

White Paper on Public Post-Secondary Education Commission

Submission to: Dr. Wayne Ludlow
Commissioner
Department of Education

Submission by: Centre for Nursing Studies,
Memorial University of Newfoundland School of Nursing,
Western Regional School of Nursing

Submission date: October 20th, 2004 [*Revised*]

Table of Contents

	Page
Joint Submission to the White Paper on Public Post-Secondary Education Commission	3
Joint Addendum Submissions by the three Schools of Nursing:	
Addendum – Centre for Nursing Studies.....	13
Addendum – Memorial University of Newfoundland School of Nursing.....	16
Addendum – Western Regional School of Nursing.....	19

Overview of the History of the Bachelor of Nursing (Collaborative) Program

The development of the BN (Collaborative) Program was the result of a transition in nursing education at the provincial level which began with the 1982 position adopted by the Canadian Nurses Association (CNA). This position stated that by the year 2000, the minimal educational requirement for entry to practice in nursing be the baccalaureate degree in nursing. While the University has had a baccalaureate program since the late 1960s, it wasn't until 1982 when the Association of Registered Nurses of Newfoundland (ARNN), as it was known at that time, adopted the CNA position on entry to practice that work began at a provincial level to achieve this goal. Between 1982-1986, a number of activities were conducted with respect to nursing education within the province that supported the need for change in the preparation of beginning graduates of nursing.

It is important to note, that in addition to the University program, there were four additional Nursing Schools in Newfoundland at that time: the General Hospital School of Nursing, owned and operated by the General Hospital; the Salvation Army Grace General Hospital School of Nursing, owned and operated by the Salvation Army Grace General Hospital; St. Clare's School of Nursing, owned and operated by St. Clare's Mercy Hospital; and the Western Memorial School of Nursing, owned and operated by the Western Memorial Regional Hospital.

A parallel activity occurring in St. John's at that time was regionalization. The above listed, three St. John's Nursing Schools, were to be combined into one as a result of the three acute care agency boards amalgamating. This newly created nursing school became known as the Centre for Nursing Studies.

In 1986, the ARNN struck a task force whose mandate was to establish a plan that would guide the transition of nursing education in Newfoundland from a hospital-based diploma education system (graduating 250 beginning practitioners per year compared to the university degree program graduating 40 - 50 per year) to a system that would prepare all beginning graduates at the baccalaureate degree level. The BN (Collaborative) Program that exists today, and its consortium agreement among the key deliverers of that program exemplify the unique path taken by this province to ensure the appropriate educational preparation of beginning practitioners of nursing. The Agreement states that academic matters are governed by the University rules and regulations, and the day to day administrative matters are handled by the sites.

The mission of the BN (Collaborative) Program is to prepare nurses to meet the challenges of health care today and beyond. The program reflects the collaborative efforts of the provinces' three schools of nursing: the Centre for Nursing Studies operated by the Health Care Corporation of St. John's; Memorial University School of Nursing, operated by Memorial University of Newfoundland; and Western Regional School of Nursing, operated by the Western Health Care Corporation.

I. Existing Public Post-Secondary Structure

A. EXISTING PUBLIC POST-SECONDARY STRUCTURE

1A. What do you value about the current public post-secondary system?

When considering the current public post-secondary system overall, there are four characteristics that we value. The first is that post-secondary programs are accessible and mostly affordable for students in the province. Second, we value the quality as well as the variety and breadth of the programs available in the province. Third, we value innovation with regard to distance technology to enhance accessibility to many programs. Finally, we value the ability of our post-secondary institutions to contribute to the province by supporting research.

With regard to Nursing Programs as a part of the public post-secondary system, there are six characteristics that we particularly value. First, we value the collaborative relationship among the three Schools of Nursing over the past decade. This spirit of cooperation and collaboration enabled us to jointly develop and deliver baccalaureate education to all nursing students in the province, one of the first provinces to do so.

Second, we value the quality of our nursing programs. Our programs have met both provincial and national approval and accreditation standards. In 2002, the BN (Collaborative) Program received 7-year accreditation from the Canadian Association of Schools of Nursing (CASN). CASN is the national accreditation body for baccalaureate nursing programs in Canada and a 7-year approval rating is the highest rating attainable. The program was also given 7-year approval by the Association of Registered Nurses of Newfoundland and Labrador (ARNNL); the ARNNL has the legislated authority to approve all nursing programs in the province. As well, other nursing programs have also been recognized for their quality (e.g., BN (Post-RN) Program received CASN 7-year accreditation and the Primary Health Care Nurse Practitioner Program was awarded 3-year ARNNL approval).

Third, we value the flexibility and uniqueness in the public post-secondary system with regard to nursing education. In 1996, this province allowed the Schools of Nursing to work within their unique historical context which included a legacy of separate hospital schools of nursing, and to arrive at a unique arrangement. The three Schools of Nursing developed a consortium partnership to offer basic baccalaureate nursing education; this partnership has served us well.

Fourth, the opportunity to engage in research that will contribute to the health of Newfoundlanders and Labradorians is an important value. Our educational institutions support our research endeavours but we hasten to add that the potential in terms of nursing and health research is much greater.

Fifth, we value the collaborative relationships we are building with other health disciplines (medicine, pharmacy, and social work) at Memorial University through a commitment to inter-professional education initiatives. We are full partners in a new national strategy that will fund innovative approaches to inter-professional education; new education approaches will be

developed that prepare all students to value each others roles in the health system and to enhance team work. Such teamwork is crucial to the Patient Safety Agenda and better patient outcomes.

We also value our collaborative relationship with the College of the North Atlantic and the Labrador Inuit Association regarding the Integrated Nursing Access Program. This program, scheduled to begin in January 2005, will offer Inuit students the opportunity to complete high school equivalency along with the requirements for the first year of the BN (Collaborative) Program using a culturally-relevant case-based approach. Students will be able to do this 3-year access component as well as the full 2nd year of the BN (Collaborative) Program in Happy Valley/Goose Bay.

Finally, we value the relationship of the three Schools of Nursing with the health care system, our professional associations, and with government. These relationships help to keep us responsive to the changing health needs of the province. We see that the White Paper Commission is part of the broader consultative process that we value.

1B. What would you change to make it more effective for the social and economic growth of the province and for the employment prospects of our graduates?

The one major change that we would suggest with respect to post-secondary nursing education is related to the governance structure. As has already been described in the introduction, the three Schools of Nursing have been governed by a Consortium Agreement for the development and delivery of the BN (Collaborative) Program. This agreement was negotiated and signed nine years ago by Memorial University, the Health Care Corporation of St. John's, and the Western Health Care Board. However, all three Schools concur that the Agreement needs to be re-visited and the time may now be right to move to a single governance structure under Memorial University. We believe such a move might present opportunities to enhance program efficiencies and effectiveness. For example, a single governance structure would streamline current complex committee structures required by the Consortium Agreement, allow for the best utilization of faculty expertise across the program, facilitate sharing of program resources, provide an opportunity to build and strengthen the faculty base in the presence of a looming faculty shortage, facilitate the development of the research capacity of all faculty, and facilitate inter-professional education.

While Government may be looking for cost savings with such a model, any potential efficiencies gained must be reinvested in nursing education in order to meet current and future needs including: more classroom, research, and faculty office space; enhancing IT and library holdings; financial support for the rural placement program for 4th year students to relieve pressure on the St. John's and Corner Brook areas; support for clinical preceptorships for student learning; and, strengthening and building research capacity.

We strongly believe that if there is to be a change in governance structure, the issue of job security of faculty and staff would need to be addressed in a just, equitable, and acceptable fashion for all concerned. We will continue to need adequate numbers of faculty and staff to deliver our quality nursing programs. There a number of evolutionary models related to changing

the governance structure that might be considered including models that other universities in the country have developed in similar circumstances.

2a) Engaging in this consultation process, Government has stated that it wants to preserve the principles of quality, accessibility, and affordability to guide the overall approach to delivery of public post-secondary programs and services. Are there other principles?

We suggest four additional principles that should guide the overall approach to delivery of public post-secondary programs and services. These are:

- Accountability
- Relevance
- Flexibility
- Uniqueness

2b) In light of these principles, how should the programs and services be distributed at the local, regional, and provincial level to respond to the changes in demographics and the labour market?

Quality and Accountability

We believe that the history of nursing education programs in this province exemplifies the three principles identified by Government as well as the four additional principles we have highlighted. For example, we have already discussed the principles of quality and accountability in nursing programs as related to national accreditation and provincial approval standards. (See Q.1A).

Accessibility

In terms of accessibility, there continues to be a need to offer baccalaureate nursing education at the two locations in the province, St. John's and Corner Brook. We wish to reaffirm our strong support for the continuation of a site for the delivery of the BN (Collaborative) Program in Corner Brook. We support this for two important reasons. First, students from the West Coast deserve the opportunity to access a site that is closer to home. Second, the clinical resources that are available in Corner Brook and on the West Coast are vital for the delivery of nursing education in the province. With changes in health care including bed closures, more day surgery, and reduced length of hospital stays, the clinical placement opportunities both in the St. John's area and in the Corner Brook region are being used to maximum capacity. Nursing education needs both locations. Another example of accessibility is the new Integrated Nursing Access Program. This program will allow Inuit students to stay in Labrador for the 3-year access program and the 2nd year of the BN (Collaborative) Program. Students will then do the 3rd and 4th years of the program in Corner Brook. A final example of accessibility is related to distance delivery.

Accessibility is also enhanced by the use of distance delivery where location and geography are not barriers. A number of our nursing programs are fully available by web delivery. Distance education and 'virtual' classrooms are an increasing reality in post secondary education. While the province has the potential to be a world leader in this area, however, the infrastructure with regard to broad band access needs to be developed in the province.

Relevance

With regard to relevance, nursing education continues to be responsive to identified needs in the province for new programs (e.g., the Primary Health Care Nurse Practitioner Program, Acute Care Nurse Practitioner Programs, and the BN (Collaborative) Fast Track Option as well as post-basic specialty education needs). We will continue to develop new nursing education programs that are directly relevant to changing demographics of the province such as the aging of the population (e.g., programs that highlight health, nursing, and care of the elderly).

Another important demographic shift is the increasingly educated workforce in nursing and the need for life-long learning opportunities and ease of access to those opportunities. Again, we see that development of new education technologies are an important tool in this regard.

Flexibility and Uniqueness

Finally, we also indicated that we value flexibility and uniqueness. Our programs allow flexibility in achieving program objectives and are responsive to the uniqueness of our settings (e.g., different campuses, the use of rural/remote clinical opportunities for student learning, etc.). A number of our programs are offered full time or part time, on campus or by distance delivery, and we make full use of a variety of clinical partners to maximize the learning experience for students. We believe that flexibility will be even more important in the future as increased numbers of mature students return to university and undertake second careers. Nursing is a choice that many mature students may make. The Fast Track option of the BN (Collaborative) Program is a good example of providing a way for second career mature students to move through the BN program in a timely fashion.

II. Funding of Post-Secondary Education

1. Given that our public post-secondary system is funded largely by our tax dollars, which of the following options should government pursue in addressing the financial pressure of our institutions:

- operating grants**
- tuition fees**
- tax incentives**
- others?**

Our position is that operating grants should be the major approach to funding public post-secondary education institutions. For nursing, we see that these grants must come from two provincial sources, the Department of Health and Community Services and the Department of Education, both of which have traditionally funded nursing education. Both departments of government are needed - Education for the stable funding for ongoing programs and Health for new initiatives that address emerging needs of the health system (e.g., fast track program, nurse practitioner programs, other short term programs, etc.). As you are aware, the Department of Health and Community Services is more closely tied to the health human resource needs for nursing practice in the province and as Federal Health Minister Dosanjh stated in St. John's in September, new federal money will be coming to the provinces to sustain increased health professional education. Both the Department of Education and the Department of Health and

Community Services will need to dialogue; co-operation between these departments will be necessary for the appropriate funding of nursing education programs.

We do not support significant increases in tuition to fund nursing education programs. Like many university students, nursing students have large debt loads at graduation. But unlike other health science students whose salary level at graduation is expected to be high (e.g., pharmacy and medical students), nursing salaries do not justify increased tuition. Therefore, we are generally opposed to differential tuition fees for nursing programs. There is one exception and that is with regard to full distance delivery programs in nursing. With the current tuition freeze, the delivery of the Memorial University School of Nursing distance programs to nurses in other parts of Canada is not cost-recoverable. Therefore, there may be justification to increase the tuition of full distance delivery programs to students outside of the province.

2. How can public post secondary institutions be more accountable for quality outcomes and effective spending?

We believe that our Nursing programs are models of accountability for quality outcomes (i.e., approvals and accreditation status by provincial and national bodies). Nursing programs are reviewed and updated on a regular basis. For example, we conduct annual program evaluation using student and employer surveys. Currently the BN (Collaborative) Program is undergoing a full curriculum review in order to incorporate new knowledge, as well as develop innovative cost-effective approaches to provide clinical experiences for students. The curriculum review team, made up of members from each of the partner Schools, is doing a national environmental scan of nursing programs across the country, consulting with faculty, students, staff, and the health sector to make recommendations on program changes.

One of the drivers (among others) of our full curriculum review has been the concern for cost and more effective spending. At present, health care is in a period of transition. There are significant changes in delivery of health care services with earlier discharge to the community and increased need for community-based services, greater levels of acuity in hospitals, and changing demographics such as aging of the population that impact programs and cost. For example, it is becoming increasingly difficult to secure 'traditional' clinical placements for students in hospital settings such as paediatrics, and obstetrics. Clinical agencies have reduced the number of students that are allowed to be on a given unit at any one time. In some areas, this means that instead of 8 students per clinical group (the national norm), we are compelled to have 6 students per clinical group which increases costs of providing the program. As well, securing more community-based placements for students takes more time and resources for faculty to arrange. In response to these challenges, new models for clinical education are being explored in a national task force conference in Ottawa in November 2004. We intend to modify our curriculum to reflect new approaches for clinical experiences which should result in more effective spending.

Before leaving this section, we want to acknowledge the nurses and managers who volunteer their time and expertise to mentor our students in all clinical settings in the province. We would not be able to educate nursing students to the current high standard without their invaluable assistance.

3. What role should the public post secondary system play in linking research to the economic development of the province?

The public post-secondary system, particularly the university, plays a prominent, if not the primary role in research in the province. Research in the area of health and nursing can contribute directly to the health of Newfoundlanders and Labradorians and to others in Canada and the world. Since health is the nation's most valuable resource, contributing to health contributes to the overall development of the province including economic development.

Attracting research funds to the province contributes directly to the provincial economy by creating jobs for research assistants, project managers, and providing funding for graduate students. Funded research can also contribute to the social and economic fabric of rural communities. For example, a number of funded projects in the School of Nursing have investigated health effects of the cod moratorium, health and safety issues in rural industries such as crab plants, and perceived health and social needs of provincial regions. These studies took place in rural areas of the province and local residents were hired as research assistants to make local arrangements for the smooth conduct of the study, to collect data, and to conduct interviews. These projects inject funds into the rural economy as well as increase the skill level of those hired.

The research agenda in Schools of Nursing in the province has increased incrementally over the past decade and most dramatically over the past 5 years. This is a result of more accessible graduate education for nurses, more PhD prepared faculty who have research training, leading to increased success in peer-reviewed research competitions, both provincial and federal. There is also a general climate in health care of 'evidence-based practice' which sensitizes everyone to the issue of research and its appropriate use in clinical nursing practice.

In 1999-2000, Memorial University School of Nursing had \$182,000 in research funding. In 2004-05, this amount is now \$548,000. The Centre for Nursing Studies has also had success in attracting research funds for projects amounting to \$329,375 since 1999. Western Regional School of Nursing is also involved in a variety of research projects related to evidence-based practice (e.g., pain management in the emergency department). We have also had great success in attracting funds for international health projects in Central America, Africa, Indonesia and Vietnam. In 2004, both the Centre for Nursing Studies and Memorial University School of Nursing have been awarded CIDA-funded international projects worth in excess of \$4.5 million each.

These examples serve to illustrate the commitment of nursing faculty in all three Schools of Nursing to the research agenda related to investigating questions of concern and relevance to the health and wellbeing of people. While we have had some success, our potential to contribute to nursing and health research is much greater. To be able to contribute to our full potential, we need:

- a PhD Nursing Program. The PhD degree is the accepted standard for independent research activity. In addition, nursing faculty and educators in all three Schools will be retiring and will need to be replaced with well-qualified educators and researchers.
- a Chair in Nursing Research. A funded chair would allow a concentration of research energy in areas of particular relevance to the province, such as healthy aging and care of the aged.
- More infrastructure to support health research for all post-secondary institutions. For example, space for research activities and for graduate students in nursing and health research is in short supply. Research cannot happen without increased physical resources.
- Financial support for junior faculty in the three Schools of Nursing to pursue further studies is needed.

4. How can public post-secondary institutions market their educational systems (programs and services) and their research capability to attract investment and generate economic development?

Over the past few years, there has been a more professional approach and increased sophistication to marketing educational post-secondary programs both within and outside the province. This is evident in the quality of promotional materials, updated websites, broad-based public relations campaigns, and generally more emphasis being placed on recruitment of students to our post-secondary institutions provincially, nationally and internationally.

With regard to nursing programs, Memorial University School of Nursing is marketing the distance web-based BN (Post-RN) Program in the United States in co-operation with Memorial's Division of Educational Technology. As well, Memorial's Master of Nursing Program is also successfully marketed across Canada. We have four qualified applicants from across the country for every seat available. The Centre for Nursing Studies offers the Primary Health Care Nurse Practitioner Program to students resident in Newfoundland and Labrador and also to students in the North West Territories. As well, the Centre offers a variety of continuing nursing studies programs through distance delivery. Faculty at Western Regional School of Nursing have special expertise in approaches to aboriginal education and have been instrumental in developing the curriculum for the Integrated Nursing Access Program for the Labrador Inuit. This program has the potential to be a model for other programs for aboriginal health professional training in Canada. Clearly, these successes suggest that the Schools of Nursing have no difficulty in marketing high quality nursing programs.

Our research capability is also acknowledged. For example, nurse researchers at Memorial University School of Nursing are sought out to be the provincial lead investigators for nationally-funded research projects (e.g., the Stop-Pain Project). At the Centre for Nursing Studies, faculty leveraged federal funds for a local research project about an important quality of life issue for breast cancer patients. Such initiatives are examples of nursing expertise in program development and research which produces an overall economic gain.

III. Impacts of Population Changes

1. How can the public post-secondary system better respond today and into the future to the needs of individuals who experience barriers in participation in the public post-secondary system?

It was noted that nursing faculty members are currently spending valuable curriculum time with students on upgrading their basic skills of reading, writing and arithmetic. Many students are entering post secondary institutions without the necessary university skill sets to be successful. Research has shown that there is often a drop of 10 to 20 percent in grades achieved in high school and those earned in the post-secondary system. Time required on remedial classes in post-secondary institutions is time taken away from specific program curriculum threads such as discovery learning, critical thinking, etc. While the post-secondary institutions have some supports in place to help these students, more supports and resources are needed to ensure student success. However, the work needs to begin much earlier in the K-12 system.

The BN (Collaborative) Program is an example of a post-secondary system that is responding to the needs of individuals who experience barriers in participation in the public post-secondary system. The four year generic BN (Collaborative) Program and the various program options (Fast Track Program Option, Licensed Practical Nursing Bridging Program Option and the Labrador Inuit Access Program Option) were designed to be accessible, flexible, and responsive. The BN (Collaborative) Program is accessible in that it is offered on both sides of the province, both the east coast and the west coast. The program is flexible in that students who experience extenuating circumstances have the ability to transfer from one site to another. As well, the program is responsive in that admission criteria are modified slightly for high school applicants, university applicants, mature applicants, and aboriginal applicants.

The Fast Track Option of the BN (Collaborative) Program is offered on both the east coast and west coast of the province, through the use of advanced technology, such as video-conferencing. Students with advanced educational preparation may complete the nursing degree program in two years.

The Licensed Practical Nursing Bridging Option of the BN (Collaborative) Program is intended to provide a ladder system that will see a group of health care providers advance their careers in nursing.

The Integrated Nursing Access Program Option of the BN (Collaborative) Program is being readied for implementation that will see an innovative and culturally based program delivered to Inuit students at the Happy Valley-Goose Bay Campus of the College of the North Atlantic. This integrated modular program will be geared to the needs of the learner based on individual assessment of “ways of knowing and ways of learning”. The barriers of distance and geography are once again addressed as the aboriginal community, in partnership with key stakeholders, take charge of educating their own health care providers.

The nursing education programs have demonstrated their ability to be responsive to the needs of society by being creative, insightful, and collaborative. However, students in nursing education programs are primarily women and issues associated with single parenthood (such as the need

for low affordable housing, day-care, and improved access to student loans) and the need to work because of increasing educational costs, must continue to be addressed. As well, students with special learning needs and physical disabilities are now applying to nursing schools and are posing new challenges for nursing education.

2. How can public post-secondary institutions help promote a culture of lifelong learning?

With regard to nursing education, critical thinking, problem solving, and independent learning are embedded and integrated in our programs; we attempt to instil a personal ethic of life-long learning in our nursing students. As well, there is a strong professional ethic to continue learning after graduation; the changes in health care demand ongoing learning (e.g., both short term programs, specialty programs, and graduate programs). Post-secondary institutions can be responsive to the ongoing learning needs of nursing graduates and provide accessible continuing education opportunities. The Centre for Nursing Studies Department of Continuing Studies offers post-basic courses and programs to practising nurses throughout the province.

3. How can the public post-secondary institutions better position themselves nationally and globally to support the social and economic development of the province?

We have two major suggestions to meet this goal:

- 1) Continue to maintain the quality and standards for our post-secondary programs including nursing programs;
- 2) Recruit and retain well-qualified faculty who can be full participants in teaching and research. From a nursing education perspective, this will be a challenge over the next decade as the nursing professoriate retires. We need to 'grow our own' and properly resource graduate nursing programs including a PhD nursing program.

Addendum

White Paper Submission on Public Post-Secondary Education

Centre for Nursing Studies

Introduction:

The Centre for Nursing Studies (CNS), established in 1996 and operated by the Health Care Corporation of St. John's (HCCSJ) is a leader in nursing education program delivery in this province. It was formed by the merging of the Salvation Army Grace General, General and St. Clare's Mercy Hospital Schools of Nursing. The CNS is a member of the Association of Canadian Community Colleges (ACCC) and a member of the Canadian Association of Schools of Nursing (CASN). In an environment of increasing demand on our health care system, the CNS has taken a realistic approach to program development. It recognizes the necessity of being responsive to growing demands and develops its programs to meet the basic and continuing educational needs of learners. The CNS has been able to do this in a competitive and cost-effective way. The CNS offers a continuum of nursing education programs averaging over 800 students per year, with the aim of expanding on these as needs are identified within our provincial health care delivery system. Current programs include:

BN (Collaborative) Programme

Practical Nursing Program

Primary Health Care Nurse Practitioner Program

Re-Entry Programs for RNs and LPNs

Continuing Nursing Studies Programs including:

Post-Basic Programs for RNs & LPNs in Gerontology

Health Assessment Course for RNs and LPNs

OR Technician Program for LPNs

Post-Basic Critical Care Program for RNs

Post-Basic Mental Health Program for LPNs

Medication Administration Program for LPNs

RN First Assist Program for RNs

Post-Basic OR Program for RNs

Competency Development Modules for new LPN Scope of Practice

Prior Learning Assessment

The CNS has established a Nursing Research Office with over \$500,000 in funded projects, and an International Office with over \$4.5 million in project funding.

Faculty at the CNS have developed formal and informal arrangements with the HCCSJ and other health care agencies for faculty practice. These arrangements include clinical cross appointments; educational consultation; collaborative research, and appointments to provincial/national boards and committees. The CNS works with employers, government, and the professional regulating bodies for RNs and LPNs in developing and delivering programs and services.

Governance under the Health Care Corporation of St. John's

The Centre for Nursing Studies is unique in that it is the only institution in Canada that has the capacity to offer a continuum of nursing education. The Centre has been visionary in developing a structure that not only prepares novices for the nursing profession, but as well has been stable in its ability to predict, prepare and respond to the needs of the experienced practitioner.

The scope of practice in all levels of nursing is constantly expanding. The responsiveness of the CNS to such change has been exemplary. The CNS has had the unique advantage of having educators working across programs so changes in programs can be facilitated in a timely and cost efficient manner. The facilitation and integration of all levels of nursing education on the one site more realistically prepares the practitioner for the skill mix and the sharing of expertise that will be part of their work environment.

Governance under the HCCSJ has helped us evolve to where we are today. For the sake of brevity the following list highlights the advantages of the current governance structure:

- Seamless transition of sessional clinical faculty from the HCCSJ to the CNS. Parallel movement provides diversity of nursing expertise and enriches both the student and the faculty. Enhances potential for growth in numbers of nurse educators in view of anticipated shortages.
- Clinical cross appointments unencumbered with a common employer.
- Current structure increases research and international opportunities through membership in the Association of Canadian Community Colleges (ACCC).
- Responds to the continuing education needs of RNs and LPNs within the HCCSJ.
- Potential for increased funding identified for health education through Health Ministers Accord.
- Availability of physical structure to accommodate large numbers of students so as to meet future workforce needs.
- Public convenience and accessibility. CNS has established itself as the center for record keeping of previous RN diploma students, students entering re-entry programs, certificate records for continuing education programs etc.
- Resource centre for inquiries as to current practice and skill concerns (HCCSJ, other health care institutions within Newfoundland & Labrador, ARNNL, CLPN, community agencies).
- Current and past international and research projects have increased visibility of HCCSJ and the CNS both nationally and internationally.
- The continuum of nursing education better able to utilize prior learning to bridge programs i.e. PN (Practical Nursing Program) to BN.
- Cost effective. Instructional materials are used across all program areas, shared with the HCCSJ, and in some cases contracted out.
- Responds to education needs of community.

Governance under Memorial University

As articulated previously, the Centre for Nursing Studies (CNS) faculty and staff strongly favour the current governance structure under the Health Care Corporation of St. John's. However if the provincial government via the White Paper Report on Post-Secondary Education recommends the CNS be governed under Memorial University we request the implementation of a governance structure similar to that of the Marine Institute. We would want to maintain our membership and identity both within ACCC and CASN for reasons that are evident in our past accomplishments and our desire to keep growing the Centre for Nursing Studies.

We believe a similar arrangement to that of the Marine Institute would allow us to retain our unique capacity to deliver programs across the continuum of nursing education. Besides the obvious strength of producing quality graduates competent to meet provincial workforce needs we would like to identify several highlights supporting this position:

- Values and supports all programs, faculty and staff of the CNS.
- Builds on identity of educational excellence established by CNS.
- Organizational culture that fosters interdisciplinary learning environment.
- Cost-effective approach in sharing resources across programs.
- Faculty teaching across programs provides pool of human resources.
- Responds to community & workforce needs within our health industry.
- Strong affiliations with health employers and the Newfoundland & Labrador Health Boards Association.
- Protects current positions and programs.
- Enables levelling of courses across programs.
- Seamless access to quality library and instructional resources.
- Strong linkages already with Memorial University.
- Responsive to workforce demands for entry level and advanced practice nurses and LPNs.
- Provides multitude of faculty expertise provincially, nationally, and internationally.
- Revenue generating because of program diversity (i.e. web-based delivery of programs).
- Meets ongoing competency needs of RNs, LPNs and NPs.
- Maintains current brokering arrangements and offers new opportunities for expansion.
- Maintains our College status.

Within this framework the Centre for Nursing Studies retains its current strength in offering programs across the continuum of nursing education, namely the BN (Collaborative) Program, the Practical Nursing Program, and Continuing Nursing Studies.

Respectfully submitted,

Joan Rowsell
Director
Centre for Nursing Studies

Addendum

White Paper on Public Post-Secondary Education

Memorial University School of Nursing

Mission

Established in 1965, the School of Nursing has a mandate to provide leadership in nursing education, practice, and research with the ultimate goal of promotion of health. The educational and scholarly activities of the School and its faculty draw upon knowledge from the arts and sciences and from nursing and other health professions. The School and its faculty are also involved in community outreach and professional service activities. While being responsive to national and international needs, the School acknowledges its primary responsibility to the people of Newfoundland and Labrador.

Programs

BN (Collaborative) Program. In 1996, MUNSON began delivering a new 4-year BN program in collaboration with two other schools of nursing: the Centre for Nursing Studies (CNS) in St. John's and Western Regional School of Nursing (WRSON) in Corner Brook. MUNSON has 50 seats per year, the CNS has 120 seats, and WRSON has 50 seats.

Our site is funded directly from the academic envelope of the university. Both of the other Schools are owned and operated by health care corporations and are funded through the provincial Department of Health and Community Services. Students in the BN (Collaborative) Program at these two sites are students of Memorial University and take all non-nursing courses at the university.

This collaborative program requires increased coordination activities and has significantly increased faculty committee workload across sites to ensure standards are maintained.

BN (Collaborative) Fast Track Program. In 2002, the provincial government asked the Schools of Nursing to increase the number of nursing seats by 32. This was in response to an anticipated nursing shortage in Canada that will start in 2006 and escalate sharply by 2010-11. The fast track option was developed and is being delivered at MUNSON (24 seats) and WRSON (8 seats). This program, developed for those with an undergraduate degree or who are near completion of a degree, is funded directly by the provincial Department of Health and Community Services. The Fast-Track option is run in 6 consecutive semesters.

BN (Post-RN) Program. In keeping with our mandate to be responsive to provincial needs, a new distance-delivery post-basic program was developed in 1991 in cooperation with Memorial University Division of Educational Learning Technologies (DELTA) and is now delivered entirely on-line. This has allowed registered nurses in all parts of the province to complete a BN degree. The program received full 7-year accreditation from CASN from 2001-08. While the provincial pool of students for this program has decreased since 2000, there is an increased pool of potential students in other parts of Canada and the United States.

Master of Nursing Program. Memorial's School of Nursing has provided quality graduate education since 1982. We prepare nurses at an advanced level to provide leadership in all areas of nursing, including clinical practice, education, research utilization, administration and policy. Memorial's master of nursing program is based on the belief that advanced practice requires graduate level preparation that will both broaden and deepen knowledge and competencies in nursing and health care.

The Master of Nursing program began in 1982 as a full-time, 2-year, thesis-based program. The program has evolved to include a number of routes:

- thesis (prepares students for beginning research)
- practicum project (projects are directly related to important issues identified by clinical agencies and can be in the areas of practice, education, research utilization, policy or administration)
- acute care nurse-practitioner
- neonatal nurse practitioner.

The Nurse Practitioner routes were developed to respond to demand from health care agencies in the province. These programs are small and are offered on a cost-recovery basis because government decided not to fund these programs directly. These programs are unlikely to grow unless government funds these programs directly.

Our MN program (thesis or practicum option) is available on-line, one of the few programs in the country. Since 1984, we have graduated 108 students; 12 have gone on to PhD work to date. We plan to keep active enrolment at 100 students.

New Initiatives

PhD Program. Along with a projected shortage of registered nurses in Canada, there is also a projected national shortage of adequately prepared nursing faculty to teach in university nursing programs and to conduct high quality research in important aspects of health and the health system. Memorial University will see significant numbers of faculty retire (12 of 22 faculty in the next 10 years). To begin to address this situation, MUNSON will begin work towards the establishment of a PhD program by 2007-08. In 2004-05, we will begin the ground work of a strategic plan that will include plans for developing faculty regarding PhD admissions processes, being co-supervisors on PhD committees in established Canadian PhD nursing programs, and the development of our program proposal. The Nursing Deans at established university PhD in Nursing programs across the county have already offered assistance and will come to Memorial to help us with planning. We will also seriously explore funding for a Nursing Research Chair in an area of concern to the health of Newfoundlanders and Labradorians.

Integrated Nursing Access Program for the Labrador Inuit. A 3-year nursing access program that includes high school completion and the equivalent of Year 1 of our BN (Collaborative) Program is being funded by the Labrador Inuit Association. It is due to begin in January 2005 with an intake of 16 students. The program has been developed by faculty at MUNSON and WRSON and will be offered by the College of the North Atlantic in Happy

Valley/Goose Bay with direction from the three Schools of Nursing. Students will also complete the 2nd year of the BN program in HV/GB and then move to Corner Brook to complete years 3 and 4.

Interprofessional Health Sciences Education. The four health science disciplines at Memorial (Nursing –including our 2 collaborative partner schools, Medicine, Pharmacy and Social Work) are working together to deliver common education modules to undergraduate, graduate and continuing education students in order to enhance collaborative team work among the disciplines. This project may result in a substantial grant from the federal government. This initiative requires substantial planning and organization on the part of all faculties.

Comment on a Single Governance Model for BN Education

As expressed in our joint submission, the three Schools of Nursing may now be ready to seriously explore a single governance model under Memorial University for BN education in the province. Memorial University School of Nursing would welcome this move for all the reasons that have been articulated under section ‘1B’ in the joint submission.

At the university, our preferred model would be a single Faculty of Nursing at Memorial University of Newfoundland. Other provinces especially those in Atlantic Canada have gone through similar changes in governance (from hospital-based Schools of Nursing to Universities) and we can learn from their experiences (e.g., innovative approaches to collective agreements to ensure job security, etc.). We believe that such a change should be an evolutionary process with full participation by all those involved.

I want to assure the Commission that the School of Nursing, Memorial University of Newfoundland will continue to work to improve nursing education in this province. We value our collaborative colleagues and we will continue to work with them as we have done for the past decade.

Respectfully submitted,

Sandra M. LeFort, RN, PhD
Director and Associate Professor,
School of Nursing, Memorial University of Newfoundland

Addendum

White Paper Submission on Public Post-Secondary Education

Western Regional School of Nursing

History of Western Regional School of Nursing

Western Memorial Hospital School of Nursing was established in 1969, as a response to an increased demand for registered nurses on the west coast of Newfoundland. The School's first two year, diploma nursing program was developed based on recommendations of the 1963 Hall Royal Commission and on recommendations by the Association of Registered Nurses of Newfoundland.

The School has always been housed in Monaghan Hall Nurses' Residence adjacent to the Western Memorial Regional Hospital in Corner Brook. Classrooms, laboratory and office space were originally designed to accommodate 40 students and six faculty. In 1979 the program was extended to 30 months to give students opportunity to further consolidate their knowledge and practice and develop leadership skills. Enrolment was increased to 75 students per year. Faculty and staff were increased to approximately twenty. Minor renovations were made to the residence to accommodate increased class size at that time.

In 1996 the School entered into a partnership agreement with Memorial University School of Nursing (MUNSON) and the Centre for Nursing Studies (CNS) and became a site for the delivery of the new provincial Bachelor of Nursing (Collaborative) Program. At this time the School changed its name to Western Regional School of Nursing (WRSON) to reflect the fact that it was no longer a hospital diploma program. In 2002 WRSON partnered with MUNSON to offer a Fast Track Nursing Program Option for students in the region with degrees or advanced standing.

Current Operation of the School

WRSON continues to operate out of Monaghan Hall. Since introduction of the BN (Collaborative) Program and the Fast Track Program Option, enrolment has increased to 220 students and there are now approximately 26 people on staff including three administrative faculty, five support staff and approximately 18 academic, clinical and laboratory faculty. The School presently shares residence space with nursing and other students from post-secondary schools in the city, locum physicians and some office staff from WHCC, as well as with hostel patients from Western Memorial Regional Hospital. Office, classroom and lab spaces are no longer adequate for the expanded program.

The School is funded by the Department of Health and Community Services. When the School became a site for the BN (Collaborative) Program a four-year budget was approved by the government and extra funds were allocated to support the four-year program. However, in subsequent years the School has had dedicated funds allocated annually and the School's budget is part of WHCC'S global budget. At present the School's budget is for approximately \$2,000,000. The budget is controlled by the Corporation as all departments of WHCC. In times

of budget constraint the School is expected to make appropriate cuts, in keeping with other departments.

The Director of the School reports to the Vice-President of Human Resources who represents the School at the Senior Team. WHCC provides support services to the School including human resources, maintenance, information systems, library, etc.

Clinical, academic and laboratory faculty in the School of Nursing are members of the Newfoundland and Labrador Nurses' Union (NLNU). All faculty are subject to the terms and conditions of employment relating to remuneration, hours of work, employee benefits and general working conditions as outlined in the NLNU Collective Agreement. To date, efforts to change some of the terms and conditions relating specifically to faculty within this agreement have not been successful. Support staff are members of the Canadian Union of Public Employees (CUPE) bargaining unit. As employees of WHCC, all faculty and staff are governed by the administrative, clinical and human resource policies and procedures of the Corporation.

Students apply and are admitted to the program as undergraduate students of Memorial University of Newfoundland. Tuition is paid to Memorial University through Sir Wilfred Grenfell College who reimburses the School of Nursing for nursing courses taught. Students complete 31 nursing courses at the School and commute approximately two kilometres to Sir Wilfred Grenfell College (SWGC) for 12 non-nursing courses. Students with advanced standing in the Fast Track Program Option complete their program of studies over a 24 month period.

Students have access to all of the resources of SWGC including sports, recreation, wellness, learning centre and library. Students are subject to the general academic and financial regulations governing degree requirements of the University and the BN (Collaborative) Program. A student who completes the program requirements will upon graduation, receive the degree of Bachelor of Nursing from Memorial University of Newfoundland.

Faculty of the School of Nursing have been discussing the most appropriate model of affiliation for WRSON over the past few years. Faculty recognizes that there are benefits associated with remaining under WHCC, but also see benefits of an affiliation with Memorial University through SWGC. The School operates under the rules and regulations of Memorial University but is funded by the Department of Health through WHCC. Thus the Program is competing for health dollars with WHCC. The School has outgrown its current facilities and improved facilities are required. Some preliminary discussions have been held with SWGC as to the feasibility of procuring a new Nursing and Science building on campus at SWGC. Many advantages for both faculty and students at both sites have been identified in relation to this move.

Faculty of WRSON support a move to education under Sir Wilfred College, the west coast campus of Memorial University. Faculty of WRSON do not support the idea of a single faculty at MUNSON but see themselves as a division of SWGC. Although the details of a model of affiliation have not been finalized, discussions with the principal of SWGC indicate that the College is currently exploring its future affiliation with Memorial University. Faculty of WRSON have been invited to engage in dialogue with the College over the next few months in attempt to work out details of a model of affiliation for Nursing.

Of particular importance to faculty is the need to continue to offer a nursing education program in the western region so that the Nursing School can continue to meet its historical mandate to serve the people of Western Newfoundland. However, should a change in the model of affiliation occur there are also other issues to be considered Faculty have outlined important points for consideration in the following sections of this report.

Rationale for Keeping a Nursing Education Program in Corner Brook

- WRSON has a successful history of offering nursing education on the west coast, dating back to 1967.
- WRSON was successful in bringing the BN (Collaborative) program to the west coast in 1996 and the Fast Track Program Option in 2002.
- The applicant pool to WRSON is unique from that of the other two schools. WRSON's applicant pool comes from the west, south, north and central area west of Gander, as well as from Labrador
- The majority of Graduates from WRSON are employed at institutions in their home regions and there is a projected shortage of nurses in these regions within the next 10 years.
- There are more applicants to WRSON than there are seats available. Out of 624 applicants this year 154 indicated WRSON as their first choice. All 59 students in this year's class wanted WRSON
- WRSON has a pool of highly qualified faculty who are mainly from the western region of the province.
- In 2001, WRSON received a seven year accreditation from CASN and full approval from the ARNNL in partnership with MUNSON and the CNS.
- WRSON has an excellent working relationship with SWGC. Students avail of all resources and services at SWGC. Faculty receive support services from SWGC and participate on various committees at the College.
- WRSON also has excellent working relationships with Health & Community Services Western and WHCC. Clinical placements are made available for students, staff act as preceptors, and there are joint appointments on faculty. As well, there is committee representation between WRSON faculty and staff of both institutions.
- WRSON faculty and students are familiar with distance education technology as videoconferencing is used extensively in the Fast Track Program Option.
- WRSON faculty have experience in the development and implementation of aboriginal nursing education. WRSON successfully offered a program for nurses in Labrador in the early 1990s and has recently entered into a new agreement to offer years three and four of the BN Program to students in the Integrated Nursing Program for the Labrador Inuit.
- WRSON and SWGC offer an attractive alternative to students who wish to study in a smaller campus setting.

Issues to be addressed when planning a New Governance Model for Western Regional School of Nursing

- Recognize the importance of the current Nursing Education Program to the provision of nurses for the western and related regions of the province.
- Clearly define a new relationship between the Nursing School and Sir Wilfred Grenfell College to include an enhanced role for faculty, staff, and students within a university setting.
- Redefine WRSON's relationship with the partner schools in the Consortium.
- Maintain the quality of the current Nursing Education Program and the expertise of faculty.
- Obtain appropriate space and facilities for the Nursing School.
- Maintain and enhance the inventory of educational resources currently owned by the Nursing School.
- Respect and value all faculty and staff who have been involved in the delivery of the Nursing Program on the west coast.
- Develop a transition agreement for faculty and staff that depicts their contribution within an academic environment.

Respectfully submitted,

Linda Norman-Robbins,
Director,
Western Regional School of Nursing