

REGISTERED NURSE EDUCATION REVIEW IN NOVA SCOTIA

Highlights of the final report

Building our future

*A new, collaborative model
for undergraduate nursing
education in Nova Scotia*

Submitted by

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Co-chairs, Steering Committee
Registered Nurse Education Review in Nova Scotia

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Building our future. A new, collaborative model for undergraduate nursing education in Nova Scotia

Background and context

In the autumn of 2012, Nova Scotia embarked on an ambitious journey to review its undergraduate registered nurse (RN) education programs and explore changes required to modernize and strengthen their quality, effectiveness, sustainability and accountability. The Departments of Health and Wellness and Labour and Advanced Education initiated work with Cape Breton University (CBU), Dalhousie University (Dal) and St. Francis Xavier University (StFX) to review current programs and delivery models and make recommendations on a new, collaborative model of undergraduate nursing education to better meet current and future population health and care delivery needs.

A steering committee comprised of university and government representatives, informed by an advisory group that included employer and regulatory body representatives, met and worked extensively since 2012 to develop a collaborative model that would enhance shared planning and delivery of effective RN undergraduate university education. After extensive deliberation, the steering committee came to strong and unanimous agreement on the elements of an exciting, new and collaborative model of undergraduate nursing education across the three universities that puts Nova Scotia at the leading edge of education reform in Canada.

Nursing demographics in Nova Scotia

RNs make up the largest health care provider group in Nova Scotia; in 2014, there were 10,045 RNs registered to practice in the province, of which 95.4 per cent were employed in nursing. The other regulated nursing groups in Nova Scotia, licensed practical nurses (LPNs) and nurse practitioners, had 4,002 and 149 members respectively registered in 2013. Since the introduction of the Nova Scotia Nursing Strategy in 2001, the number of RNs, both registered to practice and employed in nursing, has rebounded to early 1990 levels. Up until 2011, the nursing workforce grew by an average of one per cent annually, but has since leveled off.

With the decline of younger nurses entering the workforce after the closure of diploma schools in the mid-1990s, the number of RNs aged 50 years and older

has grown steadily and today 45.3 per cent of RNs are in this age bracket. At the same time, the number of mid-career nurses, aged 35-49, also has been steadily declining. Nurses under the age of 35, on the other hand, are growing in number as a result of seat increases in Nova Scotia schools of nursing (from 330 in 2007 to 401 in 2014) and improved retention of new graduates (up from 61 per cent in 2001 to 90 per cent in 2014).

In 2014, 385 RNs over the age of 50 exited the workforce, compared to around 200 in 2010. Considering current nursing program attrition and graduate retention rates, it is expected that the province's 401 first-year seats will produce an annual average of 350 new graduates, roughly 305-315 of whom will remain in Nova Scotia to practice. The aging workforce issue also impacts nursing school faculty, who are about seven years older, on average, than their counterparts in other roles in nursing.

Registered nursing education in Nova Scotia today

A bachelor of science in nursing degree is required for entry to practice in Nova Scotia and is offered at CBU, Dal and StFX. All three programs are approved by the College of Registered Nurses of Nova Scotia through a joint accreditation/approval process with the Canadian Association of Schools of Nursing. Graduate nursing education (master's, nurse practitioner and doctoral degrees) is offered only at Dal. There is one diploma program for LPNs, offered at Nova Scotia Community College and delivered at nine campuses. The Government of Nova Scotia presently invests \$10.1 million annually in direct support of nursing education at the three university nursing schools in the province. Additionally, universities receive an operating grant that, in part, supports nursing program and related costs.

There now are 401 seats funded for entry to undergraduate nursing programs each year across Nova Scotia (71 at CBU, 120 at StFX and 210 at Dal, including 185 in Halifax and 25 in Yarmouth) in a mix of six different programs and entry points. Traditionally, students entered a four-year BScN program from high school, but more than half of entrants at Dal, 36-49% of CBU students, and 15-20% of students at StFX now enter the nursing program with university credit or other post-secondary experience. There is significant demand for transfer to nursing programs for students with one or more years of university courses. However, due to program design constraints, including the

sequenced nature of core nursing courses that usually are offered only once per year, those transitions can be difficult. As a result, many students having significant university credits still end up taking three or more years to complete a nursing program. While there is demand for LPN-to-BScN education, demand for RN diploma-to-BScN upgrading continues to wane.

Summary and messages of the Registered Nurse Education Review process

Activities of the Registered Nurse Education Review have included background research, a commissioned rapid synthesis review of outcomes among different curricula and models of delivery, a discussion paper led by the directors of the schools of nursing and a comprehensive stakeholder engagement plan that included telephone interviews with key informants and consultation with groups in Sydney, Antigonish and Halifax.

Key messages for the Steering Committee...

... from government focused on the need for significantly increased collaboration among the education and service sectors to better meet system needs, a scaling up of efficiency, effectiveness and value of nursing education (including reducing perceived unnecessary duplication of costs and efforts), and recognition of prior learning at all points across nursing education.

... from the service sector spoke first to concerns about practice readiness of new graduates when they are confronted with busy, highly specialized clinical settings. Employers are especially troubled by the ability of graduates to function, delegate and lead effectively in complex, multi-professional teams. They are concerned about the nature, timing and organization of the whole area of clinical practice experiences, including equity of access to effective clinical education. Timing of graduations is a problem as the workforce would benefit from a more even supply of new graduates than is possible when large groups graduate at the same time. Finally, while the generalist BScN continues to enjoy strong support, employers believe that introducing a concentration or academic minor in a population health or health-care delivery area might better meet the complex needs of modern practice settings.

... from the education sector focused on the need to better align education with service sector needs including in the area of clinical practice, where competition for effective practice experiences is

a limiting factor. Nursing education leaders know that reform is needed, but acknowledge that major curriculum change is a tough challenge to surmount even within one school – and due to the nature of universities is never a fast process. It will be especially challenging to respond to current demands on nursing education while planning for future change. With that said, nurse education leaders recognize that the sector sometimes has been slow to strategize effectively when facing emerging trends and needs, sometimes operates too much in isolation from real practice and job training, has not been seen as cutting edge across the country. There is a general consensus that Canadian health care needs more skill in understanding and operating within team-focused, multi-professional education and practice settings, and there is patchy recognition and buy-in for interprofessional practice across Nova Scotia.

... from individual interviews with 32 key informants

were strongly supportive of, and enthusiastic about the nursing education review. They mirrored those of the government, employer and education sectors, but generally expressed an even stronger sense of urgency for action and for the action to be broader and more radical. There was complete agreement on the need for an immediate and significant shift in the model of undergraduate education, from admission through graduation and into the transition stage from student to professional, and some saw the review as an opportunity to really vault forward and not to feel restricted to a marginal shift. There was nearly unanimous support for continuation of a generalist BScN while also speaking to the need for more training in a population health or clinical specialty, which could take the shape of a clinical concentration, an academic minor, or some similar structure. The strong ideas expressed by informants in areas related to the admission process, progression through nursing programs, and graduation and transition to practice (where they all believed different and increased supports are required), are reflected in the final model. The strongest theme running through the interviews was the unanimous, deep concern about issues around clinical teaching, clinical placements, the clinical teachers themselves, preceptors in clinical settings, and mentoring – all of which seem to need a drastic overhaul in approach, training and execution.

... from consultation sessions with 82 stakeholders across Sydney, Antigonish and Halifax affirmed those of the key informants. Reactions to the review, the framework

under discussion, and the elements of a new model that had been floated were positive and highly encouraging across the three sites. Like the key informants there was little appetite for tinkering and a desire for meaningful change. Solutions to improve undergraduate nursing in Nova Scotia suggested by these stakeholders are reflected in the final model.

In the lead: Nova Scotia's new collaborative model for undergraduate nursing education

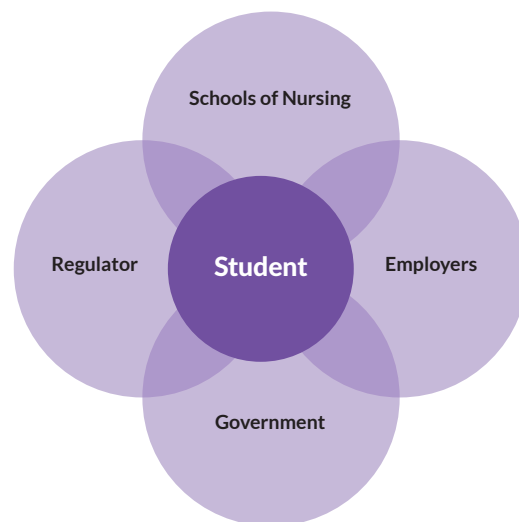
Principles. Based on feedback from the steering committee, advisory group, key informants and the stakeholder consultations, the new, collaborative model for undergraduate nursing education in Nova Scotia was developed with several guiding principles in mind. The principles guided the development of a new model that will:

- Offer a rich mix of shared (common) services, resources and talents to students at each school while also providing specialized skills, programs and talents that are unique to each school.
- Provide a level playing field for students across the province while meeting regional and local needs.
- Improve the student experience within and across schools of nursing and in transition from student to professional.
- Meet the needs of employers in the service sector, including the knowledge and skill of generalist baccalaureate graduates entering highly specialized practice settings.
- Scale up access to distance education learning and a range of programs at each site.
- Reduce costs and duplication of effort and improve efficiency and effectiveness through shared purchasing and deployment of human and other resources.

Philosophy of approach. Together we have developed a new model of undergraduate nursing education that puts our students, novice RNs and the nurses who teach them sharply in focus and, together with patients, firmly at the centre of all our efforts. Together we will redouble our efforts to focus our programs and partnerships strongly on our students and new graduates. And together we will develop, test and evaluate each of our new programs and partnerships to ensure that they

strengthen the success of every student's academic experience, nursing practice, transition from nursing student to novice professional RN in the workplace and contribution to intra- and interprofessional collaborative practice in the workplace.

Figure 1: Students and novice RNs are firmly at the centre of all we do

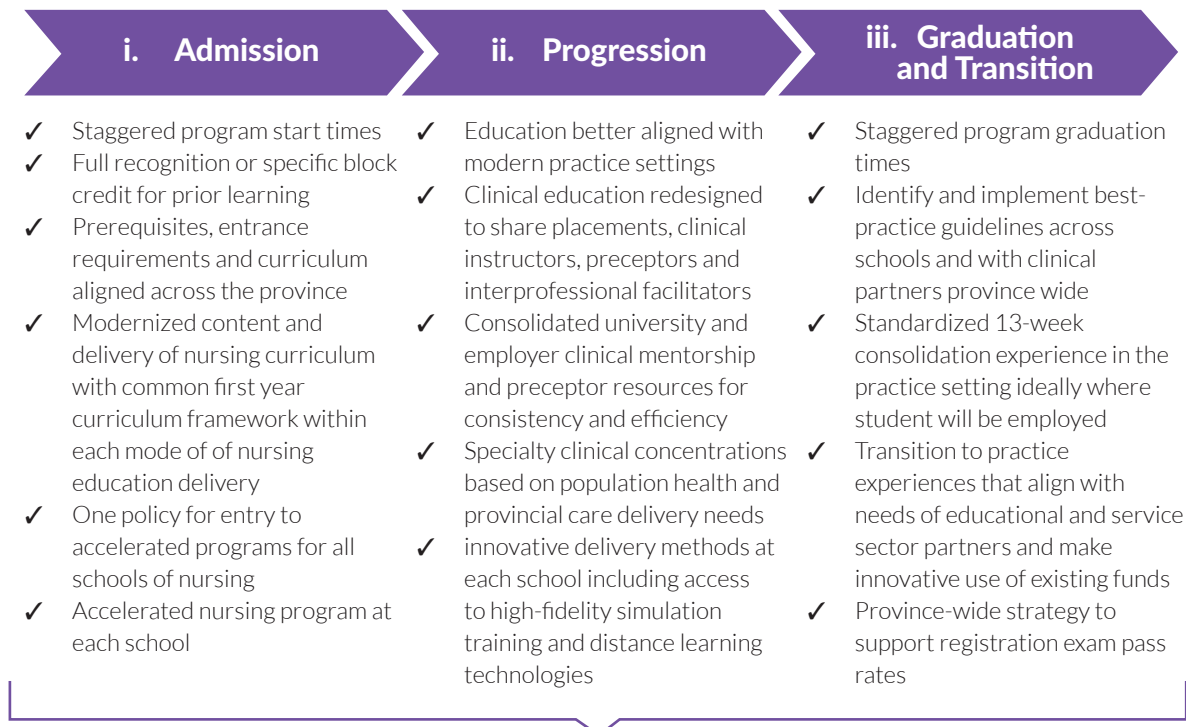


Action. To transform undergraduate nursing education in Nova Scotia, goals and actions are recommended in admission to our schools of nursing, progression through them, and the phase of graduation and transition to professional practice as seen in Figure 2.

The new collaborative model will facilitate access to undergraduate education across the province in two streams: a traditional four-year program offered at StFX and an accelerated program for students with previous university courses or degrees offered at all three schools. A RN diploma-to-BScN stream will be offered until demand ceases. Universities will also establish a feasible approach for fair and consistent recognition of prior learning and experience for qualified LPNs entering the BScN program.

Principle features of the new model include new levels of collaboration among CBU, Dal and StFX to align entry requirements and curricula, shared expertise, online specialty focus electives, clear pathways to entry and progression, innovative delivery methods, recognition of prior learning, opportunity to transfer among schools, optimization of resources and preparation of graduates ready to meet Nova Scotia's current and future system needs.

Figure 2: Pathways to nursing education success in Nova Scotia



Special considerations in each pillar



Summary and next steps

Almost from the outset, the establishment of the Registered Nurse Education Review in Nova Scotia began to exert an impact on thinking and behaviour across the province. Leaders from each sector frequently commented that, almost immediately, communication and relationships within and across sectors began to change, grow and improve. New partnerships have already emerged, and some activities recommended in the action plan already are underway. There is a strong commitment among the schools that educate nurses and the service sector that employ them to really modernize the student experience – especially

to work together to create more effective and satisfying clinical learning experiences and build the structures needed to help students make the transition from education to professional practice.

Moving the new model from theory to reality will require a concerted, coordinated, and resourced, province-wide effort that will follow tight timelines. The new model recasts the future of nursing education in Nova Scotia, and our action plan, while ambitious, is a feasible strategy to launch the new direction forward starting with the first cohort of new students in September 2016.



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