



Student Supervision Premium Questionnaire

ONA GEL File #: _____ Grievor Name: _____

Bargaining Unit
Grievance #: _____ Employer: _____

Introduction

The purpose of this questionnaire is to get facts to enable ONA to make an informed decision on the merits of a student supervision premium case before proceeding to grievance.

This questionnaire is meant to be completed by a grievor(s) alleging they should have been paid student supervision premium. Noted below are a number of questions that deal with this grievance. The reason for asking for this information is to assess the best way in which ONA can assist in resolving the issues.

Should a grievance proceed to arbitration it is necessary for the Arbitrator to hear about events at the time that the grievance was filed. The Arbitrator will look at all the evidence put forward by ONA and the employer and determine whether student supervision premium applies.

It is up to ONA to convince the arbitrator that student supervision premium ought to have been paid. The more information ONA gathers, the more likely the grievance will be successful. We, therefore, need considerable help in gathering the evidence.

Please be aware this questionnaire must be completed and returned to the Grievance Chair and LRO prior to the first step of the grievance procedure.

Questions

Please provide the following information.

1. What position do you work in? (RN, Charge Nurse, Clinician, etc.)

2. Were you assigned to supervise students?

☐ Yes ☐ No

By whom?

3. Did you keep a record of the time that you spent directly with the student being supervised? (This may be filled out after the fact)

☐ Yes ☐ No

What are the shifts/dates and hours for which you are claiming student supervision premium?

4. How did the assignment take place (verbal, on an assignment sheet, on the posted schedule)? Please provide a copy of any document that shows you were assigned a student to supervise.

5. Are all nurses on your unit required to supervise students?

☐ Yes ☐ No

Is it done on a voluntary basis?

☐ Yes ☐ No

If it is voluntary, how do nurses make their desire to supervise students known?

How are nurses chosen?

6. Were you supervising: [moved up #8 and renumbered]

☐ a RN student?

☐ a RPN student?

☐ a post-graduate RN student?

☐ a PN student?

7. What year was the student in that you were assigned to supervise?

8. Was there a school educator/Clinical Instructor assigned to the unit/hospital?

9. Was the school educator/Clinical Instructor with the student during the shift?

☐ Yes ☐ No

If so, for how long?

If not on the unit, was the school educator/Clinical Instructor in the building, available by phone/page, etc...?

☐ Yes ☐ No

10. Did you see the school educator/Clinical Instructor at any time during the assignment/shift?

☐ Yes ☐ No

Did you have any communication with the school educator/Clinical Instructor?

☐ Yes ☐ No

Did the student have any contact with the school educator/Clinical Instructor during the assignment/shift?

☐ Yes ☐ No

11. Were you informed in writing of your responsibilities in relation to the student(s)?

12. What responsibilities were you given?

If you have any documents (e.g., a school document, a hospital policy regarding students or individual unit guide on student supervision, etc.) outlining your responsibilities, please

provide it.

How many patients/clients/residents were you assigned on this shift?

How many of those patients/clients/residents were assigned to the student?

13. Were you provided with any training prior to being assigned a student?

☐ Yes ☐ No

If so, what did the training entail? Provide documents re training.

Who provided the training?

Did you believe the training was adequate to meet the responsibilities given to you?

☐ Yes ☐ No

14. Were you required to provide any instruction or teaching to the student?

☐ Yes ☐ No

If so, what (e.g., dressings, catheterization, medication administration, etc.)?

15. Are you aware of any information provided to the hospital by the educational institution with respect to the skill level of the students?

☐ Yes ☐ No

Was that information made available to you?

☐ Yes ☐ No

If so, please provide.

16. Did you request that the hospital review your workload with you and the student to facilitate successful completion of the assignment?

☐ Yes ☐ No

If you were denied your request, what reason was given?

17. Did you keep a record of the time that you spent directly with the student being supervised? (This may be filled out after the fact)

☐ Yes ☐ No

What are the dates and hours for which you are claiming student supervision premium?

18. It is recognized that the nurse and the student being supervised may not be together at all times. How often were you liaising with the student being supervised, e.g. hourly, each shift, at the beginning or end of each shift, etc?

Please keep records of the time, dates and hours for which you are claiming the student supervision premium.

Please provide copies of any of the following information available:

- ☐ Any learning plans
- ☐ Documents around students (i.e. hospital policies, CNO guidelines, school documents)
- ☐ Assignments/schedules set up for the student, notes of meetings with the employer
- ☐ Student teacher/clinical instructor and student