

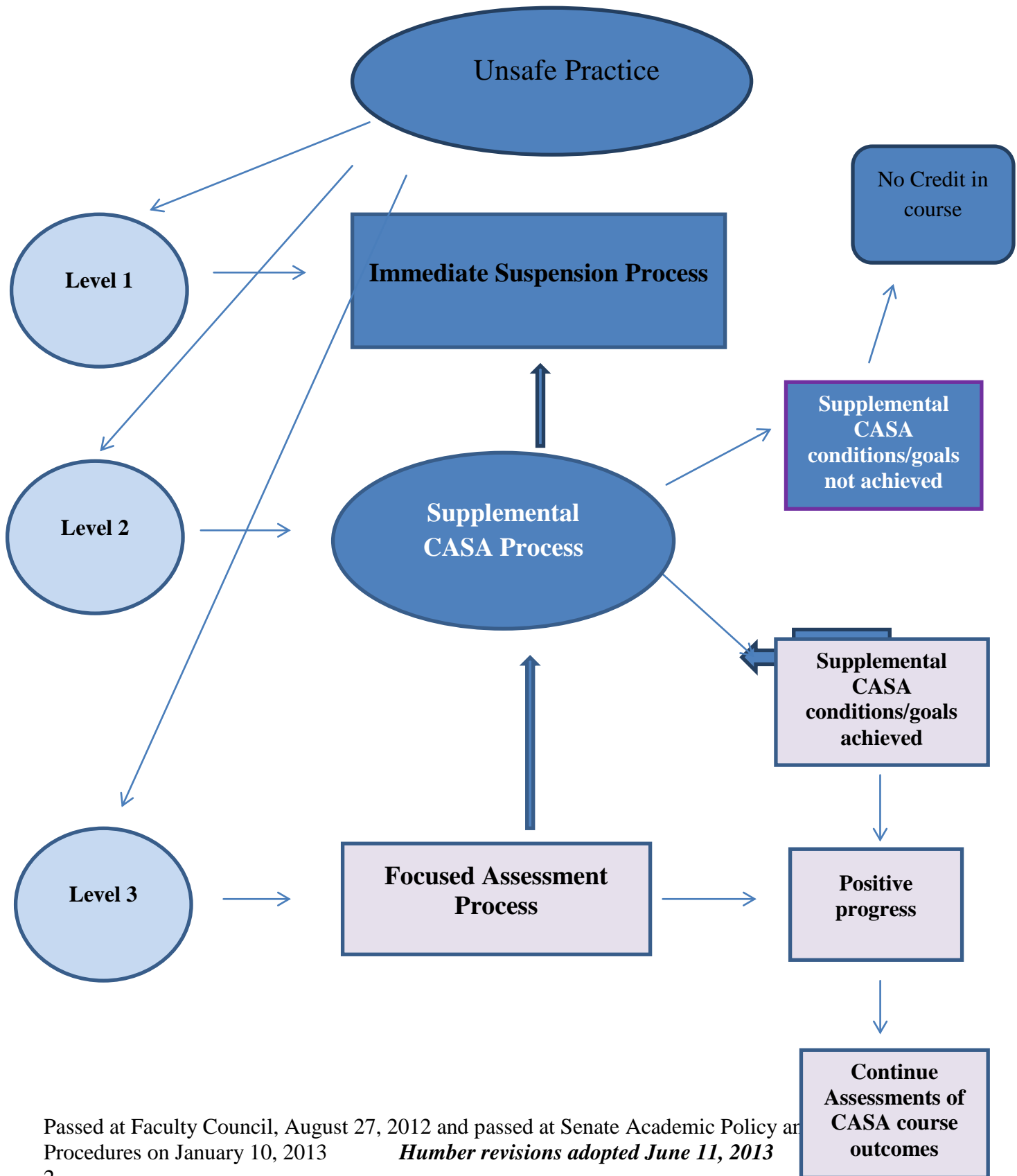


Collaborative Bachelor of Nursing
Program

Unsafe Practice Policy-

Humber Site

University of New Brunswick/Humber Collaborative
Bachelor of Nursing
6/3/2013



Passed at Faculty Council, August 27, 2012 and passed at Senate Academic Policy and Procedures on January 10, 2013 *Humber revisions adopted June 11, 2013*

The University of New Brunswick Faculty of Nursing Unsafe Practice Policy document is comprised of the Unsafe Practice Policy and the three attachments:

A: Sample of Collaborative Assessment of Student Abilities (CASA)

B: CASA Supplemental Document, and

C: The Clinical Learning Summary

Underlying Principle

The student, clinical instructor, and the Faculty of Nursing have joint responsibility within their roles to ensure student nurses practice safely. Unsafe student practice increases risk for, or may cause, harm of various forms to patients and/or others. The Unsafe Practice Policy of the Faculty of Nursing was developed to provide processes to follow when unsafe student practice is suspected or observed. Students are made aware of this Unsafe Practice Policy and its implementation in documents (Undergraduate Student Calendar, course syllabus, Collaborative Assessment of Student Abilities (CASA; Attachment A), CASA Supplemental Document (Attachment B), Clinical Learning Summary (Attachment C), Student Handbook) and discussions with faculty and clinical instructors during program and course orientations. The Unsafe Practice Policy defines unsafe practice and the processes to be followed by the clinical instructor and student to ensure patient safety and development of competent nursing practice. Within their role as educators clinical instructors are professionals who adhere to the Standards of Practice for Registered Nurses and the Canadian Nurses Association Code of Ethics. Clinical instructors use their professional judgment in the assessment of students. Clinical instructors are professionals responsible for guiding students to achieve clinical course outcomes. Within this role, clinical instructors continuously assess students, think critically about student practice, consider context, and promptly identify and deal with situations where students are not achieving the expected course outcomes.

The Faculty of Nursing expects Students to Practice Safely

- Students are expected to demonstrate growth in meeting the program outcomes in clinical practice through application of knowledge, skills and attitudes from previous and concurrent courses.
- Students are expected to demonstrate growth in clinical practice as they progress through the course and to achieve the abilities-based learning outcomes described in the course blueprints and other appropriate documents.
- Students are expected to be prepared for clinical practice in order to provide safe, competent patient care. Preparation expectations should be detailed in the course syllabi (Scanlan, Care, & Gessler, 2001) and course-associated document.

Passed at Faculty Council, August 27, 2012 and passed at Senate Academic Policy and Procedures on January 10, 2013 *Humber revisions adopted June 11, 2013*

- Safe student practice minimizes the risk for, and actual, physical, emotional, spiritual, and other forms of harm to the patient.

Definitions of Unsafe Practice

Unsafe practice is defined as an occurrence, event or a pattern of repeated behavior that places the patient, family or others in jeopardy and/or at an unacceptable level of risk for physical, psychosocial, or emotional harm (Scanlan, Care & Gessler, 2001). According to Killam, Luhanga, & Bakker (2011) unsafe practice includes a number of elements such as:

- student actions, behaviors or attitudes that reflect ineffective personal interaction, including communication and relationship difficulties;
- knowledge and skill incompetence, including deficits or failures of appropriate application; and
- projections or reflections of an unprofessional nursing image. (p. 445).

Many of the areas for unsafe practice are related to professional nursing conduct as described in the CNA code of ethics. Some of these areas include: (1) accountability and professional behavior, (2) respect and judgment, (3) patterns of behavior, (4) competencies and (5) communication (Brown, Neudorf, Poitras, & Rodger, 2007). These are requirements for safe, competent and ethical nursing practice. Some of the indicators of these five areas of unsafe student practice include the following: failure to accept responsibility for one's actions, dishonesty, impaired judgment due to drugs, alcohol or lack of sleep, poor clinical decision-making, failure to change behaviors in response to feedback, and ineffective communication with patients and others (Brown et al). Unsafe student practice also includes breach of privacy or confidentiality which includes the sharing of personal information with others and/or media.

Continuum of Unsafe Practice

Unsafe practice occurrences, behavior, or patterns of behavior can pose differing levels or degrees of risk and/or harm to the patient that can be presented along a continuum from minimal risk (Level 3) to unacceptable risk (Level 2) to high risk or actual harm (Level 1).

Level 3 is a demonstration of, or *potential* for, unsafe practice where an occurrence, event, attitude, or student behavior presents minimal risk for patient harm. The clinical instructor would initiate a focused assessment process to further determine whether student practice is safe. It is recognized that safety of student clinical practice is a dynamic situation and a potential for unsafe practice, Level 3, may escalate at any time to Level 2 or 1 and, at that time, require the clinical instructor to initiate either the CASA Supplemental or immediate suspension from clinical and/or program processes.

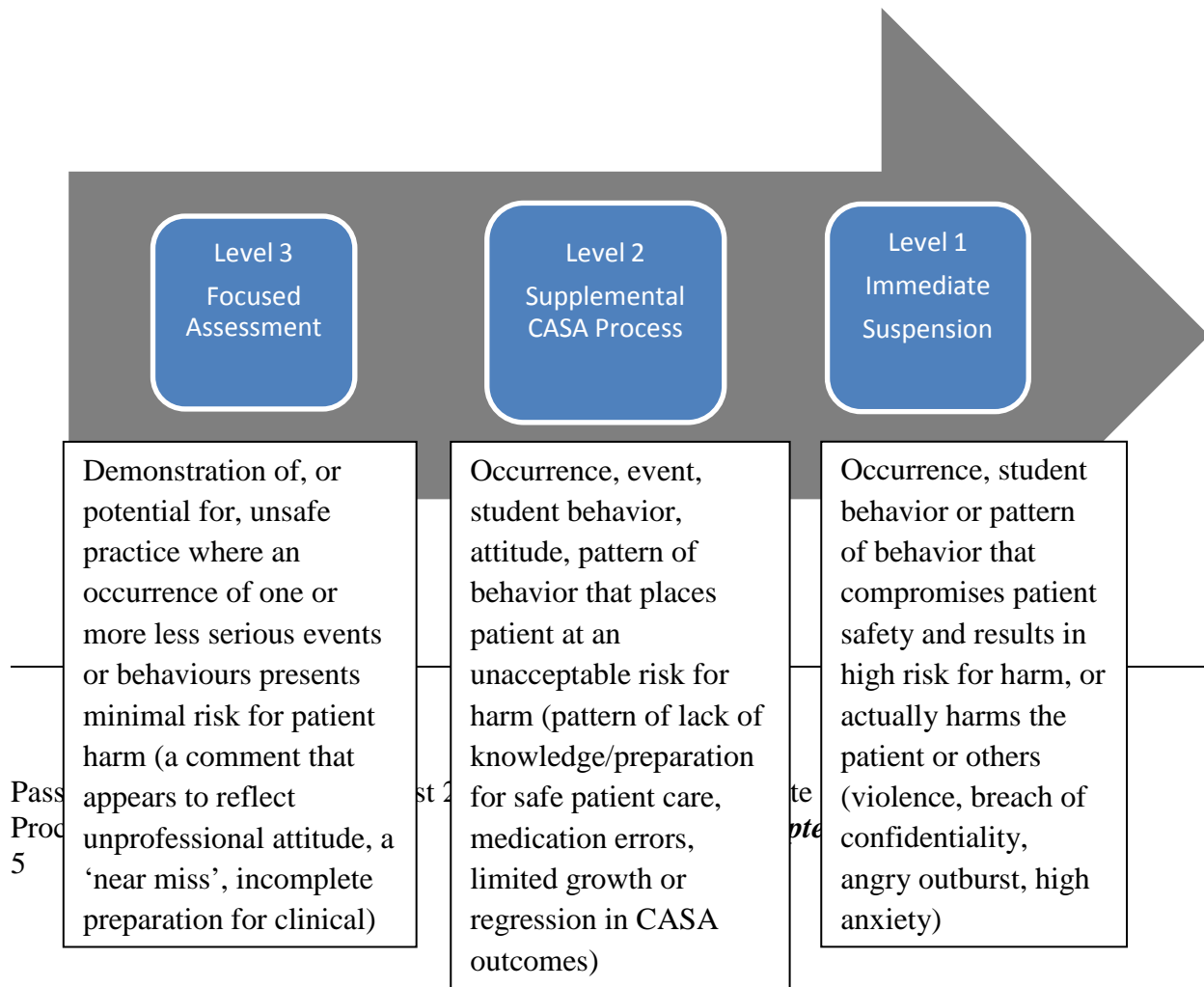
Level 2 unsafe practice is an occurrence, event, attitude, student behavior, or pattern of behavior that places the patient or others at an unacceptable risk for harm (physical, emotional,

Passed at Faculty Council, August 27, 2012 and passed at Senate Academic Policy and Procedures on January 10, 2013 *Humber revisions adopted June 11, 2013*

psychosocial). With Level 2 unsafe student practice the clinical instructor initiates the Supplemental CASA process. Examples of Level 2 unsafe practice include, but are not limited to, repeated medication errors, inadequate knowledge about medications, and lack of preparation for patient care. Unsafe student practice is identified or assessed and described by the clinical instructor using the Collaborative Assessment of Student Abilities (CASA, attachment A).

Level 1 unsafe practice is an occurrence, student behavior, or pattern of behavior that compromises patient safety and results in high risk for harm, or actually harms the patient or others. Level 1 unsafe practice requires initiation of the immediate suspension process whereby a student is not permitted to attend clinical practice and the Faculty of Nursing Unsafe Practice Review Committee (UPRC) is called to investigate the reported Level 1 unsafe practice. Level 1 unsafe practice is inconsistent with safe, competent patient care and results in high risk for harm, or actual harm. Some examples of Level 1 unsafe practice occurrences include, but are not limited to student:

- breach of patient confidentiality or privacy;
- display of violent behavior, angry emotional outbursts;
- display of anxiety, stress, or behavior(s) that raise the risk for patient harm;
- practice error or adverse event (i.e. medication, procedure or treatment);
- consistent display of inappropriate level of nursing knowledge, skill and/or ability to plan and deliver safe nursing care.



The Role of the Clinical Instructor

The Faculty of Nursing recognizes that identification of students at risk or unsafe in practice is important and that clinical instructors use professional judgment in the assessment of students and consider information sources that include, but are not limited to the following: direct observation; information from patients, families, staff members, and other students; expert knowledge intuition; student care plans, charting, journals, reflections; poor performance in previous rotations, student behaviors such as avoidance of instructor, critical incidents such as medication errors or client harm/injury. Information collected for student assessment will remain relevant to the professional assessment and will be kept confidential unless required by the unsafe practice policy and investigation. Risk assessment strategies may include: continuous assessment and documentation of student achievement of course outcomes; encouragement of students to keep their own notes about clinical practice situations; determination of patterns of performance and/or growth from other clinical courses; respectful communication of safety issues between clinical instructors with the same students; documentation of potential for and unsafe practice in the student's file/CASAs and CASA supplemental documents; discussion of safe practice with students during orientation and post conferences. The clinical instructor and student collaboratively develop a Clinical Learning Summary (CLS; Attachment C) at the end of each clinical rotation to describe, in relation to the CASA course abilities and outcome, the student strengths, areas to continue to develop and effective student learning strategies. The CLS is shared at the first meeting of the student and clinical instructor in the subsequent clinical course. The clinical instructor's role includes following Level 1, 2 and 3 processes described below in order to promote safe student practice and minimize risk for, or actual, harm to the patient, family and others.

Level 3: Focused Assessment Process (Potential for Unsafe Practice)

The Clinical Instructor:

1. Identifies and discusses with the student an occurrence, behavior, or characteristic that reflects a *potential for* unsafe student practice.
2. Initiates and describes the focused assessment process with the student.
3. Collaboratively discusses strategies for the student to demonstrate positive progress. Some potential strategies could include, but are not limited: focused questioning, corrective feedback, role modeling, coaching, problem solving, additional readings or learning activities, and/or other teaching strategies.
4. Records anecdotal clinical notes.
5. Continues to assess and promote student progress.
6. Initiates either Level 1 or 2 process if unsafe practice is determined.

Passed at Faculty Council, August 27, 2012 and passed at Senate Academic Policy and Procedures on January 10, 2013 *Humber revisions adopted June 11, 2013*

The student:

1. Listens and acknowledges that s/he heard the clinical instructor's description of an occurrence or behaviour that reflects a potential for unsafe student practice.
2. Collaboratively discusses strategies for positive progress.
3. Implements the suggested strategies.
4. Demonstrates positive progress.

Level 2: CASA Supplemental Process

When the clinical instructor observes Level 2 unsafe practice, the CASA Supplemental process is initiated.

The Clinical Instructor:

1. Informs and consults with the course coordinator throughout the CASA Supplemental process.
2. Describes the Level 2 process for the student and discusses the potential to proceed to Level 1 if Level 1 unsafe nursing practice occurs.
3. Initiates the CASA Supplemental process:
 - a) Discusses the situation and collaboratively develops a CASA Supplemental document that specifies:
 - i) conditions/goals and strategies to demonstrate safe practice
 - ii) evidence that demonstrates achievement of safe practice
 - iii) a date to determine whether safe practice has been achieved
 - b) Regularly assesses, documents, and discusses student progress
 - c) Meets with the student on the date specified to inform the student whether conditions/goals for safe practice have been achieved.

The student:

1. In a timely manner, the student meets with the clinical instructor, discusses the situation, and collaboratively develops a CASA Supplemental document that specifies:
 - a) conditions/goals and strategies to demonstrate safe practice
 - b) evidence that demonstrates achievement of safe practice
 - c) a date to determine whether safe practice has been achieved
2. Meets with the clinical instructor on the date specified on the CASA Supplemental document
3. Discusses degree of progress on the conditions/goals

Three potential outcomes of the Level 2 CASA Supplemental process are possible:

1. Successful achievement of CASA Supplemental conditions/goals with continued assessment of clinical course outcomes by the clinical instructor.
2. Failure to achieve the CASA Supplemental conditions/goals. As soon as possible, the clinical instructor:

Passed at Faculty Council, August 27, 2012 and passed at Senate Academic Policy and Procedures on January 10, 2013 *Humber revisions adopted June 11, 2013*

- a) Reports the student failure to the year coordinator and the Manager, Clinical Education Resources (who may consult with the Assoc. Dean)
 - (b) Informs the student (verbally and in writing):
 - (i) A grade of NCR is the final assigned clinical course grade.
 - (ii) About the UNB /Humber Collaborative Nursing program Complaints and Appeal
<http://www.humber.ca/sites/www.humber.ca/files/AcademicComplaint.pdf>)
 - (iii) That the Associate Dean, Nursing will contact the student in a timely manner
3. Escalation of student practice to Level 1 unsafe practice and initiation of Level 1 suspension process by the clinical instructor.

The CASAs and CASA supplemental documents for courses are part of the student academic record. These documents will be shared with the UPRC committee in instances where Level 1 unsafe practice is determined.

Level 1: Suspension Process

It is recognized that Level 1 unsafe practice can occur at any point during the clinical rotation and requires the clinical instructor to initiate the immediate suspension process. Level 1 unsafe practice is an occurrence, student behavior, or characteristic that compromises patient safety and results in high risk for harm, or actually harms the patient or others. Level 1 unsafe practice is inconsistent with the Canadian Nurse's Association Code of Ethics and places the patient at unacceptable risk for harm or actually causes harm.

The clinical instructor:

When Level 1 unsafe nursing practice is observed or reported by another:

1. Documents in detail a written report of the unsafe practice case and circumstances, setting out the name of the student, the alleged facts, a description of the unsafe nature of the practice, and grounds warranting suspension, including names and evidence from witnesses, if applicable
2. Advises the student that the suspension process has been initiated
3. Discusses with the student the incident that led to the suspension process
4. Informs the student that suspension from clinical practice requires an investigation by the UPRC.
5. Informs the student about Student Services in order to engage an Advocate for the student and appeal process.

Passed at Faculty Council, August 27, 2012 and passed at Senate Academic Policy and Procedures on January 10, 2013 *Humber revisions adopted June 11, 2013*

6. Meets and discusses the situation with the course coordinator, the Manager, Clinical Educational Resources, and the Associate Dean, Nursing who will initiate a hearing procedure.
7. Provides the students with written documentation of steps 2 to 5 either in email or print format.
8. Submits appropriate documentation to the course coordinator, the Manager, Clinical Educational Resources, and the Associate Dean, Nursing to consider for referral to the UPRC.

The Associate Dean

Reports initiation of the UPRC hearing process to the Registrar who ensures the student does not withdraw from the clinical course.

The student

1. Discusses the situation with the clinical instructor.
2. Leaves the clinical setting.
3. Does not return to clinical practice.
4. Waits to hear from the UPRC chair who will contact the student in a timely manner to explain the investigation process.

The Undergraduate Student Admission and Academic Standing Committee (UPRC)

One of the functions of the Faculty of Nursing UPRC is to make decisions on cases of Level 1 unsafe student practice, or suspension process.

Procedure for the UPRC:

The Assoc. Dean, Nursing or designate will provide the UPRC with a written report of the unsafe practice case and circumstances, setting out the name of the student, the alleged facts, a description of the unsafe nature of the practice, and grounds warranting suspension. The information provided to the UPRC will also be provided to the student at least two weeks prior to a hearing date. The student can also review his/her entire academic file.

The UPRC Chair will:

1. Contact the student in a timely manner, usually by phone, and explain the suspension investigation process.
2. Send a notice of the hearing to the student by registered mail, email or fax.
3. Act as expeditiously as possible to complete the hearing.
4. Make a disposition in accordance with the UPRC terms of reference

Notice to the Student

The UPRC Chair shall, as soon as possible after receipt of the referral, inform the student in writing of the grounds for the referral to the UPRC, and include the membership of the UPRC, date, place and time for the hearing.

A faculty member may be disqualified from sitting on the UPRC hearing the matter if there is an identified conflict of interest or bias.

The student whose case is being heard may challenge and thereby cause to be disqualified 1 member of the UPRC. In such case, the Chair may replace the member.

The student may choose to provide a written response to the grounds. The written response should be provided to the UPRC at least one week prior to the hearing date.

Hearing Procedures

The Chair will briefly review the hearing procedures for the conduct of the hearing.

The student may appear in person and may choose to be represented by the Student Advocate or Human Rights Officer.

The hearing shall be closed to all persons except the UPRC members, faculty representatives, the student, the clinical instructor and/or clinical coordinator, and the designated representative of the student (the student can engage an Advocate through Student Services). At the discretion of the UPRC Chair a witness may be invited to the hearing if required.

The student or her/his representative shall have the right to access all documents submitted to the UPRC. The student also has access to his/her academic file.

The student shall not be required to give evidence but may contribute, if desired. The UPRC has the right to question the student and/or clinical instructor or clinical coordinator.

Passed at Faculty Council, August 27, 2012 and passed at Senate Academic Policy and Procedures on January 10, 2013 ***Humber revisions adopted June 11, 2013***

Disposition of the matter

The UPRC shall, after hearing all the evidence, meet in closed session with its members only, to make a decision on whether Level 1 unsafe practice occurred.

If the decision of the UPRC is that Level 1 unsafe practice occurred:

1. A grade of NCR is assigned on the clinical course and
2. The Associate Dean Nursing will provide information on any previous occurrences of level 2 or 1 unsafe practice from the student's academic file.

Based on all the information, the UPRC will make recommendations on whether the student must fulfill conditions before registration within future clinical courses.

If the UPRC determines that level 1 unsafe practice did not occur:

1. The student returns to the current clinical course or the next opportunity for the clinical course. In all cases, the Faculty of Nursing will make every reasonable attempt to provide the student an opportunity to complete the clinical course in a timely manner.
2. In a timely manner, the UPRC Chair will convey in writing the results of the hearing and the reasons to the student and the student representative (the student can engage an Advocate through Student Services) with copies to the Dean of Nursing and the Associate Dean, Nursing.

Appeals

The student may choose to appeal the outcome recommendation(s) of the UPRC to the Academic Appeal for Humber and UNB students.

http://www.humber.ca/sites/www.humber.ca/files/Application_for_an_Academic_Appeal.pdf

Records

A record of any finding of Level 1 unsafe practice shall be kept on the student's academic file within the Faculty. All information relating to the hearing before the UPRC shall be kept confidential in the office of the Associate Dean, Nursing. These records will be accessed by the Humber Appeal Committee in the instance where the student appeals the outcome/decision of the UPRC.

Passed at Faculty Council, August 27, 2012 and passed at Senate Academic Policy and Procedures on January 10, 2013 ***Humber revisions adopted June 11, 2013***

References

- Brown, Y., Neudorf, K., Poitras, C., & Rodger, K. (2007). Unsafe student clinical performance calls for a systematic approach. *Canadian Nurse, 103*(3), 29-32.
- Gallant, M., MacDonald, J., & Smith Higuchi, K. (2006). A remediation process for nursing students at risk for clinical failure. *Nurse Educator, 31*(5), 223-227.
- Killam, L., A., Luhanga, F., & Bakker, D. (2011). Characteristics of unsafe undergraduate nursing students in clinical practice: An integrative literature review. *Journal of Nursing Education, 50*(8), 437-446. doi:10.3928/01484834-20110517-05
- Scanlan, J. M., Care, W. D., & Gessler, S. (2001). Dealing with the unsafe student in clinical practice. *Nurse Educator, 26*(1), 23-27.

Attachment A: Sample of Clinical Assessment of Student Abilities

Passed at Faculty Council, August 27, 2012 and passed at Senate Academic Policy and Procedures on January 10, 2013 *Humber revisions adopted June 11, 2013*

UNB/ Humber Faculty of Nursing
 Final Collaborative Assessment of Student Abilities (CASA) for NURS 2155

Student Name: _____ **Instructor:** _____ **Clinical Area:** _____ **Dates:** _____

Total Clinical Hours Missed: _____

Nature of Experience :(type of learning experience, length of time, etc.)

--

Legend (S = Satisfactory, U = Unsatisfactory)

Ability

Instructor

1. Knowledge and its Application	
<p>Outcomes: 1.1 With guidance, incorporates relevant information (e.g. course resource material and appropriate technologies) to provide safe nursing care for clients and their families.</p> <p>Student:</p>	
<p>1.2 Applies knowledge and skills from year 1 and year 2 when assessing, planning, implementing, and evaluating safe, competent nursing care. (e.g. therapeutic communication techniques; nursing problem-solving process; vital signs; basic comfort and hygiene; Code of Ethics; individual wellness, health promotion strategies like nutrition, sleep, hygiene, stress management; suicide crisis intervention techniques; family developmental theory in relation to transition, determinants of health, etc.)</p> <p>Student:</p>	
<p>1.4 With guidance, incorporates into nursing practice relevant standards of care (e.g. integrates Best Practice Guidelines, Canadian Nurses' Association (CNA), Code of Ethics, and provincial guidelines) within the context of primary health care, while recognizing one's own developing nursing role and the role of the interdisciplinary team.</p> <p>Student:</p>	
Instructor comments for Knowledge and its Application Ability:	

2. Communication	
<p>Outcomes: 2.1 With guidance, documents in a clear, comprehensive manner using clinical terms appropriately.</p> <p>Student:</p>	
<p>2.2 Uses elements of effective oral communication to enhance client/family learning (e.g. appropriately incorporates educational aids; appropriately provides informal teaching in a timely manner and at a developmentally appropriate level).</p> <p>Student:</p>	
<p>2.3 With guidance, engages in therapeutic and caring relationships with clients, families and health care professionals by intentionally utilizing therapeutic communication techniques.</p> <p>Student:</p>	
Instructor comments for Communication Ability:	
3. Critical Thinking/Skills of Analysis	
<p>Outcomes: 3.1 With guidance, articulates a variety of best nursing practice strategies and articulates the rationale for the chosen interventions in order to develop a safe plan of care with assigned clients and families.</p> <p>Student:</p>	
<p>3.3 With guidance, critiques and reflects on different approaches and modifies the plan of care in accordance with the client's response to previous nursing interventions.</p> <p>Student:</p>	

<p>Instructor comments for Critical Thinking/Skills of Analysis Ability:</p>	
<p>4. Professional Identity/Ethics</p>	
<p>Outcomes: 4.3 With guidance, begins to build upon personal leadership attributes to enhance group team work and develop professional relationships with the health care team.</p> <p>Student:</p>	
<p>4.5 Recognizes gaps in one’s knowledge of nursing and related fields, and with guidance, develop and uses strategies to address learning needs.</p> <p>Student:</p>	
<p>4.6 Begins to recognize behaviours that enhance professional identity and accountability.</p> <p>Student:</p>	
<p>Instructor comments for Professional Identity/Ethics Ability:</p>	
<p>5. Social Justice/Effective Citizenship</p>	
<p>Outcomes: 5.1 Has a beginning awareness of personal values and biases and how they may affect one’s nursing practice.</p> <p>Student:</p>	

<p>5.2 With guidance, considers perspectives of social justice to provide culturally competent and safe nursing care.</p> <p>Student:</p>	
<p>5.3 With guidance, compares and contrasts differences in health outcomes based on a beginning understanding of the determinants of health and relationship to the environment (ecological, economic, global, etc.) for individuals and families.</p> <p>Student:</p>	
<p>5.4 Begins to recognize disparities and power dynamics within the health care system.</p> <p>Student:</p>	
<p>Instructor comments for Social Justice/Effective Citizenship Ability:</p>	

Final Summary Comments:

Student Comments:

Instructor's Response:

Credit No Credit

Student: _____

Instructor: _____

Date: _____

Attachment B: CASA (Collaborative Assessment of Student Abilities)



Supplemental Document

Date: _____

Clinical Course: _____

Student Name: _____

Instructor: _____

When a clinical instructor observes level 2 unsafe practice (refer to the Unsafe Practice Policy), the CASA supplemental process is initiated. Level 2 unsafe practice is an occurrence, event, student behavior, attitude, pattern of behavior, or characteristic that places the patient or others at an unacceptable risk for harm (physical, emotional, psychosocial). Examples of level 2 unsafe practice include, but are not limited to, repeated medication errors, inadequate knowledge about medications, and lack of preparation for patient care.

*****Refer to Unsafe Practice Policy for description of processes associated with Level 1, 2 and 3 unsafe practice*****

CASA Supplemental Documentation

- 1) Provide a specific, objective description (with concrete examples) of level 2 unsafe practice where the student has demonstrated risk for harm to patient (or others); relate these descriptions and examples to the relevant course abilities and outcomes.

- 2) Identify conditions/goals and strategies that the student must meet in order to achieve and demonstrate safe practice.

- 3) Specify a date for instructor and student to meet to determine whether conditions/goals have been achieved and safe practice has been demonstrated and to discuss the outcome of the CASA supplemental.

Passed at Faculty Council, August 27, 2012 and passed at Senate Academic Policy and Procedures on January 10, 2013 *Humber revisions adopted June 11, 2013*

Meeting Date: _____

Date: _____

Instructor Signature: _____

By signing this document, I indicate that I have read and understand what is written on this form.

Student Signature: _____

- 4) Meet to discuss whether the student met the conditions/goals for demonstration of safe practice described in #2 above and to discuss the outcome of the CASA supplemental process (refer to Unsafe Practice Policy).

Conditions and goals for safe practice achieved; therefore instructor will continue to assess clinical course outcomes.

Conditions and goals for safe practice not achieved; therefore instructor reports the failure to the course coordinator and student is assigned a NCR for the course.

Level 1 unsafe practice process initiated by the instructor.

Date: _____

Instructor Signature: _____

By signing this document, I indicate I have met with the instructor and s/he has informed me of the outcome of the CASA Supplemental process.

Student Signature: _____

Attachment C: Clinical Learning Summary (CLS)



Student: _____

Clinical Course/Area of Practice: _____

Throughout the nursing program, students are expected to continuously build upon knowledge, skills and attitudes from previous clinical courses. This attainment of ability or growth is demonstrated through meeting the program outcomes in clinical practice and through application of knowledge, skills and attitudes from previous and concurrent courses. Clinical instructors are expected to promote student achievement of the course outcomes and to professionally support continuous student learning both within and between courses.

This CLS is a document that:

- is collaboratively developed by the student and current clinical instructor at the end of each clinical rotation
- outlines student strengths and areas requiring further growth in subsequent clinical courses
- will be collected by the clinical coordinator of the current course and forwarded to the clinical coordinator of the subsequent course
- will be submitted, by the student, to the clinical instructor in the subsequent clinical course
- will be reviewed at the beginning of the subsequent clinical course by the student and clinical instructor with the goal of supporting student learning and growth.

➤ **Strengths in clinical practice (in relation to course abilities/outcomes) include:**

Passed at Faculty Council, August 27, 2012 and passed at Senate Academic Policy and Procedures on January 10, 2013 *Humber revisions adopted June 11, 2013*

➤ **Areas of clinical practice to continue to develop include:**

➤ **Effective learning strategies in clinical practice include:**

Date: _____

Clinical Instructor: _____

By signing this document, I indicate that I have read and understand what is written on this form.

Student Signature: _____

Unsafe Practice Policy: Addendum

Unsafe Practice Review Committee Membership (UPRC)

UNB	Humber
Committee Name : AASC Faculty of Nursing Admissions & Academic Standing Committee	Committee Name: UPRC Faculty of Nursing Unsafe Practice Review Committee
Associate Dean (ex officio)	Associate Dean Nursing (chair)
BN Program Directors (Moncton / Bathurst)	Assistant Dean Humber, via teleconference
BN Program Director Fredericton (Chair)	Manager, Clinical Education Resources
Assistant Dean Humber, as necessary	Year 2 & 4 Coordinator
First Year Coordinator (BN program) 1 from each campus	2 other faculty members (2year term)
2-3 other faculty members (2 year term)	
Total # Members = 11-12	Total # Members = 7

The terms of office will be from June to June. The membership will vary depending on the position held with the importance of continuity being considered.

Student Advocate:

The student can be directed to Student Services and an advocate for the student can be arranged.

Terms of reference:

Mandate:

1. To implement the suspension investigation process as per the Unsafe Practice Policy.

Actions:

1. Review evidence from the suspension investigation process to make decisions on cases of Level 1 unsafe student practice and make recommendations on conditions students must fulfill (if any) before registering in future clinical courses.
2. As soon as an investigation is instituted, the Chair must contact Registrar's Office to put a hold on the student's ability to withdraw from the course.
3. Once a decision is made the Chair will inform Registrar's Office as to whether a grade of NCR is submitted or if the student continues in the practice setting.

Passed at Faculty Council, August 27, 2012 and passed at Senate Academic Policy and Procedures on January 10, 2013 *Humber revisions adopted June 11, 2013*