

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

### **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 clinical practice 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 and clinical practice sites, this policy applies to the context of clinical practice only.

### **Policy:**

- a. The clinical practice component of any course is graded as Pass or Fail.
- b. In meeting course objectives and clinical practice competencies, students are required to complete all learning activities in preparation for clinical practice including lab, simulation and clinical practice orientation requirements.
- c. Successful completion of the clinical practice component 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 clinical 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 and student about apparent difficulties in meeting clinical 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 clinical learning experience and may be initiated by either the student or the Clinical Instructor/Preceptor at any time during the clinical 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 clinical 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 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 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; referrals and assistance will also be documented in the student's record.
- g. Written documentation related to the student's progress is maintained in the student's record. The student has access to all documentation. Should students 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 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.
- 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> There are 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 clinical setting and potential clinical failure. In all such instances, the supervising Clinical Instructor/Preceptor obtains consultation from the Course Leader and Program Coordinator as soon as possible.
- j. The student must 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 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 students' written response is placed in their electronic file.
- k. Students are informed of the implications of the decision for their academic progression and are referred to the BSN Program Advisor.

A remedial learning plan (contract) 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, clinical practice competencies, and professional standards. Learning gaps or deficits related to the course outcomes, clinical 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>&</sup>lt;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 and Student Progression Challenges Flow Chart.
- This policy is informed by the British Columbia College of Nursing Professionals (BCCNP) Standards for Practice and the Canadian Nurses Association (CNA) Code of Ethics.