

# Nursing Educators: The View from Here

In anticipation of students and educators heading back to the classroom, *Canadian Nurse* checked in with heads of nursing schools across the country to find out what was on their minds. We asked them to describe the new developments in their programs and to discuss what they see as today's biggest challenges in nursing education.

## Contributors

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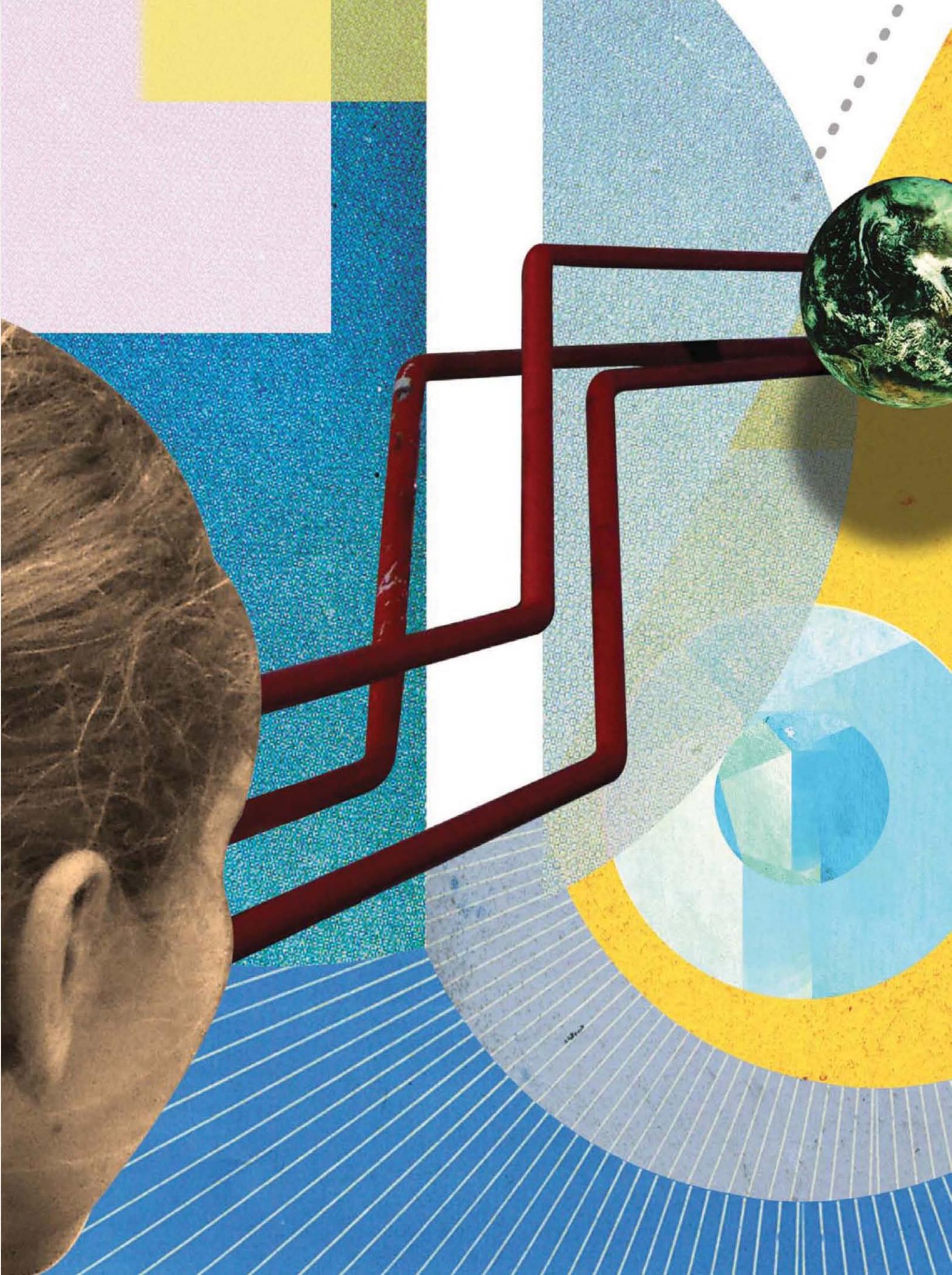
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**CN: What type of new technology are you implementing?**

**SIAST:** We have a state-of-the-art simulation learning centre at our Wascana campus in Regina and are building a second high-fidelity facility at our Kelsey campus in Saskatoon. The SIAST nursing division has been working with facilities and IT departments to create dedicated “smart classrooms” at all our campuses. In addition, many of our faculty have incorporated PDAs, podcasting, video streaming, Twitter, YouTube, and voice recognition software into courses and assignment options for students. Students receive audio feedback on their written papers and written feedback on their clinical practice experience.

**Queen’s:** This fall, we are launching a website called SONIT, which will track students’ course materials, timetables and progress. It will enable us to share teaching materials and information across the three schools in the Faculty of Health Sciences, which will be especially useful for interprofessional activities.

**U of T:** Bloomberg Nursing houses a large simulation laboratory, which is equipped with a sophisticated system to record simulation scenarios. It has been updated this year to allow immediate access over the Internet, from our secure servers, to recordings that can be used for student debriefings, class discussions, or reviews by individual students. The faculty has also launched a multi-year virtual curriculum project to examine and develop technological enhancements for portions of the curriculum, such as synchronous and asynchronous delivery of web-based lectures and remote delivery of simulations performed at the lab.

**U of A:** The University of Alberta is building a new education facility for health sciences students. The Edmonton Clinic Health Academy will be a state-of-the-art venue for collaborative teaching. In addition to the nursing labs, there will be interprofessional teaching labs that enable students from various health disciplines to engage in simulated team experiences — much like what they’ll have when they enter the workforce. A “smart condo” will simulate a home environment, and a bariatric suite, a critical care suite and a standard patient room will complete the Health Sciences Education and Research Commons.

**CN: Have you made any changes to how the programs are delivered?**

**UBC:** We offer only an “upper division” program, in which students enter with another degree — completed or almost completed; many have more than one degree. We offer the program throughout the calendar year, which lets us partner much more effectively with service agencies for clinical education placements.

**U of M:** We are in the midst of reform for undergraduate education, but it’s too soon to be specific about how this will turn out. Our graduate program has implemented blended delivery, meaning longer class days that are most often on Fridays and weekends, to facilitate the involvement of students who work. Blended delivery includes online work as well. This delivery will extend to our doctoral program once it is approved this fall.

**McGill:** Undergraduate students complete a full year in community health. They carry out community health evaluations, and develop and evaluate a community health project that addresses the identified need.

**SIAST:** Nursing programs in Saskatchewan are experiencing transitions. We are moving to a two-provider model for nursing degree education, with SIAST and the University of Regina partnering on the development and delivery of an innovative new program — the Saskatchewan Collaborative Bachelor of Science in Nursing. The first intake of students for this program will occur in September 2011. Work on our new curriculum has been progressing quickly, with faculty engaged in creating courses that support innovative nursing practice into the 21st century. For example, we will be offering courses specifically dedicated to aboriginal and indigenous health, health and nursing informatics, community health and rural nursing. We are also committed to a distributive learning model. The University of Saskatchewan will also deliver a nursing degree program.

**CN: Are you partnering with corporations or communities?**

**St FX:** A core thread in baccalaureate nursing education is the understanding of social justice and the impact of the social determinants of health, and nursing education must prepare students to understand their professional and social responsibilities as global citizens. We’ve launched a clinical practicum in Rwanda for senior nursing students. Extensive preparation is provided through group meetings and learning assignments that look at the social, political, economic and cultural aspects of life in Rwanda. Students are encouraged to take an elective course entitled International Health and Development to help them understand and analyze some of the issues. Students are partnered with Rwandan nurses in the clinical area of their choice.

**U of M:** We are working with all regional health authority heads in Manitoba to facilitate the education of nurse practitioners. The regions identify potential graduate candidates, and at the conclusion of the program, the new NPs return to the region that sponsored them. Rural and remote regions have difficulty recruiting NPs because most students are from Winnipeg.

**McGill:** We have a global health studies stream in our master's degree program, which allows students to work in clinical practice as well as carry out their research project in underserved areas, based on local needs and with local input. They spend a semester away from McGill, and their coursework is supervised by a McGill adviser as well as by a local area supervisor in Thailand, Africa or northern Canada.

**U of A:** We partner with a number of community organizations to expose our students to a wide population base. This year, for example, some of our first-year students spent three days immersed in aboriginal culture. They attended a symposium with presentations by elders and community members, covering topics such as history, culture, lifestyle and health, and were then placed in aboriginal communities and health agencies. Another new partnership this year is with the Mustard Seed, a local non-profit agency that serves low-income residents of the inner city. Our first-year students cook and serve a meal to clients, meet and interact with residents of the neighbourhood, and learn about lifestyles and life experiences that are different from their own. We recently signed a memorandum of understanding with the Aboriginal Nurses Association of Canada to continue to develop activities and programs that support our mutual goals.

**Aurora:** We've initiated a project to increase health and human services research in the territory. We're working in partnership with the Aurora Research Institute, a division of Aurora College that is responsible for licensing research performed in the territory. Much of the research has focused on animals and mining: birds, caribou, oil and gas — even snow — with a lesser emphasis on the health of the people. We have created a position, which will be half-time for one of the nursing faculty and half-time for one of the social work faculty, to encourage and participate in health and human services research throughout the entire territory.

#### **CN: Have you created any new student support programs?**

**St FX:** The Aboriginal Nursing Student Seminar Option provides mentorship and participation opportunities for first-year aboriginal nursing students; additional supports and resources continue for these students throughout the BScN program. The *Cultural Competence and Cultural Safety in Nursing Education* framework is guiding the development of the curriculum, with the content overseen by an aboriginal consultant.

#### **CN: Has the profile of your average first-year undergraduate nursing student changed in recent years?**

**U of A:** The demographics for our BScN-Collaborative Program for students coming straight from high school have remained pretty much the same, with the vast majority being female, usually

around 90 per cent. Our two-year BScN-After Degree Program, for students with another degree, has a higher percentage of men, currently 20.6 per cent, and is very popular. These students bring rich life experience to the program and are from varied disciplinary backgrounds.

**Aurora:** One thing we struggle with is attracting more aboriginal and northern students into the program. About 50 per cent of the population in the Northwest Territories is aboriginal, but that hasn't been reflected in our nursing class yet. We have a variety of programs to encourage more aboriginal students to apply, including a nursing access year, which, if passed, guarantees admission into the RN program.

**UBC:** We don't take first-year students anymore. Our students are very different from those in a standard four-year program. They are a bit older — the age range is about 22 to 35 — and have more life experience. They have worked extremely hard to get into our program and are typically highly informed and highly motivated. They have exceptionally high expectations of us and are excellent critical thinkers. They are delightful, creative and energetic, and that can prove difficult for any faculty who are not at the top of their game.

#### **CN: Is it difficult to set up clinical placements?**

**UBC:** Extremely. Considerable resources and creativity have to be put into this challenge. However, increasingly, we are formalizing collaborative planning structures across the province with school deans, directors and health authority education leads so that appropriate decisions on policy and practice can be made.

**McGill:** Finding new clinical placements in community health continues to be an ongoing challenge as student enrolments in the undergraduate programs rise. We have no problem securing student placements in acute care.

**U of A:** In recent years, we have increased our enrolment, as have other nursing programs in Alberta, making it more difficult to arrange clinical placements. We tell our students that they may be required to travel up to 150 kilometres for a placement, but that also opens up a number of venues for us. We are fortunate that Edmonton has a number of large hospitals that work closely with us to provide outstanding clinical experiences for our students.



**SIAST:** With increasing numbers of nursing students, and with the high demand for clinical sites in all health sciences programs, securing clinical placements can be challenging. Educators, health region managers and practitioners, and community service providers in the province work together to plan and coordinate clinical practice experiences. The Health Sciences Placement Network, or HSPnet, is being used to assist with the placement process. We are also supporting placements outside of the traditional urban and acute care sites when other venues present appropriate learning opportunities for students. The success we had with five rural and remote clinical practice education pilots has provided students with excellent experiences in First Nation and other communities throughout the province. In addition, students are participating in an international exchange project in Mexico and the United States. We will continue to cultivate and grow those opportunities as much as possible.

**Aurora:** We're a small school located in Yellowknife, and we don't see the same competition for placements that you may see in the south. Between the hospitals, health centres and public health units, our students have lots of good opportunities. What we struggle with is getting preceptors. I think there are two reasons for this: first, the same people volunteer all the time — we really appreciate their work, but they do suffer from burnout; second, we have our fair share of locums in the territory, so nurses come here to work for a short time, and that just doesn't fit with our rotation.

### HSPnet helps schools with clinical placements

The Health Sciences Placement Network is a web-based system for coordinating and streamlining clinical placements. Health authorities and other agencies register their practice placement opportunities, and educational institutions make placement requests. Launched in 2003 as part of an initiative to address significant health human resources issues in British Columbia, the network has since been implemented in seven provinces and now serves more than 2,000 users. It is funded through contributions within each province and through the National HSPnet Alliance, which shares costs for the infrastructure and ensures that the network is universally accessible and affordable. Each provincial agency recovers the costs of operation and enhancements from the network's users within the province. Although nursing schools are the main educational users, HSPnet is also used at many other education facilities, such as those for pharmacy, paramedicine and social work.

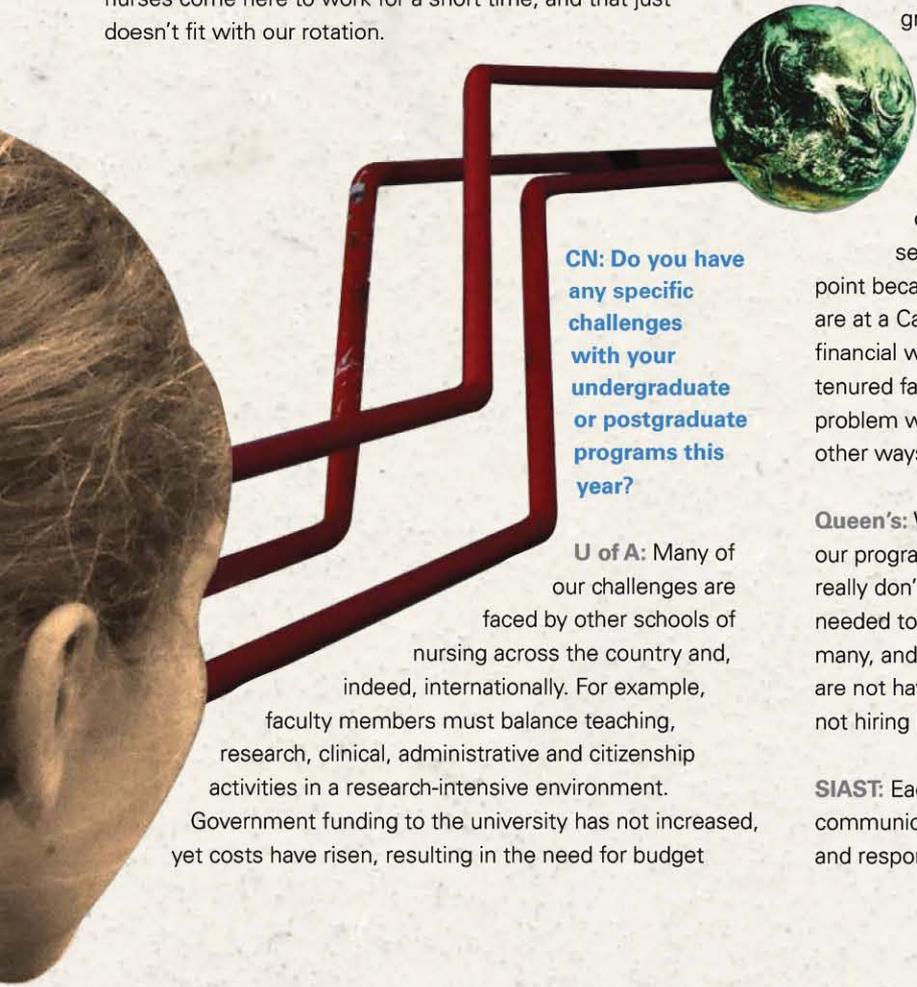
reductions in all faculties. We anticipate further reductions in 2011-12. We are also concerned with the limited availability of research funds at the local, provincial and national levels. With the need for evidence-informed decision-making in both practice and education, the need for research funding continues to grow.

### CN: What do you feel are the biggest problems facing nursing educators today?

**U of M:** Our faculty is older, with 71 per cent or more over the age of 55. The pace is taxing; we run all three semesters. Our ability to hire is compromised at this point because of budget constraints. Tuition fees in Manitoba are at a Canadian low: \$114 per credit for 2009-10. There is little financial wiggle room to make changes, yet we do. Balancing tenured faculty's demands for teaching and research is a problem when it comes to course coverage, but it pays off in other ways.

**Queen's:** What all nursing educators have to consider is whether our programs are meeting the health needs of Canadians. We really don't have a good idea of how many registered nurses are needed to care for Canadians; over the years, we have seen too many, and then not enough. At the moment, students in Ontario are not having an easy time finding full-time jobs. Employers are not hiring because of tight budgets.

**SIAST:** Each generation of students has different expectations, communicates and connects differently, and views their rights and responsibilities for education access and learning support



### CN: Do you have any specific challenges with your undergraduate or postgraduate programs this year?

**U of A:** Many of our challenges are faced by other schools of nursing across the country and, indeed, internationally. For example, faculty members must balance teaching, research, clinical, administrative and citizenship activities in a research-intensive environment. Government funding to the university has not increased, yet costs have risen, resulting in the need for budget

somewhat differently. We are continually challenged to find new ways to provide innovative education and support student success.

**UBC:** At our school, the biggest challenges are faculty renewal and balancing the demands of clinical and community service partnerships and collaborations. The time pressure on all faculty is huge, and most of them are highly committed to particular patient or professional populations and groups. Most of our people do community-based research, as opposed to lab research, and we are all committed to the greater good and global citizenship. It is hard to sustain the level of activity we aspire to — individually and collectively.

**U of T:** Nursing education at the university level is an academic pursuit that must meet professional standards and is subject, more than many other traditional academic disciplines, to the influence of the larger professional environment. Educators must balance these forces to prepare students academically, providing them with a broad-based educational foundation that must also meet the specific requirements of professional practice. With today's higher patient acuity, it can be a challenge to ensure that nurses are fully prepared to practise nursing upon graduation. University nursing educators are also increasingly concerned about the substitution of RNs with RPNs, particularly in regard to patient safety, the ability of schools to attract BScN students and the ability to find placements for RN students. This growing trend could have a significant impact on nursing educators, and on the nursing profession, in the future. ■

**Canadian Nurse thanks the contributors and all those who helped in the preparation of this article.**

## National survey shows enrolments and age of faculty still rising

CNA and the Canadian Association of Schools of Nursing will jointly release their report on the 2008-09 National Student and Faculty Survey of Canadian Schools of Nursing in October. *Canadian Nurse* was able to arrange an exclusive look at some preliminary results.

### About the survey

Admission and enrolment results were collected for the academic year 2008-09, and graduate and faculty data were collected for the calendar year 2009. Of the 135 schools of nursing that were sent the survey, 111 (82 per cent) completed it. Supplemental data obtained from the regulator for Quebec diploma and baccalaureate programs have been incorporated in the calculations of students admitted to and graduating from these programs. Accordingly, 98 per cent of diploma and baccalaureate programs are represented by the total data.

### Admissions to Entry-to-Practice Programs, 1999 to 2008-09

(Collection period changed in 2001 from calendar year to academic year)



### Students

- Entry-to-practice programs (diploma and baccalaureate) had 13,664 admissions, continuing an upward trend.
- Entry-to-practice programs had 9,662 graduates.
- Nurse practitioner programs had 379 graduates, an increase of almost 40 per cent from the previous year.
- Distributed learning or distance education was used in 47 per cent of programs, representing an increase from the previous year.
- Admissions to master's degree programs increased by 15.7 per cent from the previous year (a substantial change).
- Admissions to doctoral programs increased by only 2.4 per cent from the previous year.

### Faculty

- Individuals 50 years of age or older made up 53 per cent of faculty.
- Fewer than 30 per cent of faculty were permanent staff.
- 61 per cent of schools identified non-competitive salary ranges (compared with those in practice settings) as a major challenge to recruitment and retention.

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