



Toronto Academic
Health Science Network

ENHANCED EXTERN PROGRAM WORKING GROUP,
A SUBCOMMITTEE OF THE TAHSN PRACTICE COMMITTEE

ENHANCED EXTERN PROGRAM - TOOLKIT & ORIENTATION HANDBOOK

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Executive Summary

In response to the Health Human Resources crisis in Ontario, one of the strategies offered by Ontario's Ministry of Health was the Enhanced Extern Program. This program was rapidly adopted by many hospitals across Ontario, and has played a significant role in bolstering the health work force. It has made a tremendous impact on recruitment, retention and improved staff and patient satisfactions/outcomes, as noted in a recent project survey and in discussions.

In response, the Toronto Academic Health Science Network's Practice (TAHSNp) Committee created a working group named the TAHSNp Enhanced Extern Program Working Group, to develop guiding principles and standardization (with flexibility) for the scope of practice and utilization of clinical externs across TAHSN hospitals.

The working group had representation from all [TAHSN hospital member organizations](#) in addition to three academic institutions to inform the continued success of this program with leading edge principles. The working group applied a tremendous amount of effort into developing a toolkit with consensus-building guidelines and resources. We believe this work will have immense value in spreading and scaling across the province.

This resource is divided into three parts:

1. Enhanced Extern Guidance and Tools (in this document)
2. An Enhanced Extern Toolkit (in this document)
3. An Enhanced Extern Orientation Handbook (separate document, linked [here](#))

The resource offers examples and starting points as well as high-level principles, which may need to be adapted to suit the needs of each organization. This resource should also be critically reviewed at an institutional level before implementation in the wider range of clinical settings.

Please note: Due to evolving language throughout the development of this document, there may be references to clinical externs which for all intents and purposes means enhanced externs.

Acknowledgements:

Organizations composing the Toronto Academic Health Science Network (TAHSN) have been sharing documents to guide clinical extern programming for well over 10 years. As such, many documents in this toolkit are influenced by inter-organizational collaboration. This makes citing original authors challenging. On behalf of the Enhanced Extern Program Working Group, we thank all TAHSN community members, collaborators, and creators for their expertise and work to design documents that have led to this shared resource.

Contents

Clinical Extern Toolkit.....	4
Setting the Stage for Evolving Externship Programs	4
PART A: Clinical Externs-Nursing	4
PART B: Occupational Therapy and Physiotherapy CEs:	14
Clinical Extern Toolkit – Human Resource Considerations	22
Appendix A – Sample Clinical Extern Role Description	25
Appendix B – Sample Clinical Extern Mentor Coordinator Role Description	28
Appendix C – Sample Interview Questions: Clinical Extern	31
Appendix D – Sample Interview Questions: Clinical Extern Coordinator	36
Clinical Extern Orientation Handbook	41
ACKNOWLEDGEMENTS.....	42

Clinical Extern Toolkit

Setting the Stage for Evolving Externship Programs

This document is a resource to support organizations who are participating in the Ministry of Health Enhanced Extern program. The information and examples provided in this document are intended to be used as a starting point for an organization to use and inform the development of the Extern Program at their organization based on the organization's needs.

The resources below have been collected and consolidated from across TAHSN hospitals.

Part A reflects guiding principles, guidelines, scope of practice, decision making, guiding, and assessing CE competency examples for primarily nurse CEs, as most CEs were nursing students when this toolkit was developed. While the information is focused on CE nursing students, most of the examples could inform the development of similar documents for other health-care professional CEs.

Part B addresses similar areas and provides examples of tools to guide student clinical externs who are Occupational Therapy (OT), Physical Therapy (PT), or Respiratory Therapy (RT) students.

PART A: Clinical Externs-Nursing

Guiding Principles for Nursing Student Clinical Externs:

1. The CE role is a health professional student employed as a paid unregulated health-care provider with a defined job description and scope of practice outlined by the health-care organization. It is not equivalent to, or a substitute for, a student clinical placement.
2. CEs, as unregulated health-care providers, are limited in their ability to perform controlled acts as defined by the Regulated Health Professions Act, 1991.
3. CEs vary in their level of competence; as such, they should perform the patient care activities listed in the organization's guideline based on their knowledge, skill and judgment.
4. CEs practice under the direct and/or indirect supervision of a registered nursing professional or other registered health professional in the patient care environment. The supervising nurse (registered nurse or registered practical nurse) assigns the patient care activities listed in the guideline to the CE based on the following factors of equal importance:
 - a. client situation and condition;
 - b. activity and its associated risks;
 - c. knowledge, skill and judgment of the individual CE; and
 - d. available environmental supports.
5. Supervising nurses or other health-care professionals are not preceptors.
6. A CE assignment may include the provision of care to individual patients or to a cohort of patients as part of a team-based model or a cohort based on patient location.
7. Communication regarding roles and responsibilities is essential. The CE assignment and the supervising nurse or other registered health professional must be clearly identified on the assignment sheet or equivalent.
8. CEs are responsible for the care they provide to patients and for seeking assistance from the supervising nurse or other registered health professional when required.
9. Organizations ought to consider ways to support the development of the clinical extern in their journey of professional growth, focusing on their designated role rather than simply extending into

an unregulated healthcare provider capacity. This can be achieved through fostering critical thinking and opportunities to learn the scope of a registered health-care professional. Examples that could be encouraged are: facilitate critical thinking by asking CEs about the care of the patient beyond doing tasks; develop their therapeutic communication skills by being encouraged to spend time with the patient and family beyond performing a task; and communicating with the interprofessional team.

Guidelines:

A. For nurses who works with a Clinical Extern (CE):

A nurse who supervises, assigns duties and/or guides a CE and practices in accordance with organizational policies and the College of Nurses of Ontario (CNO) practice guideline *Working with Unregulated Providers*.

- The supervising nurse must know the CE is competent to perform the particular task or activity safely for the client in the given circumstances. Depending on the task/activity, competency may be assessed centrally, such as through an orientation checklist, or may be achieved at the point of care for a specific patient.
- CEs have received site-specific orientation and have completed a general competency skills assessment. The Extern Mentor Coordinator (EMC) supervising nurse and/or assigning nurse provides **patient/area specific** guiding on the tasks/skills outlined in this document as appropriate.
- When guiding how to perform a patient care activity to a CE, a nurse is expected to have first-hand knowledge of the CE's competence. When deciding to guide an activity/task listed in this guideline to a CE, nurses shall consider the CNO decision points list (Figure 6).
- A nurse who assigns or supervises patient care activities is expected to verify that the CE's competence has been determined and that the CE:
 - a. understands the extent of their responsibilities in performing the procedure(s);
 - b. knows when and who to ask for assistance: and
 - c. knows when, how and to whom to report the outcome of the patient care activity.
- Ensures that there is an ongoing assessment of the patient's health-care needs, development of a plan of care, evaluation of the patient's condition and the ongoing effectiveness of the CE's interventions.
- Provides a level of supervision of the CE that is suitable for the patient's condition, task, clinical environment and the CEs individual competency.
- Recognizes their own responsibility for regularly assessing the patient health-care needs and clinical status.

B. Clinical Externs (CEs):

CEs practice under the direct and/or indirect supervision of the nursing professional assigned to their patients and in a manner consistent with organizational policies and professional standards, while taking into account CNO guidance for unregulated health-care providers. CEs are expected to practice within their scope of practice as outlined in this document and use their knowledge, skill and judgment when accepting duties and providing care.

CEs must seek assistance when they:

- are in situations of doubt;

- identify care requirements are beyond their knowledge, skill and/or ability;
- require additional support and/or resources;
- identify safety concerns; and/or
- observe a change in the client condition.

C. CE Documentation and Communication:

CEs document the care they provide in the patient health record (electronic or paper chart, depending on the clinical area) in accordance with site-specific documentation standards. It is recommended that organizations explore ways for the CE to document the care they have provided with an identifiable CE designation that is different than a nursing student, rather than having the supervising nurse document the CE's care in the patient's health record.

The documents reviewed from health-care organizations indicated that different CE documentation standards are being used. For example, in some organizations, the CE documents the care they provided to patients with the entry being signed with the designation CE and is **not** co-signed by a nursing professional. In organizations with an electronic patient record, CEs are given access to document the care they provided with an 'unregulated care provider designation' or 'Health Discipline-not learner/not nurse.' There are also organizations that have the CE report the care they provided to the supervising nurse who then documents this information into the patient's health record.

In addition to documenting in the patient health record, the CE must effectively communicate the following to the supervising nurse in a timely and objective manner:

- patient information specific to assigned activities;
- patient findings and observations;
- patient/family concerns;
- responsive behaviours; and
- other relevant information.

(Unity Health Toronto: Guidelines for Clinical Externship at Unity Health Toronto, April 8, 2022).

Determination of Scope of Practice:

Participating organizations provided documents describing the scope of practice clinical externs (CE) can and cannot perform. Many outlined these activities and responsibilities with the visual of a stop light. Figure 1 uses the colour red for the roles and responsibilities that cannot be performed by a CE. Those activities and responsibilities that require delegation with direct supervision are highlighted in yellow. The colour green highlights the activities that a CE could provide where the RN or RPN may not be physically present, but monitors the CE's activities through the CE frequently reporting back to their assigned nurse. The nurse should also periodically observe the CEs implementing the activities.

Figure 1: Nursing Clinical Externs Range of Care Activities



No	Not permitted to perform. However, may observe and debrief to understand process.
Direct Supervision	Requires delegation with direct supervision. RN or RPN must be physically present and must directly observe all steps of the process. Activities must always consider the specific education, knowledge, skill, and judgement the Nursing Clinical Extern has.
Yes	The activity requires an assignment. RN or RPN may not be physically present but monitors activities by having the Nursing Clinical Extern report back regularly or be periodically observing the activity. Activities must always consider the specific education, knowledge, skill, and judgement the Nursing Clinical Extern has.

CE's Range of Care Activities:

Each health-care organization has their own list of activities usually outlined in the 3 categories of No (Red), Direct Supervision (Yellow) and Indirect Supervision (Green). Figures 2 and 3 are examples of how the activities and responsibilities are outlined.



Figure 2: CE Scope of Practice

SUPERVISION MUST BE SUITABLE FOR PATIENT, TASK & ENVIRONMENT

OUT OF SCOPE

CEs can perform these tasks & duties for stable, predictable, less complex patients when assigned by the supervising nurse and/or Charge Nurse/Unit Team Leader:

- ✓ Bedside safety checks
- ✓ Daily weights
- ✓ Turning and positioning
- ✓ Meal set up/assistance with feeding for non-dysphagic patients
- ✓ Personal hygiene and toileting assistance
- ✓ Oral Care for non-dysphagic patients
- ✓ Patient transport preparation
- ✓ Participate in intrahospital patient transport
- ✓ Lab specimen transport
- ✓ Ambulation/mobilization of patients
- ✓ Measure oral intake
- ✓ Measure output – may empty Foley drainage bag
- ✓ Support family presence through virtual visits
- ✓ Provide comfort activities (e.g. warm blanket, water, ice pack, ice chips)
- ✓ Engage patient in recreation activities
- ✓ Stock patient care areas
- ✓ Notify supervising nurse of changes in patient condition
- ✓ CPR (SJHC site only)

CEs who have completed Unity Health training on the following skills can perform them under the supervision of the assigned supervising nurse once competency has been obtained.

Indirect supervision may be used for patients assessed by the supervising nurse as less complex, more predictable and a low risk for negative outcomes once the competency has been obtained by the CE.

- ❑ Participate during transfer of accountability
- ❑ Document observations and care in the patient chart
- ❑ Constant Care/observation
- ❑ Obtain Vital Signs (HR/BP/ RR/Temp/SP02/Presence of Pain)
- ❑ Empty and measure output from ostomy pouch (excluding high-output ileostomies)
- ❑ Perform oral suctioning with Yankauer catheter (no suctioning of the respiratory tract beyond the oral cavity)
- ❑ Assist with pressure injury (PI) prevention strategies, including observation of skin for risk of PI development and completing Braden scale assessments
- ❑ Apply dressing as delegated and directed by the supervising nurse on superficial wounds (i.e. skin tears, pressure injury stage I & II, moisture associated skin damage) **[Only CEs enrolled in a nursing program with completed Unity Health education will perform]**
- ❑ Falls Risk Assessment and fall prevention strategies
- ❑ Delirium Prevention, Early Recognition and Management Program (SMH site only)
- ❑ Assist with the application and removal of non-emergent restraints in accordance with least restraint policy
- ❑ Assist with procedures that are being completed by the Supervising Nurse or other regulated or unregulated members of the care team (e.g., patient positioning for procedure, obtaining supplies)

CEs shall NOT perform the following

Controlled acts [with the exception of replacing dressings for superficial wounds under direct supervision - only CEs enrolled in a nursing program & completed Unity Health education will perform]

Administer medication via any route and:

- ❖ Access automatic dispensing unit (ADU) and/or narcotic cupboard
- ❖ Conduct or co-sign Independent double check for medications, narcotic wastage, TPN, or IV solutions
- ❖ Narcotic count

Specimen Collection (including but not limited to):

- ❖ Perform point-of-care testing (urinalysis/glucose meter)
- ❖ Obtain bloodwork
- ❖ Obtain specimen swabs (NPS, deep nasal, throat, rectal, nasal, wound)

Administer a substance by injection or inhalation:

- ❖ Administer blood and blood products
- ❖ Administer Total Parenteral Nutrition
- ❖ Administer subcutaneous or IM injections
- ❖ Administer inhalers or nebulizers
- ❖ Initiate, manage or discontinue IV fluids or oxygen therapy
- ❖ Adjust settings/alarms on an infusion pump
- ❖ Initiate or manage hypodermodylysis

Initiate, Manage or Disconnect medical devices/therapy:

- ❖ Administer or manage enteral nutrition via gravity or pump
- ❖ Manage central line – cap, tubing, dressing changes
- ❖ Initiate, disconnect, or flush peripheral vascular access devices
- ❖ Initiate or disconnect oxygen delivery devices
- ❖ Apply, remove or adjust suction apparatus
- ❖ Apply emergency restraints
- ❖ Tracheostomy care
- ❖ Insert or remove urinary catheters

Wound Care:

- ❖ Empty wound related patient drains (e.g. JP drains, Chest Tubes, hemovac)
- ❖ Dressing changes for complex or surgical wounds
- ❖ Changing of ostomy appliances

Witness Consent

Take telephone or verbal orders

Accept any results

Initiate medical directives

Transport blood and blood products from Transfusion Medicine

Figure 3: Range of Care Activities

Range of Care Activities	Permitted
Co-sign medications, TPN, or IV solutions	No
Prepare IV bags with additives	No
Program IV pumps	No
Central venous access device assessment or care (e.g. dressing or cap changes)	No
Administer any oral medications	No
Administer any controlled or high-alert medications	No
Administer any injections	No
Take telephone, verbal, or written orders	No
NG feeding tube insertion, placement verification, or feed/medication administration	No
Suctioning beyond the point in the nasal passages where they normally narrow or beyond the larynx	No
Insert Coles, ET, Tracheostomy Tube into a trach stoma or oral airway	No
Obtain Nasopharyngeal or Rectal swabs (e.g. COVID-19, MRSA, VRE)	No
Do a stage 2, 3, 4, or unstageable dressing	No
Supervise other staff	No
Assist with admission process	Direct Supervision
Do a Deep Tissue Injury or Stage 1 dressing	Direct Supervision
Provide informal education to clients, families, colleagues, and students	Direct Supervision
Supervise prescribed inhalation of aerosol medication	Direct Supervision
Apply a prescribed amount of oxygen therapy to maintain or restore ventilation	Direct Supervision
Apply topical medications for local effect	Direct Supervision
Give a glycerin suppository, enema, or fleet	Direct Supervision
Use epi-pen when client is having an anaphylactic reaction	Yes
Call a Code Blue	Yes
Perform CPR in Code Blue events if required	Yes
Be assigned to clients who have low complexity of care needs, high predictability of condition, low technical requirements, and low level and range of potential outcome	Yes
Perform vital signs and health assessment	Yes
Activities of daily living (ADL) care (e.g. bathing, dressing, turns, transfers, lifts, weights, incontinence care, and feeding)	Yes
Assist with range of motion (ROM) and weight bearing activities as determined in client's care plan by Registered PT and/or OT	Yes
Tip suctioning (as part of ADLs)	Yes
Clean intermittent catheterization (as part of ADLs)	Yes
G-tube care (e.g. cleansing G, G/J sites)	Yes
Programming enteral (not including NG) feeding pump (as part of ADLs)	Yes
Enteral feeding (not including NG) tubing preparation and priming (as part of ADLs)	Yes
Flushing g-tube after feeds	Yes
Assist with hourly client rounding	Yes
Documentation of client care	Yes
Procedural support	Yes
Take report or handover a client	Yes
Collaborating on unit projects and quality improvement and/or safety initiatives	Yes

Decision Making Process in Assigning CE’s Activities and Responsibilities:

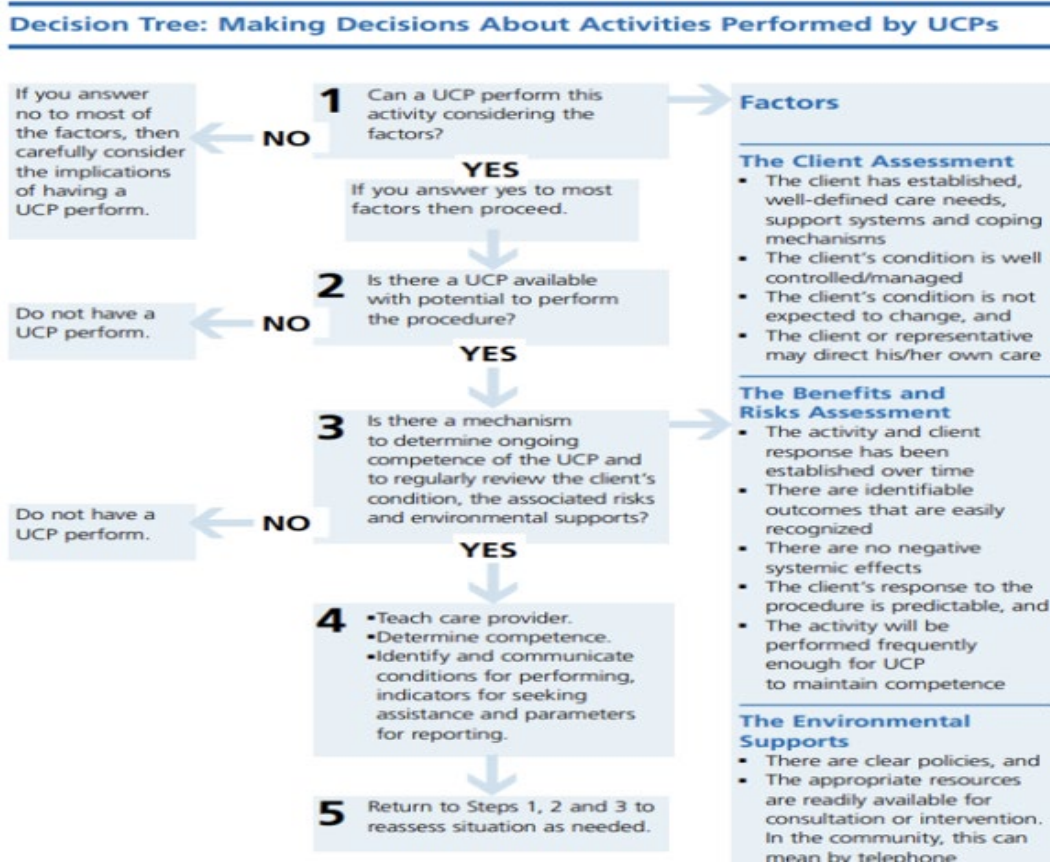
When identifying the level of supervision, a CE needs to perform different activities and responsibilities, and some organizations use a continuum of complexity to guide the required type of supervision. Figure 4 identifies how people being cared for and/or activities that are less complex, more predictable, and low risk for negative outcomes, can be performed by a CE with indirect supervision. While those people and/or activities that are highly complex, unpredictable, and with high risk for negative outcomes are out of scope for a CE.

Figure 4: CE Scope of Practice & Supervision



As the CE largely performs many activities that are at the level of the unregulated care provider, nurses can use the ‘CNO’s Decision Tree: Making Decisions about Activities Performed by Unregulated Care Providers’ (Figure 5) to assist them in their decision-making regarding what activities the CE can perform, and the level of supervision needed.

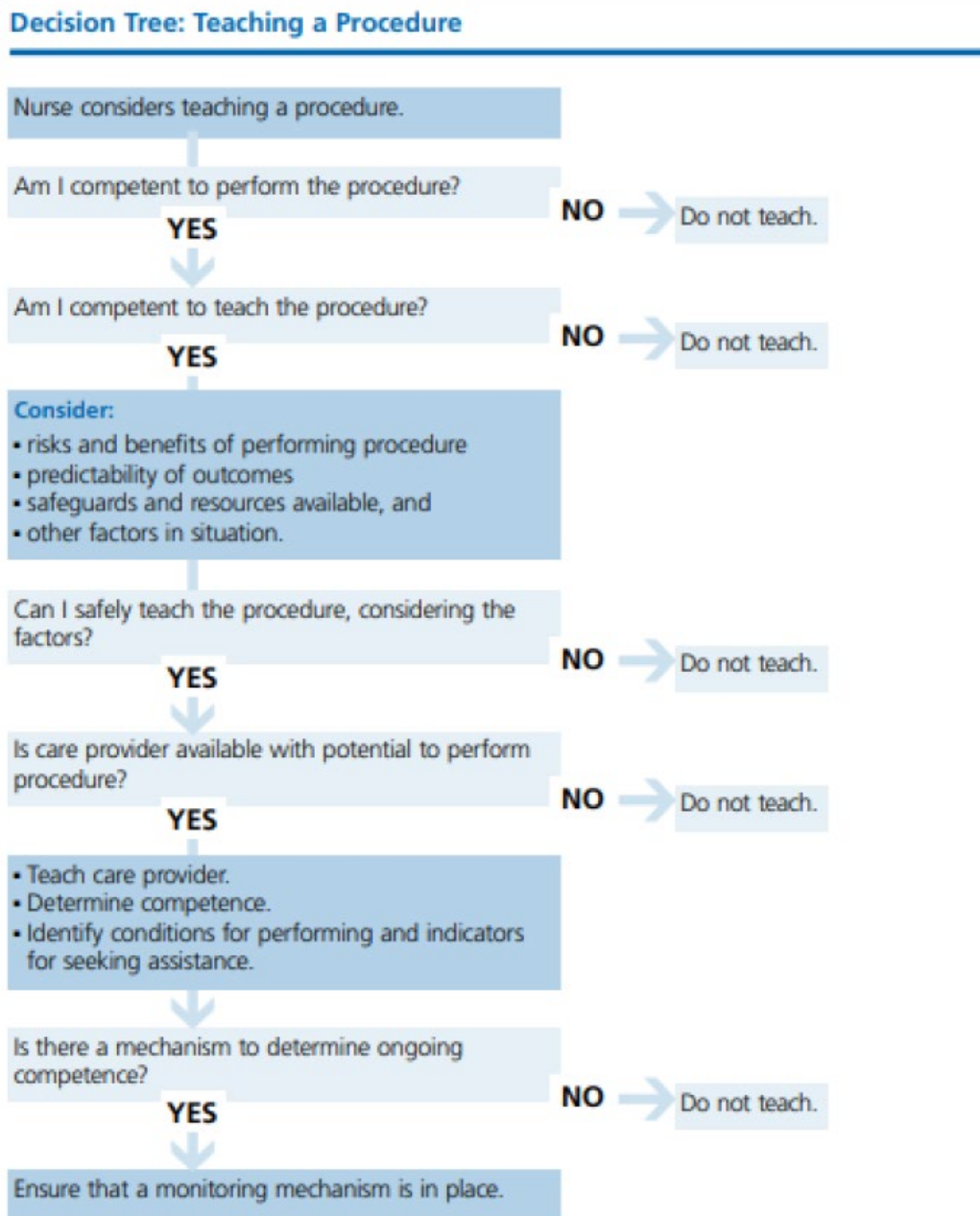
Figure 5: CNO Decision Tree: Making Decisions about Activities Performed by Unregulated Care Providers



Guiding CEs to Perform an Activity or Responsibility:

When guiding CEs how to perform a patient care activity or responsibility, a nurse is expected to have first-hand knowledge of the CE's competence. The 'CNO's (2013) Decision Tree: Teaching a Procedure' (Figure 6) can assist nurses in their decision-making to guide CEs to perform an approved activity or responsibility by the organization.

Figure 6: CNO's Decision Tree: Teaching a Procedure



Reference: College of Nurses of Ontario. *Practice Guideline: Working with Unregulated Care Provider.*

Assessing CE Competencies:

Some organizations have developed checklists to assess a CE's competencies. The Centre for Addiction and Mental Health (CAMH) has developed a checklist that outlines competencies in:

- safety
- clinical operations,
- unit operations, and
- skills (identified to be in the Yellow Zone).

Each CE has a checklist identifying the unit, the date when they started, and the CE's name. When a CE completes each item in the different competency areas, the nurse supervising the CE indicates the date it was completed.

Unity Health Toronto has developed a Clinical Extern Passport of Professional Development that serves as a guide for CEs and the supervising nurse to review in the first five orientation shifts. The Passport includes the following:

- dates of orientation shifts and name of the supervising nurse(s);
- items to review in the areas of orientation to the unit;
- tasks and duties for stable, predictable, less complex patients when assigned by the supervising nurse and or Charge Nurse/Unit Team Leader in the green zone; and
- skills in the yellow zone, where the CE has completed training under the supervision of the assigned supervising nurse once the competency has been determined.

CE Performance Review:

CAMH developed a CE Performance Review to provide feedback in relation to the CE's overall performance, whether they met expectations as a CE, and whether the manager completing the review would rehire the CE. Figure 7 provides an example of the form.

Figure 7: CE Performance Review

Clinical Extern:

Manager Completing Review:

Date: |

Performance Indicator	Score
Have they met expectations surrounding attendance and punctuality?	(Strongly Disagree) 1 2 3 4 5 (Strongly Agree)
Do they take initiative with the completion of tasks?	(Strongly Disagree) 1 2 3 4 5 (Strongly Agree)
Has the clinical extern provided safe patient care?	(Strongly Disagree) 1 2 3 4 5 (Strongly Agree)
Are they able to collaborate effectively as part of the <u>interprofessional</u> team?	(Strongly Disagree) 1 2 3 4 5 (Strongly Agree)
Are they able to meet documentation standards?	(Strongly Disagree) 1 2 3 4 5 (Strongly Agree)
Have they been able to apply constructive feedback to improve performance?	(Strongly Disagree) 1 2 3 4 5 (Strongly Agree)
Have they been able to show flexibility in order to meet rapidly changing priorities?	(Strongly Disagree) 1 2 3 4 5 (Strongly Agree)

Comments:

Did they meet your expectations as a clinical extern? If not, please indicate areas for improvement.

If given the opportunity, would you rehire the clinical extern?

Do you have any additional comments?




PART B: Occupational Therapy and Physiotherapy CEs:

The Academic Physiotherapy Leadership group who are situated within the GTA Academic Health Science Centres collected data on:

- clinical programs where Occupational Therapist (OT)/Physiotherapist (PT) students worked as CEs;
- how they are being oriented to the program;
- capacity of how the PT CEs support the PT role; and
- how supervision is monitored.

Three academic health science centres identified that PT/OT students were being used in nursing CE roles, while six identified that they do not use PT CEs within their organizations. Figure 8 outlines information from the three academic centres where OT/PT CEs are being used.

Figure 8: Physiotherapy and Occupational Therapy CEs

Institution	In which clinical programs do you use CE's and for which days/hours (ie. Weekends? Extended hours?)	How are CE's oriented to the program they support? (Weekday/weekend Orientation? PT working in that program vs Practice Leader?)	In what capacity do the PT CE's support the PT role? Are there specific tasks assigned to the PT CE's following review of knowledge, skill, and competency?	How is supervision monitored? Do you have a formal evaluation/feedback process for regular assessment of skills/competency?
William Osler – Brampton and Etobicoke  CE Roles and Responsibilities.pdf  OTPT CE Passport.pdf	CE are OT/PT students and they work to support both disciplines (their role is OT/PT CE). They work in our medicine and surgical programs, mainly on weekends. They provide their availability and are scheduled based on this so we would also accept weekday availability (however, most are only able to work weekends due to school schedule). They only work during hours when OT or PTs are on site (day shifts)	Brampton and Etobicoke sites (acute care – medicine/surgical programs) They receive orientation to the role, policies, procedures and processes from the practice leader, then scheduled on weekdays and weekends (based on availability) for orientation with the OT/PT teams. We have an OT and a PT on our team who were previous CE and are now hired into permanent OT and PT roles, so they have been great at orienting the new CE to the role	See attached roles and responsibilities document as well as a passport. The CE's have the OT and PTs sign off on this passport to identify skills they have been deemed competent to perform	The CE's are hired into unregulated roles under the supervision of the OTs and PTs. The passport is used to communicate their skills and competencies and this is monitored by the practice leader and their manager (manager of allied health).
UHN – TGH, TWH, Bickle Centre LTLD rehab  1 Role Clarity OTPT Student Clinical ext	Externs are only available on weekends, so they only work Saturday or Sunday. They are assigned to a clinician on the weekend so they work in different areas at Toronto General/Toronto Western and Bickle Centre in the LTLD program.	They attend corporate orientation and complete a few online training modules. Most of their orientation is on-site with the weekend therapist	It varies between sites and with the comfort level of the weekend PT supervising the extern- they act as a second person for lighter activities, push wheelchairs to follow during a walk, assist with group classes in LTLD	A PT is assigned during the shift to be the supervisor. Externs do not document, they provide verbal reports to their supervisor. I don't think there's a lot of formal feedback/competency training.
Trillium Health Partners	We recently introduced an OT/PT CE role on one of our inpt Rehab units. Scheduling is based on availability, currently one weekday and Sat/Sun. We are looking to expand to other rehab/CCC/reactivation units and possibly ICU. We are sensitive to not replacing the OTA/PTA role by CEs	They attend a scaled down version of hospital orientation that is focussed for Clinical Externs. We are in the process of looking how it should differ for non-nursing clinical externs.	Weekday, works with the OT or PT. Weekends supports the OTA/PTA and reports to Clinical Leader. I have attached the role description.	This is something we will need to develop with subsequent hires. Our current hire was previously a student on the same rehab unit.

Another example of OT and PT CEs' Range of Care Activities from Holland Bloorview is outlined in Figure 9.

Figure 9: OT & PT CE Range of Care Activities



No	Not permitted to perform. However, may observe and debrief to understand process.
Direct Supervision	Requires delegation with direct supervision. RN, RPN, OT, or PT must be physically present and must directly observe all steps of the process. Activities must always consider the specific education, knowledge, skill, and judgement the OT/PT Clinical Extern has.
Yes	The activity requires an assignment. RN, RPN, OT, or PT may not be physically present but monitors activities by having the OT/PT Clinical Extern report back regularly or be periodically observing the activity. Activities must always consider the specific education, knowledge, skill, and judgement the OT/PT Clinical Extern has.

Range of Care Activities	Permitted
Supervise other staff	No
Administer any types of medications (e.g. oral, inhalation, injection, rectal, IV)	No
Take telephone, verbal, or written orders	No
Take report or handover a client	No
Identify/diagnose a disease or disorder as the cause of a client's symptoms	No
Intubation beyond the point in the nasal passages where they normally narrow or beyond the larynx	No
Suctioning beyond the point in the nasal passages where they normally narrow or beyond the larynx	No
Insert Coles, ET, and/or tracheostomy tube into a trach stoma or oral airway	No
Obtain Nasopharyngeal or rectal swabs (e.g. COVID-19, PCR, MRSA, VRE)	No
Do a stage 2, 3, 4, or unstageable dressing	No
Assist with admission process	Direct Supervision
Do a Deep Tissue Injury or Stage 1 dressing	Direct Supervision
Provide informal education to clients, families, colleagues, and students	Direct Supervision
Supervise prescribed inhalation of aerosol medication	Direct Supervision
Apply topical medications for local effect	Direct Supervision
Use epi-pen when client is having an anaphylactic reaction	Yes
Call a Code Blue	Yes
Perform CPR in Code Blue events if required	Yes
Assist with in patient functional, mobility assessments, and contribute to care planning and evaluation with an OT or PT when applicable	Yes
Assist with range of motion (ROM) and weight bearing activities as determined in client's care plan by Registered PT and/or OT	Yes
Activities of daily living care (e.g. bathing, dressing, turns, transfers, lifts, weights, incontinence care, and feeding)	Yes
Tip suctioning (as part of ADLs)	Yes
G-tube care (e.g. cleansing G, G/J sites)	Yes
Programming enteral (not including NG) feeding pump (as part of ADLs)	Yes
Enteral feeding (not including NG) tubing preparation and priming (as part of ADLs)	Yes
Flushing g-tube after feeds	Yes
Assist with hourly client rounding	Yes
Communicate with members of the interdisciplinary team and community providers	Yes
Documentation of client care	Yes
Procedural support	Yes
Collaborating on unit projects and quality improvement and/or safety initiatives	Yes

Sample provided by Holland Bloorview

In this health-care organization, OT and PT CEs are:

- employed as Unregulated Care Providers (UCPs)
- supervised by a Registered Nurse (RN), Registered Practical Nurse (RPN), Registered OT or Registered PT. The OT/PT cannot be in the Provisional Practice class and the Nurses cannot be part of the Temporary class.
- partners in the provision of care – client cannot be assigned to the OT/PT Clinical Externs and must be paired with a Registered OT, PT, RN, or RPN who will provide support and mentorship.

Respiratory Therapy (RT) CE Range of Activities:

At Holland Bloorview, RT Clinical Externs are:

- employed as Unregulated Care Providers (UCPs)
- supervised by a Registered Respiratory Therapist (RRT), Registered Nurse (RN), or Registered Practical Nurse (RPN). The RT cannot be in the Graduate Certificate of Registration class and the Nurses cannot be part of the temporary class.
- partners in the provision of care – client cannot be assigned to the RT Clinical Externs and must be paired with a RRT, RN, or RPN who will provide support and mentorship.

The CE Range of Care Activities are listed in Figure 10.

Figure 10: RT CE Range of Care Activities



No	Not permitted to perform. However, may observe and debrief to understand process.
Direct Supervision	Requires delegation with direct supervision. RRT, RN, and/or RPN must be physical present and must directly observe all steps of the process. Activities must always consider the specific education, knowledge, skill, and judgement the RT Clinical Extern has.
Yes	The activity requires an assignment. RRT, RN, and/or RPN may not be physically present but monitors activities by having the RT Clinical Extern report back regularly or be periodically observing the activity. Activities must always consider the specific education, knowledge, skill, and judgement the RT Clinical Extern has.

Range of Care Activities	Permitted
Supervise other staff	No
Administer any types of medications (e.g. oral, inhalation, injection, rectal, IV)	No
Take telephone, verbal, or written orders	No
Take report or handover a client	No
Identify/diagnose a disease or disorder as the cause of a client’s symptoms	No
Intubation beyond the point in the nasal passages where they normally narrow or beyond the larynx	No
Suctioning beyond the point in the nasal passages where they normally narrow or beyond the larynx	No
Insert Coles, ET, and/or tracheostomy tube into a trach stoma or oral airway	No
Obtain Nasopharyngeal or rectal swabs (e.g. COVID-19, PCR. MRSA, VRE)	No
Obtain tracheostomy aspirate	No
Do a stage 2, 3, 4, or unstageable dressing	No
Assist with admission process	Direct Supervision
Do a Deep Tissue Injury or Stage 1 dressin	Direct Supervision
Provide informal education to clients, families, colleagues, and students	Direct Supervision
Supervise prescribed inhalation of aerosol medication	Direct Supervision
Apply a prescribed amount of oxygen therapy to maintain or restore ventilation	Direct Supervision
Monitoring of cardio-respiratory equipment	Direct Supervision
Use epi-pen when client is having an anaphylactic reaction	Yes
Call a Code Blue	Yes
Perform CPR in Code Blue events if required	Yes
Perform respiratory assessments, including vital signs	Yes
Assist with activities of daily living (e.g. bathing, dressing, turns, transfers, lifts, weights, incontinence care, and feeding)	Yes
Assist with range of motion (ROM) and weight bearing activities as determined in client’s care plan by Registered PT and/or OT	Yes
Tip suctioning (as part of ADLs)	Yes
Assist the RRT with checking and maintaining equipment including oxygen therapy, ventilator circuit set-up, and stocking of Code Blue/crash cart supplies	Yes
Perform routine ventilator checks	Yes
Supervise incentive spirometry	Yes
Assist with hourly client rounding	Yes
Communicate with members of the interdisciplinary team and community providers	Yes
Procedural support	Yes
Documentation of client care	Yes
Collaborating on unit projects and quality improvement and/or safety initiatives	Yes

Role Clarity of Unregulated Roles in an Inpatient Unit

To provide clarity to the different unregulated roles and the activities that they can perform, the University Health Network (UHN) created a chart outlining each of the roles and the activities that were in scope for them to provide. However, regardless of what is outlined in the chart, the health-care professional assigned to work with the unregulated team member must ensure any work assigned to them is appropriate, and that the individual has the appropriate knowledge, skill and judgement to perform the task. See Figure 11 for the role clarity of Unregulated Roles-Inpatient Unit document.

Figure 11: UHN Clarity of Unregulated Roles-Inpatient Unit

● Focus of Role # with additional training (and approved for the program) + if part of assignment by OT, PT, or RT

Activities	Essential Care Partners (with training)	Personal Support Worker	Team Aide	Care Associate (Nursing)	Nursing CEs & IENs	OTA/ PTA/ RA	OT/PT CEs	RT CEs
Communicates and raises issues with care team	●	●	●	●	●	●	●	●
Supporting patient self-management skills	●	●	●	●	●	●	●	●
Orienting / Re-orienting	●	●	●	●	●	●	●	●
Calls from family/friends and supporting virtual calls	●	●		●	●			
Assist with Positioning/Transfers/Mobility/Prone	●	●			●	+	+	+

● Focus of Role # with additional training (and approved for the program) + if part of assignment by OT, PT, or RT

Activities	Essential Care Partners (with training)	Personal Support Worker	Team Aide	Care Associate (Nursing)	Nursing CEs & IENs	OTA/ PTA/ RA	OT/PT CEs	RT CEs
Oral Hygiene and Feeding	●	●			●	+	+	
Shower/ Personal Hygiene	●	●			●	+	+	
Toileting, Bed Pan, Briefs Change	●	●			●	+	+	
Linen changes	●	●	●	●	●			
OT/PT Assigned Therapies	●					●	●	
Distributing Water		●	●	●	●			
Answering call bells / Hourly Patient		●	●	●	●			



Checks								
Stocking, preparing, cleaning and maintenance of supplies and equipment		●	●	●	●	+	+	+
Constant Observation		●			●			
Documentation		#				●		
Record Patient Weight and Height		●			●			
Specimen collection –Urine (MSU, Foley), Stool, Spontaneous Sputum, MRSA, Candida, CPO, VRE		#						
Vital Signs		#						
Intake/Output (P.O.); Emptying JP, HNV, Foley, Ostomy		#			●			
Oral Suction		#						
Trach Suctioning		#						
Apply TEDs		#				+		
Stool Documentation		#						
Wound Care / Foot Care		#						

Clinical Extern Toolkit – Human Resource Considerations

Clinical Extern Toolkit – Human Resource Considerations

Overview

Clinical Externs (CEs) are clinical learners who are employed as unregulated care providers to work under the supervision of regulated care providers. Each organization is required to determine how CEs can be incorporated appropriately to best support workflow and patient management.

Although organizations hire CEs as staff, their academic responsibilities and obligations remain a priority. This impacts their availability particularly during times where their academic priorities are most demanding, such as during exam periods and during clinical placements. This is an important consideration for organizations as they plan and forecast staffing resources, given the ebb and flow of availability. Organizational flexibility enables more successful integration of the role and positively impacts the Extern experience.

1) Hiring/Recruitment

Hiring

Organization specific processes related to hiring will be followed.

Recruitment

Hospitals may choose their preferred approach to identify and hire Externs. For example, organizations may employ clinical learners through:

- Existing relationships with educational institutions
- Employing students completing unpaid placements in the hospital setting
- Regular position posting
- Working with Ontario Health (OH) to market positions and utilizing OH recruitment supports

Hospitals can request OH support by emailing PracticeOntario@ontariohealth.ca

2) Full Time Equivalent (FTEs)

Clinical Extern (CE) Role

The ministry recognizes that organizations may employ CEs in positions with varying FTEs. Hospitals can submit the ministry allotted hourly wage for CE employment expenses, regardless of the position's FTE.

Employers have found 0.2FTE to 0.6FTE helpful to allow for flexibility in scheduling, while enabling the CEs to meet scheduling requirements and academic priorities. Academic obligations of their educational program means that they will have varying availability, with peak availability during breaks and upon semester completion.

Extern Mentor Coordinator (EMC) Role

Hospitals have the flexibility to develop Extern Mentor Coordinator compensation structures that meet their unique needs. These roles are helpful in enabling an organization to operationalize the CE role and provide mentorship. The ministry allots compensation specific to this role.

3) Wages and Salary

The ministry provides hourly wage and salary allotments to the CE and EMC roles. Residual costs are the accountability of the organization. Additional expenses may include shift premiums eligible for other staff in the organization.

Overtime may be offered to CEs and is subject to organizational processes and procedures (often paid once the Extern has worked more than the 75 hours in a pay period).

CE Role & Unionization

Organizations may be bound by collective agreements where the CE role is part of a union. This may impact compensation and how the CE role is operationalized.

4) Moving from Clinical Extern to Staff – Key Organizational Considerations

Moving from a student to professional can be an exciting yet challenging and overwhelming process. CEs are well positioned to successfully transition to staff roles however, continued support and orientation is recommended. Below are key considerations:

- A thorough orientation is provided despite the duration a CE was on a unit or employed within the organization
- In-class and on-unit orientation should adhere to the standard organizational orientation requirements as their role and accountability as a CE vastly differs from that of staff
- On-unit supports and buddy systems are invaluable and play a key role in retention of new graduates
- Mentorship programs should be considered to enable successful transitions
- Explore role of Clinical Educators and other Advanced Practice resources in supporting the new graduate
- CEs to participate in educational offerings to enable successful transitions to staff roles
- Learning needs assessment focused on the new graduates and an evaluation of the new graduate experience
- Tailored professional development opportunities
- Opportunities for those moving from CE to staff roles to come together, share experiences and debrief

5) Roles and Responsibilities – Extern Mentor Coordinator Role

Considerations Regarding EMCs' Professional Requirements and Qualifications:

The EMC roles provide leadership opportunities for experienced health-care providers who are in good standing with their regulatory body. The following qualifications may be considered as part of a more comprehensive selection criteria for EMCs:

- Excellent clinical skills and competencies
- Outstanding communication skills
- Previous experience teaching, working with learners and/or precepting
- Previous experience as Clinical Instructor or placement supervisor
- Demonstrated leadership, change management, and problem-solving skills

Responsibilities

EMCs should be responsible for supporting Externs' practice and integration into the clinical area in accordance with organizational and professional standards, and in collaboration with clinical teams. Appendix A provides a high-level summary and example of EMC roles and responsibilities.

The delineation between the Extern supervision and mentorship roles is at the hospital's discretion. For example, a hospital may choose to have an EMC role that is 80% mentorship and 20% clinical practice.

Appendix A – Sample Clinical Extern Role Description

Job Description – Nurse Extern

JOB TITLE Clinical Extern - Nursing	DEPARTMENT
REPORTS TO	JOB CODE

SUMMARY

<Organization> is an academic hospital, fully affiliated with the University of Toronto. All clinical staff are expected to contribute to the academic agenda through one or more of the following activities: supervising students, teaching, academic service, scholarship and research. All non-clinical staff are encouraged, when appropriate.

Nursing Externs are unregulated care providers who work under the direct/indirect supervision of the Registered Nurse/Registered Practical Nurse or the unit team leader/delegate. At <organization>, Nurse Externs are Bachelor of Science Nursing Students who have completed a minimum of one year (accelerated program) or two years of a 4-year program. Nursing Externs work with clients who have a low complexity of care needs, high predictability of their condition, low technical requirements and low level and range of potential outcomes. The Regulated Health Professions Act and College of Nurses of Ontario direct the type of care they can provide based on the level of supervision. They may perform pre-identified Controlled Acts authorized to nursing within the Regulated Health Professions Act (RHPA) of Ontario delegated to them under the supervision of a nursing professional who is authorized to perform them.

Externs will be hired on contract, during which the Extern will work part time hours to a maximum of full-time hours (37.5 hours per week). The scheduling of these hours will be determined based on program needs and may include day/evening/night and weekend shifts.

Although most Externs work in the summer, they may be scheduled to work (if they have availability) throughout the school year.

KEY RESPONSIBILITIES

Performs the following under the direct/indirect supervision of the Registered Nurse/Registered Practical Nurse

- Provides safe care that promotes and supports the physical, psychosocial and spiritual wellbeing of clients and families
- Demonstrates accountability for own client care by adhering to <organization>'s policies and procedures i.e. positioning, bathing, feeding, and toileting supporting client personal care needs



- Supports development of client independence in the practice of scheduling and directing their own care
- Assists clients in working towards their identified program goals as appropriate and under the direction of nurse
- Provides client care in both onsite hospital and offsite community settings as per shift assignment
- Provides direct care to clients/families with predictable outcomes under the guidance of the CNO practice guideline “Working with Unregulated health-care providers”
- Provides care in collaboration with the client and family, and communicates with members of the interdisciplinary care team and community providers as appropriate
- Participates in quality improvement activities to ensure delivery of efficient and effective health care and the maintenance of a safe and healthy work environment
- Collaborates with the RN/RPN who is assigned to administer medications/treatments for their clients, to determine their respective responsibilities and duties. It is an expectation that the Extern has knowledge about the times medication/ treatments are due and an understanding of common side effects. As well, the Extern is expected to inform the RN/RPN of the need to assess for PRN medication administration as appropriate
- With the direction of the nurse may provide informal education, to clients and families, colleagues and students
- Supports the development of professional nursing practice through participation in unit-based activities as appropriate
- Establishes annual goals and objectives
- Maintains own knowledge, skills, and abilities through attendance at in-house education sessions
- In partnership with clients/families and the interdisciplinary team, provides client and family-centered care which is goal-directed, evidence-based and outcome-oriented
- Supports and respects the client/family’s rights to make decisions based on their own values, beliefs and experiences
- Utilizes a strength-based approach to care
- Communicates in a timely and effective manner
- Participates in quality improvement initiatives, supports the maintenance of a safe and healthy work environment, and advances a culture of client/patient safety through work and daily practices

QUALIFICATIONS

- Must have successfully completed two years of a four-year or one year of a two-year accelerated program from a recognized Bachelor of Science Nursing school
- Current BCLS certificate—Basic Rescuer required
- Experience in working in clinical placements during first year of nursing school
- Experience and comfort working in varied program settings
- Experience in behaviour management preferred
- Demonstrated ability to collaborate effectively in a team environment
- Demonstrated responsibility and skills to work independently

- Completion of mandatory/required certifications provided via corporate orientation, including extern orientation, and as defined by program (e.g. Fit Test, WHIMS, AODA, IPAC)

DISCLAIMER

This job description represents only a summary of the typical functions of the job, not an exhaustive or comprehensive list of all possible job responsibilities, tasks and duties. The responsibilities, tasks and duties of the jobholder may differ from those outlined in this job description. Other duties, as assigned, may become part of the job.

Appendix B – Sample Clinical Extern Mentor Coordinator Role Description

Job Description – Clinical Extern Coordinator

JOB TITLE Clinical Extern Coordinator (CEC) or Extern Mentor Coordinator (EMC) Non-Union or part of union	DEPARTMENT
REPORTS TO	JOB CODE

SUMMARY

<Organization> is an academic hospital, fully affiliated with the University of Toronto. All clinical staff are expected to contribute to the academic agenda through one or more of the following activities: supervising students, teaching, academic service, scholarship and research. All non-clinical staff are encouraged, when appropriate.

The Clinical Extern Coordinator (CEC) provides leadership and is responsible for supporting the onboarding, planning, education, and integration of Externs. The CEC provides mentorship, team integration support, and CE coordination. In collaboration with Practice Leaders and/or Advanced Practice Nurse Educators, the ECE is responsible for supporting Externs' practice into the clinical area in accordance with <organization>'s organizational and professional standards. Your role will include both a mentorship and clinical practice oversight, supporting CE to practice safely and effectively as unregulated care providers.

KEY RESPONSIBILITIES

Education:

- Contributes to CE onboarding
- Supports CE orientation, education and development
- Provides overall program implementation and evaluation
- Implements Best Practices identified within the Enhanced Extern Program Guideline (Oct. 2021)

Clinical:

- Supports CEs' practice and integration at the organizational and clinical level in accordance with organizational and professional standards, and in collaboration with clinical teams
- Aids in integration of team processes and role clarity
- Assists CEs to become familiar with the work in their new area of practice
- Supports unit teams to collaborate with Externs to provide required patient care

- Maintains regular unit presence to support ongoing education needs and tracking of required skills attainment
- Provides ongoing monitoring and evaluations of CE role
- Promotes CE/staff wellness and team well-being
- Serves as a liaison and conduit between unit-level leadership, Practice and Operations
- Models behaviour that is aligned with the hospital values: <List Organization's values>

Professional Development/Leadership

- Demonstrates accountability for own practice by adhering to established professional practice standards
- Contributes to the development of practice through participation and leadership opportunities
- Demonstrates a commitment to lifelong learning and continuous development of self by identifying learning needs and establishing annual goals and objectives
- Maintains own knowledge, skills, and abilities through education, and training
- Manages change in a constructive and appropriate manner
- Ensures that practice issues are addressed using appropriate lines of communication within the organization
- In partnership with clients/families and the interdisciplinary team, provides client and family-centred care which is goal directed, evidence based and outcome oriented
- Bases practice on established policies and procedures
- Interacts with members of the interdisciplinary team and community providers to ensure an integrated approach to service
- Outstanding verbal and written communication skills
- Excellent clinical skills and competencies
- Demonstrated leadership, change management, and problem-solving skills

Research:

- Utilizes research to establish and support evidenced-based practice
- Shares new knowledge and best practices with colleagues and other professionals within the organization and the community
- Participates in research where applicable
- Must be willing to participate in quality initiatives and measurements

QUALIFICATIONS

Education/Certification/Licenses:

- Current certification with the College of Nurses of Ontario in good standing or valid registration and in good standing with their professional regulatory body

- Master's degree in nursing or in a related health-care field – education leadership stream preferred
- BCLS certification required

Preferred Experience:

- A minimum of three (3) years of nursing experience preferably in an acute care OR rehabilitation/complex continuing care environment
- Demonstrated excellent clinical skills and competencies.
- Previous experience teaching, working with learners and/or being a preceptor
- Previous experience as a clinical instructor or placement supervisor preferred
- Preceptor/mentor training and experience with nursing learners preferred
- Comprehensive knowledge of nursing competencies and standards of practice with an ability to evaluate learning needs and implement practice/performance improvement strategies
- Commitment to collaborative academic practice; experience in advancing best practice/evidence-informed initiatives
- Understanding of principles of risk management, emergency procedures and infection prevention and control preferred
- Demonstrated leadership, change management and problem-solving skills
- Excellent interpersonal and communication skills; professional, diplomatic and confident with a proven ability to work with individuals across all levels of the organization
- Excellent organizational and time management skills with the proven ability to manage competing demands
- Knowledge and understanding of the health-care system and health professions education and academic system
- Strong computer skills (e.g. Microsoft Office, etc.)
- Promotes inclusiveness and recognizes and respects the value of diversity within our community and our workforce
- Proven demonstration of workplace excellence shown by commitment to strong job performance and attendance

DISCLAIMER

This job description represents only a summary of the typical functions of the job, not an exhaustive or comprehensive list of all possible job responsibilities, tasks and duties. The responsibilities, tasks and duties of the jobholder may differ from those outlined in this job description. Other duties, as assigned, may become part of the job.

References

Ministry of Health (Oct 2021). Enhanced Extern Program – Guide for Health Care Organizations.

Retrieved from

<https://www.oha.com/Bulletins/Enhanced%20Extern%20Program%20Guide%204.0%20October%202021.pdf>

Appendix C – Sample Interview Questions: Clinical Extern

Clinical Nurse Extern Interview Guide

Interview Details

Candidate Name:	Date: Click here to enter date.
Panel Member:	Total Score:
Panel Members:	

Introduction

- Opening:**
 Thank you for joining us to interview for the **clinical nurse extern position**. This interview is confidential. We ask that the content of our discussion not be shared outside of this interview. This is an objective process; we will only consider information that you share with us during this interview. The position includes all shifts – days, evening, and nights. The thirty-minute interview will contain questions to get to know more about you and what you can bring to this role. Tell us as much detail as you can as it relates to the questions that we are asking you. If you mention something that we would like to hear more detail about, we will ask you further probing questions. There is no rush to answer the questions- take time to formulate the best answer to share with us. If you require clarification or for us to repeat any of the questions, please ask.
- Briefly, the clinical nurse extern role is an unregulated care provider role in which you'll assist nursing staff with their tasks and responsibilities, with a scope of practice including vital signs, head to toe assessments, wound care, point of care glucose testing, specimen collection, and more. There is some scope variance between units and programs.
- You will have the opportunity to ask questions at the end of the interview, but do you have any questions before we begin?

Notes:

Scheduling Explanation:

- Externs self-schedule their own shifts, ensuring they meet their work commitment hours for each biweekly pay period. The flexibility is very appealing for nursing student commitments.
- There is a bare minimum commitment of PT FTE 0.2 (two 8-hour shifts biweekly), with one night shift per month required.

- Externs have the ability to work above their bare minimum commitment up until full-time (80 hours) biweekly. There is no overtime opportunities offered for clinical nurse externs.
- With this in mind, which of the following commitments work for you?

Available FTE's (Bi-weekly)					D/E/N + Weekends Acknowledged	Earliest Available Start Time	Nursing School / Year / IEN experience
FT (1.0) 80 hrs 6 X 12hr + 1 x 8 hr	PT(0.6) 48 hrs 4 x 12 hr	PT(0.4) 32 hrs 2 X 12hr + 1 X	PT(0.3) 24 hrs 2 X 12hr	PT(0.2) 16 hrs 2 X 8 hr			

Interview Questions

Suggested template to use for each question asked:

Notes:	Rating	
		0 – Does Not Meet Expectations
		1
		2 – Partially Meets Expectations
		3 – Meets Expectations
		4
		5 – Exceeds Expectations

Question 1: UNDERSTANDING THE ROLE

- 1) Why did you apply for the clinical nurse extern position at <organization>? Tell us about how you think your past school and work experiences will benefit you in this role. Please use specific examples.

Preferred Responses:

- *Similar experiences in acute care settings / similar roles*

- *Past experience in head-to-toe, vital signs, activities of daily living (ADLs), documentation responsibilities*
- *Personal attributes (i.e. Professionalism, multi-tasking, adaptable)*

Question 2

- 2) You are assigned to work on a medicine unit. The nurse you are assigned to has asked you to feed the patient in room 832 while she gets their medications prepared. What would you want to consider before proceeding?

Preferred Responses:

- *Any dietary restrictions (thickened fluids, minced diet, etc.)*
- *Any pending tests (i.e. NPO for surgery, NPO for US/CT)*
- *Airway concerns re: risk for aspiration*
- *Behavioural/safety concerns (i.e. Dementia, risk for aggression)*
- *The medications being prepared (i.e. Antglycemics)*

Question 3:

- 3) Mrs. Brown has a known history of dementia and is a risk for violence. When you approach Mrs. Brown to redirect her to bed, she begins to yell and swear at you, and even tries to get physically aggressive with you. How do you approach this situation in terms of de-escalation, and how would you respond if the situation escalates?

Preferred Responses:

- *Stay calm, do not reciprocate agitation*
- *Attempt to reorient patient if possible*
- *Be direct and clear in communications with patient, setting boundaries*
- *If personal safety is at risk, call for security/assistance and ensure own safety*
- *Leave and come back to reattempt reorientation*
- *Notify superiors, ask for help*

Question 4:

- 4) Mr. Potter has a history of falls and continues to get out of bed independently despite reminders to ask for assistance. What are some things you can do as an extern to improve the patient's safety?

Preferred responses:

- *Falls risk assessment to assess if patient still requires falls risk alert or additional interventions*
- *Environmental scan to ensure safe environment (decrease clutter, lights on, etc.)*
- *Remain calm and communicate clearly with patient*

- *Close monitoring, whether remaining with patient or frequent rounds*
- *Escalating to primary nurse if/when required (meds, restraints, etc.)*

Question 5:

- 5) Your nurse has asked you to conduct your initial assessment on a patient known to be in stable health conditions and completely oriented. When you begin to assess this patient, you recognize that they are slow to respond and unable to answer correctly despite repeating your questions.
- What are your considerations for potential causes for acute changes to your patient's level of consciousness?
 - What would you want to include in your assessment and report to the primary nurse?

Preferred Responses:

- *Conditions that can contribute to acute changes to a patient's level of consciousness (low blood sugar, fever, stroke, poor gas exchange)*
- *Assess level of consciousness, responding to questions, alert to name, place, time. Following commands. Neurodeficits. Slurred speech, facial droops. Any signs of trauma, head injury, bruising, abnormal vital signs.*

Question 6:

- 6) Your clinical extern coordinator has received concerns from your primary nurse regarding your work ethic and availability to help the unit. What does professionalism mean to you, and how would you plan to respond to and address these professionalism concerns to prevent further escalation?

Preferred Responses:

- *Taking full accountability for the professionalism concern at hand*
- *Recognition of the importance of the concern and the severity of the potential repercussions*
- *Identify clear and achievable goals (SMART – Specific, measurable, achievable, realistic, timely) with a plan to demonstrate improvement, and discussion of further repercussions if the behaviour continues*

Question 7:

- 7) <Organization> greatly values patient and family-centered care as a guiding philosophy. Tell us what patient and family-centered care means to you, and provide an example of how you've demonstrated this in the past (work, nursing school, etc.)

Preferred Responses:

- ***PFCC – incorporating patient and family into circle of care, involving them in decisions, incorporating their definition of health and health-care goals into their care plan, not making decisions on their behalf, providing education and support in any way they require to support their needs while in hospital***
- ***An applicable example of how they've done this in the past***

Questions & Comments

That concludes the interview. Do you have any questions for us?

As previously mentioned, you are able to provide your top 3 units of interest, though we cannot guarantee placement. Do you have a top 3 in mind?

Closing the Interview

- Explain when interviews are expected to conclude and when hiring decision is expected to be confirmed.
- (If the process does not include a second interview): Advise that a representative from Human Resources will contact candidate(s) for whom we wish to complete reference checks.
- All candidates who interviewed for the position will be contacted and advised about the outcome of the interview
- Offer the candidate an opportunity to ask questions.
- If the candidate asks, you can respond with the actual number of individuals being interviewed as part of this recruitment process.
- Thank the applicant for their interest in the role and in our hospital and wait for candidate to leave

Sample provided by North York General Hospital

Appendix D – Sample Interview Questions: Clinical Extern Coordinator

Clinical Extern Coordinator - Interview Tool

Interview Details

Candidate Name:	Date: Click here to enter date.
Panel Member:	Total Score:
Panel Members:	

Introduction

- **Opening:**
Thank you for joining us to interview for the **clinical extern coordinator** position. This interview is confidential. We ask that the content of our discussion not be shared outside of this interview. This is an objective process; we will only consider information that you share with us during this interview. The role is a temporary full-time position including day and evening shifts under the Professional Practice department.
- We'll start by introducing ourselves:
 - Hiring manager to introduce themselves with name, position, and department.
 - Other hiring panel members to introduce themselves with name, position, and department.
- Briefly, the clinical extern coordinator role is a mentorship role in which you'd be overseeing clinical externs in various inpatient settings throughout the organization, providing education, onboarding, and innovative initiatives to develop and foster clinical externs with retention and nursing staff assistance in mind. The extern coordinator also oversees the internationally educated nursing program, in which we assist IENs with retrieving their license through the CNO's supervised practice experience partnership. Similarly, you would be educating and onboarding with the same goals of retention and nursing staff assistance.
- The interview will be 30 minutes long, with questions and potential follow up questions dependent on answers provided. We will be taking notes, so please don't be distracted by a lack of contact. You are welcome to ask us to repeat or clarify any questions, or take a moment before providing an answer.
- You will have the opportunity to ask questions at the end of the interview, but before we begin, do you have any questions at this time?
- **Notes:**

Interview Questions

Suggested template to use for each question asked:



Notes:	Rating	
		0 – Does Not Meet Expectations
		1
		2 – Partially Meets Expectations
		3 – Meets Expectations
		4
		5 – Exceeds Expectations

Question 1:

1. Why did you apply for the Clinical Extern Coordinator Position? Please share with us how your past work or academic experiences will benefit you in this role.

Preferred Responses:

- *Similar experiences in educator/leadership roles (i.e. educator, program lead, preceptorship)*
- *Experiences with program/project design, implementation, and evaluation*
- *Personal attributes (i.e. Professionalism, multi-tasking, adaptable)*

Question 2

2. One of the nurse externs from the orthopaedics unit contacts you and asks if they can speak with you. When you arrive on the unit, the extern informs you that they don't want to work with the nurse they have been assigned to for the day because they make them feel like a bother. What would your next steps be?

Preferred Responses:

- *Conflict resolution strategy and potential solution*
- *Exploration of conflict from both extern and nurse perspectives*
- *Similar experiences in the past that are relatable from a staff conflict resolution perspective*

Question 3:

3. An internationally educated nurse reaches out to you regarding a skill within their scope of practice. They have completed the required modules and orientation, but report a lack of competency in completing the task. How would you respond, and what would be your next steps?

Preferred Responses:

- *Exploration of the skill/task at hand*
- *Educational needs assessment → identification of the knowledge gap*
- *Collaborative approach to just-in-time education with potential solutions offered (learning plan, simulation, review and supervision of task performance via return demonstration, etc.)*

Question 4:

4. In your first two weeks, you note that an extern has been late to their shift three times along with one no-show to a shift without explanation. How would you approach this extern regarding this professionalism concern, and what would the focus of your discussion be?

Preferred Responses:

- *Acknowledgement of the CEC role to uphold professionalism standards for clinical externs*
- *Firm, direct communication style inclusive of exploration of the issue at hand, and providing an opportunity for the extern to explain the issue from their perspective*
- *Similar situations in their past experience and how they handled it, including potential repercussions*

Question 5:

5. The clinical extern and IEN programs are overseen by a team that values creativity and innovation in each program's design and implementation. Please share with us a time in which you've helped design or implement a program, project, or educational service that you feel would translate to this role.

Preferred Responses:

- *Academic and/or work-related program, project, or educational service that relates to the educational / managerial aspects of the role*
- *Insights into program/project design, implementation, and evaluation theory and activities (i.e. PDSA cycles, logic models, pre-post evaluations, etc.)*
- *Clear articulation of their contribution and deliverables to successful design, implementation, and evaluation stages*

Question 6:

6. How would you measure a successful learning environment? What specific activities or tools would help you measure your success in creating a successful learning environment?

Preferred Responses:

- *Defined vision of what constitutes a successful learning environment for nurse learners*

- *Specific activities, data, or metrics that would demonstrate a successful learning environment (pre-post assessments, mixed method qualitative/quantitative data collection, surveys, etc.)*
- *Insights into theory behind education provided (i.e. knowledge translation plan, implementation sciences, etc.)*

Question 7:

7. How would you envision service excellence in this role? Please describe a time in which you have delivered service excellence to those you have supported within your academic or work career that would translate to this role.

Preferred Responses:

- *Similar experiences in educator/leadership roles (i.e. educator, program lead, preceptorship)*
- *Experiences with program/project design, implementation, and evaluation*
- *Personal attributes (i.e. Professionalism, multi-tasking, adaptable)*

Question 8:

8. We greatly value patient and family centered care. What does patient and family-centered care (PFCC) mean to you, and how can you promote this philosophy through this role?

Preferred Responses:

- *Accurate description of PFCC from a clinician and organizational perspectives*
- *Relevant examples of PFCC within their own career*
- *Clearly articulated examples of how the role contributes to PFCC (i.e. educating current nursing assistive staff and future nursing staff who are hands-on, frontline care providers re: PFCC)*

Questions & Comments

That concludes our interview questions. Do you have any questions for us?

Follow up if they have not expressed this yet: When would you be able to start if successful in this interview?

Closing the Interview

- Explain when interviews are expected to conclude and when hiring decision is expected to be confirmed.
- (If the process does not include a second interview): Advise that a representative from Human Resources will contact candidate(s) for whom we wish to complete reference checks.
- All candidates who interviewed for the position will be contacted and advised about the outcome of the competition.
- Offer the candidate an opportunity to ask questions.



Toronto Academic
Health Science Network

- If the candidate asks, you can respond with the actual number of individuals being interviewed as part of this recruitment process.
- Thank the applicant for their interest in the role and in our Hospital and wait for candidate to leave MS Teams.

Sample provided by North York General Hospital

Clinical Extern Orientation Handbook

The Clinical Extern (CE) Program provides health discipline students with the opportunity to work as unregulated care providers in acute clinical settings. The program allows CEs to demonstrate and build upon clinical knowledge, practice, judgment, and skills within various settings. The program's overarching goals are to simultaneously provide valuable nursing and health-care team assistive staffing support while serving as a retention strategy for prospective future regulated health-care staff.

Please [click here](#) to go to the Clinical Extern Orientation Handbook.

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