, then the CA status is revoked and the student continues in the course; if the objectives are not met and/or the student is otherwise demonstrating difficulties in demonstrating the ability to meet ongoing course objectives, then the student does not progress in the course and a grade of F is granted.

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

Appeals of Student Standing Decisions

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

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

Second level appeal If the student disagrees with the results of the first level appeal, then further appeal is directed to the Associate Dean and Director of the ISoN who will either render a decision or invoke an impartial committee made up of members who have not previously been involved in the original decision making process to review the appeal and render a decision. The



deadline for the second level appeal is 30 days after receiving the response to the first level appeal. Second level appeals are sent to the Nursing Student Affairs Office.

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

Promotions

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

Semester to semester promotion Generally, students must successfully complete prerequisite courses prior to taking required courses. The following table summarizes key principles - students are strongly encouraged to consult the NSAO in the case of a failed course.

Probationary/Interim Unsatisfactory standing	<ul style="list-style-type: none"> ▪ Students who do not pass a clinical course cannot proceed into the next clinical course (e.g., students who do not pass NUR1 234 cannot proceed into NUR1 233). ▪ U0 students in anything other than Satisfactory Standing cannot proceed into clinical courses (i.e., NUR1 234, 235, 230). ▪ Any student not in Satisfactory standing cannot continue in clinical courses until they return to SA standing or are granted permission by the Program Director.
--	---

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

B.Sc.(N):

- U0 to U1 – Satisfactory Standing and completion of 27/33 U0 credits
- U1 to U2 – Successful completion of NUR1 233
- U2 to U3 – Successful completion of NUR1 333

B.N.(I):

- U2 to U3 – Satisfactory Standing and successful completion of NUR1 334

Examinations

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

- Students are not to make travel plans prior to the release of the Midterm and Final Exam Schedule. Vacation plans *do not* constitute grounds for a deferral or re-scheduling of exams.
- Students must present their valid McGill student ID card at the start of each exam.
- [Final examination schedules](#) -are posted and students are responsible for arriving at the right time and place. Forgetfulness or arriving at the wrong time or place are not acceptable excuses. Candidates will be permitted to enter the exam room quietly up to one hour after the scheduled start of the exam. After this time they will be admitted only by special permission of the Chief Invigilator. Students cannot leave the examination room until one hour after the examination has begun, and in no case before the attendance has been taken.
- Students who miss an exam because they have erred in the date, time, or location receive a grade of ‘J’.



- Every student has a right to write term papers, examinations in English or French except in courses where knowledge of a language is one of the course objectives.
- Students are not to be penalized if they cannot write examinations or be otherwise evaluated on their religious holy days where such activities conflict with their religious observances.
- A final examination given during the examination period shall be worth at least 25% of the final course mark.
- Students must be informed about the methods of evaluation to be used within the course and the proportion of the grade that each method represents before the end of the course add-drop period (generally by the end of the 2nd week of classes).

Conduct during all examinations is also governed by the Code of Student Conduct and the Disciplinary Procedures in the [Handbook of Student Rights and Responsibilities](#).

Evaluation methods may include multiple choice examinations, short answer questions, case study analysis, essay, literature review, debate, position paper, OSCE (objective structured clinical evaluation), oral exam, group presentation, analysis of an AV clip, etc. Most courses use at least two methods of evaluation e.g., midterm and final examination or term paper and final examination. The course coordinator chooses the best evaluation method suited to measure the objectives of the course and can establish criteria for passing a course (e.g., all elements of the course must be successfully completed or student must pass final OSCE exam to pass the course).

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

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

Deferred Examinations

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

Students who miss a *final examination* must apply for a deferred exam on Minerva. Relevant documentation (e.g., medical certificate) is required unless the NSAO already has the documentation. Deadlines for documentation: Jan. 15 Fall exams; May 15 Winter exams; July 15



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

Supplemental Examinations

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

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

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

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

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

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

Reassessment and Rereads

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



and competent review of any mark. Students are encouraged to discuss their concerns with the course coordinator or examiner and resolve issues in a professional and transparent manner.

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

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

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

Application Deadlines for Rereads

- March 31 for courses ending in the Fall term
- July 31 for courses ending in the Winter term
- August 31 for courses ending in May

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

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

Time to Degree Completion

Students entering U1 of the B.Sc.(N) program are expected to complete the program as full-time students over a three year period (including summer sessions). Exceptionally, such as in the case of failed course(s) or LOA, students may take a maximum 4 years to complete the degree. Students entering in U0 are expected to complete the program as full-time students over a four year period (including summer sessions) with a maximum time to completion of five years. B.N.(I) students are expected to complete their program in two years if studying full-time or in three years if part-time. Completion must be no more than 4 years after initial program registration. Any change in the time-to-completion must be discussed and approved by the Program Director. Students seeking to change the program of study must have valid/documented evidence of family or personal crisis/illness or extenuating circumstances.

Leave of Absence (LOA)

A leave of absence may be granted to undergraduate students for reasons related to: maternity or parenting; personal or family health issues; professional development; required military service. Such a leave must be requested on a term-by-term basis and may be granted for a period of up to 52 weeks. A LOA request should be submitted NSAO with appropriate documentation. No



tuition fees are charged for the duration of the LOA and students maintain an active student ID card and have access to McGill mail and libraries.

Note:

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

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

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

Pregnancy and Nursing Studies

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

Withdrawal

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

Readmission – Unsatisfactory Readmit

Students who are in Unsatisfactory Standing and required to leave either the program or the university can apply for *unsatisfactory readmission* after one year since leaving the university. The application is completed on Minerva and the student must submit a compelling letter, including relevant supporting documentation (e.g., grades obtained at another educational



institution) to the SS&P Committee outlining the reasons why readmission should be granted. Readmission is granted *only* if it is determined that the reasons that gave rise to the original unsatisfactory standing decision are resolved and that the student has the capacity to succeed if readmitted. Readmitted students must follow and meet the requirements of the SS&P Committee, including a possible recommencement of all nursing studies (such as if the student performed poorly and/or there has been a gap in studies of over one year). It is generally recommended that the applicant have undertaken university level courses in previously identified areas of weakness. Readmission is also contingent on the availability of seats in the program to which the student requests readmission. *Students can make only one request for unsatisfactory readmission.*

Accommodation for Student Athletes and Students in Leadership Roles

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

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

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

Accommodation for Student with Religious Obligations

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



Section 4 - Graduation and Licensure (Registration) to Practice

Graduation

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

Convocation Time to celebrate! This special event offers students, faculty, family and friends the opportunity to congratulate the graduate and celebrate success. B.Sc.(N) class of 2018 and 2019 will attend Fall Convocation; class of 2020 B.Sc.(N) will attend Spring Convocation; 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 Québec grants licensure to nurses in Québec. Two components must be met to obtain licensure:

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

Proof of proficiency in the French language: Québec law requires that candidates seeking admission to the nursing profession (and other professions) must possess a working knowledge of the French language, that is, be able to communicate verbally and in writing in that language. To demonstrate this capability, candidates are required to pass an examination set by the Office de la langue française, unless they can show that three years of full-time instruction in a French post-primary school have been completed. Candidates who have completed their secondary education in Quebec in 1986 or later and have received their certificate from secondary school are exempt from writing the examination. The professional corporation will require this certificate, proof of



attendance or of successful completion of the OLF examination. The examination may be attempted during the *two years prior to the date nurses receive their degree*. Application forms for the exam while still a student are available at Service Point. Priority is given to those closest to graduation. Exams take place every three months and may be attempted an unlimited number of times. More information: [Office de la langue française](#). Resources to develop a functional level of proficiency in French are found in this Handbook, *Section 2 – Language Requirements*.

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

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

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

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

Completion of Licensing Documents Graduating or graduated students who require completion of documents for licensure outside of Quebec follow Enrolment Services procedure:

1. Request of an official transcript via Minerva: [Student Records - Transcripts](#). Once you proceed to the Service Point Checkout, you will be able to Add Documents to Accompany an Official Transcript (i.e., licensing forms).
2. At the Service Point Checkout, select ‘Other’ and upload the form(s), with all relevant personal information;
3. This request is received by Management of Academic Records and is sent to the ISON for completion (course descriptions, by program, will also be included);
4. The ISON then returns the completed package to ES; ES will mail the package to the designated licensing board.

The process may take up to 8 weeks, depending on the volume of requests.



Section 5 - Interesting Things to Know

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

In September 2012, the School of Nursing was named the *Ingram School of Nursing* in recognition of Richard and Satoko Ingram and their exceptional support for Nursing at McGill. After working in international development for five years, 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. Satoko Ingram devotes significant time and funding 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.”

The McGill Nursing Collaborative for Education and Innovation in Patient- and Family-Centered Care

The *Collaborative*, inaugurated in 2012, was supported by an initial gift of \$6 million to the founding partners: Ingram School of Nursing and the Nursing Departments of the McGill University Health Centre and the Jewish General Hospital. 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

This chair was established in 2012 and was endowed by the Newton Foundation. Dr. French was the Director of the School of Nursing from 2001 – 2005 and has been an influential nursing leader in Quebec, Canada, and internationally. In 1965, she began her teaching career as a lecturer in McGill’s School of Nursing. After she received her MSc at Boston University (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 (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 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 1920, offering advanced training for registered nurses. (Visit [McGill History - Nursing](#) for photos)
- 1920 -23 – ISON funded by the Quebec Provincial Red Cross Society as a gesture of appreciation to nurses who had served in World War I.
- 1924-31 – McGill undertook maintenance of the Ingram School of Nursing.
- 1932 -40 – the University could no longer ‘bear the financial burden’ of the SoN so the Alumnae and concerned citizens supported it until it was placed under the direction of the Faculty of Medicine.



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 – September – Anita Gagnon



Appendix A Ten “Rights” of Medication Administration

1. Right Medication

- Ensure that the medication given is the medication ordered.

2. Right Dose

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

3. Right Time

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

4. Right Route

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

5. Right Client

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

6. Right Patient Education

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

7. Right Documentation

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

8. Right to Refuse

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

9. Right Assessment

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

10. Right Evaluation

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

*Source: Kozier, B., Erb, G., Berman, A., Buck, M., Yiu, L., & Stamler, L. L. (Eds.) (2014). *Fundamentals of Canadian Nursing*. Canadian 3rd ed. Toronto: Pearson Education Canada.

