



CASN ACCREDITATION PROGRAM REPORT

For the

Trent/Fleming School of Nursing
Collaborative Program
Path B

Date of site visit: April 5 - 8, 2021

Prepared for:
THE CANADIAN ASSOCIATION OF SCHOOLS OF NURSING

VERSION OF ACCREDITATION PROGRAM USED: MAY 2015

Trent/Fleming, School of Nursing, Collaborative Program Report

SECTION 1 – Evidence for Each Key Element

SCHOOLS TO COMPLETE, REVIEWERS TO VERIFY:

Please note a brief description of the Nursing Education Programs. Be sure to include the program’s philosophy, setting and other relevant factors. A good place to find this information is in the School’s checklist, handbook, or brochures. Also, please include the details of:

1. The Program’s philosophy;
2. Location and number of sites;
3. Number of students and faculty;
4. What are the special or unique features of the program? (E.g. distance education, fast-track program);
5. Curriculum: one to two paragraph overview; for example, if a collaborative partnership, is the curriculum common to all sites? If not, how is it differentiated at each site?
6. Brief description of the program: including courses in science, nursing, collaboration with other faculties, etc.;
7. Key partnerships;
8. Environmental considerations;
9. Key committees; and,
10. Leaders and stakeholders.

School Self-Study Evidence

Reviewer Findings that Support, Substantiate and Elaborate on the School Self-Study Evidence

The Trent/Fleming School of Nursing (TFSON) offers BScN degree completion in three different streams.

The first of these is a traditional four-year stream offered in collaboration with Fleming College.

The Undergraduate programs at the Trent Fleming School of Nursing (TFSON) are based on the Collaborative Bachelor of Science in Nursing (BScN) program, with modifications for the Compressed BScN program, in terms of timing, and the Practical Nurse (PN to BScN) program, in terms of credits given for courses taken in the PN to BScN Bridging program at George

The second is a compressed (second-entry) stream that allows learners with other non-nursing university credits to complete their BScN in two years plus one semester of continuous study. The final stream is a post bridge PN (practical nurse) to BScN pathway offered on-site at George Brown College in Toronto.

Although all three streams provide different entry points, all three have identical degree requirements for graduation. Nursing and required non-nursing science courses are identical across all three streams. At degree completion, all learners will have the same required 20 credits.

The Program's philosophy: The philosophy of the SON is rooted in the tenets of phenomenology and humanism and a belief in the critical nature of the individual meaning and context that is unique to each person. Philosophy of Nursing - "Nursing involves a unique combination of knowledge from the arts and sciences. The goal is to participate with peoples in achieving the best outcomes in keeping with their experience of health.

Our philosophy reflects the tenets of humanism, social justice, professional practice, relational practice, nursing inquiry, science, health and healing." Philosophy of Teaching/Learning - "Learners and faculty create a relationship process of inquiry and stimulate a commitment to life-long learning. Our philosophy is learner centred and respects multiple ways of discovery and knowing. Responsibility is shared within the community of learners".

Brown College (GBC). Each program is described for student information in terms of program requirements, electives and advanced topics courses, and course distribution over the time of each program. As such, many of the elements of the standards for the various programs are the same, and will be duplicated from the Collaborative program. Blue font will highlight program differences for the Compressed and PN to BScN programs. In most instances, the same evidence is provided for each of the three programs.

The program philosophy is referenced in four lines in the student handbook (p.12). The names of the themes of the programs are also referred to, without any description or discussion. Elaboration of the philosophy, the pillars of the program, and the themes are named but not discussed in any depth beyond name. Review of course outlines indicated reference to the themes/core concepts addressed in the course, and close correlation of course outcomes to the overall program outcomes. There is no narrative explaining the model, and although there are a significant number of concepts included, their relationship to each other, to the metaparadigm concepts of nursing, and to the school's philosophy of nursing.

In the materials provided to us, reviewers could not find a course in which the philosophy of the program, and its reliance on humanism and phenomenology, was actually discussed with students. Core concepts of the model/philosophy are addressed and are highlighted in the syllabi.

Location and number of sites: The TFSON collaborative and compressed programs operate on one site at the Symons Campus of Trent University. All classes are offered on-site at Trent. All faculty offices, learning centres and elective options are on-site at Trent.

Number of students and faculty: In 2020/21 there were 17.2 full time faculty appointed to the School of Nursing and approximately 60 sessional faculty in approximately 130 contracts. There are 961 students in all 3 BScN programs as of winter 2021; Collaborative - 483; Compressed - 302; PN to BScN - 176.

What are the special or unique features of the program?: The first unique feature relates to the structure of program delivery; learners study on one site (Trent University) throughout the four years of the program minimizing the disruption that occurs in many collaborative programs as learners move between sites, either within one curriculum year or between years in the curriculum.

The second unique feature relates to the potential a learner has to develop a specific area of focus, reflective of expertise within the SON faculty and/or the faculty of Trent University more broadly. As an example, a learner wishing to focus specifically in the area of aging would not only receive the education that is woven through the full nursing curriculum related to this topic but would also have the opportunity to customize his/her clinical practice experiences.

The overview of the Collaborative program is provided in the Collaborative program course map. The Collaborative curriculum is the basis for the programming and altered scheduling of the same courses in the Compressed and PN to BScN program.

Students select two Advanced Topics courses all of which are offered online during their fourth year practica. In addition, students request specific practicum experiences (although not all students will be placed in their requested areas).

<p>The third unique approach within the collaborative stream relates to the offering of an accelerated course of study allowing learners to graduate one semester early. This option was introduced by the Ontario Government in the Summer of 2008 and became available to learners in the summer of 2012.</p> <p>The fourth unique approach within the collaborative stream relates to the offering of a number of Advanced Topics courses in either fully on-line or blended learning models. Courses are offered in areas that have common application in any clinical setting as well as in topics that are more patient or location specific.</p> <p>From the standpoint of flexibility, this approach allows learners to access their desired fourth year clinical practicum experiences at distances that would be untenable if traditional on-site study were required.</p> <p>From a pedagogical perspective, this approach provides learners with the opportunity to develop significant depth and breadth of knowledge in topics of particular interest to them. It further creates a 'capstone' model, with advanced topic courses being available in areas of study that are either foci or themes in the curriculum of the SON. There is also an option for students to do an undergraduate thesis instead of the two advanced topic courses.</p> <p>Finally, students develop their skills and practice simulation in the first accredited nursing university nursing program clinical simulation centre.</p>	<p><i>Graduates indicated that this option was valued by them.</i></p> <p><i>Students have the option to take 5.5 credits (courses) in elective courses (a total of eight elective half courses) and 14.5 credits in nursing. All students are required to take one of these electives in Indigenous studies, a forced choice elective in year three, and two Advanced Topics courses in their fourth year.</i></p> <p><i>One graduate spoke of the opportunity to complete an undergraduate thesis in place of the two Advanced Topics courses, indicating that it was a very positive experience for her. She credited this experience with her decision to enter graduate studies.</i></p>
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Curriculum: The Trent/Fleming SON curriculum is consistent across all three streams within the program.

The four-year collaborative program consists of 20.0 credits with at least 12.0 credits in NURS. At least 0.5 of the elective credits must be from the Approved Indigenous Course List.

Year 1 - Students are introduced to the profession of nursing through courses addressing health at the individual level, healthy aging, and the basic concepts in professional practice. This initial exploration of nursing is supported by science courses relevant to nursing and electives of the student's choice. Students take 2.5 credits of nursing courses (5 – ½ courses), 1 credit of biology, .5 cr. Psych and 1.0 cr of electives.

Year 2 - Students focus on community and family health, developing specific knowledge regarding the impact of illness on families and communities, and on the further development of knowledge in sciences relevant to the practice of nursing. Students take 3.5 credits of nursing courses, .5 cr. psychology and 1.0 cr of electives.

Year 3 - Students focus on aspects of illness, both acute and chronic. Concepts of illness, the patho-physiology underlying disease conditions and related nursing and health care interventions are addressed in nursing theory and practice courses. Students take 3.5 credits of nursing courses, .5 cr. forced choice elective (NURS 3560H, PHIL 2390H, PSYC 3560H, PSYC 3750H, or SOCI-WMST 2430H) and 1.0 credits of electives.

Reviewers were able to review course outlines for reference to the key concepts of the curriculum. Although course content was not consistently presented in depth, reviewers could not find an in-depth discussion of the philosophy of the program or key concepts underpinning the curriculum. (Possibly NURS 1001H, Introduction to the Profession, which was not available in the course outlines).

Students receive clinical experience in Psych/Mental Health OR Maternal Child Health. Simulations are provided to students for the clinical practice issues related to clinical practice they did NOT receive. Either through actual clinical practice, or through simulation, all students have some experience in maternal/child and mental health nursing.

Year 4 - Students focus extensively on integrating knowledge and skills to become novice professionals. Clinical practice settings are chosen in consultation with the student to allow exploration of areas of interest, where possible and subject to the student meeting established requirements. Students complete 300 hours of preceptored clinical practice in each of their final two semesters, one advanced topic (.5 credit each) from each of the advanced topic groups (1 & 2) and 1.0 credit of electives.

Key partnerships: The key partnership is between Trent University and Fleming College in offering the Collaborative BScN program. Particularly strong internal relationships exist with the cognate disciplines of biology, psychology and women’s studies. The TFSON has two tenured positions that are cross appointed with biology. This creates a strong relationship between the departments and is reflected in the strength of the non-nursing science components within the program. One of our faculty teaches several courses in women’s studies and we have an advanced topic which is cross listed with them.

Environmental considerations: The external environment, that is the immediate City and County of Peterborough, has a unique demographic profile. As the jurisdiction with Canada’s second oldest population, second only to Kelowna, Peterborough may be characterized as being older, less educated, less wealthy, more reliant on social assistance, more rural and more aboriginal than is the norm for Ontario at large. These unique factors are clearly reflected in the foci of the TFSON and they

Trent University and Fleming College have an integrated faculty that incorporates six seconded Fleming College faculty into all aspects of the TFSON undergraduate programming. The seconded faculty receive the same workload as their university colleagues, including the same expectations for research and contributions to the School of Nursing. Several seconded faculty members have taken advantage of research unit membership and Trent partnership research grants for which they qualify.

are emphasized, as is the critical concept of social determinants of health, in the curriculum.

As a community, the Greater Peterborough area has a permanent population of about 130,000 which increases substantially in the summer. Approximately 81,000 people live in Peterborough City itself (2018). Peterborough is uniquely situated between two First Nations – Hiawatha to the south and Curve Lake to the north; both communities having retained strong links to their own cultural heritage and practices.

Settled largely by immigrants from the British Isles, Peterborough has strong English, Irish and Scottish roots, with the more recent immigration of families and individuals from across the world beginning to contribute to a rich multi-cultural community.

The Trent University environment itself is worthy of comment. Unlike many university settings, Trent University is geographically separate, albeit not distant, from Peterborough City.

Learners in the collaborative stream tend to live in residences on-campus during first year before moving to a variety of housing options in Peterborough itself although some commute from areas such as Lindsay and Oshawa. Access to the campus is provided through city bus passes, which learners purchase through their university fee system.

Located on a river, bounded by substantial, protected nature lands, founded with a focus on undergraduate education and

having a small enrolment (approximately 7500), Trent University provides a distinct and quite beautiful environment for learners and faculty alike.

Key committees: The collaborative stream within the School of Nursing is supported by a number of committees external to the TFSON, focused specifically on the partnership between the two institutions. These include the External Advisory Committee and the Trent/Fleming Finance Committee. It should be noted that the External Advisory Committee meets in relationship to all three delivery streams and is not separately constituted for each program.

The TFSON has one consistent internal committee structure across all three streams. Faculty from both collaborating institutions participate on all committees, which include the following: Administration; Awards and bursaries; Appeals; Curriculum & Evaluation; Research, Ethics and Scholarship; Graduate program; Personnel & Tenure; and Policy.

All committees report to and bring motions to School Council. More detail about the governance structure of the School can be found in the TFSON Governance Document (Appendix TU1. TFSON Governance Document).

Leaders and stakeholders: The formal leadership of the Trent/Fleming School of Nursing is vested in two positions – the Dean of the School of Nursing, Trent University and the Dean of School of Community Development and Health, Fleming College.

The incumbents in these two positions work collaboratively, both formally and informally, to ensure optimum operation of

Evidence about the committee structure has been validated.

As evidenced by the committee minutes, the TFSON committees are populated by Trent University and Fleming College seconded faculty, as well as representatives from the GBC-based PN to BScN (Post-Bridging) program. Reports are made to faculty council, which is also populated by all TFSON faculty.

The collaboration on the BScN programming between Trent University, Fleming College, and George Brown College is governed by MOUs and facilitated by a trusting and respectful culture in all three institutions.

the program with due regard to the individual needs and interests of both partners.

The day-to-day operation of the School is primarily within the purview of the Dean, Trent who is supported in that role by the program coordinators.

Relationships with internal stakeholders at Trent University are managed by the Dean, Trent. Key among those are the working relationships with the Provost & Vice President Academic, the Deans of Education, Humanities, Science and Social Science, the Chairs, Biology and Psychology and the Registrar.

External stakeholders are primarily represented through the External Advisory Committee, which is common to all three delivery streams within the School. This committee is chaired by the Dean, Trent and attended by the Dean, Fleming, the Chair (Fleming) and the Undergraduate Coordinators. Multiple agencies are represented on this committee and provide direct feedback to the TFSON on issues of import within the health care community at large.

The Dean, Trent is an active member of the Council of Ontario University Programs in Nursing (COUPN), maintaining collegial and effective relationships with nursing education leaders across the province.

Program Coordinators participate in in the COUPN undergraduate and graduate committees. Participation in the Canadian Association of Schools of Nursing (CASN) also provides for relationships throughout the broader Canadian context.

The Program Advisory Committee is comprised of a number of stakeholders in the nursing education programs offered by TFSON. The Committee has not met during the COVID-19 pandemic by external partners who met with reviewers expressed strong support for the TFSON and its three BScN programs.

The Dean of TFSON is integrally involved in the community of Trent University. The President and Provost both expressed strong support for the TFSON, and great respect for the Dean and faculty of the TFSON.

Program Framework	
<u>Standard Statement:</u> The Program Framework articulates a clear and coherent foundation for excellence in nursing education.	
<u>Descriptor:</u> The Program Framework identifies key components of a nursing curriculum including clear statements of student outcomes, a program structure (planned sequence of learning opportunities) that is anchored in nursing knowledge, captures current and emerging trends, and includes appropriate learning processes (pedagogy).	
Key Elements	
1. The curriculum is based on clear statements of expected outcomes that are congruent with the program’s mission and goals, the roles for which the program is preparing graduates and regulatory entry-to-practice competencies and standards of practice.	
School Self-Study Evidence	<i>Reviewer Findings that Support, Substantiate and Elaborate on the School Self-Study Evidence</i>
<p>The mission of the School is to deliver programs that meet the highest standard for nursing education and nurture graduates with superior humanistic and scientific caring, professional and social responsibility, and critical inquiry.</p> <p>The program outcomes have been developed in alignment with the School’s mission and in meeting these outcomes graduates will have met all of the CNO entry to practice competencies. Graduates of the Trent/Fleming School of Nursing:</p> <ol style="list-style-type: none"> 1. Are generalists entering a self-regulated profession in situations of health and illness; 2. Work with people of all ages and genders (individuals, families, groups, communities and populations) in a variety of settings; 	<p><i>This element is addressed in the same manner for students in all programs. Since this section is the same for all programs, and the evidence provided is the same, reviewer comments are the same in all programs.</i></p> <p><i>The evidence provided in this section has been validated. The program outcomes are mapped over the first three years of the curriculum. Course objectives as stated in course syllabi relate directly to the stated program outcomes.</i></p> <p><i>The experiences that are provided in the fourth year of the collaborative program are not mapped to these program outcomes; the assertion is that the program outcomes are achieved by the end of year three of the collaborative program,</i></p>

3. Have an enhanced knowledge of indigenous, women’s and mental environmental health and aging and rural populations;
4. Continuously use critical and scientific inquiry and other ways of knowing to develop and apply nursing knowledge in their practice;
5. Demonstrate leadership in professional nursing practice in diverse health care contexts;
6. Contribute to a culture of safety by demonstrating safety in their own practice, and by identifying and mitigating risk for patients and other health care providers;
7. Demonstrate the ability to establish and maintain therapeutic, caring, and culturally safe relationships with clients and health care team members based on relational boundaries and respect;
8. Enact advocacy in their work based on the philosophy of social justice;
9. Effectively utilize communication and informational technologies to improve client outcomes;
10. Provide nursing care that includes comprehensive, collaborative assessment, evidence-informed interventions and outcome measures.

These outcomes are levelled across program years (1000, 2000, 3000, and 4000) and are included in both the BScN Student and Instructor Handbooks which are updated annually (Appendices

and following completion of 3000 level courses in the compressed and PN to BScN programs. The purpose of the fourth year or 4000 level courses in all three programs should be clarified.

The College of Nursing of Ontario (CNO) Entry to Practice competencies have been mapped across the curriculum and demonstrate that students have had theory and clinical practice to meet all the competencies. The clinical evaluation tool corresponds to the program outcomes.

This evidence has been validated.

<p>TU2. BScN Student Handbook 2020/21, TU6 Instructor Handbook).</p>	
<p>2. The approaches for teaching, learning and evaluation of learners’ performances articulated in the program framework facilitate achievement of the expected learner outcomes.</p>	
<p>School Self-Study Evidence</p>	<p>Reviewer Findings that Support, Substantiate and Elaborate on the School Self-Study Evidence</p>
<p>A variety of methods are employed for both teaching and evaluation.</p> <p>First year theory courses are taught using a mixed approach including large lecture style classes and small group seminars that allow students to explore concepts in greater depth, facilitated by a course professor. This approach further supports the contextualization of knowledge and content; the development of deeper knowledge supporting critical thinking development and the ability to integrate knowledge into practice; the development of leadership skills; and access to opportunities for closer interaction with faculty.</p> <p>A similar approach is used in many of the second- and third-year courses. (Examples: Appendices CP1 Syllabus NURS-3000H-A_2021WI PTBO, CP2 Syllabus NURS-1002H-A_2021WI – PTBO). For example, in NURS 2003H, students attend both a large class lecture and participate in small group seminars (Appendix CP3 Syllabus NURS-2003H-A_2020WI PTBO).</p> <p>Either distance teaching or hybrid teaching approaches are used for all the fourth year Advanced Topics Courses. Since March of 2020, all theory courses in the program have been taught</p>	<p><i>This element is addressed in the same manner for students in all programs. Since this section is the same for all programs, and the evidence provided is the same, reviewer comments are the same in all programs.</i></p> <p><i>The philosophy of teaching/learning in the TFSON is only minimally discussed in the student handbook; it is described as student centred.</i></p> <p><i>Courses are taught in a variety of formats, including large lecture style class and small group seminars. Students indicated that they liked the smaller course teaching in seminars, simulations, and clinical skills courses.</i></p> <p><i>Since the start of the pandemic, all theory and seminar courses have been conducted online. Practice courses have been taught by simulation experiences, and students in years one, two, and three have received their clinical experiences through virtual experiences like Shadow Health. The simulation and clinical skills courses have been conducted in the simulation and skills labs in smaller groups, physically distanced, and using hygiene precautions.</i></p>

<p>remotely using a combination of synchronous and asynchronous approaches.</p> <p>In the curriculum for all three programs, the objectives of the theory courses are aligned with the co-requisite clinical practise courses. For example NURS3001/3021 Living with Chronic Illness pre-COVID 10 (Appendices CP4 Syllabus NURS-3001H 2019FA PTBO & CP5 Syllabus NURS-3021H 2019FA PTBO). Learners have multiple opportunities to demonstrate theoretical learning in their clinical practicums.</p> <p>Assessment strategies are diverse and comprehensive to provide a range of evidence for students to master the learning outcomes, thus demonstrating that program goals and UDLEs have been met. Assessment strategies in the program respect a range of learning styles. For example, in any one course, a student may earn points by writing a scholarly paper, participating in activity, writing an online test, and presenting the results of a group project. Clinical courses are graded on a pass/fail basis and students are evaluated at midterm and final against learning outcomes specific to each clinical course.</p>	<p><i>Year Four students are receiving their preceptored clinical practica of 300 hours of practice per term, as usual. Courses offered in these two terms are online, as per usual practice.</i></p> <p><i>This evidence has been validated. The clinical practice courses are offered in conjunction with the theory courses to provide students with opportunity to apply theory to practice.</i></p> <p><i>Course outlines indicate the diversity of evaluative methods used.</i></p>
<p>3. The curriculum provides a sequence of learning opportunities that lead to the program outcomes and provide a logical flow for students as they move through the program.</p>	
<p>School Self-Study Evidence</p>	<p>Reviewer Findings that Support, Substantiate and Elaborate on the School Self-Study Evidence</p>
<p>Students are introduced in year 1 (1000 level courses) to the profession of nursing through courses addressing health at the individual level, healthy aging, and basic concepts in professional practice. This is supported by science courses and</p>	<p><i>In the collaborative four-year BScN program offered at the Peterborough site of Trent University, within the TFSON, courses are organized to facilitate student learning.</i></p>

electives. Students are encouraged to develop a focus in an area of interest and to pursue electives within that focus across all years of the program. The School's foci are rural health, aging, mental health, indigenous communities and women and gender.

In the second semester students complete 72 hours of clinical practice with an aging population and spend time in the clinical learning centre learning basic nursing skills.

In year 2, students focus on community and family health, developing specific knowledge about the impact of illness on families and communities. They further develop their knowledge in sciences relevant to nursing and complete 256 hours of clinical practice (family and community health) and spend time each week in the clinical learning centre.

At the 3000 level students focus on aspects of acute and chronic illness. Concepts of illness, the pathophysiology underlying disease conditions and related nursing and health care interventions are addressed. They complete 320 hours of clinical placement in both an acute and chronic setting and spend time each week in the clinical learning centre.

In the final year, students integrate knowledge and skills to become novice professionals. Clinical practice settings are chosen in consultation with the student to allow exploration of areas of interest. Students take two advanced topics which are offered online. Students may also choose to do a thesis in place of the advanced topic courses. Placements in both of the final

Evidence of the organization of the courses has been validated through program maps for each of the three undergraduate programs.

Course outlines are prepared on Trent University templates.

Since the start of the COVID pandemic, clinical experiences have been suspended. Students have been given the opportunities to achieve clinical course outcomes through the simulation centre and/or online virtual experiences. Since March 2020, until the present, and expected to continue until September 2021. This suspension of in person clinical experiences has affected Years one through three. Year four students have had in person clinical experiences for 300 hours per term. They also take two advanced focus courses online. Clinical placements can be in any location in Ontario; online advanced topics courses allows for distance learning when students are placed outside of Peterborough.

<p>semesters of the program are 300 hours and preceptored, for a total of 600 hours.</p>	
<p>4. The curriculum provides learning experiences related to primary health care, health promotion, prevention, curative, supportive, rehabilitative, and end-of-life care, across the life span of individuals, families, groups, communities, and populations, interprofessional practice and addresses regulatory entry-to-practice competencies.</p>	
<p>School Self-Study Evidence</p>	<p>Reviewer Findings that Support, Substantiate and Elaborate on the School Self-Study Evidence</p>
<p>The program outcomes and courses have been mapped to the entry-to-practice competencies.</p> <p>The curriculum is built on the foundational understanding of personal health and health promotion activities that is introduced in NURS 1000H.</p> <p>In NURS 1002H the concepts of adaptation, dependence and independence are explored; learning of these concepts is supported through clinical practice in NURS 1020H (Clinical practice in a residential setting). The promotion of physical and mental health in aging is learned in NURS 1002H and practiced in NURS 1020H.</p> <p>2000 level: In NURS2000H learners examine concepts relevant to practice with vulnerable community populations including social determinants, health promotion, population health, epidemiology, and marginalization. This is applied in NURS 2020H (Community based nursing practice) where learners are supported in exploring a specific topic of interest in health promotion or population health.</p>	<p><i>This section is the same for the Collaborative BScN and Compressed BScN programs, and modified for the PN to BScN program. These comments have been copied to the relevant reports, with the timing modifications related to the Compressed and PN to BScN programs.</i></p> <p><i>This evidence has been validated through review of the course outlines.</i></p> <p><i>Reviewers interviewed very few students or graduates. Their comments related primarily to the simulation centre, standardized patients, and skills laboratories (labs). These students were not currently receiving any in-person clinical experience in agency, and had virtual experiences through Shadow Health and other virtual and simulation experiences. One reviewer met with two faculty who teach NURS 1002 (Introduction to Foundational Practice). Review of these validated that end-of-life was clearly addressed in this course – one of the faculty has a strong background in palliative care. The entry to practice competencies of CNO have been mapped across the curriculum to indicate where the competencies have been addressed and students have demonstrated achievement of the competencies.</i></p>

<p>In NURS 2001H (The family in the community) learners explore concepts specifically related to family health and mental health, with a focus on recognition and prevention as well as intervention. This is applied in NURS 2021H (Family focused practice) where learners explore preventive, curative, and supportive interventions in a variety of settings.</p> <p>3000 level: NURS 3000H (Experiencing acute illness) focuses on curative care; its companion clinical course is NURS 3020H (Clinical practice focused on acute care). NURS 3001H (Living with chronic disease) was designed with a specific emphasis on rehabilitation, palliation and chronicity.</p> <p>The companion clinical course NURS 3021H (Clinical practice focused on chronic disease management) occurs in settings such as complex continuing care, rehabilitation, palliation and high acuity long term care.</p> <p>4000 level: Many of the advanced topics courses include the concepts of health promotion, prevention, and curative, supportive, rehabilitative care, and palliative care. Learners complete two 4000 level preceptored practicums during which they apply and consolidate what they have learned about health promotion, prevention, and curative, supportive, rehabilitative care, and palliative care in a variety of settings.</p>	<p><i>Clinical placements are selected that provide students with opportunities in a variety of settings. Students can request placements related to their specific and individualized interests in nursing. Specifically, students can focus on rural, Indigenous, mental health, women and gender studies, and other aspects of nursing practice.</i></p>
<p>5. The curriculum prepares students to address complex health issues that affect clients in a variety of settings.</p>	
<p>School Self-Study Evidence</p>	<p>Reviewer Findings that Support, Substantiate and Elaborate on the School Self-Study Evidence</p>

Learners work with clients of increasing complexity as they move through the curriculum. At the 1000 and 2000-levels learning is focused on the relatively more stable individual/family, experiencing normal transitions in life (for example childbearing/rearing; aging) in common living situations (community, residential settings). With this foundation, learners are equipped to begin to address more complex issues around both illness and chronicity, working with patients/families facing multiple challenges in a variety of physical, emotional and social contexts in the 3000 level courses.

In the final two clinical practice experiences, at the 4000 level, the learner progresses to the level of novice practitioner through mentored experiences with increasingly complex individuals and increasingly complex patient assignments.

Complexity at the systems level, and more complex concepts related to health promotion and population health are introduced in NURS 2000H. Systems complexity is further explored in NURS 3004H (The nurse as leader and advocate) and in selected Advanced Topics. Through these courses learners develop approaches, including advocacy, which will support problem solving beyond the level of the individual/family.

The goal in both the clinical setting focused on the individual/family, and at the community and systems level is that of moving the learner from the 'black/white' of knowing to the level of knowing where decision making and application are

This element is addressed in the same manner for students in all programs. Since this section is the same for all programs, and the evidence provided is the same, reviewer comments are the same in all programs.

The curriculum is organized for all three programs to developmentally increase the complexity of the clients for whom the students provide nursing care. This increasing complexity is evident in the theory courses that are provided for students. The curriculum has been designed to provide students with theory and clinical practice that addresses client issues in a variety of settings. Because students take their community-based course in year two, when they may not be as experienced or sophisticated in their nursing practice, issues related to health promotion and population health are addressed again in later courses.

Due to the COVID-19 Pandemic, years one through three students were not in clinical practice. We were unable to view students in clinical practice, or to discuss with students about their learning experiences.

We were unable to observe students in the clinical learning centre, including in simulation or clinical skills. We were not provided with the opportunity to observe students in their virtual learning experiences.

Reviewers were unable to view students in their classes. Most of the meetings about various class offering involved meetings with the course teachers rather than students in the courses. Classes were not recorded and made available to reviewers; the

<p>nuanced by a novice level understanding of the importance of the many contextual variables that are encountered in complex situations.</p>	<p><i>rationale provided was that the teachers did not have student permission to do so.</i></p> <p><i>TFSON provided brief information about course content in the course syllabi provided to us.</i></p> <p><i>Review of the syllabus for NURS 1002 (Introduction to Foundational Practice), co-taught by an experienced and a fairly new sessional faculty, focused on concepts of ageing within context of individual, family, and community. Palliative care/end of life care was addressed. In seminar discussions, the faculty said they ask students to consider “how might this be different if this patient was homeless/of another culture/indigenous. Also said they introduced concept of social justice.</i></p> <p><i>A video of PN to BScN students engaging with homeless clients and providing COVID education on the Toronto transit system was reviewed, demonstrating, integration of concepts of marginalization, racism, and community health principles.</i></p>
<p>6. The curriculum prepares graduates with general, foundational knowledge in the humanities, sciences, and social sciences, necessary for professional nursing practice, and for preparing graduates to address current and emerging needs of society.</p>	
<p>School Self-Study Evidence</p>	<p>Reviewer Findings that Support, Substantiate and Elaborate on the School Self-Study Evidence</p>
<p>Content from the humanities, sciences and social sciences is integrated through NURS courses in all years of the program. Sciences are the focus of the following courses:</p>	<p><i>This section is the same for the collaborative and compressed BScN programs. The reviewer findings apply to both these programs.</i></p>

<p>Year 1: NURS 1550H: Introductory Life Sciences for Health Professionals; BIOL1050H: Human Anatomy; BIOL1051H: Human Physiology; PSYC1020H: Introduction to Psychology Part 1: Experimental and Biological Bases of Behaviour; PSYC1030H: Introduction to Psychology Part 2: Social and Personality Perspectives</p> <p>Year 2: NURS 2550H: Advanced Life Sciences for Health Professionals; NURS 2031H: Quantitative Research for Health Care Professionals</p> <p>Year 3: NURS 3550H: Pharmacology for Health Professionals; NURS 3031H: Qualitative Research for Health Care Professionals</p> <p>In each of years 1-4, learners select 1.0 credit of elective courses (2 – ½ courses for a total of 8 over the program) and these are usually selected from the humanities and/or social sciences.</p> <p>Nursing is cross listed in several social science elective courses which learners can select as electives:</p> <p>NURS-ECON-SOCI 2015H: Critical Perspectives on Aging (Sc)</p> <p>NURS-WMST 2121H: Women and Health</p> <p>NURS-WMST 3022H: Researching Women’s Lives</p> <p>NURS-GEOG 3820H: Health Geography</p> <p>NURS-WMST 4208H: Nursing, Feminism, and Women’s Health</p>	<p><i>This evidence has been validated. Interviews with faculty who teach these some of these courses indicates a commitment to work with the nursing faculty in offering these courses. The TFSON faculty have designed a curriculum that incorporates existing science and social science courses at Trent University. Electives are either student choice or forced choice electives that provide students with the opportunity to follow their individual interests in nursing. Many of the options available to students allow them to pursue an interest in identified areas of focus of the program, including rural nursing, biomedical ethics, aging, women and gender studies. Forced choice electives are used to address the need for students to include required content in their program; for instance, students must take one of four available courses addressing Indigenous issues as a Trent University requirement.</i></p> <p><i>This program includes a large number of electives, compared to the required courses of the program. Several of the options reflect areas of study that may strengthen students’ abilities to meet the program outcomes. Follow-up evaluation of student success correlated to selected elective options may indicate content that should be required as opposed to elective (the forced choice elective in year 3, NURS 3560H Advanced Pathophysiology and Pharmacology).</i></p>
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<p>NURS-INDG-ERSC/ERST-IESS 4740Y: Critical Investigations in Indigenous Peoples' Health and the Environment.</p> <p>In year 3, learners must also select from a list of forced choice electives that include courses from the humanities, sciences, and social sciences: NURS 3560H: Advanced Pathophysiology and Pharmacology; PHIL 2390H: Biomedical Ethics; PSYC 3560H: Family Development; PSYC 3750Hz; Health Psychology, or SOCI-WMST 2430H: Sociology of Gender.</p> <p>Content regarding emerging societal issues is integrated into several courses, such as the impact of climate change on infectious diseases (NURS 2550), the opioid crisis and harm reduction approaches (NURS 2000), and racism within healthcare (NURS 1001, 2000, and 3004).</p>	
<p>7. The sequence and selection and implementation of planned practice experiences support learner achievement of the expected outcomes and entry-to-practice competencies.</p>	
<p>School Self-Study Evidence</p>	<p>Reviewer Findings that Support, Substantiate and Elaborate on the School Self-Study Evidence</p>
<p>Clinical placements are selected so that students are exposed to a variety of practice environments as they learn to care for individuals, families, groups, and communities. Learners work with clients of increasing complexity as they progressively meet the program objectives (and consequently the CNO entry-to-practice competencies).</p> <p>At the 1000 level learners take NURS 1020H: Clinical Practice in a Residential Setting. Learners spend time in the Clinical Learning Centre (Hub) being introduced to basic nursing skills</p>	<p><i>This element is addressed in the same manner for students in all programs. Since this section is the same for all programs, and the evidence provided is the same, reviewer comments are the same in all programs.</i></p> <p><i>Clinical placements have been suspended for years one through three students for the past year, due to COVID pandemic. These students are receiving virtual clinical experiences, using programs such as Shadow Health. Year four students are receiving their clinical placements as usually scheduled. It must be noted that students have missed actual interactions with</i></p>

<p>and assessment and do a group practice in a retirement residence and long-term care home.</p> <p>At the 2000 level, learning is focused on community and family health. NURS 2020H is a preceptored practice course in a range of community setting (public health, clinics, agencies, schools). Learners explore a specific topic of interest related to health promotion or population health. NURS 2021H is a group practice in a setting focused on families dealing with health transitions (primarily mental health and/or maternal/child settings).</p> <p>At the 3000-level learning is focused on aspects of acute and chronic illness. NURS 3020H is a group practice in medical or surgical inpatient setting focused on the adult with acute illness and NURS 3021H is a group practice in a hospital setting focused on chronic disease or palliative treatment.</p> <p>In the final year of the program learning is focused on integrating knowledge and skills to become novice professionals. By the end of this year, learners should have met all of the program outcomes. NURS 4020C (preconsolidation) is an independent (preceptored) clinical practice during which learners consolidate their nursing practice competencies. In NURS 4021/2C (consolidation) learners continue to consolidate their entry-to-practice practice competencies.</p>	<p><i>patients for one year only. Current Year four students have not missed any scheduled clinical experience. Years one to three students have missed their relevant year's clinical practice with actual patients; the experiences for these students have been offered virtually and through the simulation centre.</i></p> <p><i>Faculty indicated that a basic premise of the clinical placements at TFSON is the correspondence between the theory course offered and the clinical placements available to students. As with all educational programs, a variety of clinical placements are available. For those clinical placements under the supervision of clinical teachers, the correspondence of the clinical site to the theory presented in class is reinforced by the clinical teacher.</i></p>
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Knowledge-Based Practice
Standard Statement: Learners engage progressively in effective, knowledge-based practice.

<p>Descriptor: The program provides opportunities for learners to develop knowledge, skills, and attitudes in using relevant information, communication technology, critical thinking, and clinical reasoning, in the delivery of collaborative client-centred care.</p>	
<p>Key Elements</p>	
<p>1. The program provides learning opportunities to apply knowledge from nursing and related fields, and to use clinical reasoning skills to analyse and interpret practice data, draw conclusions, and plan care.</p>	
<p>School Self-Study Evidence</p>	<p>Reviewer Findings that Support, Substantiate and Elaborate on the School Self-Study Evidence</p>
<p>Learners are supported in developing critical thinking and reasoning skills in classroom, clinical learning centre and clinical practice settings. Reflection as a way of learning and knowing is introduced in Year 1 and supported throughout the curriculum.</p> <p>Application of knowledge in clinical practice begins in the second semester of first year and continues in every semester thereafter. Clinical practice hours total 1430 hours and represent 5.5 credits (more than 25%) of the 20-credit degree. Planning is integrated between the courses, ensuring the opportunity to put into practice theory taught in the classroom setting.</p> <p>Foundational courses in the physical sciences (i.e. anatomy and physiology) and the human sciences (i.e. psychology) are introduced at the 1000-level of the program to ensure that learners are developing knowledge supportive of early practice activities. Science courses are threaded through the curriculum, complementing clinical practice and enhancing the theory/practice link.</p> <p>Practice in the Clinical Learning Centre is part of every clinical course in years one to three of the program. Some of the</p>	<p><i>This section is the same for the Collaborative and Compressed programs, and reviewer comments are the same for both programs.</i></p> <p><i>A number of the nursing courses with large numbers of students in the class have the opportunity for seminar interactions for discussion of the information presented in class. These seminars are managed by the course teachers, and provide the opportunity to students to reflect on the content. The seminars have continued as courses are offered virtually.</i></p> <p><i>The correspondence of theory courses with clinical practice provides the opportunity for direct application of knowledge from class to the care of clients. The close time relationship between theory and practice courses reinforces knowledge application.</i></p> <p><i>Graduates referred to the focus of their programs on critical thinking and use of scientific evidence in the care of clients.</i></p> <p><i>The simulation team indicated that they met with groups of students in the Clinical Learning Centre for simulations and skills learning. The usual size of the groups with facilitators in the</i></p>

<p>learning here is focused on the teaching and practice of individual skills and assessments that are relevant to and usable in the area the learner will be practicing in. As an example, assessment related to skin integrity is positioned in learning centre activities in the second semester of first year, supporting learner competence in long term care practice settings.</p> <p>Increasingly, through practice in the Clinical Learning Centre, students participate in simulated clinical scenarios, applying knowledge of nursing and related theory to the practice of nursing.</p> <p>Clinical reasoning is developed at all levels of the program. For instance, in the practice courses NURS 3020 and NURS 3021 the learner is expected to “critically appraise own practice” and “participate in professional development based on reflective practice and critical inquiry”. These objectives are supported by course expectations related to reflective journaling, student self-evaluation, and student learning plans.</p> <p>At the 4000-level, learners are challenged to incorporate learning from their advanced topic courses into their practice settings and as well to bring examples from those practice settings into their advanced topic discussions and assignments.</p>	<p><i>Centre is 16 students; during COVID precautions, group size has been reduced to eight students. Simulation and clinical skills facilitators indicated that with the smaller group size, they are better able to identify students who are having difficulties with the learning.</i></p> <p><i>A key program outcome is the ability to think critically about the care of clients. One of the program outcomes is as follows: “4. Continuously use critical and scientific inquiry and other ways of knowing to develop and apply nursing knowledge in their practice”. Reference to critical analysis of evidence and the patient situation was evidenced in discussion with faculty and graduates.</i></p> <p><i>The clinical evaluation process is focused on self-reflection on one’s practice, including self-evaluation and discussion at midterm and final evaluation. Clinical practice is evaluated on a PASS/FAIL basis.</i></p>
<p>2. The program provides progressive learning opportunities for students to acquire information from a variety of sources and apply critical appraisal skills related to evidence.</p>	
<p>School Self-Study Evidence</p>	<p>Reviewer Findings that Support, Substantiate and Elaborate on the School Self-Study Evidence</p>

Critical appraisal skills are addressed throughout the program, being introduced at the 1000-level and reinforced and built upon in future courses. These skills may be developed through specific assignments focused on critical appraisal or critical appraisal may be one element of a broader assignment, such as a scholarly paper.

The following are selected examples from across the program levels:

In NURS1000H students complete a final group project in which they review a case study using a planning template based on the five-step critical reasoning framework outlined in Arnold and Boggs (2020). (Appendix CP6 NURS1000 - Group Project (Final).mp4).

NURS 2031H (Quantitative Research): A focus throughout the course lectures and readings is on appraising quantitative research. Students practice their critiquing skills during seminars. In addition to their text, students read Critical Appraisal Skills Program (CASP): <http://www.casp-uk.net/casp-tools-checklists>. The critique of Published Research Paper accounts for 35% of their final grade.

NURS2000H (Health Promotion and Population Health): Learners “begin to critically examine current concepts related to the social, political, economic and cultural influences on health and health inequities”.

NURS3001H (Living with Chronic Illness): Learners do a Scholarly Paper on Understanding Lifestyle Modification including

This section is the same for the collaborative and compressed programs. The reviewer comments are the same for both programs.

Reviewers validated the evidence provided.

Course outlines validate the assignment requirements for critical appraisal of evidence, and the clinical evaluation tool for application to patient situations and practice issues. The philosophical framework describes the pedagogy of these programs as “critical caring”. This concept is not elaborated in a narrative to accompany the model of the curriculum presented.

Graduates that we interviewed indicated that critical appraisal of evidence and critical inquiry were two aspects of the program that they liked. Both graduates were currently students in graduate programs.

Review of the learners’ work provided indicates faculty expectations for critical appraisal of evidence from the literature. In addition, students are expected to demonstrate critical inquiry relative to the concepts of the course and program. The clinical evaluation tool indicates the need for critical inquiry in the student’s practice.

<p>critically analysing one of the course concepts (conducting literature searches, literature syntheses, concept analyses and evaluation, application/implication to practice).</p> <p>NURS 3550 (Pharmacology for Health Professionals): Learners participate in case studies about medications where the key focus is assessing key risks factors for the medications with each individual patient.</p> <p>There are numerous examples in the Advanced Topics courses including:</p> <p>NURS-4102H (Trans-cultural Concepts in Healthcare): Learners develop an academic poster; purpose of this assignment is to develop knowledge of the health beliefs and practices of a particular cultural group and critically appraise culturally competent and safe nursing approaches relevant to the cultural group.</p> <p>NURS-4203H (Rural Nursing Practice): One of the course objectives is to Critically analyze theory and research literature with respect to a variety of health-related issues that challenge individuals, families and nurses in rural settings.</p>	
<p>3. The program provides learning opportunities that develop students' ability to use information communication technology in accordance with professional and regulatory standards and workplace policies.</p>	
<p>School Self-Study Evidence</p>	<p>Reviewer Findings that Support, Substantiate and Elaborate on the School Self-Study Evidence</p>

<p>Learners have email accounts and access a learning platform for some aspect of all of their courses in the program. They are taught in their first-year courses how to search for information on the internet using online library searches as well as other search engines.</p> <p>Learners are taught to use existing health and nursing information systems to manage nursing and health care data in theory courses, the clinical learning centre (Hub) and in clinical practice.</p> <p>Students learn to use various versions of platforms for electronic documentation, such as Meditech. Starting in year two, students learn to access medications dispensing units in the context of performing safe medication administration in theory courses and clinical course labs and simulations. Students are oriented to the information systems at the facilities at which they are placed.</p> <p>Students in year one use SafeMedicate eLearning software to develop competence for safe drug calculations.</p> <p>Learners in years 1-3 participate in high fidelity simulation which includes the use of patient monitoring technology and direct point of care technology including IV pumps and blood glucose monitoring.</p> <p>All students are taught to use automatic medication delivery systems in the Hub in preparation for using them in their clinical practice. Privacy and documentation (online documentation standards) are taught in class and in the Hub.</p>	<p><i>This element is addressed in the same manner for students in all programs. Since this section is the same for all programs, and the evidence provided is the same, reviewer comments are the same in all programs.</i></p> <p><i>Reviewers validated the evidence provided.</i></p> <p><i>Students have access to all the information communication technology available at Trent University, including email and learning platform. All students have access to the learning platform, regardless of the site of their program. Students are provided with access to library resources, and can access all Trent academic policies, student services, and academic resources online. With the COVID-19 precautions, access to online student services have been increased.</i></p> <p><i>Students at Fleming College also have access to student learning resources and services at Fleming College as well.</i></p> <p><i>Students are provided with learning opportunities for the information management systems at the clinical placement agencies for their clinical practice (suspended for 2020-21 academic year for all students except Year four students).</i></p> <p><i>The Learning Centre and simulations use a variety of virtual learning experiences for students, some that are a result of the COVID-19 Pandemic and others that are ongoing requirements of the program, including SafeMedicate, simulations, and standardized patients. Students indicated that the online learning experiences and classroom experiences were working well.</i></p>
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	<p><i>Classes are not recorded and made available to students at other than scheduled class times. In one class that was observed, over 200 students were enrolled in the course; about 90 students were online for the class.</i></p>
<p>4. The program provides learning opportunities that develop students' ability to use information and communication technologies in the delivery of patient/client care.</p>	
<p>School Self-Study Evidence</p>	<p>Reviewer Findings that Support, Substantiate and Elaborate on the School Self-Study Evidence</p>
<p>Clinical practice courses across all levels of the program provide opportunities for students to use ICT.</p> <p>Students in year's 1-3 are extensively using platforms such as Shadowhealth and Elsevier Clinical Skills to replace/supplement hands-on clinical practice as a result of COVID 19. Students in year 4 are utilizing eLearning modules to support entry to placement (for example, completion of COVID assessment and PPE modules).</p> <p>In addition, small portion of missed time from clinical placements have been supplemented with virtual simulations games (using CASN/CAN-Sim).</p> <p>Students use HSPnet between years 2 – 4 of the programs to access information required to prepare for clinical placement, including accessing eLearning requirements and agency orientation information.</p>	<p><i>This element is addressed in the same manner for students in all programs. Since this section is the same for all programs, and the evidence provided is the same, reviewer comments are the same in all programs.</i></p> <p><i>This evidence has been validated through discussion with faculty, administrators, and the facilitators in the simulation and clinical skills Learning Centre.</i></p> <p><i>Students have a variety of experiences using information technology. The documentation technologies in various practice settings provide students with opportunities to learn different documentation technologies.</i></p> <p><i>Students use HSPnet for requests for clinical placements, as well as information about their clinical experiences.</i></p> <p><i>During the CoVID-19 pandemic, students have become very adept at use of technologies and learning online.</i></p>

<p>Learners also have the opportunity in all clinical practice courses to “demonstrate knowledge of and use nursing informatics and other information and communications technology in promoting and providing safe nursing care” (CNO). For example, one of the learning outcomes in NURS3020H is to: Apply the ways of knowing and informational technologies to effectively care for diverse, acutely ill patients.</p> <p>Students learn to assist “clients to access, review, and evaluate information they retrieve using information and communication technologies” across all years of the program including in 4000 level advanced topics. Example:</p> <p>NURS4201H Primary Health Care: Module 3 - Improving Access and Appropriate Technology for Adults Living With Mental Illness. In addition to course content and readings, for each module in the course learners share critical reflections and/or knowledge learned, relevant practice examples and community support resources based on the previous week’s readings, digital story, case study, or personal practice.</p>	<p><i>Students have a variety of online modules to address specific issues such as mental health, maternal/child nursing, and PHC.</i></p>
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<p>Professional Growth</p>	
<p><u>Standard Statement:</u> Learners develop personally and professionally throughout the program.</p>	
<p><u>Descriptor:</u> The program provides opportunities for learners to develop the knowledge, skills, and attitudes to provide safe, ethical, and client-centred care as a member of the interprofessional team.</p>	
<p>Key Elements</p>	
<p>1. The program provides opportunities for learners to develop practice patterns that contribute to a culture of patient safety.</p>	
<p>School Self-Study Evidence</p>	<p>Reviewer Findings that Support, Substantiate and Elaborate on the School Self-Study Evidence</p>

<p>One of the 10 learning outcomes for the program is that graduates will “Contribute to a culture of safety by demonstrating safety in their own practice, and by identifying and mitigating risk for patients and other health care providers”. Content related to patient safety appears in clinical and theory courses across all levels of the curriculum. For example:</p> <p>NURS1000H (theory) modules on communication, including communication among health professionals; key factors that influence the nurse-patient relationship, including cultural safety.</p> <p>NURS1002H (theory) - module on adaptation, resilience, living with risk, and safety.</p> <p>NURS1020H (clinical) - learning outcome (LO) “Demonstrated safe, ethical and culturally safe care”.</p> <p>NURS2021H (clinical) - LO - “Identify safe, effective nursing care for individuals with mental illness”.</p> <p>NURS 2550H (theory) - LO- “Understand the principles of safe medication administration”.</p> <p>NURS3020H (clinical) - LO - “Adhere to professional practice standards and organizational polices to contribute to a culture of safety”.</p>	<p><i>This element is addressed in the same manner for students in all programs. Since this section is the same for all programs, and the evidence provided is the same, reviewer comments are the same in all programs.</i></p> <p><i>This evidence was validated in the course syllabi referenced.</i></p> <p><i>Patient safety is identified as an expected program outcome and is a concept addressed in the curriculum conceptual framework (although it is not elaborated). The clinical evaluation tool addresses issues of patient safety. Students reflect on their practice and self-evaluate, related to the key concepts that are reflected in the program outcomes.</i></p> <p><i>Safety, including cultural safety, is addressed in many courses, as evidenced by the course syllabi and the simulation and clinical skills learning experiences.</i></p>
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<p>NURSS3021H (clinical) - LO - “Under the supervision of a Registered Nurse, demonstrate safe, competent, evidence-informed, holistic nursing practice with clients with chronic illness”.</p> <p>NURS3550H (theory) - LO - “Perform a holistic assessment of the safety and risks of medications before/during use in patients as related to their individual factors” and “Provide patient teaching around the safe and effective use of medications”.</p> <p>Several of the learning outcomes in NURS4020/21/22C (consolidation) relate to creating a culture of patient safety: 2) Demonstrate knowledge that the student's primary duty is to the person requiring nursing care, to ensure safe, competent, ethical nursing practice; 3) Demonstrate safe, competent, and ethical nursing practice in the area of relational practice; 4) Demonstrate safe, competent, and ethical nursing practice in the area of clinical decision-making; 5) Demonstrate safe, competent and ethical nursing practice in the area of planning, implementing and evaluating nursing care; and 7) Assume the responsibility and care of patients, within the BScN student's scope of practice (Demonstrate increasing ability to safely set priorities and manage time in the face of competing demands).</p> <p>Students in clinical courses are evaluated against the learning outcomes at midterm and final and students experiencing challenges complete learning plan with their clinical</p>	
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<p>instructor/preceptor to support them in developing safe practice.</p>	
<p>2. The program develops learners' abilities to anticipate, recognize, and manage situations that place patients at risk.</p>	
<p>School Self-Study Evidence</p>	<p>Reviewer Findings that Support, Substantiate and Elaborate on the School Self-Study Evidence</p>
<p>The concept of risk is introduced early in the program. Graduates are expected to be “prepared to contribute to a culture of safety by demonstrating safety in their own practice, and by identifying, and mitigating risk for patients and other health care providers” (outcome 6). By end of year 2 learners are expected to understand the context and attributes of the culture of patient safety and by end of year 3 they are expected to be able to anticipate, identify and manage risk situations as well as demonstrate awareness of resources related to risk management (levelled year outcomes).</p> <p>Learning related to risk occurs in all years of the program. In NURS1000, students learn about age and ability appropriate communication and assessment of cognition in older adults. In week 8 of NURS1002H (Introduction to Foundational Practice Concepts) learners study adaptation, resilience, living with risk, safety. There is a focus on identifying and managing risk at the group/population level in NURS2000 and 2020H (Community Health).</p> <p>In NURS2003H (Nursing Therapeutics) learners identify the risk factors and aetiology for a range of disease processes. They</p>	<p><i>This element is addressed in the same manner for students in all programs. Since this section is the same for all programs, and the evidence provided is the same, reviewer comments are the same in all programs.</i></p> <p><i>Reviewers validated the evidence offered by the TFSON.</i></p> <p><i>From review of program outcomes and course outlines, students are provided with opportunities to identify risks and suggest means of mitigating such risks. Course objectives provide indication of a developmental approach to patient safety in which students are initially discussing potential risks to patients in class and seminar, and then provided with opportunity to participate in a patient safety culture in their clinical practice.</i></p> <p><i>The clinical evaluation tool addresses the program outcome addressing patient safety. Students are required to self-reflect on their ability to provide patient care safely, and their clinical teachers, lab and simulation facilitators, and preceptors provide evidence to confirm their ability to practice safely, and in year three, to act to identify and mitigate risk. Review of a student clinical evaluation prepared by the student and their preceptor demonstrated the clinical focus on patient safety, by both student and preceptor.</i></p>

<p>learn to identify and manage risk in NURS2021H. In Week 2 of the mental health component, for example, risk for suicide is covered and learners develop a Care Plan for a patient with at risk for Suicide. The maternal/child component included the newborn at risk.</p> <p>With each patient assignment in NURS3021H (Shadowhealth) learners are expected to “identify major health deviations and “geriatric syndromes” for which older adults may be at risk, including appropriate assessment strategies”. In their final year of clinical practice (NURS 4020/21/22C students are expected to “assess patient care situations for risks to safety and intervene, as needed, to ensure safety of the person requiring nursing care and, where indicated, the safety of nurses and colleagues”.</p> <p>Risk and risk management are also discussed in some of the advanced topic courses.</p>	<p><i>The curriculum and evaluation committee members indicated that student errors and near misses are tracked through the incident reporting policy database to identify trends in student errors, especially related to medication errors, and to provide data to the committee for curricular changes to mitigate these errors.</i></p>
<p>3. The program develops students’ understanding of and ability to recognize, respond to, and disclose adverse events and to adopt practices that constitute continuing improvement of competence.</p>	
<p style="text-align: center;">School Self-Study Evidence</p>	<p style="text-align: center;">Reviewer Findings that Support, Substantiate and Elaborate on the School Self-Study Evidence</p>
<p>Graduates of this program are “prepared to learn to continuously, use critical and scientific inquiry and other ways of knowing to develop and apply nursing knowledge in their practice” (program outcome). Adverse events and practice improvement are introduced in the incident reporting policy outlined in the student handbook and reinforced in each clinical</p>	<p><i>This element is addressed in the same manner for students in all programs. Since this section is the same for all programs, and the evidence provided is the same, reviewer comments are the same in all programs.</i></p> <p><i>The evidence presented by the TFSON has been confirmed.</i></p>

<p>course. Student are taught to report any actual or potential incidents to clinical instructor/faculty as soon as they have ensured the safety of the person concerned. To the extent possible this process is framed as a learning process.</p> <p>Learners are instructed to chart an objective, factual account of the incident and complete the TFSON Incident or Injury/Illness Report Form (Appendices CP7 TFSON Intranet links to incident reports, CP8 Incident or Injury Illness Report Form). Learners are also encouraged to consider a discussion of the incident at post-conference and in a reflective practice paper to enhance their learning.</p> <p>Adverse events and continued learning are threaded through many courses, particularly clinical courses. There is a focus on medication and adverse events in:</p> <p>NURS1550H: learners develop an understanding of safe medication administration and the factors contribute to various types of medication errors as well as an understanding of how pathogens can contribute to the development of infectious diseases (Example student assignment Appendix CP9 NURS 1550H COVID poster).</p> <p>NURS3550H: learners can describe the basic pharmacology (including adverse effects, interactions with drugs/food/herbal preparations, and contraindications) of a variety of medications (Appendix CP10 NURS 3550H Capsaicin and pain).</p>	<p><i>Faculty indicated that they try to maintain a focus on student learning during discussions of errors. The program has an incident reporting policy that is conveyed to students through the student manual.</i></p> <p><i>Faculty maintain a database of reported incidents to identify trends that can be referred to the curriculum and evaluation committee for possible curricular remedies.</i></p> <p><i>Students and clinical teaching faculty have access via the learning platform to the incident reporting policy and forms. The incident reporting policy and form tend to focus on medication administration errors (but is certainly not limited to them), the clinical evaluation tool provides a broad perspective to patient safety, and includes cultural safety.</i></p>
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<p>NURS3560H: learners can accurately assess the safety and risks of medications before/during use in patients as related to their individual factors.</p>	
<p>4. The program provides opportunities for students that foster self-regulation, the development of accountability and responsibility for one’s practice, and ensures their ability to deliver safe, competent, ethical nursing care.</p>	
<p>School Self-Study Evidence</p>	<p>Reviewer Findings that Support, Substantiate and Elaborate on the School Self-Study Evidence</p>
<p>Graduates of the program are expected to be “prepared to demonstrate leadership in professional nursing practice in diverse healthcare contexts” (program outcomes). Learners have the opportunity to practice in a wide range of settings, allowing them to apply the knowledge necessary for professional nursing practice that they have learned in the classroom context in varying practice contexts. In all clinical practice experiences, learners are assessed using professional standards, preparing them to meet, by graduation, the expectations of the College of Nurses of Ontario.</p> <p>Key to preparing graduates for a successful future is the development of a sense of collegiality, valuing of peers and an understanding of the critical role that newly graduated learners have in ensuring both their own future competence, through a commitment to lifelong learning, and their awareness of the accountability nurses in practice have to mentor and support novices entering the profession.</p> <p>Activities that support this include peer support groups for tutoring (through TFNSA), a TFNSA mentoring program, the inclusion of small group seminars across multiple courses where</p>	<p><i>This element is addressed in the same manner for students in all programs. Since this section is the same for all programs, and the evidence provided is the same, reviewer comments are the same in all programs.</i></p> <p><i>The evidence provided by TFSON has been validated through document review, discussions with students, graduates, and faculty, and mapping processes that include the CNO entry to practice competencies and ethics content throughout the programs.</i></p> <p><i>TFSON faculty have mapped the CNO entry to practice competencies to the program outcomes, courses and clinical practice opportunities. TFSON asserts that all competencies are addressed by the end of Year 3 courses in all programs, raising the question of the purpose of the pre-consolidation and Consolidation course. This question is asked rhetorically but perhaps TFSON language concerning the achievement of the CNO entry to practice competencies should be nuanced.</i></p> <p><i>The Leadership course in Year three provides students with opportunities for discussion of leadership, advocacy, and change.</i></p>

<p>peers present to and learn from each other, the early introduction of learning plans with goal setting (as a means of modelling future behaviour) and the use of peer evaluation in a variety of ways throughout the curriculum. Accountability/responsibility for practice is covered in courses across the curriculum including:</p> <p>NURS1000H: Scholarly Paper which involves interviewing a Registered Nurse so learners develop an awareness of the work of the professional registered nurse, and to consider both the benefits and challenges associated with the nursing profession; additionally, students explore the concept of self-awareness, self-care, and personal learning style, which are critical elements of understanding the self as a responsible and accountable professional.</p> <p>NURS1001H: Learners identify and articulate personal values and beliefs and the attributes of professionalism and apply these in the context of nursing.</p> <p>NURS2021H: Learners demonstrate accountability and professionalism that is consistent with a nurse entering a self-regulating profession.</p> <p>NURS3020H: Learners are expected to “adhere to professional practice standards and organizational polices to contribute to a culture of safety” as well as to “demonstrate accountability”.</p> <p>NURS4020/21/22C: Successful completion of the course requires that learners demonstrate “clinical competence,</p>	<p><i>Program outcomes indicate a TFSON commitment to develop leadership abilities of the students. Students are encouraged to self-reflect and self-regulate in their nursing practice, as evidenced in the clinical evaluation tool.</i></p> <p><i>The TFNSA provides opportunities for student leadership within the TFSON. TFNSA offers a mentorship program and tutoring among its members (that includes students from GBC, although their attendance may not be high). The student member on the curriculum and evaluation committee confirmed that she felt that she was a valued member of the committee and that her comments were considered respectfully.</i></p> <p><i>In a meeting with the TFSON Nursing Student Association, student leaders indicated that the TFSON monthly meetings with the dean, as well as weekly town hall meetings for the student body with the dean, provided excellent opportunities for student in the program to develop their advocacy and self regulation skills, and to demonstrate leadership. Student leaders present were consistent in their view that they were well respected and their participation valued by program faculty, staff and leadership.</i></p> <p><i>Ethical content is integrated throughout the curriculum and is evidenced in course outlines. TFSON have mapped ethics content across the curriculum. Students are able to chose a Bio-Ethics elective in their third year; this elective is made available to PN to BScN students in the summer between their Bridging Program (GBC) and their admission to Trent University for the Post-Bridging program. It is estimated that approximately 80%</i></p>
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<p>professional accountability and responsibility” (Appendix TU9. Successful Clinical Evaluation of final placement).</p>	<p><i>of the students transitioning to the Post-Bridging PN to BScN program take this option.</i></p>
<p>5. The program provides opportunities for students to demonstrate performance of nursing practice standards within their licensing jurisdiction.</p>	
<p>School Self-Study Evidence</p>	<p>Reviewer Findings that Support, Substantiate and Elaborate on the School Self-Study Evidence</p>
<p>The TFSON Handbook (Appendix TU2. BScN Student Handbook 2020/21) clearly identifies the expectation of graduates at the completion of their nursing studies, framed within the competency statements of the College of Nurses of Ontario: “Based on the new College of Nurses of Ontario guidelines, the graduate of this program will be prepared to function competently as a novice practitioner in the health care system.”</p> <p>The Professional Conduct Policy of the TFSON is modeled on the Standards of Practice of the College of Nurses of Ontario and is used to support learner in developing an understanding of the practices expected in the nursing profession.</p> <p>The School’s academic integrity statement references the CNO standard on Ethics and appears in all course outlines.</p> <p>The role and purpose of nursing practice standards is introduced in first year in NURS 1001H (Nursing as a profession). Learning about CNO standards is incorporated across numerous courses including practice courses. For example: Documentation Standards; Medication standards (NURS1020H);</p>	<p><i>This element is addressed in the same manner for students in all programs. Since this section is the same for all programs, and the evidence provided is the same, reviewer comments are the same in all programs.</i></p> <p><i>This evidence has been validated through document review and discussion with faculty.</i></p> <p><i>The clinical evaluation tool is constructed around the program outcomes, which have been mapped to the CNO entry to practice competencies. Students are required to self-reflect on their own practice, and to provide evidence that they have met program outcomes and can meet CNO entry to practice competencies.</i></p> <p><i>The Professional conduct policy is discussed extensively in the TFSON student manual. Students are provided with examples of behaviours that are considered professional misconduct (but is not limited to these behaviours) and the process of citing a student for misconduct. TFSON indicated that the policy is based on the CNO misconduct policies.</i></p>

<p>CNOs professional standards of practice; ethics; therapeutic nurse client relationship and documentation (NURS3000H).</p> <p>Learners in NURS4020/21/22C are also expected to “demonstrate key elements of professional conduct in accordance with the College of Nurses of Ontario standards for nursing practice and ethics”. Learners’ midterm and final assessments are based on their ability to meet the academic practice standards of the course (Appendix TU9. Successful Clinical Evaluation of final placement).</p> <p>Learners are also introduced to the Community Health Nurses of Canada Professional Practice Model and Standards of Practice in NURS2000H.</p>	
<p>6. The program provides students with opportunities to understand and apply existing codes of nursing ethics, guidelines and standards for nursing practice in clinical situations.</p>	
<p>School Self-Study Evidence</p>	<p>Reviewer Findings that Support, Substantiate and Elaborate on the School Self-Study Evidence</p>
<p>Core ethics concepts particularly relevant to the practice of nursing are threaded throughout the curriculum, with clearly defined content presented in each course and linked to the patient population that is the focus at that particular level in the curriculum.</p> <p>Clinical practice courses include ethical practice as an assessment element and focus learners, both in practice and in discussion, on ethical issues evident in the practice setting. The use of reflections, as a required element of all clinical practice courses, supports learner learning related to ethics in practice</p>	<p><i>This element is addressed in the same manner for students in all programs. Since this section is the same for all programs, and the evidence provided is the same, reviewer comments are the same in all programs.</i></p> <p><i>The evidence provided by TFSON has been validated through review of course outlines, discussions with faculty, and review of the clinical evaluation tool.</i></p> <p><i>TFSON faculty indicated that they have mapped the ethics content within the three programs. Ethical content is highlighted as being specifically included as in some courses.</i></p>

<p>through structured and thoughtful analysis of a particular issue. Clinical practice course outlines also contain specific information related to ethical issues.</p> <p>Examples:</p> <p>NURS 1000H (The individual as nurse): Students are introduced to basic concepts of ethics and professional practice.</p> <p>NURS 1001H (Nursing as a profession): A focus on topics in ethics including professional conduct, and accountability.</p> <p>NURS 1002H (Introduction to foundational practice concepts): Includes topics related to nursing ethics and standards include ethics (autonomy, competence, consent, confidentiality, and privacy), relational inquiry and therapeutic relationships.</p> <p>NURS 2001H (The family in the community): Learners “explore the complex terrain of family nursing and develop the skills and confidence to navigate through this complexity including the concepts of diversity, cultural safety and ethical challenges”.</p> <p>NURS 2031H (Quantitative Research for Health Professionals): Students learn about issues related to research ethics including ethical principles, the issue of consent and written vs. implied consent.</p> <p>Students also have the option of taking the forced-choice elective, PHIL 2390H (Biomedical ethics).</p>	<p><i>The clinical evaluation tool requires students to self-reflect on their adherence to the CNO entry to practice standards and the Canadian Nurses Association (can) Code of Ethics.</i></p> <p>Students select an elective course (PHIL 2390H, Biomedical ethics) in their 3000 level courses. This forced choice elective in year three is made available to PN to BScN students in the summer prior to their admission to the PN to BScN program (post-bridging program) at TFSON.</p>
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<p>NURS 3004H (The nurse as leader and advocate). Students explore the concept of ethical leadership, including ethical practice with clients, ethical practice with team members and the concept of safety generally, as well as within the context of lateral and horizontal violence.</p> <p>NURS 3000H and NURS 3001H and the paired clinical courses (3020/2021). Ethical issues and ethical care are covered in the theory course and learning in applied in clinical practice.</p> <p>At the 4000 level, final clinical practice courses include a requirement for the learner to provide a reflection focused on an ethical issue occurring in the practice setting. Ethical nursing practice is a learning outcome in each of these courses. In addition, several advanced topic courses incorporate ethical issues into the work of the course.</p>	
<p>7. The program provides opportunities for students to develop functional working relationships, including intra/interprofessional, and intersectoral collaboration.</p>	
<p>School Self-Study Evidence</p>	<p>Reviewer Findings that Support, Substantiate and Elaborate on the School Self-Study Evidence</p>
<p>Graduates of the program are “able to establish and maintain therapeutic, caring and culturally safe relationships with clients and health care team members based upon relational boundaries and respect” (program outcome).</p> <p>Trent University has new programs in Kinesiology and Social Work. Students in the kinesiology program take several nursing courses in first and second year with nursing students including NURS2000H (Health Promotion and Population Health).</p>	<p><i>This element is addressed in the same manner for students in all programs. Since this section is the same for all programs, and the evidence provided is the same, reviewer comments are the same in all programs.</i></p> <p><i>The reviewers confirmed that discussions about interprofessional and intersectoral collaboration do occur. Opportunities for students to participate in interprofessional learning are currently limited. The inclusion of kinesiology</i></p>

<p>Opportunities for community placements with social work students are being explored.</p> <p>In NURS 1001H (Nursing as a profession) learners are introduced to inter-professional collaboration, and professional communication. On course completion they are expected to demonstrate the ability to describe and locate the profession of nursing within the broader context of health care systems.</p> <p>Learners have the opportunity in all of their clinical practice courses to develop working relationships with other health professionals and are assessed on this ability.</p> <p>NURS2020H (Community Based Nursing Practice): students are often placed with professionals other than nurses as mentors and work in many health and social service sectors. Example Appendix CP11 NURS2020H student project poster.</p> <p>NURS3020H and 3021H (acute and chronic care): learners are expected to critically appraise their own practice in relation to nurse-client/family interactions and as a member of the health care team.</p> <p>Students who choose to do an undergraduate thesis also have opportunities for intersectoral collaboration. For example: Undergraduate thesis project Bourne, D., Hallaran, A., Mackie, J. (2019) The Lived Experience of Orchestral String Musicians with Playing-Related Pain. <i>Med Probl Perform Art</i>34(4):198-204. doi:10.21091/mppa.2019.4031. Appendix CP12 Bourne, Hallaran & Mackie (2019).</p>	<p><i>students in a nursing course (NURS 2000H) is useful but we did not have any evidence that they bring their professional perspective to any specific projects. The development of the social work program offers opportunities that have not yet materialized for student learning.</i></p> <p><i>The clinical evaluation tool does require students to reflect on their abilities to engage effectively in team-based practice for client care.</i></p>
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<p>In their final two placements (NURS4020/21/22C) learners are again assessed on their ability to critically appraise own practice in relation to nurse-client/family interactions and as a member of the health care team. They are also expected to encourage “collaborative interactions within the nursing and health care team, with the person requiring nursing care as the center of the team”.</p>	
<p>8. The program provides opportunities for students to develop theoretical and practical knowledge of relational practice, cultural safety, and social and political advocacy.</p>	
<p>School Self-Study Evidence</p>	<p>Reviewer Findings that Support, Substantiate and Elaborate on the School Self-Study Evidence</p>
<p>Graduates “Demonstrate the ability to establish and maintain therapeutic, caring, and culturally safe relationships with clients and health care team members based on relational boundaries and respect” (program outcome). Relational inquiry is one of the foundational aspects of our curriculum and this has been reaffirmed in the recent curriculum revision work. The concepts of relational practice, underpinning effective relationships, are introduced in first year and studied in depth in NURS 2001H (Family in the community).</p> <p>Relational practice, diversity, cultural safety and advocacy are addressed across the curriculum in a variety of courses. Selected examples at each level of the curriculum include:</p> <p>NURS2001H: learners explore learn the concepts of diversity, cultural safety and ethical challenges; the focus of module 6 is Cultural Competence and Cultural Safety.</p>	<p><i>This element is addressed in the same manner for students in all programs. Since this section is the same for all programs, and the evidence provided is the same, reviewer comments are the same in all programs.</i></p> <p><i>This evidence has been confirmed through course outlines, discussions with faculty, and the clinical evaluation tool.</i></p> <p><i>Relational practice has been identified in the conceptual model as an essential concept of the TFSON program. There is no narrative related to the concept as part of the TFSON philosophy/conceptual framework.</i></p> <p><i>Reference to relational practice is evidenced in the program outcomes, course outlines, and clinical evaluation tool. Course outlines evidence a focus on effective communication and</i></p>

<p>NURS3020H: Learners in their practice are expected to "establish and maintain therapeutic, caring and culturally safe relationships through effective communication" as well as to "engage with patients in an ethical and culturally safe manner".</p> <p>The focus of NURS3004H is on leadership, social and political advocacy. Learners study how to facilitate change in personal, professional, and community contexts. They also explore advocacy and political action in the context of individual and societal change.</p> <p>NURS4020/21/22C: Learners are assessed on their ability to engage in therapeutic, caring, and culturally safe relationships.</p> <p>The concepts of relational practice, cultural safety and advocacy are raised in most of the advanced topics. Examples include:</p> <p>NURS 4100H: The Concept of Marginalization and At-Risk Groups</p> <p>NURS 4102H: Transcultural concepts in health care</p> <p>NURS 4104H: Sociopolitical Action and Advocacy in Health Care</p> <p>NURS 4106H: Health Policy and the Profession of Nursing</p>	<p><i>culturally safe practice. Ethics is emphasized in a number of courses, and reinforced in clinical practice.</i></p> <p><i>Review of advanced topics course syllabi offered online during the fourth year clinical practicum courses are focussed on topics that reinforce relational practice and cultural safety.</i></p>
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<p>Evaluation</p>
<p><u>Standard Statement:</u> On-going comprehensive evaluation continually improves program outcomes.</p>
<p><u>Descriptor:</u> Timely improvements of the program result from rigorous monitoring and evaluation of student learning, the effective delivery of the program, and the relevance of the program and its delivery to current nursing practice.</p>

Key Elements	
1. An evaluation plan guides the assessment of the curriculum, program delivery, and program outcomes.	
School Self-Study Evidence	Reviewer Findings that Support, Substantiate and Elaborate on the School Self-Study Evidence
<p>The TFSON Curriculum and Evaluation Committee provides oversight for evaluation of the curriculum and program delivery. Faculty submit course reports each semester (since 2014). The information includes challenges, opportunities, resources, changes to objectives or assignments.</p> <p>Since the onset of COVID 19 these have been submitted using Qualtrix with the intention of tracking any content gaps that may have occurred as a result of revising courses, especially clinical courses (Appendix CP13 Course Change Report Template 2020).</p> <p>The Curriculum and Evaluation Committee conducted a survey of graduates in 2017 and of learners in 2018. NCLEX pass rates and National Survey of Student Engagement (NSSE) are reviewed regularly. Students are invited to complete exit surveys when they leave the program prematurely.</p> <p>Program Coordinators review and approve syllabi each semester; this review includes a review of the number and type of assignments in each course. Class averages for all courses are reviewed at Council at the end of each semester.</p> <p>A tracking dataset was developed in collaboration with our Fleming College partners. This database is updated at least annually and used both in evaluating the new curriculum and any future curriculum changes as well as to support other</p>	<p><i>This element is addressed in the same manner for students in all programs. Since this section is the same for all programs, and the evidence provided is the same, reviewer comments are the same in all programs.</i></p> <p><i>This evidence has been validated through review of documentation, the TFSON evaluation plan, and committee minutes. Most evaluative procedures are scheduled on a regular basis (term evaluation of courses, student evaluations, and review of National Council Licensure Examination (NCLEX) pass rates). Some evaluations, such as review of graduate satisfaction and employer satisfaction with graduates, are done on an ad hoc basis. Regular data collection in these areas would allow for review of trends over time.</i></p> <p><i>The curriculum and evaluation committee indicated that course teachers submit a report at the end of each term, indicating what worked effectively in the course, and any possible changes to address identified issues in the course. Forms for proposed changes were reviewed. The projected changes to the courses must be reviewed and approved by the curriculum and evaluation committee.</i></p> <p><i>TFSON has an extensive plan for the review of courses each term, review of proposed changes, and student feedback related to courses and program experiences. TFSON has undergone three very significant review processes since 2017,</i></p>

<p>School operations. An environmental scan was done in 2017 to assist the members of the School in making a decision about whether curriculum changes were needed (Appendix CP14 Environmental Scan). We have since embarked on a curriculum re-development process which has been delayed as a result of COVID 19.</p> <p>The TFSON underwent Undergraduate Program Review (UPR) in 2018/19 and the process was completed in the fall of 2020 (Appendices: CP15 Cyclic Review Self Study & CP16 External Reviewer Report TFSON April 29, 2019). CNO program approval was held in the fall of 2017 and completed in the winter of 2018 (Appendices: CP17 TRENT School PAC Report Cover FINAL & CP18 TRENT School PAC Report FINAL)</p>	<p><i>including internal Undergraduate Program Review, CNO approval under the new CNO processes, and the CASN Accreditation review.</i></p> <p><i>‘Curriculum drift’ is curtailed through an approval process for course syllabi, and a careful review of proposed changes. Curriculum and evaluation committee indicated that they review proposed changes as well as trends in healthcare to ensure that the curriculum remains relevant.</i></p>
<p>2. There is on-going implementation of the evaluation process, which includes data collection from students, faculty, graduates, employers and other relevant stakeholders.</p>	
<p>School Self-Study Evidence</p>	<p>Reviewer Findings that Support, Substantiate and Elaborate on the School Self-Study Evidence</p>
<p>Students complete “Student Experience of Teaching surveys” for all courses at midterm and near the end of the course. Midterm reports are seen only by the faculty person and used formatively. End of term surveys are reviewed and collated by the Dean’s office; faculty receive copies of their surveys.</p> <p>‘Town Halls’ were introduced in 2012 and have been held each semester (including summer) since then. These are informal sessions with students to discuss “what is going well”, “what isn’t going so well” and how to improve it. Since the onset of COVID 19 these have been held biweekly and have become a</p>	<p><i>This element is addressed in the same manner for students in all programs. Since this section is the same for all programs, and the evidence provided is the same, reviewer comments are the same in all programs.</i></p> <p><i>The evidence provided by TFSON has been validated.</i></p> <p><i>The TFSON has extensive opportunities for students and faculty to provide feedback that is conveyed to curriculum and evaluation committee for consideration.</i></p>

<p>more informal opportunity for learner to ask questions, share challenges and brainstorm solutions. Students are also invited to provide input electronically, if they were unable to attend and they did so. Any relevant information from these sessions is shared with the Curriculum Committee. In general, these sessions have been very positive, and students have provided several innovative and actionable solutions to problems. A tracking database was developed in collaboration with our Fleming College partners. This is updated regularly. Student data includes enrollment, returns and admits, applications/admissions, retention, admission average, CRNE success rates annual course completion rates and employment rates over time. Evaluation data will be available on site.</p>	<p><i>Since the onset of the COVID-19 pandemic, students have had the opportunity to attend town hall meetings with the Dean, which previously had been held every semester but are currently conducted every two weeks. Significant issues that students raise are referred to curriculum and evaluation committee.</i></p> <p><i>An example of the database was provided, and illustrated relationships among course success, course repeats, and NCLEX success.</i></p>
<p>3. Students' and graduates' ability to provide safe, ethical nursing care, and to meet the entry-to-practice competencies and standards of practice, is monitored and evaluated.</p>	
<p>School Self-Study Evidence</p>	<p>Reviewer Findings that Support, Substantiate and Elaborate on the School Self-Study Evidence</p>
<p>The External advisory committee of the School, with representatives of a range of employers, provides advice on the appropriateness of the program in relation to employment demands and student's needs and assists in defining the body of knowledge, competencies and skills required by nursing graduates. The Committee has not met in the past year but interviews and focus groups were held with these stakeholders in the fall and winter of 2019/20 (Appendix TU5. Strategic Planning Report 2020/25). Some of what we heard:</p>	<p><i>This element is addressed in the same manner for students in all programs. Since this section is the same for all programs, and the evidence provided is the same, reviewer comments are the same in all programs.</i></p> <p><i>This evidence has been validated through meetings with agency partners from agencies outside of Peterborough and document review. No one from a Peterborough agency attended the meeting with reviewers.</i></p> <p><i>Agency partners indicated to reviewers that they are strongly supportive of the TFSON program. Students are often employed</i></p>

- Exemplary Nursing Students: "...managers wanting to hire every consolidation student..."
- "Connection between theory and practice"
- Social Change: "overarching commitment to nursing preparation for fostering social change"
- Rich local program: "Rich programming for Peterborough and beyond"

While NCLEX pass rates were much lower in the early years than with the CRNE, some curriculum changes were made to improve results including using the HESI in 4th year and the pass rates and our standing in the province have improved. In 2019 the first attempt and year end pass rates for students in the collaborative program were 85.5% and 94.9% respectively compared to a provincial average of 83.8% and 91.6%.

In the surveys of graduates (2017) many have stated that the curriculum was effective in preparing them for most aspects of practice as a novice RN:

- 87% agreed /mostly agreed that they were confident that that they were able to apply basic knowledge of nursing science at a level appropriate to their role as a novice graduate or RN
- 91% agreed /mostly agreed that they were able to demonstrate sound, safe clinical judgment as expected for a novice graduate or RN

in agencies in which they have had pre-consolidation or consolidation practica. Formal feedback can be provided through the program advisory committee, which provides advice and feedback to all three programs of the TFSON. This committee has not met since COVID-19 pandemic precautions were initiated in the TFSON and in the agencies themselves.

Graduates' abilities to meet CNO entry to practice competencies are assured during the Pre-consolidation and Consolidation practica (300 hours of practice each) under the supervision of a preceptor and a faculty member. The ability to successfully pass the NCLEX-RN examination for licensure has been reviewed over time, and evaluated in terms of student achievements within the program and on the HESI exit examinations.

<p>We also monitor nursing student employment rates using the Common University Data Ontario (CUDO). TFSON graduate employment rate two years after graduation is 100%.</p>	
<p>4. Evaluation data are used to make improvements to the program.</p>	
<p>School Self-Study Evidence</p>	<p>Reviewer Findings that Support, Substantiate and Elaborate on the School Self-Study Evidence</p>
<p>The School engages in a continuous process of reviewing multiple sources of information on an ongoing basis and using it to determine whether improvements are required.</p> <p>As a result of COVID 19, courses have moved online and students in years 1-3 are doing virtual clinical. The members of the School showed an extraordinary capacity to adapt and ensure that students were still meeting program and course learning outcomes. At the same time, the monitoring of the impact has been closer, and the Curriculum committee has met almost monthly to discuss the impacts and suggest improvements where needed.</p> <p>Course reports included a section specifically on changes made and student feedback related to COVID-19 (Appendix CP13 Course Change Report Template 2020). The analysis suggests that while students would like more opportunity for synchronous engagement in some courses, course objectives are mostly unchanged, there are no major faculty or student concerns, and instead opportunities for innovative pedagogical approaches have emerged. The School also held 3 curriculum retreats in 2020 so all faculty could work collaboratively on curriculum and delivery improvements.</p>	<p><i>This element is addressed in the same manner for students in all programs. Since this section is the same for all programs, and the evidence provided is the same, reviewer comments are the same in all programs.</i></p> <p><i>This evidence was validated through discussions with the Dean and members of the Curriculum and Evaluation Committee.</i></p> <p><i>Curriculum and Evaluation Committee, which includes membership from all three programs and faculty teaching in all three programs. A student member is selected by the Trent Fleming Nursing Student’s Association (TFNSA) and is a fully engaged member.</i></p> <p><i>COVID precautions necessitated cancellation of in-person clinical experiences for Years one through three students. These students have experienced online learning, simulations, laboratory clinical skills learning, and virtual clinical experiences.</i></p> <p><i>If students return to in-person clinical experiences in the fall of 2021, plans for evaluating student preparation for clinical practice with patients/clients will be necessary. This observation is particularly true for fall 2021 fourth year students, who will</i></p>

In an environmental scan and curriculum review were completed in 2018. The purpose of the scan was to review both the external and internal factors that have a significant impact on how we prepare baccalaureate nurses for practice. Areas of improvement identified in the environmental scan and that are being addressed in the ongoing curriculum work include: improving the learning of health assessment; integration of health assessment with other content such as physiology and pathophysiology; increase in content related to mental health nursing and caring for Child-bearing families/maternal-child nursing and the potential addition of a standalone course in relational inquiry.

The curriculum philosophy and framework were reviewed and updated in late 2020; work on revising the program outcomes is well advanced and a draft plan for the revision has been started. This work has been put on hold due to the onset of COVID 19 and the understanding that what we have learned in the past year will need to be considered as we continue to revise the curriculum.

enter their practicum experiences under the supervision of preceptors. Students may need re-orientation programming to adequately prepare them for in-person clinical experiences.

Faculty, the Dean, and the curriculum and evaluation committee all made reference to the process of curriculum re-design, which has been put on hold while addressing the course modifications necessitated by COVID precautions. The environmental scan was completed in 2018 and as noted in the self-report, may need to be updated in light of the impact of COVID pandemic and the possibility of other not-yet-identified pandemics.

Trent/Fleming, School of Nursing, Collaborative Program Report

SECTION 2 – Summary of Strengths, Vulnerabilities and/or Opportunities for Improvement

Summary of Findings

Note the School of Nursing’s strengths, vulnerabilities and/or opportunities for improvement.

General Strengths

School Self-Study Evidence	Reviewer Findings that Support, Substantiate and Elaborate on the School Self-Study Evidence
<ul style="list-style-type: none"> • Fully-integrated program, offering multiple points of entry to a single, unified curriculum with a strong and unique University/College collaboration • Leaders in the use and integration of simulation into the curriculum • Graduates, preceptors and employers state that the curriculum is effective in preparing new RNs for most aspects of practice as a novice RN. • Overall, retention, graduation and NCLEX pass rates have continued to improve over the past decade • Overarching commitment to nursing preparation for fostering social change • Faculty and staff collaborate in student support and curriculum implementation at all levels on an ongoing basis • Timely and efficient adaptation to the COVID situation – with creativity - both for clinical and theory courses to 	<p>An integrated approach to the faculty members of Trent University and Fleming and George Brown Colleges that is contributing effectively to the collaboration of the departments and institutions. This is a collaboration to be envied. It takes a significant amount of work to maintain such a collaboration so effectively.</p> <p>Committee membership potentially includes all members of the integrated faculty, along with staff members and students.</p> <p>Curriculum planning, review, and revision is conducted by an integrated committee of the TFSON, with major engagement of all members of faculty and staff. The faculty has a strong approach to inclusion of all members of the TFSON community in curriculum planning.</p> <p>The curriculum committee has provisions for review and approval of innovation within the course offerings. Faculty are informed of those changes (or size of changes) that need curriculum committee approval.</p>

<p>ensure students studies not delayed and that learning out comes were met</p> <ul style="list-style-type: none"> • Strong focus across the curriculum on developing learners’ capacity to foster social change 	<p>The program provides for student interests in nursing practice through their two advanced topics courses in fourth year, the option of an undergraduate thesis in place of the two advanced topics courses, an elective per year, and the ability to request certain types of clinical placements (not always possible to provide for student requests).</p> <p>Students are able to graduate one semester early if they choose to do one of their fourth year clinical placements in the summer term.</p> <p>TFSON and George Brown College personnel have close working relationships in the design of the Practical Nurse (PN) Bridging Program, offered by George Brown College, and the Post-Bridge PN-to-BScN program, offered by TFSON.</p> <p>NCLEX results are above the Ontario average, with 94% of students being successful within the year of graduation.</p> <p>The simulation and learning laboratory at TFSON has recently received accreditation of its facilities and practices. The simulation centre at George Brown College is also accredited. To allow for in-person learning, COVID precautions have been undertaken effectively, including smaller group sizes, hygiene precautions, and physical distancing for in-person learning.</p> <p>Students and graduates of the Collaborative and Compressed programs were highly satisfied with the simulation experiences in preparing them for their clinical practice.</p>
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	<p>Simulations and standardized patients were cited as highly positive learning experiences.</p> <p>Communication among faculty at the three sites, as well with the practice partners, is excellent and maintains engagement of faculty, staff, students, and practice partners.</p>
<p>Vulnerabilities</p>	
<p>School Self-Study Evidence</p>	<p>Reviewer Findings that Support, Substantiate and Elaborate on the School Self-Study Evidence</p>
<ul style="list-style-type: none"> • Potential entry-to-practice gaps related to shifting the curriculum online and using virtual clinical in years 1-3 (COVID 19) • Curriculum is now 11 years old and needs revision; slowed by the need to deal with the challenges presented by COVID 19 • Recent Trent HESI exit results have highlighted knowledge gaps in the area of traditional maternal child nursing and nursing: at least half of the BScN programs in Ontario offer separate courses in health assessment, and mental health, and a majority of programs offer courses relating to some combination of family health, maternal-infant health and child health • Inter and intraprofessional learning opportunities need to be expanded 	<p>The current COVID-19 adaptations and cessation of clinical experiences, Years one through three may create challenges for reintegration of students into the practice sites.</p> <p>Providing students with an elective in every year, especially for the compressed program students who already have extensive education in another discipline, limits the nursing programming possible in the Collaborative and Compressed programs. The forced elective of one of four available Indigenous health courses in first year is commendable.</p> <p>Key pillars such as rural nursing, cultural safety, and Indigenous health care are not necessarily supported by clinical placements in these areas.</p>

<ul style="list-style-type: none"> Quality and range of clinical placements must be monitored as we face increased challenges in finding placements 	
<p>Opportunities for Improvement</p>	
<p>School Self-Study Evidence</p>	<p>Reviewer Findings that Support, Substantiate and Elaborate on the School Self-Study Evidence</p>
<ul style="list-style-type: none"> Curriculum gaps have been identified and plans are underway to improve these including the following: improving the teaching of health assessment; increasing content related to mental health nursing and caring for child-bearing families/maternal-child nursing and the potential addition for a standalone course in relational inquiry Revisit the curriculum, course content and andragogy based on what we have done and learned in adapting to COVID 19 Continue to implement the recommendations of the truth and reconciliation commission New graduate programs in which TFSON faculty can engage and which will provide pathways for our nursing graduates; these include the MScN (Professional Practice Leadership) and the Graduate Diploma in Mental Health and Addictions Nursing which are underway as well as a new interdisciplinary PhD (IDSR) which will be starting in the fall of 2021; the IDSR will 	<p>The effectiveness of the online programming has provided the school with opportunities to incorporate more online learning in their programming for students, once in-person classes are available to students.</p> <p>A timeline associated with the systematic TFSON evaluation plan would provide data for curriculum oversight and revision based on data collected at pre-determined collection points particularly for employer and graduate date (This approach would provide for evaluation data collection that is distributed to identify trends, provide needed data for curricular review, and to manage the TFSON workload over time).</p> <p>Involvement of students in faculty council as voting members would further enhance student perceptions of leadership and engagement.</p>

<p>also provide more opportunities for interdisciplinary work</p> <ul style="list-style-type: none"> • The push to increase nursing seats and the proposed Trent University-Integrated Seniors Village provides more opportunity for TFSON to work with Fleming College in developing opportunities for interdisciplinary learning and practice (BScN,PSW and PN • Placement challenges and the need for nurses prepared to practice in rural and remote areas provide an opportunity to explore and develop remote immersive placements; while the focus has been on BScN students there is the potential to expand this to PN students 	
<p>Identify the School’s priorities and any activities to address the vulnerabilities and/or opportunities for improvement</p>	
<p>School Self-Study Evidence</p>	<p>Reviewer Findings that Support, Substantiate and Elaborate on the School Self-Study Evidence</p>
<ul style="list-style-type: none"> • Complete the revision of the curriculum taking into consideration such things as changing demographics, changing health care system (COVID 19 curriculum changes); HESI exit exam results, the recommendations of the Truth and Reconciliation Commission • Work with Fleming College (pilot project) and Trent (social work, kinesiology) to expand inter and intraprofessional learning opportunities • Revise course sequence in the bridge to facilitate access by all students to NURS3005H (RPN and RN practice) 	<p><i>Reviewers agree with the identified priorities.</i></p> <p><i>Develop a plan for student preparation for clinical practice in person, following their one-year cessation of in-person clinical practice. This review and assessment is particularly important for students entering their year four practicum experiences.</i></p>

- Establish a working group to develop a plan for clinical practice learning based on increasing challenges in finding placements; new knowledge about the role and outcomes of virtual clinical and curricular change process that is underway
- Develop a plan for rural and remote immersive placements
- Hire one or more faculty persons with knowledge and experience in indigenous health and nursing
- Increase indigenous partnerships and indigenous health content across the curriculum