Proposed Collaborative Nurse Practitioner Program (CNPP)

Leading to the Degree

Master of Nursing - Nurse Practitioner

Faculty of Nursing - University of Regina

In Collaboration with the

Nursing Division - SIAST

As of April 4, 2013
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Preface

The organizing structures of the nursing profession, its regulatory organizations and academic accreditation bodies are complex. Many acronyms are used in this profession. As a result, a Glossary of Terms is available at Appendix A to assist you in reading this text.

Overview

The graduate level Collaborative Nurse Practitioner Program (CNPP) will further augment graduate programming at the University of Regina (U of R) and in the Faculty of Nursing (FoN). Nurse Practitioner (NP) educational programs have increased in the last decade as consensus documents (Canadian Nurses Association 2005; 2008; 2009; 2010) have articulated the need for graduate prepared advanced practice nurses. Primary Care Nurse Practitioners (NPs) are members of this advanced practice nursing group. NPs are vital members of the health care team as envisioned by the government's framework for achieving a high-performance primary care health care system in Saskatchewan (Saskatchewan Ministry of Health, 2013).

The Collaborative Nurse Practitioner Program (CNPP) offers an innovative approach to Canadian primary care NP education. The proposed program is designed and delivered through a partnership between the Saskatchewan Institute of Applied Science and Technology (SIAST), and the University of Regina, Faculty of Nursing. Building upon the success of the collaboration of these institutions for the delivery of the Saskatchewan Collaborative Bachelor of Science in Nursing (SCBScN) program and SIAST’s expertise in delivering an approved Primary Care Nurse Practitioner advanced post-undergraduate certificate program, the CNPP is proposed.

Objectives of the Program

The CNPP will prepare primary care nurse practitioners (NPs) at the graduate level enabling them to contribute and support improved access to quality primary health care in Saskatchewan. Graduates of the program will have both academic and clinical preparation in the knowledge, skills, judgements and essential competencies that are required for the Canadian NP examination.

CNPP Development Team

The Dean of the FoN at the University of Regina and Dean of SIAST’s Nursing Division struck a committee to develop a proposal for the delivery of a graduate level, collaborative nurse practitioner program. The CNPP development team was formed (see Appendix B) and is comprised of academic administrators, teaching faculty, nursing faculty and instructional designers from the U of R and SIAST. As well, external consultants and specialists in NP education delivery came to Regina and met with the team as a way of ensuring a robust program. See Appendix C for the historical and projected implementation timelines for the program.

Collaborative Contributions

The proposed CNPP will enable both SIAST and the U of R to capitalize on shared human and capital resources.
University of Regina
The University of Regina, home to Canada's newest Faculty of Nursing (FoN), is currently engaged in a partnership with SIAST to deliver the Saskatchewan Collaborative Bachelor of Science in Nursing (SCBScN) program. The FoN has been successful in attracting experienced PhD prepared nursing educators from Saskatchewan, Alberta and Ontario, with expertise in providing undergraduate, graduate and nurse practitioner education. Instructional designers, affiliated with the FoN and working with faculty, are assigned to the CNPP and contribute expertise to the delivery of the curriculum in an online format.

Saskatchewan Institute of Applied Science and Technology (SIAST)
SIAST Nursing Division has more than 40 years of experience in the delivery of high quality nursing education. Nursing faculty at SIAST are experienced in delivering a range of programming, including baccalaureate education, in partnership with the University of Regina's FoN, and online advanced education for registered nurses (RNs) through programs such as the provincially approved NP program. The faculty involved in the NP program are masters prepared NPs who maintain currency in their practice by caring for clients in clinics. As well, the infrastructure to support a successful NP program, such as a clinical coordinator, advisory committees, linkages with regional health authorities and NP employers, are well established.

Building on Our Collaborative Relationship
External factors such as government priorities and national nursing recommendations have resulted in the need for this Collaborative Nurse Practitioner Program (CNPP). Governments across Canada support a primary health care model for health care service delivery. Sustainable primary health care will provide “superior patient experience and results in exceptional health for the Saskatchewan population” (Saskatchewan Ministry of Health, 2013, p. 6). Given the extensive knowledge and skills needed for a nurse practitioner to care for individuals, families, and the community, the Canadian Nurses Association (CNA 2009; 2010), the Saskatchewan Registered Nurses Association (SRNA), and the Canadian Association of Schools of Nursing (CASN), recommend that nurse practitioners have graduate level academic preparation. Capitalizing on the success and synergy of the current FoN and SIAST partnership in the delivery of undergraduate education, SIAST’s expertise in the delivery of nurse practitioner education within Saskatchewan, and the University of Regina’s Faculty of Graduate Studies and Research (FGSR), the Collaborative Nurse Practitioner Program (CNPP) is proposed.

Collaborative Partnership Agreements
1. Memorandum of Agreement between the U of R and SIAST
2. Tuition and Fee Sharing Agreement
Both documents are currently in development.

Efficient Resource Utilization
A partnership arrangement with shared resources expedites offering an innovative graduate nursing degree with limited demands on U of R resources and supports. SIAST’s 20 years of experience with NP education and its well-resourced post baccalaureate Advanced NP certificate provides an invaluable foundation to develop the CNPP.
**Rationale for the Program: Contextual Factors**

**What is a Nurse Practitioner?**

The Canadian Nurses Association (2006a, 2006b, ) defines a nurse practitioner as a registered nurse with advanced educational preparation at a graduate level. These specialized nursing professionals possess advanced clinical knowledge and can: autonomously assess; order, and interpret diagnostic tests; diagnose; prescribe pharmaceuticals; and perform specific medical procedures, such as suturing, within their legislated scope of practice (CNA, 2008). Hence, the NP’s role is derived from blending clinical diagnostic and therapeutic knowledge, skills and abilities within a nursing framework that emphasizes holism, health promotion and partnership with individuals and families, as well as communities. The process for becoming a NP is illustrated in Figure 1 below.

![Figure 1. Process for becoming a NP](attachment-a-page-23)

**Nurse Practitioners: Their Vital Role in Saskatchewan Health Care**

The Executive Director of the SRNA called for more nurse practitioners to promote primary health care in the province (Eisler, 2013). Primary Health Care Nurse Practitioners (PHCNP) are effective, safe practitioners who positively influence patient, provider and health system outcomes (Dierick-van Daele et al. 2010; Horrocks, Anderson & Salisbury 2002). Internationally, nationally and provincially, governments, physicians, nursing regulatory bodies and advocates call for major primary healthcare reforms, and the utilization of NPs with skills in the delivery of primary health care as essential to improve patient access to high-quality health care services (Canadian Institute for Health Information, 2010b; Canadian Medical Protective Association and Canadian Nurse Protective Society, 2005; Caprio, 2006; Centre for Rural and Northern Health Research, 2006; College of Registered Nurses of British Columbia, 2010; College of Registered Nurses of Nova Scotia, 2010; Gouvernement du Québec, 2005; Health Canada, & Federal, Provincial, Territorial Advisory Committee on Health Delivery and Human Resources, 2006; International Council of Nurses, 2008; Kirby, 2002; Laguë, 2008; Nova Scotia Department of Health, 2004; Ontario Medical Association, 2008).

**Improving Health Care Outcomes: The NP Role**

The Canadian Nurses Association (CNA) recognizes that NPs help to improve access to health care services, reduce wait times, and alleviate pressures in the health-care system by providing clients with a diagnosis and
curative interventions, wellness strategies and early interventions. NPs provide client education, support health promotion, involve clients in care and follow practice guidelines. They manage patient care from birth to end of life both autonomously and in collaboration with other members of the health care team.

NP care has been found to prevent admission of clients in acute care settings and influence staff confidence (DiCenso, et al. 2012a; Ducharme, Alder, Pelletier, Murray and Tepper, 2009). Current evidence indicates that clients are extremely satisfied with the care provided by NPs across all sectors in achieving positive health outcomes for patients (Dierick-van Daele, et al, 2010). NPs are uniquely qualified to care for vulnerable at risk populations and those not linked to a care provider. NPs care for populations with greater needs and risks for illness and co-morbidities, such as people with chronic illnesses (Horrocks, et al., 2002; Russell, et al.a, 2009).

The education and experience of NPs uniquely position them to function both independently and collaboratively with other health care team members in a variety of settings and across the patient’s continuum of care (Canadian Nurses Association and Canadian Association of Schools of Nursing, 2004; Martin-Misener, et al., 2010). NPs provide leadership, act as consultants, researchers and educators, and incorporate new knowledge from research studies and other evidence sources into their practice. Hence, the NP plays a vital role in improving health care outcomes, community/organizational development and capacity building, as well as health policy development.

**NPs in Saskatchewan**

Nursing regulatory bodies, such as the Saskatchewan Registered Nurses’ Association (SRNA), have the responsibility of setting the entry-to-practice competencies, standards of practice, and licensure requirements; approving educational programs; and setting the continuing competence requirements for NPs in Canada. To demonstrate such competencies, NP candidates must successfully: a) complete an approved nurse practitioner education program which includes both didactic and clinical practice curriculum; b) pass a national licensure examination; and c) meet provincial standards of the nursing regulatory body.

Data from the Saskatchewan’s Health Human Resources Plan (2011), illustrates the need for more NPs in the province. Currently, in this province, there are 155 RN(NP)s licensed with the SRNA. Recruitment and retention strategies are underway to create and maintain an adequate supply of NPs in the province. The CNPP will support the recruitment of new NPs within the province. In 2009-10, NPs provided 347,167 primary care service visits. A modest forecast made for the government is that NPs will provide 419,452 service visits by 2020. While the specific number of NPs needed to provide this service has not been calculated, clearly more NPs must be recruited and retained in Saskatchewan to meet Primary Health Care service needs.

<table>
<thead>
<tr>
<th>2009-2010 total Primary Care Services of Regulated Health Providers</th>
<th>7,255,917</th>
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</thead>
<tbody>
<tr>
<td>2009-2010 RN(NP) service visits</td>
<td>347,167 = 5% of service delivery</td>
</tr>
<tr>
<td>Services forecast in 2020 based on population growth</td>
<td>8,389,047</td>
</tr>
<tr>
<td>2020 forecast for RN(NP) visits at current 5% of service delivery</td>
<td>419,452</td>
</tr>
</tbody>
</table>

*Table is based on data from the December 2011 Saskatchewan’s Health Human Resources Plan (p. 41)*

If there is an increased utilization of RN(NP)s by various health regions in the years to come, there will be an even greater need for RN(NP) health care providers.
Support for the Program

Members of the Saskatchewan health care and nursing communities are supportive of the CNPP initiative. Letters of support can be found at Appendix D. Organizations include: Saskatchewan Registered Nurses Association; Saskatchewan Association of Nurse Practitioners; Saskatchewan Medical Association; Five Hills Health Region; and the Saskatoon Health Region.

Nurse Practitioner Education

Rationale for Online Format

In June 2004, the Canadian Nurses Association (CNA) received 8.9 million dollars to support the development of the NP role in Canada. Extensive research was completed and recommendations were made regarding various aspects of the NP role including education. The final report called for flexible curriculum delivery as a means to increase access to education where courses need to be developed and delivered using technology, particularly for rural and remote nurses. Practicing professionals engaged in asynchronous online education cite an appreciation for reflection time; the opportunity for interactive collegial dialogue; and, relevant real life professional experiences—as advantages for this type of program delivery (Duncan, 2005).

With the exception of a week-long residency expectation in the first year, this program will be delivered entirely online, and primarily asynchronously. Hraskinski (2008) believes that asynchronicity allows for more thoughtful communication than a synchronous learning situation, because students may spend more time refining their thoughts before posting. SIAST, like the U of R, is recognized for providing educational opportunities for students where they live using innovative technology. The CNA and the Canadian Association of Schools of Nursing’s (CASN) advocate for flexible education programs that promote access to, and provide opportunities for knowledge acquisition, skill development, evidence-informed care, given the vastness of Canada’s geography. In addition, flexible online learning creates the opportunity to balance family, work, and education commitments.

Rationale for Graduate Level Preparation

The CNA’s, Nurse Practitioner Education in Canada: A Final Report (2011), calls for NP exit credentials to be at the graduate level by 2010 but no later than 2015. The SRNA, the regulatory body responsible for approving nursing education programs, indicates that in order to meet the present and emerging health care needs in Saskatchewan, “the master of nursing degree must be the minimum education level of entry for RN(NP)” (2013). The education of NPs must address the issues of dynamic practice settings, expanded technologies, transformation of health care, political environments, population needs, inter-professional practice, and the complexity of health care (CASN, 2011). The RN(NP) role requires in-depth nursing knowledge and expertise to maximize health care outcomes for individuals, families, groups, communities and populations (CNA, 2008). RN(NP)s must be able to analyze and synthesize knowledge, interpret and apply theories, and engage in research so as to develop and advance nursing knowledge and the profession as a whole (CNA, 2008).

In partnership with SIAST, the U of R FoN can deliver an innovative, responsive NP curriculum that will meet the health care needs in Saskatchewan. In addition, the proposed program will provide advanced graduate level NP education as called for by the CNA, CASN, and the SRNA. A partnership between the Nursing Division (SIAST) and the Faculty of Nursing (U of R) meets the need for flexible education by building a new curriculum, pooling resources, and providing registered nurses in Saskatchewan with access to online graduate education.
Program Description

As clinicians, leaders and role models, nurse practitioners bring a holistic approach to care that directly impacts the lives of individuals, families and communities. The CNPP will offer RNs an opportunity to achieve advanced competencies required for nurse practitioner registration and licensure.

Building on baccalaureate RN practice, the program blends in-depth knowledge of nursing theory and practice with legal authority and autonomy. Students will develop enhanced skills in health assessment, diagnosis, planning, intervention and evaluation within the framework of primary health care. Community development, health promotion and collaboration with interprofessional health care providers are essential components of the CNPP. Students will critically appraise and apply research, best practice guidelines and theory relevant to advanced nursing practice.

Program Name

Collaborative Nurse Practitioner Program (CNPP).

Name of Academic Unit

Faculty of Nursing (FoN) - University of Regina (U of R) in collaboration with the Nursing Division - Saskatchewan Institute of Applied Science and Technology (SIAST).

Degree to be Awarded

Master of Nursing - Nurse Practitioner (MN-NP).

Distinctive Features of the Program

The CNPP is distinctive in the following ways:

1. The program brings together a college and a university for the development and delivery of a highly specialized graduate nursing program that is efficient in the utilization of human, physical and educational resources.

2. The development committee comprised of faculty and instructional designers has worked with consultants, external reviewers and considered official documents specific to nursing education standards in proposing this innovative program.

3. The entrance requirements and curriculum are designed to foster student success and the development of a CNPP student identity.
4. Evaluation strategies and academic content are designed to promote student success with the provincial NP licensure examination.

5. Internal and external program evaluation mechanisms are built into the program design.

6. Responsiveness to the need of students in rural and remote areas is addressed through distributive teaching and learning methodologies.

Curriculum

The original proposal to FGSR outlined the merging and re-conceptualization of courses from both SIAST and U of R as an efficient and expedient method of providing graduate level education for nurse practitioners, given the tight deadlines for the program launch. In subsequent planning and development, and importantly after considering the external reviewers’ comments (see Appendix E for External Reviewers’ Comments and Appendix F for Comprehensive Response to the Reviewers’ Comments), the CNPP development committee further refined the program plan. The forthcoming section, Strategies to Foster Student Success among CNPP Students, incorporates appropriate recommendations as suggested by the reviewers.

The re-conceptualization of the original proposed curriculum is illustrative of the truly collaborative nature of this program development. The revised curriculum in this document is more than a simple revision of the SIAST Primary Care NP Advanced Certificate program and the addition of U of R courses. Rather, the revised curriculum represents course blueprinting that the CNPP development committee undertook to ensure advanced practice nursing content and graduate level education for nurse practitioners.

The CNPP development committee identified the need for eleven new courses. Content from existing SIAST NP courses was reviewed, synthesized and aggregated with advanced nursing practice, theory, and research. Importantly, the reviewers’ comments shaped the development of the CNPP. Consequently, the re-conceptualization of the CNPP ensures alignment of the curriculum with both NP standards and competencies, and the expectations of graduate level education.

The initial proposal utilized KHS 871 (Introduction to Epidemiology) to teach concepts in population health. In response to feedback from the FoN and SIAST faculty, and the need to re-develop KHS 871 for online delivery, (from the traditional in-class lecture format) the committee decided that designing a new course, Global Health and Advanced Practice Nursing, with a nursing focus would have long term viability not only for the CNPP, but for future Masters of Nursing options.

In designing the CNPP, attention has been devoted to satisfying the academic standards and requirements of the FoN, SIAST, the FGSR, and the professional and educational requirements of nursing bodies including:

- Canadian Nurses Association;
- Current CNA Code of Ethics;
- Canadian Association of Schools of Nursing;
- SRNA RN(NP) Standards and Competencies 2011;
- SRNA Clinical Expectations for RN(NP)s;
- SRNA Nursing Education Program Approval Process for RN(NP);
- Current Bylaws of the SRNA; and
- The Saskatchewan Registered Nurses Act, 1988;
The CNPP is comprised of 33 credit hours (reduced by 3 credit hours from the original proposal to FGSR), to address sustainable human and other resource requirements. Courses will be taught by both the U of R and SIAST faculty (the CNPP faculty) with the appropriate knowledge and experience (for example, licensed Nurse Practitioners holding graduate degrees will teach courses specific to NP related content). A description of the each course and relevant objectives can be found at Appendix G.

The curriculum is designed to provide strong academic and theoretical foundations. The initial two courses foster understanding of the nursing discipline, advanced nursing practice, and research methods used in the study of nursing problems, while at the same time developing skills in critical appraisal, academic writing and knowledge synthesis.

Curriculum Model

The philosophical underpinnings of the program are articulated through a curriculum model called Saskatchewan Nursing Advanced Practice (SNAP) Model, in development (see Appendix H). This conceptual model was adapted from the “Strong Model of Advanced Practice Nursing” which has been recognized as a valid and reliable model for depicting the dimensions of the advanced practice role in an international contemporary health service context (Chang et al, 2010; Chang et al, 2011). One limitation of the Strong model is that the primary focus is on practice education. As a result, the CNPP development committee adapted Strong’s model with particular attention to the current contextual factors of the Canadian health care system. This context informed the inclusion of patient and cultural safety and a change from research to a focus on evidence-informed practice. Hence, the SNAP model is an educational framework for the curricular and program design of the CNPP.

The SNAP model focuses on care provided to the individual patient, family, community and health care system. The model combines the clinical skills of the nurse practitioner with systems acumen, educational commitment and leadership (Spross & Lawson, 2009). The SRNA nurse practitioner competencies are clustered into five domains: (1) direct comprehensive care, (2) evidence-informed practice, (3) support of systems, (4) educative practice and, (5) professional leadership. Course objectives link directly to the five domains. The unifying processes of advanced practice nursing—collaboration; scholarship; relational ethics; cultural safety and patient safety—are depicted in the model (Ackerman Norsen, Martin, Wiedrich & Kitzman, 1996; Canadian Association Schools of Nursing, 2004; Canadian Interprofessional Health Collaborative, 2010a; Canadian Patient Safety Institute, 2013; Smye & Browne, 2002; Winnipeg Health Sciences Centre, 2008) and exert influence on each domain of practice. The unifying processes are themed across the curriculum. The development of expertise is built into the model and links directly to the digital portfolio strategy to illustrate competency development throughout the program.

Use of the SNAP model will meet the SRNA approval standard criterion requiring “evidence that the philosophy, conceptual framework and curriculum are congruent” (SRNA, 2011, p.22). The model provides a template against which the program was developed and will be evaluated; students and CNPP faculty can understand, examine and improve their practice; and knowledge and behaviours can be measured for program approval purposes using a competency-based assessment tool.

Physical Location

The CNPP is a distance education program taught entirely over the Internet using the University of Regina’s URCourses (a Moodle-based platform), with clinical practice/work experience in approved community settings
under the guidance of a NP preceptor. It is designed to enable completion on a full-time basis in two years. The program will be administratively supported by the FoN (U of R), the Nursing Division, SIAST, and the FGSR.

The online nature of course delivery enables students to learn where they live and to complete their clinical placements in appropriate proximal communities. NP faculty at SIAST and the U of R (as approved by FGSR) will collaboratively teach courses within the CNPP. Clinical practice education experiences will be arranged by coordinators, fostered by SIAST’s linkages with health authorities and employers providing the necessary relationships to arrange clinical placements for NP students.

**Admission Requirements**

Admission will open to candidates who meet minimum requirements.

Grade Point Average (GPA) has been identified by external consultants as a strong indicator of student success in an intensive program like the CNPP. As a result, in addition to the FGSR of a 70% average as the minimum requirement for admission, students must meet these additional requirements:

1. A minimum 75% in all third and fourth year nursing courses taken at a Canadian accredited or provincially approved baccalaureate nursing education program.
   
   *Rationale:* This criterion will ensure that candidates are strong in nursing academics. Internationally baccalaureate level nursing programs will be evaluated for content in pathophysiology, pharmacology, research, statistics and health assessment.

2. Proof of current licensure as a registered nurse in a Canadian province or territory.

   *Rationale:* This documentation (combined with successful completion of this program) will ensure that candidates can meet licensure requirements for Nurse Practitioner status. Registered nurses who reside in Canada will be eligible to apply for admission; preference will be accorded to Saskatchewan residents.

3. Submit a current Curriculum Vitae verifying completion of a minimum of two years of clinical practice experience as a registered nurse within the last five years.

   *Rationale:* This document will ensure that candidates have current clinical practice experience.

4. Submit three letters of reference: professional; academic and clinical.

   *Rationale:* These documents will be used to assess the overall quality of the candidate.

5. Submit a written profile stating motivation for becoming a nurse practitioner in primary care, evidence of clinical experience, and plan for maintaining success in the program.

   *Rationale:* This document will be used to assess candidates’ writing abilities and understanding of the considerable demands that the pursuit of this type of degree can have on students.

6. Applicants must submit the results of a criminal record check (vulnerable sector search), current CPR-BLS Health Care Provider C and an up-to-date immunization record prior to the commencement of the program.

   *Rationale:* This requirement is to protect vulnerable populations that a student may work with in a practice setting.

7. The language of instruction in the CNPP is English. All applicants to the program must demonstrate an appropriate level of proficiency in English as required by U of R.
Rationale: This is a demanding professional program. Proficiency in oral and written English language skills are essential.

Graduate Studies Committee – CNPP
Once candidates have met the U of R FGSR requirements, the Graduate Studies Committee (see governance structure section, p 30) will review the applications to ensure that the most qualified candidates are offered seats in the program. Each application will be scored independently by at least three committee members to ensure inter-rater reliability and ranked. Scoring will assess the application for: GPA; relevant and current practice experience; referee comments and ability to achieve success in this professional program.

Intake
Applications are due January 15, 2014. Offers of admission will be sent out March 1, 2014. Full time students (N=15) will be admitted to the CNPP each year starting September 2014.

Full Time Option
Year 1
(18 Credit hours)
- MNUR 800 Foundations for Advanced Practice Nursing
- MNUR 801 Research in Advanced Practice Nursing
- MNUR 802 Advanced Health Assessment and Diagnostic Reasoning
- MNUR 803 Advanced Pathophysiology and Pharmacology I
- MNUR 804 Global Health and Advanced Practice Nursing
- MNUR 805 Advanced Pathophysiology and Pharmacology II

Year 2
(15 Credit Hours)
- MNUR 806 Health and Illness Across the Lifespan I
- MNUR 807 Health and Illness Across the Lifespan II
- MNUR 808 Health and Illness Across the Lifespan III
- MNUR 809 Transition to Advanced Practice Nursing I
- MNUR 810 Transition to Advanced Practice Nursing II

Residency Week
A mandatory residency week will be held at the end of the course MNUR 802 Advanced Health Assessment and Diagnostic Reasoning. The rationale for this requirement is to allow:

1) students to come to the U of R and SIAST campuses and develop their CNPP identities;

2) students to meet and network with peers and CNPP faculty and staff;

3) students to gain experience with high-fidelity simulations; and

4) evaluation of students’ health assessment skills.

Major Research Paper
The culminating activity for students will be a major research paper in the courses MNUR 809 (Transition to Advanced Practice Nursing I) and MNUR 810 (Transition to Advanced Practice Nursing II). U of R faculty members will work with two or three graduate students, as appropriate, and mentor them accordingly.

In writing of this paper, students will use their knowledge and skills gleaned throughout the CNPP toward a focused project, such as a paper of publication quality, a health promotion program, a practice change initiative,
a small scale research project, an academic oral presentation, or other appropriate initiatives. Such initiatives will be commensurate with graduate level standards, NP knowledge, and research methodologies. These papers will be of value to both academic and nursing audiences. In MNUR 809 students will begin to conceptualize and plan their paper. To engage in this development process, students will need to conduct an extensive literature related to their topic of interest. In MNUR 810 the paper will be brought to fruition concurrently while the student is engaged in 14 hours of clinical practice per week.

**Part Time Option**

It is anticipated that only full time students will be admitted during the first two intakes of the CNPP. Following a focused program review, a part-time option may be implemented.

Students admitted to the part-time option would progress as follows:

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<thead>
<tr>
<th>Year 1</th>
<th>(9 Credit Hours)</th>
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<tbody>
<tr>
<td>MNUR 800</td>
<td>Foundations for Advanced Practice Nursing</td>
</tr>
<tr>
<td>MNUR 802</td>
<td>Advanced Health Assessment and Diagnostic Reasoning</td>
</tr>
<tr>
<td>MNUR 804</td>
<td>Global Health and Advanced Practice Nursing</td>
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<table>
<thead>
<tr>
<th>Year 2</th>
<th>(9 Credit hours)</th>
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<tbody>
<tr>
<td>MNUR 801</td>
<td>Research in Advanced Practice Nursing</td>
</tr>
<tr>
<td>MNUR 803</td>
<td>Advanced Pathophysiology and Pharmacology I</td>
</tr>
<tr>
<td>MNUR 805</td>
<td>Advanced Pathophysiology and Pharmacology II</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Year 3</th>
<th>(6 credit hours)</th>
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<tbody>
<tr>
<td>MNUR 806</td>
<td>Health and Illness Across the Lifespan I</td>
</tr>
<tr>
<td>MNUR 808</td>
<td>Health and Illness Across the Lifespan III</td>
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<tr>
<th>Year 4</th>
<th>(9 Credit hours)</th>
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<tbody>
<tr>
<td>MNUR 807</td>
<td>Health and Illness Across the Lifespan II</td>
</tr>
<tr>
<td>MNUR 809</td>
<td>Transition to Advanced Practice Nursing I</td>
</tr>
<tr>
<td>MNUR 810</td>
<td>Transition to Advanced Practice Nursing II</td>
</tr>
</tbody>
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**Strategies to Foster Student Success among CNPP Students**

**Prior learning expectations**

Students will be provided with an outline of the base line knowledge required for each of their graduate courses. This strategy will ensure that the student has the prerequisite undergraduate knowledge to be successful in the course, and allow provide them with opportunities to review/gain requisite knowledge prior to engaging a graduate level course. Reputable online resources will enable the student to assess and refine his/her knowledge.

**Student workload mapping**

The academic and clinical demands of CNPP were considered. The CNPP development committee mapped out the academic and clinical workload demands for students. The weekly workload for CNPP students is presented in Figure 2.
Two foundational courses in the first semester (MNUR 800 - Foundations for Advanced Practice Nursing, and MNUR 801 - Research in Advanced Practice Nursing) provide students with an understanding of advanced practice nursing in Canada and strategies to appraise evidence and to conduct research. In addition, students will complete the online Graduate Academic Integrity Tutorial, an online course that is compulsory for all incoming graduate students. This course must be successfully completed in order to register for second semester courses. There are no clinical practicum requirements associated with these two foundational courses. This is an intentional strategy to familiarize students with graduate level academic expectations. These courses will provide future programming options within the masters of nursing degree. All students would take these foundational courses before entering into their specialization curriculum pathway.

Student evaluation strategies
At the completion of the CNPP, students will be expected to write a national multiple-choice examination to gain licensure. While multiple-choice testing is not a common evaluation approach used in graduate studies, students in the CNPP will have many opportunities to practice this testing approach throughout the program. A culminating comprehensive multiple-choice test, similar to the national exam, will be conducted. Importantly, each course will incorporate other student evaluation strategies, e.g., focused research papers, case studies, online presentations, literature reviews, graded discussion forums, group assignments, etc.
Digital portfolio

Each student will maintain an digital portfolio throughout the program. This tool is a method for tracking and monitoring clinical hours (minimum of 700) and placements to ensure that each student engages in clinical practice in a variety of clinical settings with specific client/patient groups across the life span. In addition, the digital portfolio demands reflection about practice. This reflection process is vital to the growth of nurse practitioner students.

Based on research outcomes conducted on the use of digital portfolios in the SIAST Primary Care Nurse Practitioner (PCNP) Program, several software programs addressing student clinical progress are currently under review. The selection criteria include:

- Access post-graduation to demonstrate continuing professional competency;
- Awareness of the impact on both instruction and learning, and appropriate integration concerning course development:
  - Cost effectiveness, ease of use for graduate students, CNPP faculty and preceptors alike; and
  - Ongoing access to technical support for all users;

The digital collection of data will include the following:

- Record keeping of clinical practice education including;
  - Number of hours;
  - Types of experiences;
  - Comparison of clinical settings and patient contact across the lifespan;
  - Confirmation of numbers of hours and types/quality of care provided by the graduate student in accordance with standards, preceptors and instructor recommendations.
- Collection and storage of other records will also be integrated into the digital portfolio as appropriate.

Library Resources Introduction

SIAST has and continues to offer a nurse practitioner program and has more than adequate resources to support the proposed online CNPP. In addition, students in this program will also have access to the University of Regina library resources (see Appendix I for a description of specifics of SIAST and U of R library resources available).

The following is an excerpt from the library consultation:

Recommendation: Overall, the Archer Library has adequate resources for a course of this nature and will compliment the resources already at SIAST.

Collections gap(s): None identified.

One-time funding required: ($ 0 )

Permanent additional funding required: ($ 0 )

Prepared by: Mary Chipanshi

Date: April 10, 2012
**Written work and clinical evaluation tools**

Standardized rubrics for the evaluation of written work and practicum experiences, similar to those found in *Appendix J*, will be designed. Rubrics will foster consistency in the expectations and the grading of student work. These documents were recommended by one of the external reviewers.
Faculty Expertise

University of Regina

The U of R FoN will dedicate 1.5 full-time equivalent faculty positions to cover its share of courses in the program. Dr. Laurie Clune RN, PhD, Associate Dean of Graduate Programs and Research, has 5 years of experience teaching nurse practitioners at the graduate level. Dr. Glenn Donnelly has agreed to teach Advanced Pathophysiology and Pharmacology, and as an Advance Practice nurse, is more than duly qualified to teach in this program.

University of Regina, Faculty of Nursing Faculty

Dr. David Gregory, RN, PhD, Professor and Dean
Dr. Robin Evans, RN, PhD, PNC(C) Associate Dean, Undergraduate Program
Dr. Laurie Clune, RN, PhD, Associate Dean Graduate Programs and Research
Dr. Liz Domm, RN, PhD
Dr. Florence Luhanga, RN, PhD
Dr. Glenn Donnelly, RN, ENC, PhD
Dr. Ann-Marie Urban, RN, PhD
Dr. Joan Wagner, RN, PhD
Ms. Kari Greenwood RN (NP), MN

SIAST

There are three SIAST faculty who will teach in the CNPP. SIAST has existing financial and program resources to deliver the primary care NP program for 15 full-time students annually. These resources, including a placement coordinator, will be utilized in the proposed program.

SIAST Nursing Division Faculty

Dr. Netha Dyck, RN, EdD Dean
Joyce Bruce, RN (NP), MSA, MN AGD: ANP
Maureen Klenk, RN(NP) MHS (ANP)
Dr. Lynn Miller, MN(NP), DNP

SIAST faculty who have teaching and grading responsibilities in the CNPP will become Adjunct faculty. Adjunct faculty will the academic and professional credentials necessary to teach, supervise and evaluate students in the academic and clinical setting including:

A) Proof of professional registration with the Saskatchewan Nurses Registered Nurses Association (or another Canadian provincial jurisdiction) as RN (Nurse Practitioner);
B) A graduate or doctoral degree in nursing or a related field; and
C) A nomination to the FGSR by the FoN and Dean. The nomination will include:

- a memo to the Dean of FGSR
- an up-to-date CV
- a statement/rationale of the benefits to the graduate activities (graduate teaching and co-supervision of graduate students) of the department/faculty.
The appointment will be for a five year period (July through June) and renewable subject to a mutual agreement and ongoing eligibility.

Hence, CNPP faculty will serve as the most responsible clinical supervisor and evaluator of graduate students. They will assign a grade for a student in theoretical and clinical experiences based on the student’s performance. In clinical type courses feedback from the preceptor will be considered in the assignment of grades.

*Appendix K* includes faculty CVs.

**Clinical Placements**

**Site suitability**

Determining site suitability includes two assessments: 1) the suitability of the practice site and 2) the availability and suitability of a preceptor. Prior to assigning a student to a placement site the following process will take place under the scrutiny of the co-chairs of the Graduate Studies Committee – CNPP:

The suitability of the practice site will be assessed to ensure that it is an appropriate site that will support student learning. This assessment may be done through a site visit or discussion with senior nursing administration at the setting.

**Preceptors**

Students will be linked to a preceptor (a RN NP employed at the practice site who will give practical experiences and training to students).

The suitability of the preceptor will be evaluated by:

a. Proof of professional registration with the Saskatchewan Nurses Registered Nurses Association (or another Canadian provincial jurisdiction) as RN (Nurse Practitioner)

b. A review of a current CV

c. A reference from the clinical practice site.

All preceptors, who are licensed NPs, must participate in an online preceptorship orientation program before they will be assigned a CNPP student.

Preceptors do not have the authority to pass or fail a student in a course. They will provide ongoing feedback to the adjunct faculty and student on their mastery of professional competencies needed to practice as an RN(NP).
Clientele to be Served

The CNPP is designed for practicing registered nurses who wish to advance their education and obtain NP licensure. The primary care focus of this NP program will prepare candidates ready to serve all populations including vulnerable, rural, and remote populations of Saskatchewan and beyond.

Program Evaluation Strategies

In addition to institutional evaluation strategies, specific CNPP evaluation tools are being incorporated into each course. Exit surveys will be sent to all graduates at the completion of the program to evaluate their experiences in the program. Exit interviews will be conducted with students who choose to leave the program and attrition rates will be monitored.

Satisfaction surveys will be sent to student preceptors at the completion of a course and to NP employers to ascertain the quality and readiness of students and graduates.

The collaboration between the FoN and the Nursing Division (SIAST) provides flexibility to deliver NP education to meet a number of constituent needs. Once the program has successfully completed the approval process at each academic institution, program approval from the SRNA and the Nursing Education Program Approval Committee are required. The criteria for program evaluation can be found at http://www.srna.org/images/stories/pdfs/nurse_practitioner/nursing_education_program_approval_process_mnp_2011.pdf (see pages 8 – 11).

Nursing standards to be evaluated are in the areas of a) curriculum; b) resources (human, physical and clinical); c) students; and d) graduates. Preliminary program approval will be sought in June, 2013 for the program start in September, 2014.
To date a notification of intent has been sent to the SRNA and following academic approval from U of R and SIAST, a self-evaluation report will be submitted to the SRNA. The SRNA approval process will take place in November, 2013.

Student Financial Assistance

Saskatchewan Health Bursary Program
In an effort to enhance the recruitment and retention of needed health professions to rural and remote parts of the province and to expedite the linkages between prospective students and public employers, the following changes are being made to the Saskatchewan Health Bursary Program:

Each of the Regional Health Authorities (RHAs) and the Saskatchewan Cancer Agency (SCA) (public employers) has received a dedicated budget to engage in health professions return-in-service bursaries with Saskatchewan residents.

Interested applicants are asked to make applications directly to the RHA/SCA. Should applicants be successful in receiving a return-in-service bursary from a prospective employer, they can expect to sign a return-in-service agreement with that employer.

Please see the Saskatchewan Health Regions and Saskatchewan Cancer Agency Contact Information: http://www.health.gov.sk.ca/bursaries-current-year

Ministry of Health Rural/Remote Clinical Placement Bursary
The purpose of the Ministry of Health's Bursary Program is to recruit and retain needed health care professionals to meet the needs of the people of Saskatchewan. The Ministry of Health Clinical Placement Bursary is offered to students in an eligible nursing program or eligible health discipline that requires the completion of a final clinical placement as part of education prior to licensure.

For more information http://www.health.gov.sk.ca/bursary-application-processs

Saskatchewan Student Loan Forgiveness Program
The new Saskatchewan Student Loan Forgiveness Program for physicians, nurses and nurse practitioners encourages health professionals to work in rural and remote areas of the province. The Program will forgive up to $120,000 in Saskatchewan Student Loans for physicians and $20,000 in Saskatchewan Student Loans for nurses and nurse practitioners over a five year period. The definition of rural that is being considered for the program is population of 10,000 or less. The Canada Student Loans Program announced a similar program in 2011 and is in the final design phase of the program. Saskatchewan is working with the federal government to collaborate on program design and administration to ensure that maximum benefits are available to Saskatchewan residents. It is expected that the new program will be in place in early 2013. Our Ministry will continue to consult with the federal government, health regions and health professionals to determine the final design parameters of the program. We will inform Health Regions and the public as soon as a launch date has been established. http://www.actionplan.gc.ca/eng/media.asp?id=4122

Saskatchewan Graduate Retention Program
http://www.aeei.gov.sk.ca/grpc

SIAST Scholarship Bursaries and Awards
http://www.gosiast.com/admissions/scholarships_awards.shtml

University of Regina Graduate Studies and Research Scholarships
Evidence of Demand for the Program

There is a high demand for online nursing education, whereby Canadian nurses are seeking programs internationally for NP studies. At present, in the Athabasca University Centre for Nursing and Health Studies Master of Nursing NP graduate program there are 13 Saskatchewan registered nurses admitted to the program (personal communication, February 11, 2013). In each of the past five years, SIAST has received 25 to 30 applications for its Nurse Practitioner Advanced Certificate Program; such applications have not translated into admissions because students have indicated a preference for the master’s credential. The College of Nursing, University of Saskatchewan has 22-24 registered nurses on a wait list for the Master of Nursing-Primary Health Care Nurse Practitioner Program (personal communication, February 11, 2013).

This CNPP will provide 15 seats annually that will be filled by: (a) registered nurses from Saskatchewan; and (b) registered nurses from other Canadian jurisdictions. Preference will be accorded to Saskatchewan residents.

Ten percent of the seats (2) will be designated as equity seats to be representative of the Aboriginal population of Saskatchewan. Like all other applicants in the program, Aboriginal students must fully meet the admission criteria. Unfilled equity seats will become available to other applicants.

Business Plan

Anticipated Tuition

A Fee Sharing Agreement will be established between the U of R and SIUST. It is our recommendation that initial tuition be split 30% SIAST / 70% U of R, as SIAST receives baseline funding for this program and the university is covering expenses from its existing budget. We recommend that any additional baseline monies directed toward the CNPP by the government will be split 50/50. Tuition rates are based on a program fee of $11,000 (plus student fees) converted to a credit hour cost. Cost for each 3 credit hour course will be $1000.00 plus student fees.

NOTE: Informally, the Ministry of Advanced Education has signalled that the additional NP seats (n=up to 10 for U of R/SIAST) will be funded at approximately $30,000 to $35,000 per seat. Thus, another $300,000 to $350,000 in baseline funding may become available to the CNPP.

Annual Budget – Faculty of Nursing

<table>
<thead>
<tr>
<th>Item</th>
<th>Annual Intake of 15 Students</th>
<th>Annual Intake of 20 Students</th>
<th>Annual Intake of 25 Students</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2014-15</td>
<td>2015-16</td>
<td>2016-17</td>
</tr>
<tr>
<td></td>
<td>2014-15</td>
<td>2015-16</td>
<td>2016-17</td>
</tr>
<tr>
<td></td>
<td>2014-15</td>
<td>2015-16</td>
<td>2016-17</td>
</tr>
<tr>
<td>Tuition Revenue</td>
<td>90,000</td>
<td>165,000</td>
<td>165,000</td>
</tr>
<tr>
<td></td>
<td>120,000</td>
<td>220,000</td>
<td>220,000</td>
</tr>
<tr>
<td></td>
<td>150,000</td>
<td>275,000</td>
<td>275,000</td>
</tr>
</tbody>
</table>
Baseline revenue increase based on $30,000 per seat (50% split between U of R and SIAST).

Tuition to SIAST illustrates a 70% U of R / 30% SIAST split, except for the last two years of the intake of 25 students, where tuition is a 50/50 split. Tuition sharing agreement would need to be negotiated, be dependent on actual enrollment and ensure academic and administrative costs of the U of R are met.

Instructional designer required to implement online program – will use existing resources to continue program after initial setup.

Marketing based on a budget of $5,000 per annum (split equally with SIAST).

Projections based on domestic students.

At present, the University of Saskatchewan charges $550 per course/14 courses = $7,700.

<table>
<thead>
<tr>
<th>UR Baseline Revenue ↑</th>
<th>75,000</th>
<th>150,000</th>
<th>150,000</th>
<th>150,000</th>
<th>300,000</th>
<th>300,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition to SIAST</td>
<td>(27,000)</td>
<td>(49,500)</td>
<td>(49,500)</td>
<td>(36,000)</td>
<td>(66,000)</td>
<td>(66,000)</td>
</tr>
<tr>
<td>Teaching Costs</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>**</td>
<td>**</td>
<td>**</td>
</tr>
<tr>
<td></td>
<td>(200,000)</td>
<td>(200,000)</td>
<td>(200,000)</td>
<td>(200,000)</td>
<td>(250,000)</td>
<td>(250,000)</td>
</tr>
<tr>
<td>Instructional Designer</td>
<td>(37,500)</td>
<td>(37,500)</td>
<td>(37,500)</td>
<td>(37,500)</td>
<td>(37,500)</td>
<td>(37,500)</td>
</tr>
<tr>
<td>Marketing</td>
<td>(2,500)</td>
<td>(2,500)</td>
<td>(2,500)</td>
<td>(2,500)</td>
<td>(2,500)</td>
<td>(2,500)</td>
</tr>
<tr>
<td>Net UR Revenue</td>
<td>23,000</td>
<td>75,500</td>
<td>75,500</td>
<td>(81,000)</td>
<td>64,000</td>
<td>64,000</td>
</tr>
</tbody>
</table>

*program offered using 1.5 FTE current resources
**requires addition of 2.0 FTE faculty
***requires addition of 2.5 FTE faculty
Athabasca University (online, master’s NP) charges $1,300 per course/11 courses = $14,300 (does not include application ($150), admission ($200), or AUGSA fees ($12/credit). Students in AU’s MN (NP) are also charged: Lab fee ($850) and the course (NURS 720; 12 credit course; thesis) is four times the regular Course Registration Fee.

**Implementation Plan**

This proposal will be presented to several key stakeholders in order to secure academic approval. The timeline below provides monthly targets and plans.

<table>
<thead>
<tr>
<th>Month</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>February 2013</td>
<td>Presentation of the CNPP program proposal for Faculty of Nursing Council for approval in principle.</td>
</tr>
<tr>
<td>March 2013</td>
<td>Development of marketing strategies for the CNPP with U of R and SIAST.</td>
</tr>
<tr>
<td>March 2013</td>
<td>Presentation of CNPP program proposal to the Faculty of Graduate Studies and Research.</td>
</tr>
<tr>
<td>April 2013</td>
<td>Develop a schedule for the completion of development of CNPP year one courses.</td>
</tr>
<tr>
<td>April 2013</td>
<td>Conditional Approval from the Faculty of Graduate Studies and Research. (anticipated)</td>
</tr>
<tr>
<td>May 2013</td>
<td>Submission of the CNPP program proposal to Senate, University of Regina.</td>
</tr>
<tr>
<td>May 2013</td>
<td>Presentation of proposal to SIAST Deans’ Council to discontinue the Primary Care Nurse Practitioner program at SIAST and notification of the proposal to deliver the CNPP program in September 2014.</td>
</tr>
<tr>
<td>May 2013</td>
<td>Development of draft SRNA self-evaluation of nursing education program document</td>
</tr>
<tr>
<td>June 2013</td>
<td>Approval from SIAST Dean’s Council of the partnership and the offering of the CNPP. (anticipated)</td>
</tr>
<tr>
<td>June 2013</td>
<td>Approval by U of R Senate (anticipated)</td>
</tr>
<tr>
<td>June 2013</td>
<td>Review and revision to SRNA self-evaluation of nursing education program document</td>
</tr>
<tr>
<td>September 2013</td>
<td>Submission of CNPP program approval to the SRNA.</td>
</tr>
<tr>
<td>November 2013</td>
<td>SRNA program approval site visit. Applications open for CNPP program.</td>
</tr>
<tr>
<td>January 2014</td>
<td>CNPP program application deadline for acceptance Jan 15</td>
</tr>
<tr>
<td>March 2014</td>
<td>Notification of student acceptance to applicants to the CNPP program</td>
</tr>
<tr>
<td>September 2014</td>
<td>First offering of the CNPP program.</td>
</tr>
</tbody>
</table>

**Employment Possibilities for Graduates**

Under the auspices of Primary Health Care Renewal, there is an increased demand for NPs in Saskatchewan. Presently, there are many vacant NP positions in Saskatchewan (Ministry of Health Saskatchewan, Health Careers, 2013). The number of NPs in Canada has more than doubled between 2005 and 2009 and increased
by 22% between 2008 and 2009 (CIHI, 2010). Recent government announcements of increased NP positions in BC and Alberta show that this trend will continue. Based on the Saskatchewan Health Human Resources Plan (2013, p. 3), Saskatchewan does not have adequate NP human resources to keep in line with the Primary Health Care plan, and population growth needs.

**Resources Required**

Minimal human or physical resources are required for the implementation of this program. A range of student services are offered at both SIAST and the U of R. The U of R has the Student Success center that provides resources such as academic writing and time management workshops. Many services, such as academic writing, are offered online. SIAST student support center has similar services that the CNPP students will be able to utilize.

The online bookstores services are available with texts being shipped directly to students. Libraries on both campuses have electronic resources that are accessible to the students in the program.

The Faculty of Nursing can absorb and use existing office infrastructure (and equipment) to deliver courses via distributed learning for the CNPP.

**Impact on Undergraduate and Other Graduate Programs**

There should be no impact on existing undergraduate programs at the U of R. Nor should other graduate programs be affected by the CNPP. The online research methods course will be constructed through a disciplinary lens specific to nursing and will not compete with other graduate level research methods courses offered at the U of R.

The online course offerings MNUR 800 (Foundations for Advanced Practice Nursing), MNUR 801 (Research in Advanced Practice Nursing), and MNUR 804 (Global Health and Advanced Practice Nursing) are courses planned for integration with future Masters of Nursing options.

**Compatibility of the CNPP with U of R and SIAST Missions**

The U of R FoN and SIAST, through an affiliation agreement, are collaborating to offer an innovative nursing education program at the undergraduate level, i.e., the SCBScN. A graduate nursing program developed on the same collaborative model advances the momentum for health programming offered at the U of R. The proposed CNPP is congruent with the competencies and standards required by the SRNA and the need for graduate level NP education.

Further, the program meets the needs of the province to build capacity and expertise in order to deliver accessible competent health care in rural, remote, and urban locations.

Specifically, the CNPP is congruent with these priorities of the U of R as follows:

- Commitment to be accessible to all learners;
• Serve and enrich Saskatchewan communities with accessible and appropriate health care providers by developing expertise through delivery of the CNPP;
• Respond to learning needs by offering education that can be accessed where one lives, particularly for First Nations and Métis peoples; and
• Serve local and provincial communities by striving for sustainability and efficiency of the health workforce.

The CNPP is congruent with these SIAST’s strategic priorities:

• Building successful careers;
• Responding aggressively to evolving program opportunities (SIAST, 2010);
• Facilitating seamless career transitions and lifelong learning;
• Advancing innovative partnerships and strategic alliances;
• Expanding education in select global markets;
• Enhancing program quality; and
• Using creative solutions to enhance and expand the learning experience.

Comparison with Similar Programs at other Universities

Nurse Practitioner Programs in Canada with a Primary Health Care Specialty

There are 12 Nurse Practitioner Programs in Canada with a Primary Health Care specialty including: Athabasca University, Dalhousie University, Newfoundland Centre for Nursing Studies, Ontario Primary Health Care NP Program (a consortium of 9 universities), University of Alberta, University of British Columbia, University of Manitoba, University of New Brunswick, University of Northern British Columbia, University of Victoria, University of Saskatchewan and SIAST (Saskatchewan Institute of Applied Science and Technology). For comparison, five programs were reviewed in depth.
### Athabasca University

<table>
<thead>
<tr>
<th>Degree</th>
<th>Master of Nursing – Nurse Practitioner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Credit hours</td>
<td>33-credit hours, eleven, 3-credit courses: 2 core courses and 9 NP courses</td>
</tr>
<tr>
<td>Prerequisites</td>
<td>BScN</td>
</tr>
<tr>
<td>Program delivery</td>
<td>Online, and clinical practice</td>
</tr>
</tbody>
</table>
| Comment | 450 students per year  
High attrition rates  
Students must find their own placements |

**Ontario Primary Health Care NP Program** (Lakehead University, Laurentian University, McMaster University, Queens University Satellite site: Trent University, Ryerson University, University of Ottawa, University of Western Ontario, University of Windsor, York University)

<table>
<thead>
<tr>
<th>Degree</th>
<th>Master of Nursing - Nurse Practitioner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Credit</td>
<td>33 credit hours: 3 core courses, 7 NP courses, 1 MRP (Major Research Paper)</td>
</tr>
<tr>
<td>Prerequisites</td>
<td>BScN minimum B+, references (3) – professional, clinical, academic, essay, current CV, immunization record, police check, current registration as a registered nurse</td>
</tr>
</tbody>
</table>
| Program delivery | 30 seats per year (150 apply)  
In - class and online format  
Clinical Practice Placements are coordinated by the university |
| Comment | Highly competitive  
Student success in the program correlates with entrance GPA |

### University of Manitoba

<table>
<thead>
<tr>
<th>Degree</th>
<th>MN - nurse practitioner stream</th>
</tr>
</thead>
<tbody>
<tr>
<td>Credit hours</td>
<td>36 credit hours and a minimum of 700 clinical hours</td>
</tr>
</tbody>
</table>
| Prerequisites | Baccalaureate degree in nursing from an approved or accredited university B average, CV, statement of intent, immunization record, interview may be required  
3 letters of reference |
| Format | In - class based program  
Practicum in Manitoba |

### University of British Columbia

<table>
<thead>
<tr>
<th>Degree</th>
<th>Master of Nursing - Nurse Practitioner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Credit</td>
<td>56 credit hours</td>
</tr>
<tr>
<td>Prerequisites</td>
<td>Registered nurse with a bachelor’s degree (preferably in Nursing, with a GPA of B+ in the third and fourth year, first class standing (above 80%) in 12 credits or more in nursing courses, registration with the College of Registered Nurses of BC, 2 – 3 years clinical practice experience, letters of reference</td>
</tr>
</tbody>
</table>
| Format | Practicum in locations throughout British Columbia  
5 semesters  
In - class based program |
University of Saskatchewan

<table>
<thead>
<tr>
<th>Degree</th>
<th>Master of Nursing – Nurse Practitioner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Credit hours</td>
<td>36 credit units with additional 3 required non credit course</td>
</tr>
<tr>
<td>Prerequisites</td>
<td>BScN, Cumulative weighed average of 70% on last 60 credit units of study</td>
</tr>
<tr>
<td>Program delivery</td>
<td>Online, and clinical practice</td>
</tr>
<tr>
<td>Comment</td>
<td>Video-conference, online, and lecture format   Clinical coordinator to facilitate student placements   Limited NP faculty (1 FT and sessional instructors)   20 seats</td>
</tr>
</tbody>
</table>

As a result of reviewing these programs, the proposed CNPP is reasonable in terms of credit hours (N=33), admission criteria and program delivery modality, e.g., online.

Compatibility of Proposed Curriculum with Standards and Competencies

The curriculum content was mapped with standards and competencies from the SRNA and the CASN to ensure that all content meets provincial and national standards.

Governance

Three committees support the CNPP. They are:

1) Graduate Program Steering Committee;
2) Graduate Studies Committee – CNPP; and
3) The Program Advisory Committee.

Membership on each committee is noted in Figure 3.

The Graduate Program Steering Committee is comprised of senior administrators from each partner institution. The role is to attend to respective concerns regarding the CNPP. For example, finalizing the tuition fee sharing agreement.

Graduate Studies Committee – CNPP will deal with admissions, curriculum changes and the day-to-day operations of the CNPP. This committee will be co-chaired by the CNPP Program Head (SIAS) and the Associate Dean Graduate Programs and Research (FoN / U of R). A student representative is a member of this committee.

A Program Advisory Committee will be established to obtain feedback from external constituents regarding program curriculum relevancy and quality and enhanced clinical practice education opportunities.

As per the Memorandum of Agreement (in development), the Dean of the FGSR shall have the final authority over all academic matters.
### Graduate Program Steering Committee

- VP, Academic – U of R
- VP, Academic – SIAST
- VP (Research) – U of R (for CNPP matters)
- UR Dean, Faculty of Nursing
- SIAST Dean, Nursing Division
- Associate Vice-President, Academic, University (Chair – non-voting)
- Dean FGSR - U of R (for CNPP matters)

Academic matters and conferral of degrees are the purview of the Faculty of Graduate Studies and Research (via the FGSR Dean).

### Graduate Studies Committee – CNPP

- UR Dean, Faculty of Nursing (ex-officio, non-voting)
- SIAST Dean, Nursing Division (ex-officio, non-voting)
- Associate Dean, Graduate Programs & Research, Faculty of Nursing (co-chair)
- CNPP Program Head, SIAST (co-chair)
- 1 Faculty UR, teaching in CNPP
- 1 Adjunct Faculty SIAST, teaching in CNPP
- 1 Instructional Designer
- Student representative

### The Program Advisory Committee

- UR Dean, Faculty of Nursing (co-chair)
- SIAST Dean, Nursing Division (co-chair)
- Associate Dean Graduate Programs & Research, Faculty of Nursing
- CNPP Program Head, SIAST
- Associate Dean, FGSR UR

Others as appointed by the UR Dean, Faculty of Nursing, and SIAST Dean including representatives from regulatory bodies, regional health authorities, consumer groups, patient advocacy groups, graduate student and alumni groups.

Figure 3. Governance committees' memberships
Sunset Clause

A five year “sunset” clause impacts the CNPP. A formal, external review of the program will occur during the fifth year of operation to determine whether program goals have been reasonably met and the program should be continued. Review criteria will be appropriate to the CNPP, e.g., annual admissions over the five year period; number of graduates; and annual costs of operating the program, including those costs incurred in the fifth year. Appropriate performance indicators will be established in consultation with the FGSR during the 2014/2015 academic year.

Enrollments will be suspended after the fifth year unless the FGSR and the FoN concur that the program is both academically and fiscally viable, and contributes adequately to the overall missions of the FoN, the FGSR, and the University proper.

The FoN and SIAST would develop and implement a program completion plan for enrolled students in the event the program is discontinued based on this initial review. Students enrolled in the CNPP will be permitted to complete their work within a reasonable time frame. The SRNA would require a termination plan for all students enrolled in the CNPP should it be discontinued.

A positive review, beyond the “sunset” of five years, will result in subsequent reviews initiated by the FGSR in conjunction with the FoN. Regular reviews will involve an external review team, and will be scheduled at regular intervals of approximately seven years. Note that the SRNA also requires formal program review on a regular basis.
References


## Appendix A: Glossary of Terms and Acronyms

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Advanced Practice Nurse (APN)</strong></td>
<td>An umbrella term for an advanced level of clinical nursing practice that maximizes the use of graduate educational preparation, in-depth nursing knowledge and expertise in meeting the health needs of individuals, families, groups, communities and populations. Since 2002 the CNA has advocated for the educational preparation of APNs to be at the graduate level. Two advanced practice nursing roles are recognized in Canada: the clinical nurse specialist and the nurse practitioner.</td>
</tr>
<tr>
<td><strong>APN framework</strong></td>
<td>Developed by the CNA to promote a common understanding of advanced nursing practice in Canada thereby increasing consistency in role definition, curricula and competency development.</td>
</tr>
<tr>
<td><strong>Canadian Association of Schools of Nursing (CASN)</strong></td>
<td>CASN is a national voluntary association that speaks for Canadian nursing education and scholarship. It represents universities and colleges that offer undergraduate or graduate degree in nursing programs. It is the official accrediting agency for university nursing programs in Canada. CASN has established national standards of excellence for nursing education; promotes the advancement of nursing knowledge; facilitates the integration of theory, research and practice; contributes to public policy; and provides a national forum for issues in nursing education and research.</td>
</tr>
<tr>
<td><strong>Canadian Nurses Association (CNA)</strong></td>
<td>The national professional voice of registered nurses in Canada representing 11 provincial and territorial nursing associations and colleges. CNA advances the practice and profession of nursing to improve health outcomes and strengthen Canada’s publicly funded not-for-profit health system. The CNA acts on the behalf of Canadian nursing in discussions with governments – nationally and internationally. CNA provides the exam by which all registered nurses and nurse practitioners, except in Quebec, are tested to ensure they meet an acceptable level of competence before beginning practice.</td>
</tr>
<tr>
<td><strong>Client</strong></td>
<td>The beneficiary of care; may be an individual, family, group, population or entire community.</td>
</tr>
<tr>
<td><strong>Client-centred care</strong></td>
<td>Nurses achieve client-centred care by actively including the client and significant others as partners in the care. Together the nurse and the client identify the client’s goals, wishes and preferences. These elements become the foundation of the plan of care.</td>
</tr>
<tr>
<td><strong>Clinical Nurse Specialist (CNS)</strong></td>
<td>A registered nurse who holds a master’s or doctoral degree in nursing with expertise in a clinical nursing specialty; uses sin-depth knowledge and skill, advanced judgement and clinical experience in a nursing specialty to assist in providing solutions for complex health-care issues.</td>
</tr>
<tr>
<td><strong>CNPP</strong></td>
<td>Collaborative Nurse Practitioner Program</td>
</tr>
<tr>
<td><strong>Competencies</strong></td>
<td>Integrated knowledge, skill, judgement and personal attributes required of a registered nurse to practise safely and ethically in a designated role and setting.</td>
</tr>
<tr>
<td><strong>Competencies – Nurse Practitioner</strong></td>
<td>42 competencies are essential to a Nurse Practitioner practice. They include:</td>
</tr>
<tr>
<td></td>
<td>• Professional role, responsibility and accountability: (17 competencies)</td>
</tr>
<tr>
<td></td>
<td>• Health assessment and diagnosis: (9 competencies)</td>
</tr>
<tr>
<td></td>
<td>• Therapeutic management: (12 competencies)</td>
</tr>
<tr>
<td></td>
<td>• Health promotion and prevention of illness and injury: (4 competencies)</td>
</tr>
<tr>
<td><strong>Graduate education</strong></td>
<td>Education beyond the baccalaureate level, including master’s, doctoral and post-doctoral level.</td>
</tr>
<tr>
<td><strong>Master of Nursing (MN)</strong></td>
<td>Graduate level nursing education involves: analysing and synthesizing knowledge; understanding, interpreting and applying nursing theory and research; and developing and advancing nursing knowledge and the profession</td>
</tr>
</tbody>
</table>
Nurse Practitioner (NP)  | A registered nurse with additional educational preparation (proposed at the graduate level in Canada) and experience who possesses and demonstrates the competencies to autonomously diagnose, order and interpret diagnostic tests, prescribe pharmaceuticals and perform specific procedures within the legislated scope of practice.

Nurse Practitioner examination  | Each provincial and territorial nursing regulatory authority is responsible for ensuring that registered nurses who apply for registration as nurse practitioners within their jurisdiction meet an acceptable level of competence before they begin to practise. The level of competence of nurse practitioners working in a family/all ages environment is measured in part by the Canadian Nurse Practitioner Examination: Family/All Ages. This multiple choice examination is administered by provincial and territorial nursing regulatory authorities who purchase this exam from the CNA. The purpose of the examination is to protect the public by ensuring that the entry-level nurse practitioner working in a family/all ages context possesses the competencies required to practise safely and effectively.

Preceptor  | A mutually beneficial, long-term relationship in which an experienced knowledgeable practitioner (Nurse Practitioner) supports the maturation of a student (NP student) into a professional role.

Primary Care  | Primary care is the element within primary health care that focuses on health care services, including health promotion, illness and injury prevention, and the diagnosis and treatment of illness and injury. Nurse Practitioners in this program will be prepared to provide primary care.

Primary Health Care PHC  | Primary health care refers to an approach to health and a spectrum of services beyond the traditional health care system. It includes all services that play a part in health, such as income, housing, education, and environment.

Regulation  | All legitimate and appropriate means — governmental, professional, private and individual — whereby order, identity, consistency and control are brought to the profession; through regulation, the profession and its members are defined, the scope of practice is determined, standards of education and of ethical and competent practice are set and systems of accountability are established.

Saskatchewan Registered Nurses’ Association (SRNA)  | The SRNA’s mandate focuses on setting standards of education and practice for the profession and registering nurses to ensure competent, caring knowledge-based registered nursing for the people of Saskatchewan. The SRNA is responsible ensuring continuing competence, professional conduct, standards of practice, a code of ethics and the approval of education programs.

Scope of nursing practice  | The activities that nurses are educated and authorized to perform, as established through legislated definitions of nursing practice, complemented by standards, guidelines and policy positions issued by professional nursing bodies.
### Appendix B: CNPP Development Committee

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Organizational Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carol Blenkin RN, MEd</td>
<td>Nursing course development specialist</td>
<td>SIAST</td>
</tr>
<tr>
<td>Jeannine Bruce</td>
<td>Recorder</td>
<td>SIAST</td>
</tr>
<tr>
<td>Joyce Bruce RN(NP), MN-ANP; MSA</td>
<td>Program Head, Primary Care Nurse Practitioner Program</td>
<td>SIAST</td>
</tr>
<tr>
<td>Laurie Clune RN, PhD</td>
<td>Associate Dean Graduate Programs and Research</td>
<td>U of R</td>
</tr>
<tr>
<td>Janice Cruise MEd</td>
<td>Instructional Designer</td>
<td>U of R</td>
</tr>
<tr>
<td>Glenn Donnelly RN, PhD</td>
<td>Associate Professor</td>
<td>U of R</td>
</tr>
<tr>
<td>Kari Greenwood RN, MN NP</td>
<td>Nurse Practitioner, Instructor</td>
<td>U of R</td>
</tr>
<tr>
<td>Brenda Hackl MA</td>
<td>Instructional Designer</td>
<td>U of R</td>
</tr>
<tr>
<td>david Gregory RN, PhD</td>
<td>Dean, Faculty of Nursing Ex-officio member</td>
<td>U of R</td>
</tr>
<tr>
<td>Netha Dyck RN, EdD</td>
<td>Dean of Nursing Ex-officio member</td>
<td>SIAST</td>
</tr>
</tbody>
</table>

### External Consultants

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Organizational Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Luisa Barton RN, NP, PhD</td>
<td>NP consultant</td>
<td>Independent consultant</td>
</tr>
<tr>
<td>Lynn Miller RN, NP, DNP</td>
<td>NP faculty consultant</td>
<td></td>
</tr>
</tbody>
</table>

External reviewers x 3, secured by the FGSR

Internal reviewer

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Organizational Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maureen Klenk RN (NP), MHA</td>
<td>NP faculty consultant</td>
<td>SIAST</td>
</tr>
</tbody>
</table>
### Appendix C: Historical and Projected Implementation Timelines

<table>
<thead>
<tr>
<th>Historical Timelines</th>
<th>Additional Supports</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2007</strong></td>
<td></td>
</tr>
</tbody>
</table>
SIAST Primary Care Nurse Practitioner Program received 5 year SRNA Approval Recommendations included advancing the program to a graduate level. Supported by stakeholders and graduates in program evaluations and Program Advisory Committee |
Consultants Margaret Dykman, PhD, Shirley Hiebert PhD,  |
| **2008** | 
Discussions with University of Regina, Faculty of Graduate Studies and Research and Faculty of Kinesiology indicated interest in developing graduate level education for NPs in partnership with SIAST.  |
Ron Keln, Craig Chamberlain, Dave Malloy, Kim Dorsch |
| **2008** | 
Ministry of Advanced Education, Employment and Labour (AEEL) called for an analysis of Nursing education in Saskatchewan. Stakeholders recommended placing the partnership on hold to await the results.  |
| **February 2009** | 
The Ministry of Advanced Education, Employment and Labour announced its support for a two-provider education model. This created partnership between U of R and SIAST to develop the undergraduate nursing program partnership that resulted in the SBScN  |
| **June 10, 2009** | 
Planning meeting held with the University of Regina and SIAST to develop a graduate program that will meet the SRNA approval, federal credentialing and the interests of SIAST and the University of Regina.  |
Chris Thrasher RN(EC), BScN, MScN, NP, PhD  
Consultant U of R  
Katherine Bergman  
Sheila Dresen  
Netha Dyck  
Joyce Bruce  
Janet Johnson Program Consultant SIAST  
Jeannine Bruce Admin support |
| **July 2009** | 
Meeting to develop discussion paper and develop an action plan  |
Chris Thrasher, Katherine Bergman, Joyce Bruce, Sheila Dresen, Netha Dyck, Janet Johnson, Christine Thrasher, Lynn Wells |
| **September 2011** | 
Activities placed on hold. Resources directed to establishing the undergraduate program with the intention to develop the graduate program once Faculty of Nursing U of R was in place.  |
| **January 2012** | 
Phase I the steering committee begins the development of the Collaborative Nurse Practitioner Program proposal with the Faculty of Nursing U of R and SIAST, Nursing Division. It was proposed as September 2013 start date.  |
Elsie Duff, NP, MSN-ANP, Consultant |
<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 2012</td>
<td>Formal Notification of the development of the Collaborative Nurse Practitioner Program is sent to the Saskatchewan Registered Nurses Association (SRNA)</td>
</tr>
<tr>
<td>June 2012</td>
<td>CNPP program approval update sent to the SRNA. Letters of support for the development of the program gathered from stakeholders.</td>
</tr>
<tr>
<td>July 19, 2012</td>
<td>Presentation of initial Program Proposal Collaborative Nurse Practitioner Program (CNPP) to the Faculty of Graduate Studies U of R.</td>
</tr>
<tr>
<td>August 16, 2012</td>
<td>Steering committee established</td>
</tr>
<tr>
<td>September 2012</td>
<td>Notification to the SRNA requesting support to implement the program September 2014. Regular committee meetings scheduled for the development of the CNPP program.</td>
</tr>
<tr>
<td>October 2012</td>
<td>Regular bi-weekly committee meetings scheduled for the development of the CNPP program.</td>
</tr>
<tr>
<td>November 2012</td>
<td>Proposed program presented at retreat.</td>
</tr>
<tr>
<td>January 2013</td>
<td>Formal proposal development. Committee develops course descriptions, inventory forms and syllabus template and foundational structures for the program.</td>
</tr>
<tr>
<td>February 2013</td>
<td>Presentation of the CNPP program proposal for Faculty of Nursing Council for approval in principle. Development of marketing strategies for the CNPP.</td>
</tr>
<tr>
<td>March 2013</td>
<td>Presentation of CNPP program proposal to the Faculty of Graduate Studies and Research.</td>
</tr>
<tr>
<td>April 2013</td>
<td>Conditional Approval from the Faculty of Graduate Studies and Research.</td>
</tr>
<tr>
<td>May 2013</td>
<td>Submission of the CNPP program proposal to Senate, University of Regina.</td>
</tr>
<tr>
<td>May 2013</td>
<td>Proposal presented to SIAST Deans’ Council for the discontinuation of the Primary Care Nurse Practitioner Program at SIAST and the offering of the CNPP program in September 2014.</td>
</tr>
<tr>
<td>June 2013</td>
<td>Consideration of the proposal for the CNPP at Senate, University of Regina.</td>
</tr>
<tr>
<td>September 2013</td>
<td>Submission of CNPP program approval to the SRNA. Develop a schedule for the completion of development of CNPP year one courses.</td>
</tr>
<tr>
<td>November 2013</td>
<td>SRNA program approval site visit.</td>
</tr>
<tr>
<td>January 2014</td>
<td>CNPP program application deadline for acceptance</td>
</tr>
<tr>
<td>-------------</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td>March 2014</td>
<td>Notification of student acceptance to applicants to the CNPP program</td>
</tr>
<tr>
<td>September 2014</td>
<td>First offering of the CNPP program.</td>
</tr>
</tbody>
</table>
Appendix D: Letters of Support for the CNPP program

May 31, 2012

Saskatchewan Registered
Nurses' Association

Faculty of Graduate Studies and Research North
Tower Residence 110.2
University of Regina REGINA SK
S4S 0A2

Dear Faculty of Graduate Studies and Research:

The Saskatchewan Registered Nurses’ Association (SRNA) is the professional regulatory organization for the over 10,000 RNs and RN(NP)s in Saskatchewan. There are 140 RN(NP)s in Saskatchewan that provide health care services in diagnosing, prescribing and treatment of common medical disorders.

The SRNA Council has determined that “The Masters nursing degree will be the minimum education level for entry as a RN(NP).” The Canadian Nurses Association states: “The minimum educational preparation for advanced nursing practice is a graduate degree in nursing. A nurse with this type of graduate preparation has a thorough grounding in the theoretical foundation of nursing and can promote nursing research, generate new knowledge and use academic preparation, synthesis and knowledge-transfer skills to interpret and incorporate new knowledge into clinical practice.” (Advanced Nursing Practice, A National Framework, 2008). There is a national trend toward graduate education for the nurse practitioner role and this is an important factor in the mobility of nurse practitioners across the country.

The respondents in the SRNA 2012 Public Survey reported a high level of confidence with seeing RN(NP)s for a variety of health care services. As well 72% of the Saskatchewan public responded that there is a need for more RN(NP)s in Saskatchewan.

With the recent announcement of the provincial government of the Primary Health Care Framework and the critical role RN(NP)s will be to the success of the implementation of this framework it is vital that Saskatchewan have enough RN(NP)s to take on these important roles.
The SRNA supports graduate level education for RN(NP)s. Sincerely

Karen Eisler, RN, PhD SRNA Executive Director keisler@srna.org

Dr. David Gregory, RN, Dean, University of Regina

Dr. Nytha Dyck, RN, Dean, Saskatchewan Institute of Applied Science and Technology
Joyce Bruce, RN(NP), Program Head, Primary Care Nurse Practitioner Program, SIAST
Box 97
Lipton, SK S0G 3B0

E-Mail:  contact_np@sasknursepractitioner.org

www.sasknursepractitioner.org

May 28, 2012

Joyce Bruce, Program Head
SIAST Primary Care Nurse Practitioner
Program Box 556
Regina, SK S4P 3A3

Dear Joyce,

Re: Proposed SIAST and University of Regina Faculty of Nursing Masters in Nursing – Nurse Practitioner Program

ANP applauds and supports the development of a Masters in Nursing – Nurse Practitioner program by SIAST and the University of Regina Faculty of Nursing. Health care is evolving and the demand for practitioners who are collaborative and innovative to act as leaders is strong. NPs are well positioned to respond to the changing health care environment.

CNA (2002 & 2008) in their documents “Advanced Nursing Practice: A National Framework” states that the minimum level of education preparation for ANP is a graduate degree in nursing. The four areas of competency of the advanced nursing practice role are clinical, research, leadership, and consultation and collaboration. Within these competencies NPs maximize the use of graduate education preparation.

The increasing demand for the services of nurse practitioners (NP) in our province is evident. Since 2004 when NPs started licensing in Saskatchewan, there have been new positions created every year. We now have NPs working in primary health care, emergency care, neonatal care, and long-term care. While there are currently 134 licensed NPs in Saskatchewan, there are also many positions which employers have been unable to fill. The development of a graduate level program will enhance the ability for this province to meet these and future demands.

Sincerely,

Barbara Warkentin
President
Saskatchewan Association of Nurse Practitioners
June 26, 2012
Ms. Joyce Bruce, Director
SIAST Program
4500 Wascana Parkway
PO Box 556
Regina, SK S4P 3A3

Dear Ms. Bruce,

Re: Collaborative Care Nurse Practitioner Program

The SMA has recently been made aware of the development of a Collaborative Care Nurse Practitioner Program.

This matter was discussed at the SMA Board of Directors meeting on June 13th by Dr. Clare Kozroski who had previously attended meetings of the Advisory Committee of the Primary Care Nurse Practitioner Program on May 24th. We were made aware that the new Program included many of the principles of the Provincial Healthcare Transformation, including team delivered health services and working collaboratively with other healthcare providers. The Board was very supportive of this initiative and wishes you success in its development.

Please do not hesitate to contact me if you have any questions or require any further support.
Sincerely,

Dr. Vino Padayachee
Chief Executive Officer

VP/wr
May 28, 2012

Joyce Bruce, RN (NP), MSA, MN AGD:ANP
Program Head
Primary Care Nurse Practitioner Program
SIAST Wascana Campus
4500 Wascana Parkway
Regina, SK S4P 3A3

Dear Joyce:

On behalf of Five Hills Health Region, I would like to express support for the proposed Collaborative Nurse Practitioner Program being developed by SIAST and University of Regina as a Master of Nursing Program.

The addition of Nurse practitioners into the healthcare system as members of the primary health care team has proven to be a valuable asset. The nurse practitioner is able to practice in a variety of clinic settings including providing closer to home services in many of our smaller rural communities while participating as a member of a larger central team. With a growing demand for nurse practitioners who are confident, skilled and competent to work in small, isolated sites; and a group within the nurse practitioner pool close to retirement, the development of a Master’s program to prepare our future NPs will be vital to the sustainment of a team based primary health care system.

As the system shifts to provide safe, high quality care through a continuous improvement and efficiency lens, nurse practitioners are expected to take a leadership role in their teams to ensure improvements occur and are adhered to. This requires both leadership and interpersonal relationship knowledge and skills that a Master’s prepared nurse practitioner should be able to offer the team.

We look forward to continuing our partnership with SIAST and the University of Regina to provide input to programming as well as practicum placements for nurse practitioner students.

Thank you

Yours truly,

Dianne Ferguson
Executive Director, Primary Health Care
Primary Health
St. Paul’s Hospital
c/o Administration Offices
1702 – 20th Street West
Saskatoon, SK S7M 0Z9

To Faculty of Graduate Studies University of Regina,

This is a letter of support of the Collaborative NP Program Masters of Nursing that is being developed in partnership between University of Regina and SIAST Nursing Division. There has been direction both nationally and provincially to progress to a master of nursing entry to practice for NPs which currently requires an advanced certificate level.

The program structure would allow multiple options for graduation and allows for a diverse group of entrants from baccalaureate to master prepared. A bridging option for former PCNP nurse practitioners graduates who want to pursue master’s credentials is also important.

There are regulatory discrepancies between provinces which create mobility issues for NPs. For this reason and many others, there are many NPs who would take the Master’s level route as most desirable especially given the flexibility of the SIAST program.

On behalf of the Saskatoon Health Region, I strongly recommend supporting this route to meet the growing demand for NPs and the increasing complexity of healthcare.

Sincerely,

Vikki Smart,
Senior Manager
Primary Health

Tel: 306.655.5365
Fax: 306.655.5405

Healthiest people ~ Healthiest communities ~ Exceptional service
July 4, 2012

Dr. Rod Keln
Dean
Faculty of Graduate Studies and Research
University of Regina

Dear Dr. Kelin,

Re: Proposed Collaborative Nurse Practitioner Program (CNPP)

The Faculty of Nursing (University of Regina) and the Nursing Division (Saskatchewan Institute of Applied Science and Technology) lend strong support to the proposed Collaborative Nurse Practitioner Program. A meaningful and synergistic partnership between the UofR and SIAST undergirds this proposed program. As outlined in the proposal, the benefits of this partnership and the Master of Nursing (Nurse Practitioner) are many. Importantly, graduates of this master’s program will play a significant role in primary health care service delivery within the Province of Saskatchewan.

With respect to nurse practitioner education in Saskatchewan, a two-provider model currently exists. The proposed CNPP maintains this model, but enhances the opportunity for students to obtain their master’s degree—as is the case at the College of Nursing, University of Saskatchewan. The online format of the CNPP extends its reach throughout the Province and affords equal education opportunities in the urban, rural, and northern contexts.

Sincerely,

David Gregory, RN, PhD
Professor and Founding Dean
Faculty of Nursing
University of Regina

Netha Dyck, RN, EdD
Dean
Nursing Division
SIAST
Appendix E: External Reviews

Reviewer 1

Summary

Congratulations on your proposal! The CNPP is an exciting and very timely collaboration between University of Regina (U of R)/ Faculty of Nursing (FoN) and Saskatchewan Institute of Applied Science and Technology (SIAST)—Nursing Division. The CNPP offers a high-quality, accessible, and structurally sound curriculum that makes it very marketable and appealing to prospective applicants, including those from nursing undergraduate programs across Canada. In time, the CNPP has the potential to become more innovative in its content and delivery. With ongoing, up-to-date curricular revisions and content-specific enhancements, CNPP has the potential to be a strong competitor in the NP education marketplace. Each institution offers their own set of unique experiences, structure, curricular expertise, and resources. As such, combining and sharing these elements paves the way to a high-quality, innovative, accessible academic program without currently procuring additional FTE faculty.

This report evaluates elements required for graduate programs and it makes clear recommendations based solely on the content in the proposal. Some assumptions have been made because no other documentation was provided and no formal site visit or interviews have been conducted. The CNPP’s major strengths include the right combination of each institution’s expertise, faculty, and resources; tremendous support from the provincial government and other academic units; urgent need to offer an accessible NP program at the graduate level; and excellent existing resources in each institution. As with most NP Programs in Canada, the challenges are within faculties to retain NPs that are both licensed and doctorally prepared; to stay ahead of the curve by offering up-to-date NP content delivered through innovative distributed learning; and by supporting faculty and alumni via professional development and continuing education. In sum, the CNPP has the potential to become a powerful leader in NP education in Canada.

I. Program

The CNPP offers a solid purpose and structure. There is strong evidence and considerable support for offering CNPP in the province of Saskatchewan as well as rural and remote areas of Canada that do not offer accessible NP Programs. Currently, support from the provincial government suggests NP demand in the health care system, yet, it remains to be seen the extent of financial support through funding initiatives and NP employment prospects in the future. The overall CNPP addresses aspects of primary health care, therefore, it is the assumed stream/specialty. For clarity, it is suggested that primary health care be more explicit throughout the proposal. In many NP Programs, the stream/specialty becomes part of the program name/title and degree awarded. A program name can become a powerful marketing tool that allows for innovative branding in the Canadian educational marketplace.
Curriculum

As SRNA has reviewed and approved the SIAST NP curriculum, recommendations are minimal. That said, a few minor points regarding the NP courses need to be addressed. The NP courses do not include all aspects of the human lifespan, as part of the primary health care context. Specifically, there appears to be gaps in pre/post natal care, newborn assessment and management, advanced counseling, family health, and community development. As these are embedded within the Canadian Nurses’ Association (CNA) NP core competencies, it is suggested that these aspects be added to the curriculum or clarified/explicated in the course descriptions. Also, as part of evidence-informed practice, more content pertaining to complementary therapeutics should be considered. For the consolidation course (CNPP 810), clinical hours are not required, according to the course description. Given it is the final course, faculty may want to consider adding clinical hours to fully ‘consolidate’ learning. As part of the evaluative measures, input from preceptors and other members of the health team at the clinical placement sites may help assist the faculty member in assigning a grade and become part of the program’s quality assurance and improvement. Finally, it is not clear in the documents provided what the pass mark is set at. Presumably, as with most graduate programs, B- (or 70%) is considered a ‘pass’, yet, as SIAST academic policies may differ from ‘traditional’ graduate studies, this assumption cannot be made. Lastly, each NP course should be updated regularly (yearly) as NP and medical content (particularly pharmcotherapeutics) has a short shelf-life.

Structure

Having an Administration Committee and Advisory Council is crucial, however, it is suggested that terms of reference and responsibilities be clearly delineated and that there be fair representation from both institutions for all committees. The actual financial management and accounting may be a challenge as each institution may have very different financial/accounting and administrative systems/processes. A specific cost centre may be required to process CNPP finances. Given the likelihood of institutional differences in philosophies and policies, the use of ‘best practices’ in inter-institutional collaboration is strongly recommended. Policies pertaining to mandatory withdrawal from the CNPP, appeals, etc. will need to be sorted out, however, there is some implication that the Dean of the Faculty of Graduate Studies and Research will have a final say on academic matters. Nevertheless, mutually-agreed upon academic ‘guidelines’ may need to be further developed. Finally, exactly how each department within each institution will interface is not clear in the documents provided, therefore, a visual ‘roadmap’ outlining the organizational and operational (including processes) structure of CNPP should be developed.

II. Faculty

Collectively, the CVs of the faculty are very impressive with extensive emphasis on teaching, research, and publication. In regards to professional service, faculty appear to be recognized in their field with SIAST faculty practicing as licensed NPs. U of R/FoN’s faculty is well credentialed with doctorates for graduate level education but not with licensed NPs per se. Moreover, if the curriculum emphasis is on primary health care, it would behoove both institutions’ faculty to focus their practice and research endeavors specifically on primary health care. This would strengthen the caliber of the faculty individually and collectively.

U of R’s faculty appears to support all research endeavors as noted in the number and types of publications and grants. Supervision of students involved in research also appears to be a significant strength, however, supervision of NP program students is not clear. Presumably, this responsibility would be shared with clinical preceptors, however, there should be sufficient licensed NP faculty to supervise students in their field work/clinical supervision. According to the proposal, five SIAST faculty will teach in the CNPP (page 23), however, it is unclear what the student-to-faculty ratio is (other than the consolidation course), both in the classroom and clinical practice. Obviously, this would have an impact on faculty workloads. A 1.5 FTE position dedicated to the CNPP is a good start, however, depending on NP course enrollments (not necessarily the number of NP admissions), this may not be sufficient in the future.
The success of this proposed program relies on field work/clinical placements. Preceptors play a major role in the student learning experience and, at some level, should be considered within faculty membership. Although a specific list of preceptors that may take on NP program students was not provided, it is assumed that preceptors are licensed NPs with or without graduate degrees or MDs. Criteria for preceptorship should be considered and, given the challenge of procuring clinical placements, a recruitment, recognition, and retention plan should be developed. Recommending faculty appointments (e.g. adjunct) to preceptors is a step in the right direction, however, as clinical placements become more competitive other strategies (such as remuneration) may need to be considered.

III. Students

Given the intensity of the CNPP and as means to minimize student attrition, recruiting high caliber applicants is key to the success of the program and to the students’ academic goals. While students will be expected to complete 700 clinical hours, a baseline of previous clinical experience at the RN level is required. Although a minimum of 2 years full-time within the past 5 years is an admission criterion in program option 1, the type of nursing experience is not specified. While many NP Programs across Canada do not qualify nursing practice experience in their admission requirements, delineating actual clinical experience in an acute or primary health care setting (rather than in education or administration) may contribute to the success of the NP student’s learning experience. On the other hand, it may also limit applicant pool. Quantifying and qualifying nursing experience should be considered. Unfortunately, there is limited data on the predictors of success (other than GPAs) in NP Programs. In this way, the required CGPA of no less than 70% is lower than many other NP Programs and is, according to the literature, a strong predictor of student success in an academic program. Again, given the intensity of most NP Programs, setting the CGPA to a higher level (e.g., B+) may yield a higher caliber applicant pool.

As outlined on page 15, student evaluations are integral to the program, however, evaluations completed by preceptors should also be added. Although it is ultimately up to faculty to determine a student’s grade or pass/fail in the clinical component of the courses, feedback from preceptors using a specific evaluation form is equally important. Similarly, students’ input regarding the clinical placement site should also be evaluated. In doing so, this would aid in the coordination of clinical placements. It is unclear as to who will actually be coordinating and procuring clinical placements, however, it is strongly recommended that students are not responsible for arranging their own placements as this can lead to undue stress for the students as well as pose conflicts and competition among other NP Programs. Lastly, as with most graduate programs, assigning an academic advisor, preferably faculty members with an advanced practice background and familiarity with the CNPP is important in supporting students and offering guidance.

IV. Resources

The physical and virtual infrastructures of each institution are more than adequate to offer the CNPP. Classroom space is typically a challenge for most higher education institution so that sharing spaces is ideal but not a major concern if content is delivered strictly online. That said, the geographical proximity for students to travel to each institution is not clear in the proposal. If the institutions are at a far distance, travel may be a challenge to access laboratory facilities, libraries, study rooms, and classrooms.

Technology and Distributed Learning

As a leader in distributed learning and technology, SIAST has significant expertise in offering online courses. Nevertheless, the proposal does not address what technology and learning management systems (LMS) will be used to deliver the NP courses. A consistent LMS or virtual learning environment (VLE) that is reliable, using the internet, and accessible by students and faculty alike is a very important aspect of the program. For this reason, sufficient funds, as part of the business plan, should be allocated specifically for the ongoing maintenance and improvement of the LMS or VLE as well as for the licensing...
fees of software needed in the NP curriculum (e.g., e-CPS, e-therapeutics, online Foundation for Medical Practice Education). If funds are limited, ‘open source’ platforms (e.g. SCORM, Moodle) should be explored. It is not clear if SIAST is currently responsible for these costs or if this will be a cost-sharing venture.

Clinical Placements

Procuring and coordinating clinical placements/sites is a challenge for most NP Programs in Canada. The responsibility of finding clinical placements and preceptors should be assigned to a designated staff or faculty person (for instance, a clinical placement coordinator) to ensure locating and leveling of placements so that students are exposed to a broad range of clients/populations. Coordination of clinical placements is complex, competitive, and stressful. For this reason, sufficient funds are necessary to hire a designated person. While many institutions have clinical placement offices that use HSPnet for their undergraduate nursing programs, coordinating NP placements is considered ‘unique’ and complex. A coordinator that is either immersed or understands the NP curriculum and practice will be invaluable to the CNPP. A preceptor Recruitment, Retention, and Recognition Plan is strongly recommended. As competition with other NP Programs (outside of the province) and other health professionals increase, the need to ensure the retention of existing preceptors/clinical placements and the recruitment of new ones that offer broader clinical experiences is imperative.

V. Comments

Strengths:

Each institution offers tremendous experience and expertise in delivery of their respective curricula. U of R/SoN appears to be seasoned in delivering graduate studies whereas SIAST offers expertise and experience in delivering NP studies.

There is great support from the provincial government, academic units, and other health professionals to offer the CNPP.

There is strong evidence for the need to offer an accessible NP Program at the graduate level.

There are excellent existing resources and tuition support available to offer the CNPP at this time.

Weaknesses:

There is limited faculty, specifically, those credentialed with both an NP license and doctorates. While there are sufficiently licensed and practicing NPs in SIAST, not all faculty members are doctoral prepared. Whereas in UoR/FoN, faculty are at the doctoral level, however, not NP licensed, hence, why this inter-institutional collaboration is necessary and very ideal. In several jurisdictions in North America, including Saskatchewan, there is an expectation that all NPs must be practicing within their scope of practice in order to maintain licensure/registration. At the same time, there is also an expectation within the faculty/schools of nursing (NP programs) that faculty are licensed and actively practicing as NPs. Fortunately, combining the institutions’ faculties will achieve these goals. Nevertheless, in the future, as the program expands, each university/institution should consider supporting faculty for NP licensure and doctoral preparation so that both institutions are able to offer more FTE positions. Although it is understood that most major research universities in Canada use the formula of teaching-research-service for tenured FTE faculty, NP licensed faculty should be supported by their FoN to re-formulate their workloads so that service (specifically as NP clinical practice) becomes as important as research and teaching. This appears to be a challenge for many universities across Canada.
Although clarification is required regarding the curriculum, there appears to be critical gaps in content that addresses newborns, pre/post-natal, advanced counseling, family health, and community development. Also, there are structural and operational processes that are unclear at this point, however, these will likely be delineated in the near future. Lastly, there is no mention of supporting faculty in professional development activities that focus on NP practice as well as no immediate plans appear to be in the works for offering continuing education courses for NP program alumni.

Recommendations:

1. Develop a 'Recruitment, Retention, and Recognition' plan for preceptors/clinical sites.
2. Add or clarify all aspects of the lifespan into curriculum and regularly update NP content. Courses should specifically address newborns, pre/post-natal, advanced counseling, family health, community development, and more complementary therapeutic choices.
3. Support faculty endeavors to pursue doctoral degrees and NP licensure at both institutions.
4. Allocate sufficient funds to support distributive learning, specifically, learning management systems/platforms and online resources (e.g., e-CPS, e-therapeutics licenses)
5. Offer continuing education/professional development for NP alumni and faculty.
6. Incorporate student clinical and site evaluations.
7. Hire a clinical placement coordinator responsible for procuring and coordinating NP clinical placements.
8. Re-visit the admission requirements to raise the CGPA and qualify nursing experience.
9. Include stream/specialty in the program name.
10. Provide a roadmap of the organizational and operational structures.
Reviewer 2

INTRODUCTION

Nurse practitioner (NP) educational programs have increased in the last decade as consensus documents have articulated the need for advanced practice nursing roles and the recognition of NPs as advanced practice nurses.

The CNPP proposal is a unique collaboration in comparison to other NP programs that were previously implemented in Canada. From two different nursing cultures academically, the proposal cooperatively builds upon and utilizes the strengths of both to deliver a complete program which is to be commended.

I. PROGRAM

There are very sound reasons provided for proposing the CNPP collaboration as stated in the proposal's purpose. There are human and fiscal resource factors and also, from a pedagogical perspective, it assists with aligning the SIAST NP Advanced Certificate to a graduate program. As well, due to online methodology, access to graduate education for nurses in rural, remote and isolated areas is enhanced at the advanced practice level. The proposal demonstrates the support for the collaboration from a wide range of stakeholders in health care including an approved funding structure from the provincial government.

The program is built upon the current literature derived from the Canadian Nurses Association (CNA) and the Canadian Nurse Practitioner Initiative's (CNPI) Core Competency Framework.

As this is a new collaborative initiative between U of R and SIAST, it would have been helpful in the proposal to have stated the program outcomes for the combined MN/NP Program.

The admission requirements are provided but consideration should be given to expanding them for this program to include a requirement of having a minimum number of years and/or hours of 'current' and 'relevant' RN practice before entering into the program. The CNA, regulatory nursing bodies and current NP programs in Canada are supportive of a minimum of 2 FT yrs of relevant nursing practice within the last 5 years which can also be equated into a minimum number of hours that can be verified within that time frame or ~3900 hrs for those that may have only had PT employment in nursing.

Given that NP education is a clinical specialty and an area of excellence/stream/field within graduate studies, consideration should be given to having applicants, in their personal statement of intent, elaborate additionally on the reason(s) for seeking to be a NP, specifically in primary care and how their clinical practice and experience as a RN are relevant to primary care and to the program of study.

These additions would be consistent with the forthcoming CASN ‘National Framework to Guide Nurse Practitioner Education in Canada' to be approved in November, 2012. Based on experience, students don't always truly understand what a NP is or what NP roles exist. Having an applicant elaborate on why they want to be a NP within primary care will also assist the Admissions Committee in identifying those applicants who may not be suited for the program and those who may be looking for a specialty NP role.

Given that the NP courses from SIAST are currently at the post-baccalaureate level, it wasn’t addressed in the proposal if the SIAST NP Advanced Certificate courses have been reviewed and have received approval by U of R's Graduate Studies or are continuing to be
delivered as they currently exist. Will these courses have graduate level course numbers?

This is very important as one would expect that there are revisions that need to be done to the SIAST NP courses to ensure that the rigor of the courses is at the graduate level. This would include revising each course’s stated objectives and outcomes, the terminology within each course as the approach to learning and expectation for demonstrating learning at the graduate level is different and that all evaluation measures (papers, examinations, OSCEs) are also at the graduate level.

Graduates of the MN/NP Program will also want to be assured that the SIAST NP courses they complete will show on a transcript as being at the graduate level for transferability across the country.

It is encouraged that a maximum time for completion be stated in the proposal for both full and part time students. This is helpful for human and fiscal planning as well as for provincial government auditors requesting statistics related to the number of admissions vs the number of graduates as well as the number of voluntary and mandatory withdrawals vs failures.

The options for completion of the MN/NP degree are provided. One option has not been accounted for in the proposal; those who already have a masters degree and wish the NP piece. Many RNs, who have wanted a NP program at the graduate level, may have completed a graduate degree while waiting for a program to be developed and with the MN/NP Program now being offered, will be interested in taking the NP portion at the post-graduate level. This provides another reason why the SIAST NP courses need to be at the graduate level. Graduates will not want to receive a post-baccalaureate certificate nor would that meet entry to practice expectations for NP practice.

In the proposal, on Pg. 8, it is confusing how a student, after 24 credits can leave the program and only do the SIAST NP Advanced Certificate. If SRNA, U of R and SIAST believe strongly that graduate level education is the minimal requirement for NP education which CASN and CNA and the international literature support, only the MN/NP option should be offered as the program for completion. This again is another reason for ensuring SIAST’s NP Advanced Certificate is at the graduate level and recognized as such by U of R.

Reading between the lines, it is sensed that this is an option was included to ensure the provincial government's support. From the Ontario experience, the provincial government was afraid that transitioning the COUPN NP Program to the graduate level in 2007 would have a negative impact on the number of graduates. This was further from the truth. NP education student enrollment has doubled the number and NP programs are driving graduate programs across the country. Graduate level NP education needs to be supported as part of the country-wide standard for entry to practice as a NP. It is nursing’s professional duty to advocate for graduate NP programs as the minimum level for entry to practice for NPs.

Further, for the CNPP Degree Completion Program, it is suggested that there be a stated timeline of offering this option i.e. 5 yrs as those with post-baccalaureate NP education will either come forward or not within that time frame.

From a pedagogical viewpoint, the proposed course sequence requires further discussion and the courses and learning need to be better scaffolded in order to optimize learning, promote logical progression through the program and for achievement of NP competencies and standards of practice.

It is assumed that there has been discussion related to how best embed the U of R’s graduate courses with the SIAST NP Advanced Certificate. The reality is that some of the graduate courses are fundamental in framing not only what primary care is, but what a NP is and how to articulate the differences between RN, NP, CNS, MD and even PA. Graduate
level courses are fundamental to developing critical appraisal skills of the literature and how to integrate various middle range theories in NP practice within a primary care perspective.

NP students benefit from this graduate level grounding as it assists them to develop and demonstrate graduate behaviors central to advanced nursing practice vis-a-vis the autonomy and broad based responsibilities of the NP role. Graduate level core courses can also assist with the transition from RN to NP.

It is suggested therefore, considering pedagogy and a scaffolded approach to both the graduate and NP courses to optimize development and articulation of the NP role, to consider an alternate sequencing of the MN/NP courses (see Appendix A).

Given that a large proportion of the NP courses are delivered online, how will skill building and acquisition at the advanced practice level be assessed that demonstrates growth and mastery of NP competencies? How to properly examine a wrist or a knee, complete a radiologic imaging request, properly assess a wound for suturing and how to competently use equipment like the otoscope, ophthalmoscope or PAP equipment are vital to achieving diagnostic accuracy.

Clinical placements don't and sometimes can't always provide students with the opportunities to achieve the competencies expected for novice NP practice. As well, there is a lack of standardization in the qualifications clinical preceptors possess. Skill building can be done in a variety of ways, i.e., intensive weekends, videotaping, logs, reflective journaling etc. Simulation (standardized patients and medium/high fidelity) are other tools used increasingly for NP skill building, testing clinical decision making, safety and knowledge/judgement as well as multi-station OSCEs that can take the place of some written examinations. From experience and what may occur in the future at the regulatory level for initial and ongoing registration, it is suggested that OSCEs occur in all clinical courses.

One pharmacology course is not adequate given the breadth and complexity of adult, child, reproductive health and older adult health care. There is a lot to consider in therapeutic choices, i.e., pathophysiology, pharmacokinetics, microbiology as well as the multiple guidelines i.e. anti-infective and other guidelines across and specific to various stages of the lifespan.

Pharmacology is the one area of NP practice that is rapidly changing and evolving in relation to legislative/regulatory approval for NP practice. From experience, students need multiple opportunities in - class to practice prescription writing as they find it a difficult skill to master with 100% accuracy.

It was not apparent of how much attention is addressed to periodic screening within the curriculum across the lifespan. The course outlines primarily describe acute/episodic and chronic health conditions but within a primary care framework, it is the health promotion/illness prevention activities that the NP needs to be doing more of and this needs to be stated more strongly in the curriculum i.e. PAPs, breast, colorectal cancer and prostate cancer screening etc as well as developing programs for smoking, addictions, obesity, diabetes and memory clinics/programs and other initiatives that foster building leadership in NP practice role.

The title 'consolidation' in CNPP 810 is confusing; consolidation in most nursing programs usually refers to a clinical period of time where students are more autonomous in practice and are consolidating all their skills prior to graduating.

Therefore, it is suggested to consider changing the course title of CNPP 810 to 'Research Practicum' and even to reconsider, where in the course sequencing, this capstone paper best fits. From experience, these papers are resource intensive for faculty; students require
assistance with choosing a relevant topic, that topics between students don't overlap, the development of paper outlines and the process of marking the papers. Delay of successful completion of the paper could potentially interrupt graduation of the student and potentially delay the writing of the CNA Family/All Ages national examination.

Not having a specific clinical course where students can consolidate their knowledge and skills across the lifespan in the practice setting is potentially a gap in ensuring there is praxis of theory and practice and that graduates have attained novice NP competencies upon completion of the program. This further ensures success in writing the CNA Family/All Ages national examination and in initial practice roles.

II. FACULTY

The proposal outlines the strengths of the SIAST NP Advanced Certificate faculty and the U of R faculty and delineates clearly which site is teaching what courses. Both sites have faculty with NP education but it wasn’t clear if they were still practicing which would be advantageous.

Consideration should directed at ensuring the SIAST faculty are prepared to teach at the graduate level. This may include a plan to provide support and guidance to the SIAST faculty in learning strategies for teaching at the graduate level.

It is suggested that a clinical pharmacist be hired to teach with NP faculty in the Pharmacotherapeutics course. Likewise, the pairing of an NP faculty member and a faculty member with expertise in Pathophysiology would be helpful in applying pathophysiological concepts using cases within a primary care framework.

The new collaborative program will provide for opportunities for both U of R and SIAST faculty to engage in intra- and interprofessional research and evaluation of the program, its graduates and the ongoing evolution of the NP role provincially.

As note, this also provides opportunity to hire faculty from across the country to teach in the courses which will assist with human resource issues as the program grows but also for networking and receiving feedback from other NPs and/or faculty who may or may not be NPs.

III. STUDENTS

The section related to students is well described. From experience, nurses who are seeking to be NPs want graduate level NP education as they understand that graduate level education is required for entry to practice for NP roles.

This is why it is imperative in ensuring the SIAST NP courses are at the graduate level. As well, there needs to be an option for those who have previously completed a graduate degree that provides the opportunity to complete a post-graduate level NP program. Students will question and demand that this be in place as the SIAST NP Advanced Certificate will continue to be viewed for some time as a post-baccalaureate NP program unless a strong marketing plan is in place for both academies.

The demand for NP roles vs the supply of NP roles continues to be the scenario in many jurisdictions across Canada. This collaboration will be viewed as a viable alternative within one's own province and/or community to obtain NP education and will assist in keeping graduates in their own communities and in the province.

The MN/NP curriculum enables students to have access to faculty who are NPs and faculty with doctoral level education which is an important aspect of the graduate educational
experience and may also serve to encourage NPs to seek doctoral preparation and to teach in NP programs.

IV. RESOURCES

There is evidence of the availability of ample library resources for students to access online and onsite from both educational sites.

Is there a standardized patient program established and/or the availability of simulation technologies for skill building and acquisition and for clinical competency measurement?

Are students eligible for graduate studies scholarships in the MN/NP Program from U of R?

What plans will be put in place to orient and educate preceptors to the new MN/NP Program? This will be important to link practice to the educational program to maintain and increase preceptor capacity as the program grows.

V. COMMENTS

In looking across the country at all of the graduate/NP programs, there continues to be a lack of consistency in the core non-NP courses required of graduate programs. There are differing viewpoints related to pedagogy to either integrate graduate courses at the time NP courses are offered or offering them separately with the belief that the graduate core courses will provide a base point for which the NP courses can build from.

If integrated as proposed, it is imperative that the courses are scaffolded and are offered to build NP competencies in a way that the knowledge and skills build in a logical way to assist with transitioning from RN to NP in a primary care setting but also provide opportunity for growth and development of novice level NP competencies.

It is not clear from the proposal if the SIAST NP Advanced Certificate is only going to be offered in conjunction with U of R as a collaborative MN/NP Program or if SIAST will also continue to offer their Advanced Certificate Program alone. This will need to be discussed and decisions made as this will have a bearing on the perceived nature of the collaboration from other educational academies and from a potential student cohort.

Appendix A

Suggested Course Sequence for CNPP

<table>
<thead>
<tr>
<th>Core Courses</th>
<th>Credit Hours</th>
<th>Year 1 Fall</th>
<th>Year 1 Winter</th>
<th>Year 1 Summer</th>
<th>Year 2 Fall</th>
<th>YEAR 2 Winter</th>
<th>YEAR 2 Summer</th>
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<td>CNPP 800 Foundations for Professional Practice</td>
<td>3</td>
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<td>CNPP 807 Health Promotion</td>
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<td>CNPP 804 Pharmacotherapeutics</td>
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<tr>
<td>CNPP 806 Adult</td>
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<td>Course Title</td>
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<td>Health: Theory &amp; Practice</td>
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<td>CNPP 805 Child Health: Theory &amp; Practice</td>
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<td>CNPP 808 Older Adult Health: Theory and Practice</td>
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<td>CNPP 801 Research &amp; Ethics for Advanced Practice</td>
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<td>CNPP 810 Consolidation - Suggest course title change to Research Practicum</td>
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Reviewer 3
Executive Summary

The purpose of this review is to provide feedback on the Collaborative Nurse Practitioner program proposed by the University of Regina and SIAST in relation to the Standards for Nursing Education Approval and the RN(NP) Standards and Competencies (2011) as developed by the Saskatchewan Registered Nurses Association (SRNA).

After reviewing the program proposal, a number of strengths of this proposal are noted. The collaborative nature of the NP program brings together the strengths of two distinctly different institutions. The plan for distance delivery offers the opportunity for nurses from across Saskatchewan and beyond to attain both a Master of Nursing degree and the competencies necessary to practice in an advanced practice role. Support for the program from key stakeholders including the College of Registered Nurses of Saskatchewan, Saskatchewan Medical Association and several of the Saskatchewan regional health authorities ensures the necessary external resources for the program. The long-standing success of the SIAST post-baccalaureate advanced NP certificate and the relationship between the SIAST faculty and stakeholders provides a strong beginning for this new endeavor.

Two major challenges are noted in this program proposal; i) the constraints in the number of NP-prepared faculty. Continued opportunities for developing academic faculty with NP preparation will strengthen this program; ii) At 36 credits the MN:NP program is longer than comparable programs at other institutions. Opportunity may exist for consolidation of some courses in favor of a stand-alone health assessment course.

Program:

The demand for nurse practitioners continues to grow both in Saskatchewan and in the rest of Canada. The NP to MN bridging program outlined in this proposal will fill the current gap that exists both in Saskatchewan and also in Ontario where a number of practicing NPs are educated at the post-baccalaureate level. Providing MN bridging for certificate prepared NPs will allow them to meet SRNA’s recommended standard of master’s education for entry to practice.

The majority of students seeking an NP program work at least part time and many will live in rural and remote areas of Saskatchewan. The choice of distance delivery for this program will provide improved access for these nurses and obviate the need for them to relocate in order to further their education. As the program expands, distance delivery with enhance the marketability of this program to potential students in other parts of Canada.

The breadth and depth of knowledge required to meet provincial and national competencies for NP practice results in a tightly scripted curriculum that does not allow for significant overlap with generalist nursing masters programs or programs from other academic disciplines. There is however, overlap in competencies both within the discipline of nursing and opportunities for interdisciplinary learning with colleagues in pharmacy, medicine, social work and kinesiology. In the absence of a thesis, the research focus in NP programs is typically on knowledge translation. It is not anticipated that the students in an NP program would be heavily involved in research nor would they be expected to garner grants.
The program proposal will be evaluated against the Standards for Nursing Education as developed by the SRNA.

Standards for Nursing Education

Curriculum

The University of Regina and SIAST propose a joint nurse practitioner program using a model of collaboration previously implemented in the Collaborative Bachelor of Science in Nursing. The program includes both an MN:NP and a NP Degree Completion program for practicing NPs with an Advanced Certificate.

Criteria:

1. A philosophy of nursing and education, and a conceptual framework together guide the development and implementation of the curriculum.
   a) Evidence that the philosophy, conceptual framework, and curriculum are congruent.

   While a specific philosophy and conceptual framework are not articulated in the program proposal, it is evident that the curriculum is based on an advanced practice nursing model that includes courses specific to NP competencies combined with relevant core nursing courses. This curriculum model is congruent with recommendations from the Canadian Nurse Practitioner Initiative, the Canadian Association of Schools of Nursing (CASN) and the SRNA Competencies. The addition of core courses such as Epidemiology, Health Promotion and Health Policy help to situate the proposed NP program within the framework of Masters level nursing education and ensure that graduates of the program will possess the knowledge necessary to advance the profession of nursing.

2. RN(NP) standards and competencies of practice are systematically introduced and measured through theoretical courses, laboratory experiences, and clinical practice.
   a) Evidence that RN(NP) standards and competencies are embedded throughout the curriculum to support entry level RN(NP)s to provide safe, competent, and ethical care.

   At 36 credit hours the proposed program is longer than many comparable NP programs. Discreet courses on Epidemiology, Health Policy and Health Promotion compliment the core courses of Foundations and Research. Future curriculum revisions might focus on consolidating the content of these courses with a view to reducing the length of the program. One area where additional course content and credit may be needed is Advanced Health Assessment. The proposed program includes this content within the Foundations of Advanced Practice course. From experience I would suggest separating these areas into two separate courses. These two distinct content areas require different skills and knowledge and it may prove problematic when a student is successful in mastering content in one area but not the other. The competencies associated with advanced health assessment include diagnostic reasoning, critical thinking, ordering of diagnostic tests and could also include concepts related to epidemiology. The volume of this content stretches beyond what can be offered in a five day residency. Additionally, students wishing to transfer into this program often come from other institutions where they have taken either health assessment or foundations. The evaluation of transfer credit becomes complex when these two discrete courses are combined into one.

3. In addition to RN(NP) standards and competencies of practice, the curriculum also includes:
   a) Measurable course and program objectives;
   b) Logical course sequencing;
   c) Responsiveness to current and emerging trends;
d) A method for tracking and monitoring clinical hours (a minimum of 700) and placements for each student to ensure that all students have clinical practice with clients appropriate to the specialty /program category across the life span in a variety of clinical settings within the program category; and 
e) Formative and summative evaluation processes in place that includes students, faculty, and key stakeholders to ensure the ongoing development, maintenance, and enhancement of the curriculum.

The course sequencing in the proposed program is logical and allows for appropriate laddering of knowledge and skills. The decision to include advanced pathophysiology but not pharmacology in the CNPDCP program is an interesting one. An assessment of baseline pharmacology may be necessary for students entering this program as knowledge of pharmacology principles may vary widely depending on the content of the student’s pre-Masters program and the length of time since that program was completed. The inclusion of health policy and an interprofessional approach to health promotion reflects current trends in health care education and supports the role of the nurse practitioner as an integral part of a health care team.

The life stage courses include a total of 680 clinical practice hours. It is unclear whether or not the final consolidation course includes clinical practice. Increasing the total number of clinical practice hours to at least 700 (ideally 720-740) hours of practice could be accomplished by adding a clinical practicum to the consolidation course.

There is an excellent plan in place for ongoing evaluation and revision of the program.

4. The program has learning opportunities to enable students to apply the RN(NP) standards and competencies of practice:
   a) That consolidate theory with practice;
   b) To provide comprehensive care, relevant to RN(NP) practice; and
   c) That involves interprofessional education and provision of collaborative care.

Clinical practice in the proposed NP program is appropriately integrated into the life stage courses. This approach allows ample opportunity for students to consolidate theory and practice.

Policies specific to clinical practice expectations will need to be developed prior to implementation of the program. The distinction between primary care and specialty practice, and the number of required clinical practice hours specific to the population under study will need to be addressed. Interprofessional education is addressed in the health promotion course. 5. Nursing faculty supervise clinical learning activities with qualified preceptors.

The qualifications expected of clinical preceptors in the NP program have not been spelled out in the program proposal nor has the relationship between nursing faculty and preceptors been delineated.

6. There is systematic and continuous evaluation of the curriculum including opportunities for feedback from stakeholders, which is used to inform ongoing development, maintenance, and enhancement of the curriculum.

Standard 2: Resources
Resources – Sufficient human, physical, and clinical resources to enable students to meet the RN(NP) standards and competencies of practice.

Criteria:
1. Faculty possesses the theoretical knowledge and clinical expertise appropriate to their RN(NP) teaching responsibilities.
a) A dean/director of the education program who:
   i. Is registered with the SRNA
   ii. Has Masters degree (required), Doctoral degree (preferred)
   iii. Is a RN(NP) preferred
b) Nursing faculty who:
   i. Are registered with the SRNA, as a RN(NP), in a specialty appropriate to the program category
   ii. Has a Master’s degree, Doctoral degree preferred

The Faculty of Nursing will dedicate 1.5 FTE positions to teach four core Master of Nursing courses. One of these faculty members will teach Advanced Pathophysiology. The distribution of the remaining four courses is not specifically identified however six additional nursing faculty are identified and all would be duly qualified to teach the remaining courses. The research and publication records for the both the University of Regina and the SIAST faculty are exemplary.

The SIAST faculty includes three members who are NPs including one prepared at the doctoral level. SIAST faculty would be responsible for delivery of the six NP-specific courses. Assuming that all three SIAST NPs are primary care NPs they would be duly qualified to teach the NP courses as per the SRNA criteria 2.1.i. Consideration should be given to identifying a program director who is NP-prepared. If that director comes from the three NP-prepared faculty at SIAST additional NP faculty may be required to ensure an adequate compliment of faculty qualified to deliver the NP-specific courses.

2. Preceptors possess the expertise appropriate to their clinical teaching and relevant to the student's area of RN(NP) practice.

Specific policies and plans for clinical practice in the NP program are not spelled out in the program proposal. Prior to program review this area will require further refinement and the development of specific supporting policies.

3. There are sufficient faculty to ensure optimum student learning and safe client care.
   a) There are approved policies and procedures for all full time and part time faculty related to:
      i. Faculty selection including clinical expertise, teaching ability, research and scholarly activities.
      ii. Ongoing evaluation of teaching, scholarly activities, and clinical competence in the settings where nursing faculty supervise students.
      iii. Professional development.
   b) There are policies and procedures for faculty to provide input and feedback regarding the educational program’s ability to meet (a).

As part of an established academic institution, the Faculty of Nursing at the University of Regina has appropriate policies in place to ensure academic rigor.

4. There are sufficient physical resources to support a variety of learning modalities. These resources may include:
   a) Library services;
   b) Virtual classrooms;
   c) Technology; and
   d) Laboratories

The proposal identifies a very impressive range of library services including a wide range of data bases, e-journals and interlibrary loan programs. Additional library services will provide more than adequate support to the program. SIAST has a twenty year history of providing NP education at the post-
baccalaureate level and those resources will be available to students in the proposed collaborative program.

One area of deficit in the proposal relates to technology. One half-time instructional resource designer has been dedicated to the program but there is no indication of on-going technical support. It is recommended that one full time IT specialist be considered to support a fully distance-delivery program.

5. Clinical placements provide suitable learning opportunities for students to achieve the RN(NP) standards and competencies of practice.
   a) There are contractual agreements between the educational institution and the clinical placement agencies.
   b) There are clients appropriate to the specialty/program category from across the lifespan who present with a variety of health issues.
   c) There are measures in place to ensure the safety of students and clients.
   d) There is a minimum of 700 clinical practice hours.

There are currently 680 hours of clinical practice identified in the life stage courses. It is recommended that at least 40-60 additional hours of clinical practice be added to the program. If not already in place a system for tracking clinical practice hours should be developed.

6. There are sufficient financial resources to support the program

The budget appears reasonable and sufficient.

Standard 3: Students

Students – Students demonstrate progress toward the achievement of the RN(NP) standards and competencies of practice.

Criteria:
1. Students are currently registered and practicing as a RN with the Association.

Admission criteria should identify the number of completed practice hours as a registered nurse prior to admission to the MN:NP program. Consultation with SRNA may be necessary to identify current regulatory expectations in this regard.

2. There are policies and procedures in place for student selection and admission.

The proposal identifies relevant and appropriate admissions procedures. Additional criteria might include a requirement for RN registration in the province where practice will take place and a statement that all clinical practice must take place in Canada.

3. There are policies and procedures related to academic progression. This includes:
   a) Withdrawal;
   b) Probation;
   c) Failure;
   d) Appeals;
   e) Student discipline;
   f) Readmission; and
g) Graduation

Current policies exist in the Faculty of Graduate Studies that would apply to this program. A review of
these policies to ensure that the elements required by SRNA are present would be prudent.

4. There are measures to ensure student and client safety. This includes:
   a) Ensuring that the student’s immunization status meets the requirements of the clinical facility;
   b) Ensuring that the students have a security clearance completed; and
   c) Ensuring that students have current life support certification appropriate to the specific
   practice population.

Relevant admission policies are outlined in the program proposal and will ensure that this criteria is met.

5. Students receive well-timed, formative, and summative feedback about their learning from faculty
   using a variety of evaluation methods to facilitate their achievement of the RN(NP) standards and
   competencies of practice.

A clear plan for evaluating students has been identified. This plan includes an appropriate variety of
evaluation methodologies.

6. Students have access to services that increase their potential to successfully achieve the RN(NP)
   standards and competencies of practice. These include:
   a) Student health services;
   b) Financial support;
   c) Academic and personal counseling; and
   d) Learning resources.

The University and SIAST have identified relevant resources for students including a very impressive
library system with excellent online resources for NP education.

7. Student trends including enrolment, transfers, withdrawals, and graduation are tracked and inform
   admission criteria.

It is likely that a tracking process for relevant information currently exists in the university system. A
check to ensure that all of the relevant documentation is being collected would assist in subsequent
program reviews.

8. There are policies and procedures related to maintaining student records related to relevant
   legislation.

A system to track statistics related to NP examination results should be put in place.

References

Administrative Document For Approval of Nursing Education Programs for Registered Nurse(Nurse
Practitioners). Author accessed from
http://www.srna.org/images/stories/pdfs/nurse_practitioner/nursing_education_program_approval_proce
ss_rnnp_2011.pdf
Appendix F: Comprehensive Response to the Reviewers’ Comments

Numbers in parentheses indicate reviewer number.

<table>
<thead>
<tr>
<th>Reviewer Comments</th>
<th>Committee Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Exciting and very timely collaboration” (1)</td>
<td>These strengths will be maintained in the CNPP and protected by the MOA.</td>
</tr>
<tr>
<td>“Each institution offers their own set of unique experiences, structure, curricular expertise, and resources…combining and sharing these elements paves the way to a high-quality, innovative, accessible academic program without procuring additional FTE faculty.” (1)</td>
<td>These strengths will be maintained in the CNPP and protected by the MOA.</td>
</tr>
<tr>
<td>Strengths: each institution’s expertise, faculty, resources; tremendous support from provincial gov. and other academic units, urgent need for accessible NP program, excellent existing resources. (1) support from key stakeholders “ensures the necessary external resources for the program.” (3)</td>
<td>These strengths will be maintained in the CNPP and protected by the MOA.</td>
</tr>
<tr>
<td>“The Faculty of Nursing at the [U of R] has appropriate policies in place to ensure academic rigor.” (3)</td>
<td>These strengths will be maintained in the CNPP and protected by the MOA.</td>
</tr>
<tr>
<td>“Solid purpose and structure” (1)</td>
<td>These strengths will be maintained in the CNPP and protected by the MOA.</td>
</tr>
<tr>
<td>SRNA reviewed and approved the SIAST NP curriculum (1) “The long-standing success of the SIAST post-baccalaureate advanced NP certificate and the relationship between the SIAST faculty and stakeholders provides a strong beginning for this endeavor.” (3)</td>
<td>These strengths will be maintained in the CNPP and protected by the MOA.</td>
</tr>
<tr>
<td>“Unique collaboration” compared to other NP programs in Canada. “From two different nursing cultures academically, the proposal cooperatively builds upon and utilizes the strengths of both to deliver a complete program which is to be commended.” (2) “collaborative nature of the NP program brings together the strengths of two distinctly different institutions.” (3)</td>
<td>These strengths will be maintained in the CNPP and protected by the MOA.</td>
</tr>
<tr>
<td>The proposal “assists with aligning the SIAST NP Advanced Certificate to a graduate program.” (2)</td>
<td>These strengths will be maintained in the CNPP and protected by the MOA.</td>
</tr>
<tr>
<td>“access to graduate education for nurses in rural, remote and isolated areas is enhanced…” (2) “plan for distance delivery offers the opportunity for nurses from across SK [rural and remote] to attain both a Master of Nursing degree and the competencies....distance delivery...enhance the marketability of this program to potential students in other parts of Canada.” (3)</td>
<td>These strengths will be maintained in the CNPP and protected by the MOA.</td>
</tr>
<tr>
<td>“The section related to students is well described.” (2)</td>
<td>These strengths will be maintained in the CNPP and protected by the MOA.</td>
</tr>
<tr>
<td>“There is, however, overlap in competencies both within the discipline of nursing and opportunities for interdisciplinary learning with colleagues in pharmacy, medicine, social work and kinesiology.” (3)</td>
<td>These strengths will be maintained in the CNPP and protected by the MOA.</td>
</tr>
<tr>
<td>“…relevant and appropriate admissions procedures.” (3)</td>
<td>These strengths will be maintained in the CNPP and protected by the MOA.</td>
</tr>
</tbody>
</table>
## Program Challenges Noted by Reviewers

<table>
<thead>
<tr>
<th>Challenge</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Add stream/specialty (primary health care) to the program name/title/degree awarded (1)</td>
<td>The name is Collaborative Nurse Practitioner Program. This name reflects the significant collaborative effort and integrative programming that will be offered. The primary health care concepts are embedded through the entire program and are required in all nursing education programs not just the CNPP.</td>
</tr>
<tr>
<td>Distinguish between primary care and specialty practice and number of hours specific to population under study (3)</td>
<td>Primary care is a specialty and the program prepares graduates to practice as an RN(NP) primary care (SRNA designation). The theory and 700 clinical practice hours focus on patients across the lifespan who present in primary care settings. The education and clinical practice hours are directed toward achieving the competencies for RN(NP) practice. This will be clearly reflected in program intents.</td>
</tr>
<tr>
<td>Make primary care focus more explicit (1)</td>
<td></td>
</tr>
<tr>
<td>State program outcomes (2)</td>
<td>See section Objectives of the program pg 1.</td>
</tr>
<tr>
<td>Admit with minimum number of years/hours of current and relevant RN practice (1, 2, 3), personal statement of intent with reason for NP education in primary care, and how RN experience is relevant (1, 2), RN registration in province where practice will take place, all clinical practice experience must take place in Canada (3)</td>
<td>Included in program specific admission requirements. All clinical practice experience will take place in Canada.</td>
</tr>
<tr>
<td>clarify the pass mark, make admission GPA high (1)</td>
<td>Pass mark is 70%; Admission requirements include overall average of 70% in undergraduate studies and a minimum 75% in year three and four nursing courses.</td>
</tr>
<tr>
<td>SIAST NP Advanced Certificate (Option 2 &amp; 3) courses reviewed/approved by U of R Grad studies (outcomes, terminology, evaluation measures) to ensure graduate level (2)</td>
<td>Eleven new courses will be developed. Although elements of the SIAST advanced certificate will be used, the content will be aligned with new content to enable integration of the advanced nursing practice theory and research through each course.</td>
</tr>
<tr>
<td>SIAST NP Advanced Certificate (Option 2 &amp; 3) courses have graduate level course numbers (2)</td>
<td>No advanced certificate exit is planned. A meeting held with stakeholders and subsequent consultation with Saskatchewan Health representatives supported this decision.</td>
</tr>
<tr>
<td>maximum time for completion stated (2)</td>
<td>A full-time program offered over two years is proposed. FGSR policies will be used should extensions be required. These policies state that students have a maximum of 6 years to complete the program.</td>
</tr>
<tr>
<td>Provide option for post-masters to become NP, will SIAST continue to offer Advanced Certificate Program alone? (2)</td>
<td>A full-time MN- NP is planned at this time. Options for further educational programming will be considered in the future.</td>
</tr>
<tr>
<td>do not offer SIAST NP Advanced Certificate (Option 3) at all or only for 5 years (2)</td>
<td>No advanced certificate exit is planned. A meeting held with stakeholders and subsequent consultation with Saskatchewan Health representatives supported this decision.</td>
</tr>
<tr>
<td>Sequence change—800, health promotion, patho in first semester (2)</td>
<td>Courses have been re-sequenced.</td>
</tr>
<tr>
<td>Create a specific consolidation clinical course and rename current CNPP810 Research Practicum (maybe change location in sequence) (2)</td>
<td>The program has been re-sequenced and MNUR 809/810 Transition to Advanced Nursing Practice I&amp;II will include a consolidated clinical experience and a major research paper.</td>
</tr>
<tr>
<td>Consolidate epidemiology, health policy, health promotion to reduce program length (3)</td>
<td>MNUR 804 Global Health and Advanced Practice Nursing includes this content.</td>
</tr>
<tr>
<td>Separate Foundations and Advanced Health assessment—offer Health Assessment as separate course that can include epidemiology (3)</td>
<td>MNUR 800 Foundations of Advanced Practice addresses the domains of advanced practice. MNUR 802 Advanced Health and Diagnostic Reasoning contains the health assessment competencies.</td>
</tr>
<tr>
<td>Offer more than one pharmacology course (2), assess baseline knowledge at entry to program (3)</td>
<td>Two courses developed: MNURS 803/805 Advanced Pathophysiology and pharmacology I&amp;II will be integrated and taught in two courses. Applicants will be required to have 2 years recent RN experience so should have the baseline knowledge of pharmacology.</td>
</tr>
<tr>
<td>Terms of reference delineated for administration committee and advisory council (1)</td>
<td>Terms of reference for administration committee and advisory council will be addressed in the MOA.</td>
</tr>
<tr>
<td>Program director who is NP prepared (3)</td>
<td>The program will be co-led by PHd prepared faculty and Masters Prepared practicing NP faculty.</td>
</tr>
<tr>
<td>Equal representation from both institutions for all committees (1)</td>
<td>Articulated in the MOA.</td>
</tr>
<tr>
<td>Specific cost centre to process CNPP finances (1)</td>
<td>Yes, detailed in the MOA.</td>
</tr>
<tr>
<td>Use best practices in inter-institutional collaboration (1)</td>
<td>Literature search completed, and committee developed a set of guidelines based on Kaner’s decision making model and consensus achieving process.</td>
</tr>
<tr>
<td>Academic guidelines established/reviewed (1, 3)</td>
<td>FGSR guidelines will be utilized, specific program guidelines will be developed as needed in particular to guide the clinical education experiences.</td>
</tr>
<tr>
<td>Visual “roadmap” of organizational &amp; operational structure of CNPP (1)</td>
<td>Detailed in the MOA.</td>
</tr>
<tr>
<td>Strong marketing plan (2)</td>
<td>Planning meeting held marketing personnel from both organizations. A marketing plan is in progress.</td>
</tr>
<tr>
<td>Students eligible for graduate study scholarships from U of R (2)</td>
<td>Yes, available to all FGSR students.</td>
</tr>
</tbody>
</table>
Review tracking process for student trends to ensure relevant documentation is being collected to meet SRNA requirements (3)

Tools are being built into the program such as digital portfolio, logs and clinical monitoring.

Track statistics related to NP exam results (3)

Saskatchewan Registered Nurses’ Association is responsible for tracking national NP exam results and will provide aggregate results to education programs.

### Curriculum

#### Curriculum Strengths Noted by Reviewers

<table>
<thead>
<tr>
<th>Statement</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>“High-quality, accessible, and structurally sound curriculum that makes it very marketable and appealing to prospective applicants.” (1)</td>
<td>These strengths will be maintained in the CNPP and protected by the MOA.</td>
</tr>
<tr>
<td>“Potential to become more innovative in its content and delivery...potential to be a strong competitor in the NP education marketplace.” (1)</td>
<td>These strengths will be maintained in the CNPP and protected by the MOA.</td>
</tr>
<tr>
<td>“The course sequencing is logical and allows for appropriate laddering of knowledge and skills.” (3)</td>
<td>These strengths will be maintained in the CNPP and protected by the MOA.</td>
</tr>
<tr>
<td>“The inclusion of health policy and an interprofessional approach to health promotion reflects current trends...and supports role of the nurse practitioner as an integral part of a health care team.” (3)</td>
<td>These strengths will be maintained in the CNPP and protected by the MOA.</td>
</tr>
<tr>
<td>“There is an excellent plan in place for ongoing evaluation and revision of the program.” (3)</td>
<td>These strengths will be maintained in the CNPP and protected by the MOA.</td>
</tr>
<tr>
<td>“Clinical practice in the proposed NP program is appropriately integrated in to the life stage courses...allows ample opportunity for students to consolidate theory and practice.” (3)</td>
<td>These strengths will be maintained in the CNPP and protected by the MOA.</td>
</tr>
<tr>
<td>“A clear plan for evaluating students has been identified. This plan includes an appropriate variety of evaluation methodologies.” (3)</td>
<td>These strengths will be maintained in the CNPP and protected by the MOA.</td>
</tr>
</tbody>
</table>

#### Curriculum Challenges Noted by Reviewers

<table>
<thead>
<tr>
<th>Statement</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Articulate philosophy and conceptual framework based on advanced practice nursing model (combines courses specific to NP competencies with core nursing courses) (3)</td>
<td>Saskatchewan Nursing Advanced Practice model has been developed which articulates the philosophy and the conceptual framework. See program design.</td>
</tr>
<tr>
<td>Gaps in pre/post natal care, newborn assessment/management, advanced counseling, family, health, community development, complementary therapeutics; clarify/make explicit in course descriptions (1)</td>
<td>This content is present in the program, and will be made explicit in the course objectives.</td>
</tr>
<tr>
<td>Update NP courses yearly (1)</td>
<td>A maintenance schedule will include course review/update each time courses are offered.</td>
</tr>
<tr>
<td>Assess skills at advanced practice level via intensive weekends, videotaping, logs, reflective journaling, simulation (2)</td>
<td>Residency week is part of MNUR 802 Advanced Health Assessment and Diagnostic Reasoning course and will assess skills at an advanced practice level. Videotaping, logs, reflective journaling, simulation, and other approaches are included as proposed tools planned for the MNUR 806/807 &amp; 808.</td>
</tr>
<tr>
<td>Develop policies specific to clinical practice expectations and tracking clinical hours (3)</td>
<td>Program specific policies for the clinical experiences will be developed building on the SIAST advanced certificate clinical practice policies. HSPNet is required to be used for negotiating clinical placements. The program will investigate digital tracking systems and digital portfolio tools to track competency development.</td>
</tr>
<tr>
<td>Students not be responsible for arranging their clinical placements (1)</td>
<td>Clinical placement coordination faculty role will include arranging clinical placements. Student preferences may be considered, as long as clinical competencies can be met.</td>
</tr>
<tr>
<td>---</td>
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</tr>
<tr>
<td>Students evaluate their clinical placement site (1)</td>
<td>Clinical sites will be evaluated by student feedback and faculty site visits, and faculty/preceptor/primary care director interviews.</td>
</tr>
<tr>
<td>Add clinical hours to consolidation course (1,2, 3), total clinical hours at least 700 (ideally 720-740) (3)</td>
<td>A consolidated clinical experience is included in MNUR 810 Transition to Advanced Practice. Total clinical hours are 702 and will meet national and provincial requirements.</td>
</tr>
<tr>
<td>Identify roles and differences between Rn, NP, CNS, MD</td>
<td>Part of MNUR800 Foundations for Advanced Practice Nursing.</td>
</tr>
<tr>
<td>Input from preceptors for final clinical grade (1)</td>
<td>Preceptor feedback will be gathered through clinical evaluation forms, clinical/faculty interviews, and during site visits will be used for final clinical grade however faculty will be responsible for assigning the final grade.</td>
</tr>
<tr>
<td>OSCEs occur in all clinical courses (2)</td>
<td>Objective structured clinical evaluations (OSCEs) will be used only as a teaching tool in the residency week in MNUR Advanced Health Assessment and Diagnostic reasoning. This is an online program and competencies can be developed in alternative ways for example: clinical performance can be evaluated in the authentic clinical setting.</td>
</tr>
<tr>
<td>multiple opportunities to practice prescription writing (2)</td>
<td>Taught in the MNUR 803/805 patho/pharm and practiced in all the clinical experiences</td>
</tr>
<tr>
<td>Make health promotion screening more transparent: PAPs, ca screening, programs for smoking, addictions, obesity, diabetes, memory clinics, leadership initiatives (2)</td>
<td>The specialty of primary care includes all of this content and is threaded through all courses MNUR 804 Global Health and Advanced Practice will address this content in a public health nursing context.</td>
</tr>
</tbody>
</table>

### Faculty

#### Faculty Strengths Noted by Reviewers

"Collectively, the CVs of the faculty are very impressive...faculty recognized in their field with SIAST faculty practicing as licensed NPs. U of R/FoN’s faculty is well credentialed with doctorates for graduate level education." (1) "The research and publication records for both the University of Regina and the SIASST faculty are exemplary." (3) These strengths will be maintained in the CNPP and protected by the MOA.

U of R faculty supports all research endeavors, supervision of students involved in research "a significant strength." (1) These strengths will be maintained in the CNPP and protected by the MOA.

#### Faculty Challenges Noted by Reviewers

Sufficient licensed NP faculty to supervise students in clinical—make clear student/faculty ratio—1.5 may not be sufficient (1) Qualified licensed NP preceptors will be supervised by NP licensed faculty. Student/faculty ratio is dynamic and cannot be predetermined.

Sufficient faculty qualified to deliver the NP specific courses (3) The integrated curriculum and partnership agreement allows for co-team teaching utilizing a NP prepared licensed faculty in all courses. NP prepared faculty will lead the teaching in the lifespan course and will be supported by PhD faculty as needed.
<table>
<thead>
<tr>
<th><strong>Preceptors considered within faculty membership or provide remuneration (1)</strong> what is relationship between nursing faculty and preceptors (3)</th>
<th>Consideration will be given to adding preceptors as adjunct faculty.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Preceptors licensed NPs with or without graduate degrees or MDs (1), what are expected qualifications (3)</strong></td>
<td>Licensed, experienced NPs will be preceptors for the program. MDs and pharmacists will be used to support the dispensing and interprofessional competencies required for NP practice. There are 155 licensed NPs in Saskatchewan.</td>
</tr>
<tr>
<td><strong>Develop recruitment, recognition, retention plan for preceptors (1)</strong></td>
<td>Plan for recruitment, recognition and retention of preceptors will build on current SIAST best practices.</td>
</tr>
<tr>
<td><strong>Plan to orient/educate preceptors to the CNPP</strong></td>
<td>Preceptors will be oriented/educated in their roles. SIAST has cohort of preceptors that have been prepared for this role.</td>
</tr>
<tr>
<td><strong>Hire a clinical placement coordinator to procure NP clinical placements (1)</strong></td>
<td>Faculty assignment will include a clinical placement co-ordinator role. This faculty will work with an administrative assistant to organize placements. Relationships from the current SIAST program will be built upon.</td>
</tr>
<tr>
<td><strong>Assign academic advisor for each student (1)</strong></td>
<td>An academic advisor will be assigned to each student.</td>
</tr>
<tr>
<td><strong>Support faculty to obtain both doctorate and NP license (1, 3)</strong></td>
<td>Resources and support for this initiative currently exist in both institutions.</td>
</tr>
<tr>
<td><strong>All NPs must be practicing to maintain licensure (1,2)</strong></td>
<td>A requirement of the SRNA.</td>
</tr>
<tr>
<td><strong>Support faculty in professional development activities that focus on NP practice (1) and learning strategies for teaching at graduate level (2)</strong></td>
<td>Both institutions support faculty professional development.</td>
</tr>
<tr>
<td><strong>Offer continuing education courses for NP program alumni (1)</strong></td>
<td>Continuing education is beyond the scope of this program proposal.</td>
</tr>
<tr>
<td><strong>Hire clinical pharmacist to teach with NP faculty in PHAR course. (2)</strong></td>
<td>Pharmacists will be used as preceptors in the path/pharm clinical hours, and as content experts in theory courses.</td>
</tr>
<tr>
<td><strong>Pair NP faculty with faculty with expertise in pathophysiology (2)</strong></td>
<td>Those with expertise in pathophysiology will be used as content experts in theory courses.</td>
</tr>
<tr>
<td><strong>All faculty engage in intra and interprofessional research and evaluation of the program, graduates and evolution of NP role provincially (2) and focus practice and research on primary health care (1)</strong></td>
<td>This will be an expectation of CNPP faculty.</td>
</tr>
<tr>
<td><strong>Hire faculty from across the country (2)</strong></td>
<td>In a distributed program, expert faculty from across the country can be involved.</td>
</tr>
</tbody>
</table>

### Resources

**Resource Strengths Noted by Reviewers**

- "physical and virtual infrastructures of each institution are more than adequate…” (1)
- "As a leader in distributed learning and technology, SIAST has significant expertise in offering online courses" (1)
- "excellent existing resources and tuition support available" (1)
- "evidence of availability of ample library resources…” (2) "impressive range of library services…” (3)
- "SIAST has a twenty year history of providing NP education…those resources will be available…”(3)
- "The budget appears reasonable and sufficient.” (3)

This will be addressed in the MOA.

**Resource Challenges Noted by Reviewers**

- Geographic distance between student and institution (labs, libraries, study rooms, classrooms) (1)
- Except for residency week all resources are available online.
| Consistent, reliable LMS, with funds for ongoing maintenance and improvement, who is responsible for costs? (1) | Addressed in the MOA. |
| Licensing fees for software (e-CPS, e-therapeutics, online Foundation for Medical Practice Education) (1) | Some software resources are available without licensing fees. Other costs will be decided on a case by case basis. |
| Consider one full time IT specialist support distance delivery program (3) | IT specialist support will be provided as needed. |
## Masters of Nursing – Nurse Practitioner

### Course Schedule: Full time 2 years for completion

<table>
<thead>
<tr>
<th>Year</th>
<th>Term 1</th>
<th>Term 2</th>
<th>Term 3</th>
</tr>
</thead>
</table>
| 1    | MNUR 800 Foundations for Advanced Practice Nursing  
Pre requisite: Program Admission  
Hours: 3 Lab:0  
Clinical: 0  
| MNUR 802 Advanced Health Assessment and Diagnostic Reasoning  
Pre requisite: MNUR 800 Foundations for Advanced Practice Nursing  
Hours: 3 Lab: 3 (39 hours)  
Clinical: 3 (39 hours)  
Lab is a 5 day on campus residency week. Health Assessment Skill assessed in the first two weeks of the course by the preceptor.  
| MNUR 804 Global Health & Advanced Practice Nursing  
Pre requisite:  
Hours: 3 Lab:0 Clinical: 0  
| MNUR 801 Research in Advanced Nursing Practice  
Pre requisite:  
Hours: 3 Lab: 0  
Clinical: 0  
| MNUR 803 Advanced Pathophysiology and Pharmacology I  
Pre requisite:  
Hours: 3 Lab: 0  
Clinical: 3 (39 hours)  
Clinical hours to be completed with a community pharmacist  
| MNUR 805 Advanced Pathophysiology and Pharmacology II  
Pre requisite: MNUR 802 Advanced Health Assessment and Diagnostic Reasoning  
MNUR 803 Advanced Pathophysiology and Pharmacology I  
Hours: 3 Lab:0 Clinical: 7 (91 hours)  |
<table>
<thead>
<tr>
<th>Year 2</th>
<th>Term 1</th>
<th>Term 2</th>
<th>Term 3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MNUR 806</td>
<td>Health and Illness Across the Lifespan I</td>
<td>MNUR 808</td>
</tr>
<tr>
<td></td>
<td>Pre requisite: MNUR 805 Advanced Pathophysiology and Pharmacology II</td>
<td>Pre requisite: MNUR 805 Advanced Pathophysiology and Pharmacology II</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hours: 3 Lab:0 Clinical: 9 (117 hours)</td>
<td>Hours: 3 Lab:0 Clinical: 9 (117 hours)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>MNUR 807</td>
<td>Health and Illness Across the Lifespan II</td>
<td>MNUR 809</td>
</tr>
<tr>
<td></td>
<td>Pre requisite: MNUR 805 Advanced Pathophysiology and Pharmacology II</td>
<td>Pre requisite: 24 approved credit units at the 800 level</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hours: 3 Lab:0 Clinical: 9 (117 hours)</td>
<td>Hours: 3 Lab:0 Clinical: 0</td>
<td>MNUR 810</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Pre requisite: MNUR 809 Transition to Advanced Practice Nursing I</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Hours: 3 Lab:0 Clinical: 14 (182 hours)</td>
</tr>
</tbody>
</table>
Masters of Nursing – Nurse Practitioner

Course Schedule: Part Time 4 years for completion

<table>
<thead>
<tr>
<th>Year 1</th>
<th>Term 1</th>
<th>Term 2</th>
<th>Term 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>MNUR 800</td>
<td>Foundations for Advanced Practice Nursing</td>
<td>MNUR 802</td>
<td>Advanced Health Assessment and Diagnostic Reasoning</td>
</tr>
<tr>
<td>Pre requisite: Program Admission</td>
<td>Pre-requisite: MNUR 800 Foundations for Advanced Practice Nursing</td>
<td>Hours: 3</td>
<td>Lab: 0</td>
</tr>
<tr>
<td>Hours: 3</td>
<td>Lab: 0</td>
<td>Clinical: 0</td>
<td></td>
</tr>
<tr>
<td>Lab is a 5 day on campus residency week. Health Assessment Skill assessed in the first two weeks of the course by the preceptor.</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Year 2</th>
<th>Term 1</th>
<th>Term 2</th>
<th>Term 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>MNUR 801</td>
<td>Research in Advanced Nursing Practice</td>
<td>MNUR 803</td>
<td>Advanced Pathophysiology and Pharmacology I</td>
</tr>
<tr>
<td>Prerequisite:</td>
<td>Prerequisite:</td>
<td>Hours: 3</td>
<td>Lab: 0</td>
</tr>
<tr>
<td>Hours: 3</td>
<td>Lab: 0</td>
<td>Clinical: 0</td>
<td></td>
</tr>
<tr>
<td>Clinical hours to be completed with a community pharmacist</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year 3</th>
<th>Term 1</th>
<th>Term 2</th>
<th>Term 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>MNUR 806</td>
<td>Health and Illness Across the Lifespan I</td>
<td>MNUR 808</td>
<td>Health and Illness Across the Lifespan III</td>
</tr>
<tr>
<td>Prerequisite: MNUR 805 Advanced Pathophysiology and Pharmacology II</td>
<td>Pre-requisite: MNUR 805 Advanced Pathophysiology and Pharmacology II</td>
<td>Hours: 3</td>
<td>Lab: 0</td>
</tr>
<tr>
<td>Hours: 3</td>
<td>Lab: 0</td>
<td>Clinical: 9 (117 hours)</td>
<td></td>
</tr>
</tbody>
</table>

<p>| MNUR 804 | Global Health &amp; Advanced Practice Nursing |
| Pre requisite: | Hours: 3 | Lab: 0 | Clinical: 0 |
| Hours: 3 | Lab: 3 (39 hours) | Clinical: 3 (39 hours) | |</p>
<table>
<thead>
<tr>
<th>Year 4</th>
<th>Term 1</th>
<th>Term 2</th>
<th>Term 3</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>MNUR 807 Health and Illness Across the Lifespan II</td>
<td>MNUR 809 Transition to Advanced Practice Nursing I</td>
<td>MNUR 810 Transition to Advanced Practice Nursing II</td>
</tr>
<tr>
<td></td>
<td>Prerequisite: MNUR 805 Advanced Pathophysiology and Pharmacology II</td>
<td>Prerequisite: 24 approved credit units at the 800 level</td>
<td>Prerequisite: MNUR 809 Transition to Advanced Practice Nursing</td>
</tr>
<tr>
<td></td>
<td>Hours: 3 Lab: 0 Clinical: 9 (117 hours)</td>
<td>Hours: 3 Lab: 0 Clinical: 0</td>
<td>Hours: 3 Lab: 0 Clinical: 14 (182 hours)</td>
</tr>
</tbody>
</table>

**Appendix H: Saskatchewan Nursing Advanced Practice (SNAP) Model (DRAFT)**

![SNAP Model Diagram](attachment://SNAP_Model_Diagram.png)
Appendix I: Description of Library Resources

University of Regina
The following resources will be available for CNPP students.

1.1 Print Resources Monographs:
The University of Regina Library Catalogue is the main inventory of books, journal titles (print and online), media, and other documents held in the Archer Library collection.

http://voyager.uregina.ca:7008/vwebv/searchBasic

Journals
The Library has a total of 155 journals in the subject Nursing Periodicals.

Electronic Resources: E-books, E-journals, and Databases Access to Electronic Resources

Electronic resources are readily accessible to pc and mac users from on and off campus locations. For more information see: http://www.uregina.ca/library/search_find/off_campus.html

E-books:

- The library has access to a number of electronic books including:
  - Standards of Practice for the Primary Health Care Nurse Practitioner
  - Scope of Practice of the Primary Health Care Nurse Practitioner
  - Ambulatory care procedures for the nurse practitioner

E-journals:
In addition to numerous general nursing and medicine electronic journals the library holdings include:
The Nurse practitioner [electronic resource] 2001-present

Journal for nurse practitioners. 2005-present

Topics in advanced practice nursing ejournal [electronic resource] 2001 - present
Nurse Prescribing [electronic resource],2003-present

Nurse practitioners’ prescribing reference [electronic resource], 2006- present

Databases:

The Library provides online access to numerous databases in many subject areas. Databases that would be relevant to this program include:
CINAHL Plus with Full Text
Cochrane Library
Health and Wellness Resource Center

Health Reference Center - Academic

Health Source: Nursing/Academic Edition

Medline (EBSCO)/ (OVID)with Full Text

PsycInfo (Ovid)

Rehabilitation Reference Center

Sociological Abstracts

Web of Science

**Consortia and Partnerships**

The Archer library works cooperatively with libraries across Canada in order to maximize the purchasing power of its acquisitions budget. These cooperative ventures have, in recent years, greatly increased the number of electronic resources available to faculty and students. Partnerships include:

**COPPUL**: The Council of Prairie and Pacific University Libraries (COPPUL)

**CRKN**: The Canadian Research Knowledge Network (CRKN)

**Multitype Database Licensing Program**:.

**Saskatchewan Health Information Resources Partnership**

**Saskatchewan Provincial Library**

**User Services**

**Distance Students (UREAD)**

UREAD (University of Regina Education at a Distance) provides Library support for students enrolled in U of R off-campus classes offered outside of Regina; students who are taking off-campus classes through a federated college; faculty who are teaching off-campus classes; and off-campus staff. For more information see:

http://www.uregina.ca/Library/research/uread/index.shtml

**Summon**

For more information on the differences between Summon and the Library Catalogue, see:

http://www.uregina.ca/library/about_contact/library_information/announcements_content/2011/225.html#what_is

**Library Liaison Program**
Library Liaison provides two-way communication between faculty and the library. The program links faculty with the appropriate liaison librarian who is the starting point for assistance with, and information about library services, collections, resources and policies. For more information see:

http://www.uregina.ca/library/services/liaison/index.html

**Library Instruction**

Library instruction in various subjects and at various levels is available throughout the semester at the request of faculty. These classes may highlight library resources available in a subject of interest; instruct in how to plan research strategies and locate relevant materials; or describe in detail a specialized research product or database. For more information see:

http://www.uregina.ca/library/services/instruction/index.html

**Reference Services**

Reference staff answer questions of a general and subject-specific nature in person at the Information Desk on the main floor of the Archer Library, by phone (585-4495), fax (585-4493), e-mail and the AskArcher IM reference service. To arrange for one-on-one consultations contact Research Services Staff.

**Spatial and Numeric Data Services**

Data files are acquired, stored and maintained to support the research and teaching activities of the University of Regina. Data files are acquired under license agreements and access to these data files and dissemination of data retrieved from them is restricted to current University of Regina students, faculty and staff. For information on how to access data, as well as statistical resources, see:

http://uregina.ca/datalibrary/

**On-Site Librarian Services**

A liaison service initiative designed to provide librarian services on-site to academic departments and research centers is underway. Liaison librarians are available to provide a wide variety of librarian services, including in-depth reference and research consultations and small group instruction sessions. For more information see: http://www.uregina.ca/library/services/liaison/on_site_librarian.html

**Interlibrary Loans**

Interlibrary borrowing is a service provided by the University of Regina Library. The Library is able to borrow the materials needed for research from other libraries. This service is based on national and international borrowing conventions and is dependent upon the good will of cooperating libraries and on the cooperation of library users. For more information see:

http://www.uregina.ca/library/services/interlibrary/index.html

**Archives and Special Collections**
Archives and Special Collections preserve the academic and cultural heritage of the University of Regina. For more information see: http://www.uregina.ca/library/archives/index.shtml

Follow the Library

Students may track Library developments by checking in to the Library home page for announcements, or by following us on Twitter or Facebook.

SIAST Library Services

SIAST Libraries have an extensive collection of current nursing, social science, and biological science resources. These are available in diverse formats including monographs (books), DVDs, VHS, online e-books (110554), full text article databases and both print and online journals (10574). Everything in the collection can be located using the SIAST Libraries online catalogue. This collection is developed through a partnership between Library health science selectors and program faculty members.

All online resources are available to off-campus students via internet connection and include:

- CINAHL (Cumulative Index to Nursing and Allied Health Literature);
- Health Reference Center Academic;
- Health and Wellness Center;
- The Cochrane Library (including Database of Systematic Reviews);
- Medline and Pubmed;
- Health Source Nursing Academic Edition;
- Electronic CPS (Compendium of Pharmaceuticals and Specialties); and

All SIAST Libraries will mail out physical items in the collection, such as books and DVDs, directly to students. In addition, SIAST Libraries have interlibrary loan connections to all other health science libraries in Saskatchewan, including the University of Saskatchewan library. The SIAST Libraries participate in a vast North American network of health science libraries called Docline. All students can receive the majority of articles, videos or books requested. All Saskatchewan RNs have access to the SIAST Wascana Campus library, which also houses the SRNA library.

Research assistance is available to students via the Ask Us! Desk. Staffed when the libraries are open, assistance is available for in-person, fax, phone, or email queries. Program students can also use MSN Messenger instant messaging for librarian assistance. Additionally, the SIAST Libraries assist with developing student information literacy skills by helping students find and utilize information in an educational or professional setting. Tutorials are available on the SIAT Libraries website which is linked in each course. Also right within each course, students can access the Saskatchewan Online Library Orientation (SOLO). Off-campus students may also contact a librarian for one-on-one instruction to learn the processes of accessing library resources such as the catalogue, article databases, and e-books. We can link to our online student support page from within a PDF, and/or create it as an appendix.
Appendix J : Evaluation Rubrics

Written work evaluation tool

Student Name:
Course Name:
Assignment:
Assignment date:
Evaluator:

<table>
<thead>
<tr>
<th>GRADE</th>
<th>CRITICAL ANALYSIS &amp; SYNTHESIS</th>
<th>SCHOLARLY NATURE OF LITERATURE</th>
<th>ORGANIZATION</th>
<th>STYLE</th>
</tr>
</thead>
</table>
| 90-100% Exceptional | -thorough understanding of subject matter  
 -exceptionally thorough discussion of relevant themes  
 -exceptional ability to consistently synthesize themes, theories, concepts and principles  
 -evidence of exceptional creative thinking r/t findings  
 -ability to thoroughly address NP practice & issues  
 -ability to consistently & accurately apply to client situation | -all search strategies of scientific inquiry are included  
 -majority of literature selected from current scholarly, peer-reviewed sources  
 -drawn from broad cross-section of empirical and theoretical sources  
 -critical & insightful critique & application of relevant literature  
 -synthesis of compelling evidence-informed research &/or practice guidelines | -adheres to assignment outline  
 -engaging introduction  
 -exceptional ability to consistently organize and present ideas & rationale fluently and with precision  
 -all points are logical  
 -strictly adheres to time limits  
 -effective use of headings & subheadings  
 -conclusions are consistently clear & supported in depth | -well-developed ideas & arguments  
 -exceptional professional presentation style  
 -no syntax or grammatical errors  
 -accurately uses scientific & medical terminology  
 -no APA referencing / citation errors |
| 85-89% | Excellent | -excellent understanding of subject matter  
- excellent, thorough discussion of relevant themes  
- excellent ability to consistently synthesize themes, theories, concepts and principles  
- excellent evidence of creative thinking r/t findings  
- excellent ability to thoroughly address NP practice & most issues  
- ability to consistently & accurately apply to client situation | -all search strategies of scientific inquiry included  
- majority of literature selected from scholarly, peer-reviewed sources  
- drawn from broad cross-section of empirical and theoretical sources  
- comprehensive critique and application of relevant literature  
- synthesis of relevant & compelling evidence-informed research &/or practice guidelines | -adheres to assignment outline  
- engaging introduction  
- excellent ability to consistently organize and present ideas & rationale fluently and with precision  
- 1-2 discussion points lacking in logic  
- strictly adheres to time limits  
- effective use of headings & subheadings  
- conclusions are consistently clear and supported | -well-developed ideas & arguments  
- excellent professional presentation style  
- no syntax or grammatical errors  
- accurately & consistently uses scientific & medical terminology  
- no APA referencing / citation errors |
| 80-84% | Very Good | -considerable understanding of subject matter  
- very few gaps in discussion of important, relevant themes  
- very good ability to synthesize themes, theories, concepts and principles  
- very good ability to address NP practice & most issues  
- very good evidence of creative thinking r/t findings  
- ability to consistently & accurately apply to client situation | -most of the search strategies of scientific inquiry included  
- majority of sources are from scholarly, peer-reviewed sources  
- drawn from limited cross-section of empirical and theoretical sources  
- effective, focused critique and application of majority of sources of relevant literature  
- synthesis of convincing evidence-based research &/or practice guidelines | -adheres to assignment outline  
- engaging introduction  
- considerable ability to organize and present ideas & rationale fluently and with considerable precision  
- 1-2 discussion points lacking in logic  
- strictly adheres to time limits  
- effective use of headings & subheadings  
- conclusion presented with some support offered | -almost all ideas & arguments are well-developed  
- very good professional presentation style  
- very few syntax or grammatical errors  
- accurately & consistently uses scientific & medical terminology  
- minimal APA referencing / citation errors |
| 75-79% Good | - good understanding of subject matter  
- inconsistent but good discussion of important themes  
- integrates some themes, concepts, principles & theories to generate a reasonable but not consistently well-developed perspective  
- good evidence of creative thinking r/t findings  
- good ability to address NP practice & most issues  
- inconsistent application to client situation | - many search strategies included  
- literature lacking either empirical or theoretical focus  
- > 50% peer-reviewed sources  
- inconsistent or incomplete critique and application of literature sources  
- inconsistent synthesis of evidence-informed research &/or practice guidelines | - inconsistent use of assignment outline  
- effective introduction  
- good ability to organize and present ideas & rationale fluently and with some precision  
- some discussion points lacking in logic  
- decreased adherence to time limits  
- inconsistent use of headings & subheadings  
- conclusion presented with some support offered | - majority of ideas are well-developed  
- good professional presentation style  
- 4-6 syntax and grammatical errors  
- uses scientific & medical terminology with some accuracy  
- some APA referencing errors |
|---|---|---|---|
| 70-74% Passable | - limited understanding of subject matter  
- incomplete discussion of themes  
- minimal integration of themes, concepts, principles & theories to generate a perspective lacking depth/detail  
- difficulty addressing NP practice & most issues  
- minimal evidence of creative thinking r/t findings  
- limited ability to address NP practice & issues | - few search strategies included  
- evidence predominantly website &/or anecdotal sources  
- many sources are outdated or not peer-reviewed  
- incomplete critique of literature sources with little or no application of sources  
- limited synthesis of evidence-informed research &/or practice guidelines | - inconsistent use of assignment outline  
- weak, vague or cursory introduction  
- limited ability to organize and present ideas & rationale fluently but main points are clear  
- many discussion points lacking in logic  
- decreased adherence to time limits  
- inconsistent use of headings & subheadings  
- conclusion presented weakly or not well-supported | - some ideas are well-developed while others are not  
- professional presentation style lacking  
- 6-10 syntax and grammatical errors  
- uses scientific & medical terminology with limited use  
- several APA referencing errors |
| < 70% Failure | -superficial and/or insufficient understanding of subject matter  
-gaps in content  
-minimal discussion of themes  
-lack of integration of themes, concepts, principles & theories with no clear perspective  
-lack of evidence of creative use of findings  
-does not identify NP practice & issues | -no search strategies included  
-theoretical and/or empirical literature not used  
-literature is outdated, not peer-reviewed  
-limited or no critique of sources  
-no synthesis of evidence-informed research &/or practice guidelines | -major gaps in outline  
-no introduction  
-disorganized  
-consistently lacking in logic  
-disregards time limits  
-poor or no use of headings & subheadings  
-no conclusion stated | -poorly developed ideas/arguments  
-overuse of quotations  
- >10 syntax and grammatical errors  
-inappropriate use of scientific & medical terminology  
-multiple and/or major APA referencing errors |

Evaluation Tool for Clinical Practicum

Student Name:
Course Name/ Number:
Date Completed:
Number of Clinical hours completed in this course:

Performance Rubric (updated August, 2012)

The performance rubric defines the competencies students are expected to display in their clinical activity. In the clinical activity students will show how the theory learned translates into clinical practice. The clinical experience reflects ‘doing’ – the highest level of knowledge skill and judgment demonstration. The clinical faculty and the preceptor will evaluate what the student does in the actual and real environment. Accordingly, achievement levels are included in the rubric and defined below.

Definitions of Achievement Levels

-Unacceptable practice
The clinical activities have been reviewed and do not meet the NP student competencies at the novice level. Student fails the course.

-Novice Practice
A novice practice depends on objective rules and facts. The practice shows limited application of course theory. There is limited demonstration of the ability to prioritize work or the scope of practice. Direct instruction is needed to guide actions.

-Advanced Beginner Practice
An advanced beginner practice demonstrates greater self-awareness as a nurse practitioner student and less reliance on rules, facts and direct instruction. The clinical practice demonstrates theoretical knowledge and application of NP competencies in clinical practice. The student is able to prioritize work. Limitations of scope of practice are demonstrated. The student is able to demonstrate appropriate effort to seek advice and assistance from more experienced health care providers and evidenced based sources.

-Competent Practice
A competent practice is characterized by nurse practitioner role mastery and an ability to cope and manage many contingencies of clinical nursing. Practice at this level demonstrates planning that evolves using long-term goals and prioritization that is client centered. The practice demonstrates strong application of NP competencies using evidence-based peer-reviewed sources.
### NP Student Competency Indicators

Key: 0=Unacceptable, 1=Novice, 2=Advanced Beginner, 3=Competent, NED – No evidenced demonstrated

<table>
<thead>
<tr>
<th>Direct Clinical Practice</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uses clinical decision making model demonstrating a logical pattern of</td>
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<tr>
<td>o hypothesis generation.</td>
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<tr>
<td>o data acquisition.</td>
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<tr>
<td>o problem identification.</td>
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<tr>
<td>o treatment decision making.</td>
<td></td>
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<tr>
<td>o nurse practitioner interventions.</td>
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<tr>
<td>o follow-up.</td>
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<td>o outcome evaluation.</td>
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<tr>
<td>o accurate, complete documentation.</td>
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<tr>
<td>Integrates pathophysiology, health assessment and health promotion.</td>
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<tr>
<td>Makes few errors in diagnostic reasoning.</td>
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<tr>
<td>Practices critical thinking by</td>
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<tr>
<td>o recognizing own limitations/mistakes, and/or</td>
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<tr>
<td>o being systematic yet creative, and/or</td>
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<tr>
<td>o using both subjective and objective evidence to support decisions.</td>
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<tr>
<td>Utilizes the population health promotion framework to guide community actions.</td>
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</tr>
<tr>
<td><strong>NP Student Competency Indicators</strong></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td><strong>Comments</strong></td>
</tr>
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<tr>
<td><strong>Ethical Decision making</strong></td>
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<tr>
<td>Shows sensitivity to ethical dimensions of clinical practice.</td>
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<tr>
<td>Identifies ethical issues in the practice setting and brings these issues to the attention of other team members.</td>
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<tr>
<td>Applies ethical decision making models to clinical problems.</td>
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<tr>
<td>Uses skilled communication regarding ethical issues.</td>
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<tr>
<td>Facilitates decision making by using select strategies.</td>
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<tr>
<td>Uses the values of safe, competent and ethical care, health and well-being, choice, dignity; confidentiality; justice; accountability and quality practice environments to guide decisions.</td>
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<tr>
<td><strong>Leadership</strong></td>
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<tr>
<td>Sets goals and achieves them.</td>
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<tr>
<td>Maintains focus on tasks and set priorities for actions.</td>
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<tr>
<td>Directs activities toward a vision that is win-win for all parties.</td>
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</tr>
<tr>
<td>Uses empathy and effective communication strategies to influence others in positive ways.</td>
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</tr>
<tr>
<td>Values differences and brings all perspectives together.</td>
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<tr>
<td>Uses a balanced systematic program for self renewal.</td>
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<td>Interacts with nurse leaders, mentors and preceptors to develop leadership skills.</td>
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<td>Takes risks to increase practice knowledge and skills.</td>
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<td><strong>Change Agent</strong></td>
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<td>Uses a change process model to influence change in the individual or the community (i.e., Transtheoretical model or Lewin’s).</td>
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<td>Practices effective conflict resolution skills.</td>
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<td>Applies the principles of community development to influence community change.</td>
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<td>NP Student Competency Indicators</td>
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<td><strong>Key:</strong> 0=Unacceptable, 1=Novice, 2=Advanced Beginner, 3=Competent, NED – No evidenced demonstrated</td>
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<tr>
<td><strong>Collaboration</strong></td>
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<tr>
<td>• Participates in the collegial exchange of ideas and knowledge.</td>
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<td>• Participates as a team member in delivering health care services.</td>
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<tr>
<td>• Demonstrates interpersonal skills in interdisciplinary relationships.</td>
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<td>• Demonstrates knowledge and respect for colleagues’ contributions to patient care.</td>
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<td>• Consults with and refers appropriately when boundaries of scope of practice are reached.</td>
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<tr>
<td>• Develops a referral network of community resources,</td>
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<td><strong>Coach</strong></td>
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<tr>
<td>• Establishes therapeutic, caring, person-centered relationships with clients.</td>
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<td>• Implements effective teaching-learning principles.</td>
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<td>• Supports the client’s physical, spiritual, social and cognitive self to successfully transition through change.</td>
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<td>• Uses self-reflection to improve expertise.</td>
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<tr>
<td>• Implements primary, secondary, tertiary prevention strategies for patients, families and communities.</td>
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<td><strong>Advocacy</strong></td>
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<td>• Values the individual’s right to freedom and self-determination.</td>
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<td>• Promotes and protects the individual in making their health care decisions (informed consent).</td>
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<tr>
<td>• Intercedes to assist the patient overcoming barriers in meeting their needs (self-care).</td>
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<td>• Demonstrates strategies in the socio-political environment to promote equitable distribution of resources.</td>
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<td>• Advocates for quality practice environments that have the organizational structure and resources necessary for safety, support and respect for all persons in the setting.</td>
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<td>NP Student Competency Indicators</td>
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<td><strong>Research</strong></td>
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<td>• Retrieves relevant evidence to respond to a clinical question.</td>
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<td>• Critiques evidence from a wide variety of sources.</td>
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<td>• Communicates evidence used to guide decision-making (what and how).</td>
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<td>• Uses appropriate evidence based clinical practice guidelines to aid decision making.</td>
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<td>• Recommends appropriate practice changes based on evidence.</td>
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<td>• Involves the health care team in making practice change based on evidence.</td>
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<td>• Considers community evidence such as demographics, epidemiology and community assessment data to guide decisions.</td>
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<td><strong>Academic Writing</strong></td>
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<td><strong>(journal entries/ community report/ learning plans and summaries)</strong></td>
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<td>• Provides supportive evidence that is context appropriate (community, Canadian or Saskatchewan).</td>
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<td>• Demonstrates application of program theory.</td>
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<td>• Uses APA format (according to the recent edition of the <em>Publication manual of the American Psychological Association</em>) for citations and references only.</td>
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**Summary:**
Appendix K: Faculty CV

The following CV’s are on file with FGSR:
Dr. David Gregory, RN, PhD Professor and Dean (D accreditation)
Dr. Robin Evans, RN, PhD, PNC(C) Associate Dean, Undergraduate Program (C accreditation)
Dr. Laurie Clune, RN, PhD Associate Dean Graduate Programs and Research (C accreditation)
Dr. Liz Domm, RN, PhD (B accreditation)
Dr. Florence Luhanga, RN, PhD (C accreditation)
Dr. Glenn Donnelly, RN, ENC, PhD, (C accreditation)
Dr. Ann-Marie Urban, RN, PhD (C accreditation)
Dr. Joan Wagner, RN, PhD (C accreditation)

The following individuals would need the Faculty of Nursing to make a recommendation on accreditation.
These CV’s are on-file with FGSR:
Ms. Kari Greenwood RN (NP), MN
Dr. Netha Dyck, RN, EdD Dean
Joyce Bruce, RN (NP), MSA, MN AGD: ANP
Maureen Klenk, RN(NP) MHS (ANP)
Dr. Lynn Miller, MN(NP), DNP