

*Educating for a Comprehensive Nursing System: An
Action Framework for Nursing Education in British
Columbia*

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March 2008

Background

The Nursing Education Council of British Columbia (NECBC), a consortium of program leaders representing BC schools of nursing, has a vision of nursing education that is informed by evidence and projects a clear and sustainable direction for the preparation of a high quality nursing workforce. Nursing education policy and planning is the primary responsibility of educators in collaboration with key stakeholders (e.g. academic councils, communities, government, practitioners, practice agencies, regulatory bodies, students, unions). We recognize that nursing is only one of the health care professions that contribute to quality health care services and ultimately the health of British Columbians. We are committed to practicing collaboratively with all other health care professionals and see a nursing education strategy as one step towards collaboration and an important component for improving health care in BC.

NECBC has worked over the past 3 years to develop consensus on a number of key issues confronting the profession of nursing, and to implement a variety of initiatives. We have reviewed previous minutes of meetings and regional, provincial and national documents pertaining to nursing and health professional education issues and priorities (Appendix B). Based on this review and extensive discussion among members, an action framework for nursing education in BC was developed. Next steps will include collaboration with others who have an interest in nursing capacity, population health and patient care.

Context

Framing of policy issues and proposed solutions must be considered through a process of careful and critical policy analysis that is evidence informed, inclusive of diverse perspectives and values based. Policy issues associated with the shortage of nurses and of nursing care are manifested in nursing education as: the disconnect between increasing nursing education capacity and diminishing practice placement opportunities, government proposals to educate more nurses more quickly, tensions inherent in defining entry level vis-a vis specialty practice competencies and education funding and faculty shortages. NECBC's policy action framework provides nursing education leaders with accessible and clear direction for influencing policy in a dynamic political context wherein government and other key stakeholders are poised to make changes to nursing education in the interests of improving nursing capacity. To this end, NECBC is committed to a policy process that is transparent and inclusive and that is rooted in the collective nursing values of quality patient care and health promotion. Most important, there is agreement that innovation and capacity in nursing education is dependent on the availability of faculty, practice placements, infrastructure, leadership and adequate funding models to support the delivery of nursing education programs.

Nursing System in BC

The nursing system in BC is a complex mix of roles, relationships, regulatory bodies and educational programs. The table identifies the roles included in the system of nursing and their education, where they are educated and the regulatory bodies that license them.

Title	Education	Institution	Regulatory Body
Home Support/ Residential Care Attendant	Certificate	College	Unregulated
Practical Nurse	Certificate	College	College of Licensed Practical Nurses of BC (CLPNBC)
Registered Psychiatric Nurse	Diploma Degree (BPN and BSPN, post RPN - BHSc)	College University College University Institute	College of Registered Psychiatric Nurses of BC (CRPNBC)
Registered Nurse	Degree (BSN) Masters PhD	College University College University Institute	College of Registered Nurses of BC (CRNBC)
Nurse Practitioner	Masters PhD	University	College of Registered Nurses of BC (CRNBC)

Goals of an Action Framework for Nursing Education in BC

- To anticipate and respond to challenges in capacity and health human resources in practice and education
- To develop strategies that ensure nursing program graduates will meet entry level competencies and contribute to the promotion of positive population health outcomes
- To propose models of education that are accessible throughout the career lifecycle

Components of an Action Framework for Nursing Education in BC

The action framework consists of four components:

1. Planning for Nursing Education within a Health Human Resources Framework
2. Roles and Relationships in the System of Nursing
3. Developing Innovative and Sustainable Entry Level Nursing Education Models
4. Educating Nurses Over the Career Lifecycle

Within each component, principles and action strategies are identified.

1. Planning for Nursing Education within a Health Human Resources Framework

Principles

- Nursing systems are conceived according to population health needs and informed by evidence relative to patient safety and quality care outcomes.
- Health human resource planning is based on population needs and nursing system perspectives and is informed by the Nursing Sector Study, provincial processes and the framework for Pan-Canadian health human resource planning.
- Collaboration at the level of the Ministries of Advanced Education (AVED) and Health (MOH) is essential to the determination of sustainable and high quality nursing systems.
- NECBC is a full partner in health human resource planning and nursing system development in order to fully inform educational programming and curricula.
- Scarcity of nursing education faculty resources must be considered within the health human resources plan.
- Research and evidence are required to develop and sustain evidenced informed educational strategies.
- Inequities in Aboriginal peoples' health require an increase in the recruitment and retention of Aboriginal nurses.

- Internationally Educated Nurses (IENs) have distinct educational needs and therefore specific educational strategies are needed to meet their educational needs.
- Retention of nursing students and nurses in practice is an essential component of health human resource planning.

Strategies

- NECBC will work with the Nursing Advisory Committee (NAC) to design evidence informed nursing systems that are relevant to the population health needs (existing and emergent) in identified areas of practice.
- NECBC will work with AVED and human resource planning processes to determine cost effective allocation of resources to educational institutions for programs in keeping with nursing system design.
- NECBC will propose new program allocations and lobby for decisions in new program funding that are consistent with population health needs, nursing system design, and that best reflect the unique contributions and capacities of the province's educational institutions.
- NECBC will work with the MOH and Health Authorities to carefully consider any suggested new categories and roles of health care workers related to nursing care in light of impacts on health human resources.
- NECBC will work with NAC to continue its work to implement policies and practices for nursing systems supported by recent evidence related to nurses' working conditions and patient safety.
- NECBC will ensure that those involved in health human resource planning processes are informed about the necessity of faculty sustainability and graduate program funding in order to maintain nursing education programs and nursing capacity.
- NECBC will collaborate with NAC and BCAHC to secure resources for a Research Chair and research funding to develop evidence informed educational strategies.
- NECBC will review best practices in the area of Aboriginal nursing education and continue to enhance recruitment and retention of Aboriginal nursing students.
- NECBC will recommend funding continue for Aboriginal nursing education strategies in collaboration with NAC, Aboriginal communities and the BC Academic Health Council (BCAHC).
- NECBC will participate in the Western Canada pilot project for assessment of Internationally Educated Nurses and then will develop work collaboratively to develop evidence informed and appropriate nursing education programs.
- NECBC members will continue to contribute to replenishing the nursing workforce through monitoring attrition in nursing programs and implementation of evidence informed progression and retention strategies.

2. Roles and Relationship in the System of Nursing

Principles

- Nursing systems consist of intra-professional nursing *roles in relationship*.
- Mutual respect and clear boundaries are fundamental to intra-professional relationships within nursing.
- Entry level competencies for each member of the nursing system are clearly articulated and distinguishable such that educational programming can effectively bridge different roles, and competencies.
- Organizations and regulatory bodies supporting members of the nursing system acknowledge a common disciplinary knowledge base, and align with distinct forms and levels of focus and expertise.

Strategies

- NECBC will communicate to NAC and MOH the urgency of reviewing nursing roles within a common legislative framework (Health Professions Act) to articulate scope of practice for all nurses within the system of nursing.
- NECBC will work with NAC to confirm the alignment of roles and relationships within the nursing system, and the enactment of entry level competencies for all members of the nursing system as they relate to one other. NAC should lead consensus in this area and work with regulatory bodies to confirm.
- NECBC members will implement intra-professional concepts/experiences into nursing educational programs and curricula.
- NECBC will identify *access points* between educational programs where appropriate, while recognizing the distinctiveness and value of all educational programs.

3. Developing Innovative and Sustainable Entry Level Nursing Education Models

Principles

- Entry level nursing education is a shared responsibility of education, colleges, practice and government.
- Innovation in nursing education is rooted in the concept of a learning community that emerges within a rich collaboration of practice and education sectors.
- Capacity in entry level nursing education is limited by fiscal, faculty and practice placement factors and judicious stewardship is required.
- The concept of *practice readiness* is contextual and is defined on the basis of entry level competency frameworks.
- Entry-level competencies are the basis for development of skills, knowledge and attitudes in focused areas of practice.

- Nurse educator positions that bridge the practice and education sectors support nursing education.
- Cooperative models of practice education should be investigated to promote cost effective sharing of educational and practice resources for mutual benefit and with the potential to optimize patient care.
- Entry level nursing education models integrate intra and inter professional practice.

Strategies

- NECBC will collaborate with Chief Nursing Officers (CNOs) and AVED to develop a practice education framework based on practice education resources and best practices.
- NECBC, in collaboration with NAC, CNO's and AVED, will investigate the feasibility of cooperative practice education and make recommendations.
- NECBC will collaborate with CNOs and other practice leaders to develop a strategy for intersectoral clinical educator roles that are feasible, cost effective and enhance best practices implementation and quality care outcomes.
- NECBC will collaborate with CNOs and other practice leaders to propose new models of practice education and entry level nursing educational support.
- NECBC members will continue to develop opportunities for students to learn about and practice intra professionally and inter professionally.

4. Educating Nurses over the Career Life-cycle

Principles

- Strategies to sustain a nursing workforce are based on the concept of the career lifecycle wherein nurses at differing stages of their career (new graduate, novice, mid-career, elder, re-entering or changing roles) have access to a variety of support, development and educational resources (mentors, clinical specialists / educators, continuing professional education) in order to maintain competence, acquire knowledge and develop new competencies.
- Many nursing practice roles require the acquisition and application of knowledge and competencies beyond entry level in focused areas of practice.
- Continued education of nurses beyond entry to practice is a shared responsibility of governments, professional associations, practice and education.
- Within focused areas of practice, the entry-level competencies expected of new graduates and the essential curriculum to support quality care shift over time.

Strategies

- NECBC will act on the recommendations from the Coalition II report related to Registered Nurse new graduate practice.

- NECBC will collaborate on strategies to support new graduate transitions for all nurses.
- NECBC members will continue to develop undergraduate curriculum to promote new graduates' abilities to move into focused areas of practice within the context of entry level competencies.
- NECBC will participate with BC Health Education Foundation and Health Authorities to develop educational resources for nurses at different times in their careers (e.g. certified practices; transitions to other areas of practice mid-career).

Conclusion

NECBC has already begun to address many of the components in the action framework. Appendix A identifies actions already being undertaken by NECBC within each component.

The priorities for the 2007-08:

- NECBC will communicate to NAC and MOH the urgency of reviewing nursing roles within a common legislative framework (HPA) to articulate scopes of practice for all nurses within the system of nursing.
- NECBC will identify and propose *access points* between educational programs where appropriate, while recognizing the distinctiveness and value of all educational programs and the unique contributions of Post Secondary Institutions.
- NECBC, in collaboration with NAC, CNO's, MOH and AVED, will develop a strategy for practice education that is collaborative between practice and education and cost effective in the allocation of practice and education resources for quality care outcomes (e.g. co-op models and other models that enhance student learning and support in practice settings).
- NECBC will secure funds to develop the plan for sustaining and enhancing educational capacity within the nursing system.
- NECBC will participate actively in the development of a Pan Canadian Strategy for Nursing Education.

Appendix A
Summary of Current Nursing Education Initiatives Related to the
Action Framework

<i>Component</i>	<i>Action</i>
<p>Planning for Nursing Education within a Health Human Resources Framework</p>	<ol style="list-style-type: none"> 1. NECBC Attrition Project funded by the Nursing Directorate examines the movement of students within and across RN programs with the purpose of informing retention strategies. 2. Two NECBC members sit on the Canadian Association of Schools of Nursing Attrition Task Force. 3. NECBC supports participation in Western Canada pilot project for Internationally Educated Nurses (IENs). 4. Vancouver Island Health Authority (VIHA), UVic, Camosun College, Malaspina University-College and North Island College are working together to align VIHA nursing system re-design with PSE programming in order to address VIHA HHR needs for the future. 5. NECBC has participated in the study of nursing education capacity in BC conducted by researcher Dr. Gail Tomblin Murphy and supported by the Nursing Directorate and NAC. 6. NECBC has advocated for the role of educators in health human resources planning. 7. NECBC advocates for the inclusion of faculty resources as a key component of health human resources planning. Collaboration for Academic Education in Nursing (CAEN) has developed a position paper on the impact of the shortage of nursing faculty.
<p>Roles and Relationships in the System of Nursing</p>	<ol style="list-style-type: none"> 1. Intra and inter-professional workshops and learning opportunities (theory and practice) for students and faculty are underway in a number of BC PSE's. 2. NECBC members are participating in the Federally funded Inter-Professional Education initiatives (e.g. Vancouver Island IP Implementation Committee). 3. Meetings have been held with CNOs and the

	<p>NECBC executive to identify issues in developing and sustaining nursing systems.</p> <p>4. NECBC has participated in the discussion and identification of critical issues in the educational preparation of LPNs in BC, and have made recommendations to government.</p>
<p>Educating Nurses Over the Career Lifecycle</p>	<ol style="list-style-type: none"> 1. NECBC is partner in Coalition II, a coalition of practice, education and regulatory sectors of registered Nursing with the goal of: <i>aligning expectations and clearly delineated responsibilities among practice, education and regulation regarding new graduate practice.</i> 2. The majority of entry-level registered nurse programs in BC offer courses with specialty areas of focus to fourth year students. 3. Vancouver Island and Interior PSE's are working with VIHA and Interior Health in identifying needs for transitional and continuing education programs. 4. Schools of nursing are providing continuing education opportunities to practice settings e.g. preceptor workshops, CLU implementation and other models.
<p>Developing Innovative, Sustainable and Quality Education Models</p>	<ol style="list-style-type: none"> 1. NECBC members continue to develop innovative practice models (Collaborative Learning Units; nursing electives and practice in areas of focus (OR;ER). 2. UVic, Camosun College, Malaspina University-College and North Island College after determining HHR needs with VIHA are working together to develop curricula and practice opportunities to meet future learning needs in ways that reduces duplication and provides access across the island. 3. The Collaboration for Academic Education in Nursing (CAEN) has proposed the development of an LPN to BSN program that will increase access (bridge and ladder) options to the BSN Degree. 4. Nursing education leaders have collaborated with CRNBC in the identification of requisite skills and abilities to achieve entry-level registered nurse

	<p>competencies; the next phase will be the development of policies to guide implementation within nursing programs and PSEs.</p> <p>5. NECBC has completed an inventory of nursing programs in BC that indicates a diverse array of program options for RN, RPN and LPN students and has identified opportunities and priorities for development of future capacity.</p>
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Appendix B

Supporting Documents

Bartfay, W. J. & Howse, E. (2007). Who will teach the nurses of the future? *The Canadian Nurse*, 103(7), 24-7.

British Columbia Academic Health Council. (March 2008). *Advancing practice education in BC – Strategic plan*. Vancouver, BC: Author

Burrell, E. (2008). *Examining attrition from BC educational programs preparing graduates for practice as registered nurses*. Prepared for NECBC and the BC Ministry of Health Nursing Directorate.

Canadian Association of Schools of Nursing. (2004). *Position statement on student attrition*. Ottawa, ON: Author.

Canadian Association of Schools of Nursing. (2006). *Position statement on patient safety and nursing education*. Ottawa, ON: Author.

Canadian Health Services Research Foundation. (2006, September). *Evaluation of patient safety and nurse staffing*. Retrieved November, 2006, from http://www.chsrf.ca/research_themes/pdf/NSPS_researcher_synthesis_e.pdf

Canadian Institute for Health Information (CIHI). (2007). *Highlights from the regulated nursing workforce in Canada, 2006, Health human resources database*. Ottawa, ON: CIHI 2007.

Canadian Nurses Association. (2006). *Toward 2020: Visions for nursing*. Ottawa, ON: Author.

- Coalition on Entry-level Registered Nurse Education. (April, 2007). *A survey about specialty areas of focus in entry-level registered nurse education programs in British Columbia*. Vancouver, BC: Author.
- College of Health Disciplines of BC. (2007). *The British Columbia competency framework for interprofessional collaboration*. Vancouver, BC: University of British Columbia, retrieved from www.chd.ubc.ca.
- College of Registered Nurses of Registered Nurses of British Columbia. (2007). *Becoming a registered nurse in British Columbia – Requisite skills and abilities*. (Pub. No. 464). Vancouver, BC: Author.
- College of Registered Nurses Association of British Columbia. (2005). *Professional standards for registered nurses and nurse practitioners*. Vancouver, BC: Author.
- College of Registered Nurses Association of British Columbia. (2006). *Competencies in the context of entry-level registered nurses practice in British Columbia*. Vancouver, BC: Author.
- College of Registered Nurses Association of British Columbia. (2006). *New graduate registered nurse study - 2005* (Publication No. 438). Vancouver, BC: Author.
- Giddens, J. F., & Brady, D.P. (2007). Rescuing nursing education from content saturation: The case for a concept based curriculum. *Journal of Nursing Education*, 46(2), 65-69.
- Health Canada. (2005). *Pan Canadian health human resource strategy 2004-2005 annual report*. Ottawa, ON: Author.
- Health Canada. (2005, April 18). *Nursing: First Nations and Inuit health*. Ottawa, ON:

Author.

Health Canada. (2007, February). The working conditions of nurses: Confronting the challenges. *Health Policy Research Bulletin (13)*. Ottawa, ON: Author.

Nursing Sector Study Corporation. (2005). *Building the future: An integrated strategy for nursing human resources in Canada*. Ottawa, ON: Author.

Shields, M., & Wilkins, K. (2006). *Findings from the 2005 national survey of the work and health of nurses*. Ottawa, ON: Minister of Industry.