



ST. FRANCIS XAVIER  
UNIVERSITY

Rankin School of Nursing  
Bachelor of Science in Nursing

## 2024 – 2025 Student Handbook



### StFX Rankin School of Nursing

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### SEE RANKIN SCHOOL OF NURSING WEBSITE FOR THE FOLLOWING

- Guideline for the BScN with Honours
- Guidelines and Policies

## SECTION ONE: GENERAL INFORMATION

### MISSION

A mission is an organization's reason for being, its purpose. The mission of the Rankin School of Nursing follows:

The St. Francis Xavier University Elizabeth and Thomas Rankin School of Nursing offers an innovative and responsive program that educates competent, safe, caring, evidence-informed, critical thinking baccalaureate-prepared nurses dedicated to promoting health, social justice, cultural safety, and equity.

### VISION

A vision statement provides an inspiring description of what an organization hopes to be in the future. The 2021 vision for the Rankin School of Nursing appears below:

The St. Francis Xavier University Elizabeth and Thomas Rankin School of Nursing is an innovative leader in nursing education, research, community engagement, and collaborative partnerships locally, provincially, nationally, and globally. The vision provides the Rankin School of Nursing with direction over the next five years.

### VALUES

As articulated in the StFX Strategic Plan 2017–2022: The Way University is Meant to Be, the Rankin School of Nursing is committed to excellence, equity, service, and dignity. As part of the StFX Faculty of Science, we believe in:

1. Interdisciplinary teaching, research, and collaboration that enriches academic learning, and,
2. High-quality interactions between students and all members of the Faculty of Science. The Rankin School of Nursing is dedicated to participating in and supporting all StFX initiatives designed to embrace and foster diversity. As a professional school, the Rankin School of Nursing also values:
3. Building collaborative partnerships among the School of Nursing and practice and research environments to enhance research and the teaching-learning process
4. Education that prepares safe and competent baccalaureate-prepared nurses to provide leadership related to current and future health care trends
5. Baccalaureate education that embodies best practices, College of Registered Nurses of Nova Scotia entry level competencies, standards of practice for registered nurses, and the Canadian Nurses Association Code of Ethics

## A HISTORICAL PERSPECTIVE TO THE RANKIN SCHOOL OF NURSING

The St. Francis Xavier University Rankin School of Nursing (StFX) is one of the major legacies of the Sisters of Saint Martha who founded hospitals and nursing education in eastern Nova Scotia and elsewhere in the early 20<sup>th</sup> Century. The StFX School of Nursing began as a Department of Nursing, established in the 1920s which gave Registered Nurses the opportunity to complete courses towards a Bachelor of Science in Nursing. The integrated BScN program began admitting high school graduates to a 4-year program in the 1960s. Many of the early faculty members were Sisters of Saint Martha. The Sisters contributed immensely to a foundation for Nursing Education at StFX based on a philosophy of service to society grounded in compassion and humanitarian ethics, appreciation of the dignity of the human person, respect for life in all its stages, and principles of inquiry based on a search for truth.

Sister Simone Roach, who led the BScN program in the 1960s and 1970s, was the original author of the Canadian Nursing Association Code of Ethics (Storch, 2007) and a recipient of the Order of Canada in 2010 for her work in ethics in health care.



When Sister Simone died in 2016 at the age of 93, she left a powerful legacy through her contributions to the CNA Code of Ethics, her many publications about the nature of caring in health care, and in the many people touched by her work. The imprint of Sister Simone's philosophical scholarship and wisdom continues to be a 'blueprint' (Roach, 2002) to inform our curriculum, indeed "enduring values in changing times" (Storch, 2007).

In September 2016 the StFX School of Nursing was renamed the Elizabeth and Thomas Rankin School of Nursing. The Rankin School of Nursing was named in honour of Tom and Elizabeth's long legacy of giving back, and particularly their support of health care.

## PHILOSOPHY

The Rankin School of Nursing (SON) strives to provide the highest quality nursing educational experience in Canada in an environment where the student comes first.

In its commitment to excellence, the SON desires to enhance the intellectual, social, spiritual, cultural, and personal development of its constituents by integrating innovative teaching, rigorous research, holistic practice, and creative community outreach programs.

The SON endeavors to search for truth through the processes of professional caring, critical inquiry, reflection, and life-long learning.

The SON develops, advances, and disseminates nursing knowledge as well as proactively influences public policy that impacts on the health and wellbeing of individuals, families, groups/populations, and communities, including the global community.

The SON actualizes the values of academic freedom, academic honesty, and academic integrity while cultivating a culture of scholarship that includes the scholarship of discovery, teaching, application, and integration.

The SON aspires to uphold those spiritual values and principles that are integral to the dignity and worth of every human being.

The SON recognizes students, faculty, nurse educators, and staff from diverse backgrounds and respects the ideals of social justice, inclusivity, and equity.

Students, faculty, nurse educators, staff, alumni, and partners in the community and health care sector collaborate to support the mission and values of the school.

The call for ethical care and the primacy of caring has evolved towards greater inclusion in the curriculum about the importance of health care based on an appreciation of human rights. The school is guided by a philosophical focus on individuals, families, groups, and communities and within the last decade there has been an emphasis on population health and cultural diversity.

## PHILOSOPHICAL UNDERPINNINGS

Critical assumptions of complexity theory shape the SON philosophy (Churruca et al., 2019; Moen, 2020; Tuffin, 2016; Thomson, Fazio, Kustra, Patrick & Stanley, 2016). Complexity theory provides a lens to a) focus on complex, dynamic, nonlinear systems and non-hierarchical relationships (Benham-Hutchins & Clancy, 2010; Churruca et al., 2019; Patton, 2011) among SON stakeholders, and to b) understand how the curriculum evolves in response to a cycle of ongoing change. Shared leadership and the of flux of varied internal and external factors enables the creative design, implementation, and evaluation of adaptive programming that supports priorities and goals articulated within the SON mission, vision, and values aligned with the St. FX and the SON strategic plans (2017).

## SECTION TWO: PROGRAM GOALS AND GRADUATE OUTCOMES

### 2.1 PROGRAM GOALS

1. Provides a nursing curriculum that builds on the StFX values and its academic mission
2. Provides a unified, evidence-informed, meaningful nursing curriculum that meets Provincial and national standards (i.e., accreditation standards, Code of Ethics, regulatory competencies)
3. Provides a curriculum that is founded on nursing knowledge, in conjunction with a liberal education and consideration of previous learning that prepares learners to enter practice with broad knowledge and competencies.
4. Provides a curriculum that supports a collaborative model of undergraduate nursing education in the province of Nova Scotia that facilitates Nursing students to move more effectively through the educational system
5. Supports educational and practice partnerships that are key to inform and sustain a current and relevant curriculum.
6. Provides opportunities for student voice in curricular issues
7. Provides a curriculum that flexible, based on evidence of current health and societal needs, and provides progressive opportunities for learners to develop personally and professionally as nurses through engagement in activities that apply knowledge
8. Prepares safe and competent graduate nurses that achieve successful pass rates on national exam to practice and who are responsive to current and future health care trends, population health issues, and 21st century nursing practice demands.
9. Meets standards for nursing education as set out by the Nova Scotia College of Nurses and the Canadian Association of Schools of Nursing.

### 2.3 GRADUATE OUTCOMES

1. Have a strong conceptual base and specialized knowledge, skill, and attributes to provide safe, competent, and compassionate person/client/patient-centered nursing care.
2. Exhibit a strong sense of personal and professional identity and deliver nursing care that is consistent with moral, altruistic, legal, ethical, and regulatory standards/principles.
3. Apply critical thinking including clinical reflection, clinical reasoning and clinical judgment to arrive at decisions about what is most relevant and salient to person/client/patient care.
4. Committed to evidence-informed practice through action to enhance professional competence and motivation for continued critical inquiry, curiosity, creativity, scholarship, and life-long learning.
5. Engage in collaborative leadership that is essential to enhanced person/client/patient outcomes, effective health system functioning, and health and social reform.
6. Engage in relational practice, communicate effectively within various professional roles and use informational and communication technologies to manage nursing and patient care.
7. Apply the principles of primary health care, population health promotion, and social justice to address inequities and determinants of health affecting persons, families, groups, communities, and populations.

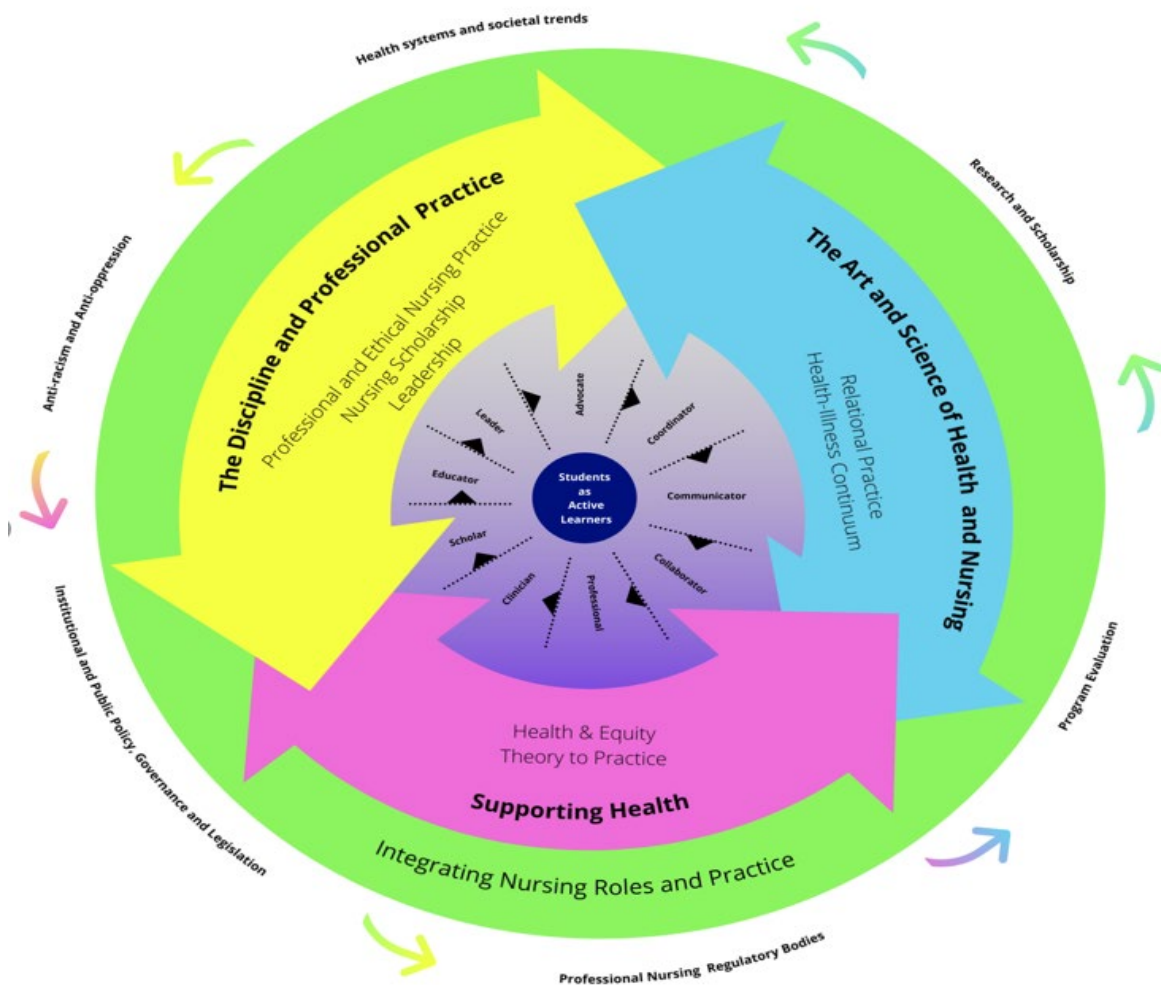


8. Demonstrate compassionate, culturally safe, relationship-centered care with indigenous, Black, immigrant, refugee, and other equity seeking groups.
9. Be prepared as generalists with knowledge, skills, and attributes for innovation within evolving health, health systems, and nursing scopes of practice.

## SECTION THREE: CURRICULUM

### 3.1 CURRICULUM FRAMEWORK: A WHEEL OF CHANGE

The framework represents the curriculum in constant motion as it adapts to student learners' needs and voices and responds to expected and unexpected changes that arise from the interaction between complex spheres of influence represented around the outer rim (refer to Diagram 1). Adaptive evaluative processes influence curriculum changes with input from internal and external partners in academia, health systems, communities, and governing bodies. Current research, policies and anti-racism and anti-oppression practices also inform on-going quality improvement.



## Diagram 1: Curriculum Framework: A Wheel of Change

There are four interrelated course concentrations within the curriculum: “The Discipline and Professional Practice”, “The Art and Science of Health and Nursing”, “Supporting Health” and “Integrating Nursing Roles and Practice” (refer to Appendix A for the course concentration chart). Courses are divided among these four concentrated areas of study within each semester. These course concentrations have associated themes represented with colored wedges in the framework (refer to Diagram 1). Each theme has related concepts and Nova Scotia College of Nurses (NSCN) entry level competencies (ELCs) (refer to Appendix B for theme and concept definitions and ELCs) which are captured in associated courses, teaching and learning activities, and evaluative criteria. Although related concepts and ELCs appear under specific curriculum themes, they more interrelated than exclusive.

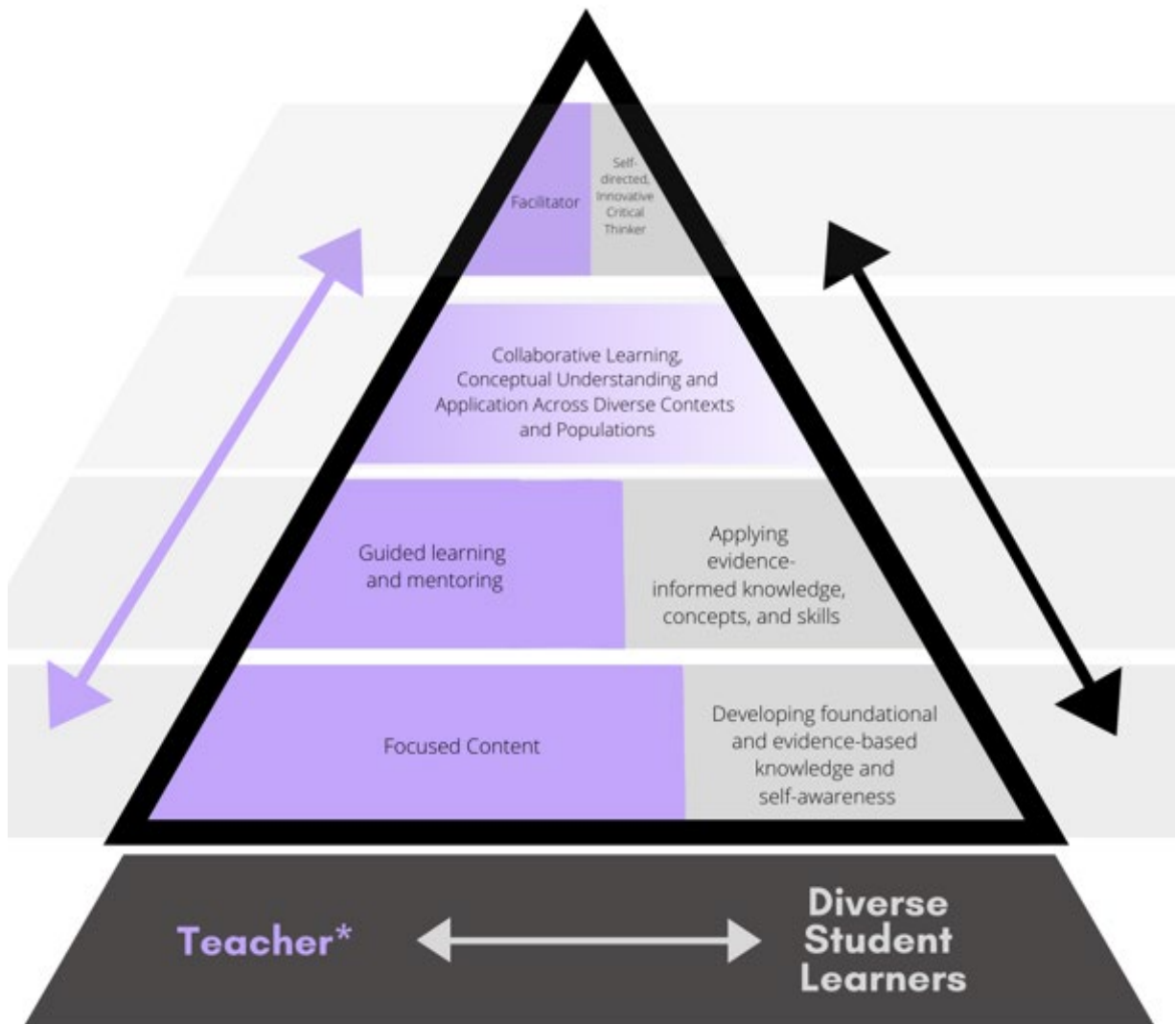
At the center of the wheel are student learners from varied backgrounds who actively contribute to new understandings as a means of “seeing one another” within the curriculum. The grey-purple hub represents graduate outcomes, consistent with the ELCs. Collaborative partnerships between students, faculty, nurse educators, preceptors, intra-inter professional health care teams, patients, families, and communities are imperative for student achievement of these graduate outcomes. The black triangles at the centre represent the SON teaching and learning approach represented further in the corresponding triangular visual below (refer to Diagram 2).

### 3.2 PHILOSOPHY OF TEACHING AND LEARNING

All nursing students are adult learners with eclectic life experiences, personal knowledge, talents, and motivations. Their learning experience within the SON curriculum begins with forming collaborative relationships with teachers, which we define as nursing faculty and educators, interprofessional health care providers, intersectoral community leaders, peers and people students care for within various contexts.

The overall goal of the SON teaching and learning experience is to: a) support nursing students as active participants and partners in learning and in education of others and b) to develop competent, safe, caring, evidence-informed, critical thinking baccalaureate-prepared nurses dedicated to promoting health, social justice, cultural safety, and equity. This twofold goal is supported by the NSCN ELCs (2020), NSCN Standards of Practice (2017), the Canadian Nurses Association (CNA) Code of Ethics (2017) and liberal education principles (Association of American Colleges and Universities, 2020; Moen, 2020) inherent in the SON and St. FX strategic plans (2017), the SON philosophy. The SON maintains that: a) student knowledge develops in an array of learning environments with others, and b) students make meaning of and learn to apply this knowledge to theoretical and lived professional practice situations through self-reflection and engaged teaching and learning experiences between students and teachers (Ignatavicius, 2019).





\*Teacher means *nursing faculty and educators, interprofessional health care providers, intersectoral community leaders, peers and other partners*

**Diagram 2:** Philosophy of Teaching and Learning (Adapted from Echevarria et al. 2010; Fisher & Frey, 2008; Erikson, 2007)

At the base of the triangle (refer to Diagram 2), the collaborative relationship between the teacher and student is illustrated, reflecting that the student is an active partner in the learning process. The triangle represents a scaffold, supporting the fluctuating nature of the teacher-student relationship. The aim of both the teacher and the student is to reach the top of the triangle, a point where the student becomes a self-directed, innovative, and critical thinker. The journey may involve moving up and down the scaffold depending on the learning and mentorship needs of the student and in response to complex challenges or opportunities.

In the initial semesters (Semesters 1-2), nursing students must acquire foundational knowledge of the nursing profession. In Semester 3, the teacher takes an active role in providing mentorship and focused active teaching and learning opportunities for students to acquire knowledge and make meaning of concepts and competencies in the nursing program. Students begin to discover who they are as individuals, acknowledging and strengths, perceptions and biases.

As students and teachers move together into Semester 4, the understanding and application of evidence informed knowledge, concepts and skills continues to evolve with more opportunities to make meaning and apply concepts and competencies. During this time the teacher provides continued guided instruction and varied learning activities that encourage application of case scenarios. Students begin to gain more understanding and insight into potential and actual real-life situations in nursing practice.

In Semesters 5 and 6, the teacher and students' relationship become more collaborative with further inclusion of health care and community partners. During this time students are provided continued practice-based and leadership opportunities to navigate and process more complex situations with health care providers and community partners to support the health of diverse patients, families and populations across varied situations and everyday realities.

In Semester 7 and 8, the teacher facilitates learning opportunities where the students have more opportunities to engage in self-directed learning, free thinking, leadership, and innovative health care and community-based initiatives with partners. Students are also required to participate in consolidated preceptored practice experiences for continued readiness to practice. At the completion of the program, senior students are prepared to provide competent, safe, evidence-informed care, dedicated to promoting of health and equity.

### 3.3 LEVELLED OBJECTIVES ACROSS SEMESTERS

Teaching and learning experiences are levelled across the curriculum from simple to complex, known to unknown, and concrete to abstract. A similar process occurs with respect to experiential learning in the practice area wherein students are assigned to increasingly complex scenarios involving patients, families, communities and populations as they progress through the program. Accordingly, strategies such as lecture, discussion, seminar, demonstration, questioning, co-exist with the more contemporary strategies of multimedia application, simulation, case scenarios, flipped classroom, reflective journaling, role-playing, and student presentation, to mention a few. The sum totality of these strategies coupled with various clinical teaching-learning strategies (e.g. pre-and post-conferences, on the spot consultations, direct care provision, observation, peer mentorship, and care planning) optimize student learning in the cognitive, affective, behavioral, and psychomotor domains enhancing students' achievement of curriculum goals and key professional practice competencies. Examples of evaluation methods for theoretical courses include papers, presentations, panel discussions, portfolio development, quizzes and exams, case study analyses, discussion boards, self-reflective assignments, completion of on-line modules, skill and competency performance demonstrations, and concept mapping, among others. To evaluate student scope of practice and competency in practice settings, evaluation tools are accumulative from semester to semester, organized and aligned

with the NSCN ELCs and the NSCN (2017) Standards for Nursing Practice and rooted in the CNA (2017) Code of Ethics.

Levelled learning experiences reflect specific knowledge, skills, and attitudes at various stages, including introductory, intermediary, and advanced levels along the education trajectory (Anderson et al., 2000). The basic level applies to Semester 3-4 with expectations of beginning knowledge, skill, and attributes. Students at a beginning level are expected to recognize the relevant aspects of varying practice scenarios with patients, families, communities and populations and have the ability to apply knowledge, skills, and attributes in routine and predictable situations. Students require guided support. In semester 5-6, levelled learning objectives are intermediary. Students at an intermediary level can recognize the relevant aspects of a case scenario and anticipate potential complications. Students are expected to have and apply knowledge, skills, and attributes in increasingly complex situations and take action in the face of unforeseen events. Students practice with increased autonomy and require support for situations that are not routine and predictable. Semester 7-8 experiences are advanced. Students at an advanced level consistently recognize relevant aspects of a situation and anticipate potential complications. Students practice with increased autonomy and responsibility, seeking guidance as necessary. Students are expected to have and apply knowledge, skills, and attributes in complex situations in a broad range of contexts and for situations that are unpredictable, meeting ELCs and graduate attributes.

### 3.4 GLOSSARY OF TERMS

**Competence:** Refers to the integrated knowledge, skills, attitudes, abilities and judgment required to practice nursing safely and ethically (Adapted from NSCN 2020; Tuning Project, 2007). Competences in this nursing curriculum are based on Bloom's behaviorist philosophy to describe learning in three learning domains that include: (1) Cognitive Domain: that includes mental skills or knowledge - defined as facts and ideas relevant to nursing practice (Bloom's Taxonomy; Fater, 2013); (2) Affective Domain: that includes the manner in which one deal with things emotionally including attitude. Attitudes entails beliefs & values to act consistently in professional nursing practice; (Bloom's Taxonomy; Fater, 2013); and (3) Psychomotor Skills that is defined as the ability to carry out nursing practice activities and includes physical movement, coordination, & use of motor-skills indicated through speed & precision in the execution of procedures or technique.

**Competency:** The ability of the student to demonstrate a competence. Example competency statements are listed in the NSCN (2020) Entry-Level Competencies document. Additional entry-level competencies related to specialty fields are also identified by the Canadian Association of Schools of Nursing (CASN). These competencies reflect the regulatory body's entry-to-practice but are more detailed and specific in specialty fields to offer greater guidance to students and nurse educators. CASN entry-level competencies are available for palliative care (CASN, 2011); informatics (CASN, 2012); public health (CASN, 2014); and mental health and addictions (CASN, 2015). Competencies reflect a progression of learning from a basic (beginning), to an intermediary, to a final advanced level that reflects what is expected as an entry-level graduate.

- **Basic:** Refers to preliminary or beginning knowledge, skill, and attributes expected of nursing students. Students at a beginning level are expected to recognize the relevant aspects of a situation, and have and apply knowledge, skills, and attributes in routine and predictable situations. Students require guided support.
- **Intermediary:** Students at an intermediary level are able to recognize the relevant aspects of a situation and anticipate potential complications. Students are expected to have and apply knowledge, skills, and attributes in increasing complex situations and take action in the face of unforeseen events. Students practice with increased autonomy and require support for situations that are not routine and predictable.
- **Advanced:** Students at an advanced level consistently recognize relevant aspects of a situation and anticipate potential complications. Students are expected to have and apply knowledge, skills, and attributes in a complex situations in a broad range of contexts and for situations that are unpredictable. Students practice with increased autonomy and responsibility, seeking guidance as necessary.

**Concept-Based and Competency- Based Curriculum:** For the purposes of this curriculum, a concept-based and competency-based curriculum refers to the use of concepts as an organizing framework for curriculum and courses. Concepts represent categories of principles or mental constructions that contain defining attributes of nursing graduates derived from an analysis of population and societal needs and nursing scope of practice. Concepts are integrated both vertically and horizontally throughout the curriculum and are taught through the use of exemplars. Competencies derive from the concepts and define the knowledge, judgment, skills and attributes (attitudes, values, and beliefs) expected of graduates from the StFX nursing program.

**Graduate Profile Goals:** Refer to general/broad statements of intent, aspiration, or attributes. Provides a framework that describe the educational designation to be reached by graduating students (“what the graduate will look like”).

**Person/Client/Patient:** For the purposes of this curriculum, person/client/patient refers to recipients whom health-care providers establish a relationship for the purposes of partnering for health. The term person is inclusive of the following: individual, client, patient, resident, consumer, families, groups, communities, and population. (Adapted from RNAO, 2015).

**Attribute:** A quality or characteristic that is associated with the concept that helps to clarify or confirm a concept (Giddens, 2017, p. 463)

**Curricular Theme:** Represents overarching subject matter or area that comprises the StFX SON curriculum. The themes are organized into key concepts that support the development of knowledge, skills, judgment and attributes within a theme that will be acquired by students as part of nursing education program.

**Concept:** An organizing principle or mental construction representing categories of information that contain defining attributes of nursing graduates. Concepts are taught through the use of exemplars.

**Exemplar:** Health related issue serving as a model or example in the context of the client/patient for the purpose of learning about a concept. For example, a case scenario related to asthma would be an exemplar for the sub-concept of oxygenation.

**Scope:** The extent of the area of the subject matter to be covered. References to scope is leveled indicates that part of the scope of a concept is continued in another semester

**Theoretical Links:** Refers to the theories, models, frameworks, and principles that serve as the lens to view the concepts.

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