

<b>UBC School of Nursing Policy</b>	<b>Approval Date: July 2017</b>
	<b>Date of last revision: July 2017; Oct 2018; Sept 2021</b>
<b>Title: Meeting Nursing Practice Competencies</b>	
<b>Responsible Executive: Associate Director, Undergraduate Program</b>	

**Purpose:**

This policy applies to students entering and/or completing courses in the BSN Program approved by UBC Senate in February 2017.

The evaluation of nursing practice competencies involves ongoing feedback and documentation of student performance. Professional conduct and meeting course objectives and practice competencies are requisite to the delivery of safe competent, compassionate, and ethical client care.

**Scope of Application:**

Although learning in the School of Nursing takes place in classrooms, labs, online and in nursing practice sites this policy applies to the context of nursing practice only. Nursing practice may include simulated or virtual learning experiences.

**Policy:**

- a. The nursing practice courses are graded as Pass or Fail.
- b. In meeting course objectives and practice competencies, students are required to complete all learning activities in preparation for practice learning including orientation to lab, simulation, virtual and practice learning requirements.
- c. Achieving the nursing practice competencies of a course is required to obtain credit for satisfactory course completion.

**Processes and Procedures:**

- a. Course outcomes and all evaluative methods are clearly identified in each course syllabus and are discussed with students at the beginning of the course.
- b. Both the student and Clinical Instructor/Preceptor are responsible for early identification, as they arise, of learners' difficulties meeting their practice competencies. Consultation with practice colleagues may be relevant throughout. Ongoing and timely verbal and written feedback and discussion between Clinical Instructor/Preceptor, Course Leader/Practice Course Leader and student about apparent difficulties in meeting practice competencies is crucial.
- c. Consultation between Clinical Instructor/Preceptor and student about practice competency development and ongoing learning ought to be both facilitative and evaluative. This consultation involves both written and verbal exchanges over the course of the practice learning experience and may be initiated by either the student or the Clinical Instructor/Preceptor at any time during the practice learning experience.
- d. When the Clinical Instructor/Preceptor identifies an early pattern indicative of unsatisfactory competency development, the Clinical Instructor/Preceptor provides the student with prompt verbal feedback and written documentation (which could include email correspondence as part of a legal record of communication) to this effect, indicating the course outcome(s) or practice competencies in jeopardy. The student has an opportunity to discuss the issues raised in the documentation with the Clinical Instructor/Preceptor, who proposes a plan for remedial action. In all such instances, the Practice Course Leader is consulted.

- e. Following discussion between the Clinical Instructor/Preceptor and student about a plan of remedial action, the plan is articulated in the form of a detailed Remedial Learning Plan.<sup>1</sup> The remedial learning plan serves as a contract that sets out clear expectations for performance, including the length of time of the contract, and is signed by both the student and teacher and placed in the student's electronic practice file.
- f. Referral to other support resources (such as the Clinical Skills and Simulation Laboratory) may be appropriate; referral documentation and notes on assistance will also be added [typically as an instructor note] to the student's electronic practice file
- g. Written documentation related to the student's progress is maintained in the student's record. The student has access to all documentation. Should a student wish to respond to any aspect of their documentation, including the remedial learning plan, they may provide a written response within a 48-hour period, and the response is placed in their electronic practice file.
- h. The Clinical Instructor/Preceptor informs the Practice Course Leader of the student's status on an ongoing basis. Unresolved concerns are brought to the Program Coordinator for advisement. As Chair of the Progressions Committee, the Associate Director of the Undergraduate Program will be consulted, as needed. Students are informed of decisions on their academic progression according to the progression and advancement in the BSN policy.
- i. There may be situations when the seriousness of the student's practice challenges precludes the use of a remedial learning plan.<sup>2</sup> That is, there may be some actions on the part of the student that violate professional conduct and the delivery of safe competent, compassionate, and ethical client care. Even if such conduct is in isolation and not part of an identified pattern, it may justify immediate withdrawal from the practice setting and potential failure of the course. In all such instances, the supervising Clinical Instructor/Preceptor obtains consultation from the Practice Course Leader and Program Coordinator as soon as possible.
  - The student will be provided with written documentation of the nature and seriousness of the action and an explanation of the rationale for the decision that was reached by the Clinical Instructor/Preceptor in consultation with the Practice Course Leader. The student is given an opportunity to respond verbally and in writing to the Clinical Instructor/Preceptor's feedback and written documentation at any stage in the process. The student's written response is placed in their electronic file.
  - The student is informed of the implications of the decision for their academic progression and are referred to the BSN Program Advisor, and/or the Associate Director of Undergraduate Programs.

---

<sup>1</sup> A remedial learning plan (contract), sometimes referred to as Exigency Learning Plan [ELP], is a negotiated written agreement developed collaboratively between a student and teacher that specify learning activities to be undertaken in order to achieve course learning outcomes, practice competencies, and professional standards. Learning gaps or deficits related to the course outcomes, practice competencies, or professional standards are identified and specific learning objectives are established. Strategies and resources are identified to assist and support the student in meeting the learning outcome(s).

<sup>2</sup> Clinical teaching and learning represent a balance between the student's need to learn and the student's obligation to provide safe, competent, compassionate and ethical care to clients and families. Attending to this balance requires oversight by Clinical Instructors and other health care professionals in the clinical setting (Canadian Nurses Association: Code of Ethics and the British Columbia College of Nursing Professionals Professional Standards).

**Related Policies:**

- *UBC SoN Policy: Progression and Advancement in the BSN Program*
- *Line of Communication Flow Chart.*
- *British Columbia College of Nurses and Midwives (BCCNM) Standards for Practice*
- *The Canadian Nurses Association (CNA) Code of Ethics.*