Policy: Supplemental Work-Integrated Learning Experiences

PURPOSE:

The purpose of this policy is to provide clear direction for securing a supplemental work-integrated learning (WIL) experience that enhances students' learning during their assigned WIL placement (e.g., practicum or preceptorship).

DEFINITIONS:

Supplemental work-integrated learning (WIL) experience: Any practice experience that occurs outside of a student's assigned WIL placement but is relevant to their learning objectives is considered a supplemental WIL experience.

POLICY SCOPE:

This policy applies to all supplemental WIL experiences in the Bachelor of Nursing (BN) Programs. Such experiences must involve all students within a designated WIL student group, excluding those enrolled in NURS 4922.

POLICY STATEMENT(S):

Due to potential risks and liability associated with supplemental WIL experiences, the BN Programs must be aware of students' locations during WIL-assigned clinical hours. A clearly documented process is required to ensure equitable learning opportunities and to prevent scheduling conflicts ("learner collision") with other students and programs. This documentation also supports compliance with affiliation agreements (e.g., AHS Student Placement Agreement) with health care agencies (e.g., Alberta Health Services, Covenant Health, Good Samaritan Society), which require that students be supervised at all times by a program instructor or designated agency staff member.

Supplemental WIL experiences must be relevant to the context of the assigned WIL placement and support the achievement of course outcomes. All students within the designated WIL student group must have an equal opportunity to participate in the supplemental WIL experience.

SPECIFICS OF THE POLICY:

The following steps must be completed prior to the commencement of a supplemental WIL experience:

1. **Initial Request:**
   The instructor or faculty advisor must contact the Practice Coordinator (Lethbridge Polytechnic) or Assistant Dean – Nursing (University of Lethbridge) to initiate the request *prior* to contacting the unit/site manager. This ensures equitable access to supplemental WIL experiences and avoids scheduling conflicts ("learner collision") at the proposed location. The request must include the following information:

   a) Program name
   b) Instructor name
   c) Course name and section number
   d) Date and time of the experience
   e) Site location
   f) Manager name
   g) Purpose of the experience

2. **Authorization to Proceed:**
   The instructor or faculty advisor will be notified by the Practice Coordinator or Assistant Dean – Nursing when to proceed with contacting the unit/site manager.

3. **Site Approval:**
   If the unit/site manager approves the request, they must provide the name(s) of the individual(s) responsible for supervising the student(s) during the experience, if not the instructor.

4. **Documentation and Confirmation:**
   The instructor must notify the Practice Coordinator or Assistant Dean – Nursing, who will inform the WIL Office for tracking and documentation (e.g., HSPnet). The instructor must also confirm the experience with the unit/site manager via email. Both communications must include:

   a) Names of student(s)
   b) Nature of the experience (e.g., tour, shadowing)
   c) Date(s) and time(s) of the experience
   d) Name of the approving manager
   e) Name of the responsible staff member

5. **Travel Considerations:**
   Any travel-related considerations (e.g., risk management) will be addressed at the institutional level and are dependent on the approved activity.

APPENDIX:

Supplemental Work-Integrated Learning Experience: Approval & Communication Form (attached)

RELATED POLICIES/ASSOCIATED GUIDELINES:

N/A

REFERENCES:

N/A

For the most current policy information, always refer to the official NESA BN Program Guidelines and Forms Website: https://www.ulethbridge.ca/healthsciences/policies

Approved by/date: NESA Joint Faculty Council; May 11, 2026

Supplemental Work-Integrated Learning Experience Approval & Communication Form

Refer to Supplemental Work-Integrated Learning Experiences Policy for instructions to complete form.

A. Practice Course and Section:	
B. Practice Instructor(s):	
C. Description of Proposed Activity: **Explain relevance to current WIL placement and course outcomes* **Use back of form if more room required*	
D. Proposed Dates/Times of Activity: (If on-going, proposed rotation/frequency of activity) **Ensure all students have equal opportunity to participate* **Use back of form if more room required*	
E. Approval Received from Practice Coordinator (LP) or Assistant Dean – Nursing (UL):	Date approval received:
F. Written approval Received from Manager of practice site for Supplemental WIL experience:	Date approval received:
G. Name of individual(s) providing supervision during Supplemental WIL experience:	

REMINDER: Send completed form to practice site Manager AND Practice Coordinator (LP) or Assistant Dean – Nursing (UL) prior to the commencement of Supplemental WIL experience.