

## NEW GRADUATE DIPLOMA PROPOSAL

### *Expedited Approval Submission Form*

Following on the practice of the Ontario Council on Graduate Studies (OCGS), the COU Quality Assurance Framework recognizes three types of graduate diplomas (Types 1-3). Only Type 2 and Type 3 Graduate Diplomas are currently offered at Queen's and are defined below.

Once the Pre-Approval process for a new Graduate Program is completed, and permission obtained from the Vice-Provost and Dean SGS and the Provost Office to submit a full proposal for an Expedited Approval (no external review required), this template is to be completed for all proposed new Graduate Diplomas. New Graduate Diploma submissions must receive the approval of the Graduate Studies Executive Council (GSEC) and the Provost prior to the proposal being submitted to the Senate Office for referral to the Senate Committee on Academic Development (SCAD) which will then make its recommendations to Senate. It is important that the Academic Units work closely with the Director of the Office of the Vice-Provost and Dean SGS or the appropriate Associate Dean in the SGS, and the respective Faculty Office(s) during the development of their proposal. Refer also to the QUQAPs website

<http://www.queensu.ca/provost/responsibilities/qualityassurance.html>.

**NOTE: the textboxes in this template will expand as needed**

#### Part A – General Summary

Name of Proposed Diploma:	Primary Health Care Nurse Practitioner Diploma
Academic Unit(s):	School of Nursing
Proposed Start Date:	1 <sup>st</sup> September 2014

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Type of Graduate Diploma ( <i>see definitions below</i> ):	<input type="checkbox"/> Type 2 <input checked="" type="checkbox"/> Type 3
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Type 2: Offered in conjunction with a Master's (or doctoral) degree, the admission to which requires that the candidate be already admitted to the Master's (or doctoral) program. The Diploma represents an additional, usually interdisciplinary qualification

Type 3: A stand-alone, direct entry program usually developed by an Academic Unit offering a related Master's (or doctoral) degree, and designed to meet the needs of a particular clientele/market

**Executive Summary (1 page maximum suggested – Minimum font size 11)**

*Briefly summarize the rationale for introducing this new Diploma and how it fits with the existing Master's (or doctoral) degree program in the Academic Unit. Comment also on the fit with the academic goals of the Faculty/School and University. Briefly describe: the educational goals and learning outcomes; internal or external collaboration required for its delivery; how the relevant stakeholders (e.g. faculty, staff, students) were consulted in preparing the proposal; and additional resources required to deliver this program.*

**PHCNP Role**

In Ontario, Nurse Practitioners (NP) are Registered Nurses in the Extended Class [RN (EC)] who have completed additional nursing education and knowledge (College of Nurses of Ontario, [CNO], 2011). The additional competencies that NPs hold and demonstrate in their practice build and expand on those of RNs and prepare NPs to use legislated authority to autonomously perform additional controlled acts, beyond those that can be performed by General Class RNs (CNO, 2010, 2011). Briefly, these additional controlled acts include: diagnosing, ordering and interpreting diagnostic and screening tests, prescribing pharmaceuticals and performing procedures (CNO, 2011). For a full description of the NP role, please refer to <http://npao.org/nurse-practitioners/history/>. NPs' advanced knowledge and decision-making skills enable them to assess and promote health, treat and prevent disease and injury, and provide rehabilitation and support to individuals, families and communities. Currently in Ontario, NPs can hold one or more speciality certificates in Adult, Pediatric, or Primary Health Care (CNO, 2011). NPs practice in both the acute care and primary health care sectors, i.e., emergency rooms, physician's offices, family health teams, and community health centres. They also provide vital access to primary health care services in isolated, underserved, remote and rural communities where shortages of primary care physicians are compounded by issues of poverty, unemployment and poor education (DiCenso et al., 2007; Tilleczek et al., 2005). They often work with specific patient populations (e.g., those with mental illness) that require specialized knowledge. One of the requirements for registration as an NP in Ontario is the successful completion of an approved NP education program (CNO, 2010).

**Primary Health Care Nurse Practitioner Diploma**

This is a modification of a program already offered through the School of Nursing at Queen's University. The Primary Health Care Nurse Practitioner certificate program is offered as part of a Nine University Consortium model – known as the Council of Ontario University Programs of Nursing Consortium (COUPN consortium). The universities are Lakehead, Laurentian, Western, Windsor, York, Ryerson, Queen's, McMaster and Ottawa, and the program is fully funded by the Ministry of Health and Long Term Care. The program is offered in English at all nine universities, and in French at two of the universities (Ottawa and Laurentian).

At the present time the program is designated as a certificate and is treated as a post baccalaureate program. However, all the courses are graduate level courses, the admission requirements and expectations are at the graduate level, and the majority of the students are taking a master's of science (primary health care nursing) with the certificate.

The purpose of the application is to remove the anomaly of this program and move it fully to the graduate level, administered through the School of Graduate Studies.

The seven-course certificate has undergone Quality Assurance in November 2012 through the nine university consortium and has been awarded 'Good Quality' by the external reviewer Dr Esther

Sangster-Gormley, University of Victoria. The final report will be available in March 2013, and orally, the program has received approval from the College of Nurses of Ontario. Final approval of the College of Nurses of Ontario will be sought in June 2013 at one of the regular board meetings. In addition the program has also been reviewed by the French reviewers in December 2012 and has received a similar designation.

## Part B – Evaluation Criteria

Part B is to be completed by the Unit/Faculty.

In accordance with Queen’s University Quality Assurance Processes (QUQAPs), the criteria should be regarded as the minimum criteria upon which the new Diploma program submission will be assessed. Further information can be found in the Senate Policy on Quality Assurance:

<http://www.queensu.ca/provost/responsibilities/qualityassurance.html>

### 1. Introduction

*1.1 Describe how the Graduate Diploma relates to the existing Master’s (or doctoral) degree program and is consistent with the academic goals of the Faculty(ies) and Unit(s).*

The graduate diploma will be offered in two different formats:

- 1) Embedded in the Master of Science program in the same way as the certificate is embedded as the MSc (PHCN) field; and
- 2) The diploma will also be offered as a post master’s diploma.

It will not be offered as a pre graduate diploma as it is a recommendation from the recent external review that the program should be concurrent or after a master’s degree. The graduate diploma is consistent with the academic goal of the Faculty of Health Sciences of *New Models of Education and Training* and fulfills the strategic priority for the School of Nursing to *Attract, develop, and graduate stellar students across all programs who think, work, and lead strategically.*

*1.2 List the Objectives of the Graduate Diploma and specify the anticipated learning outcomes and career paths.[Refer to Graduate Degree Learning Outcomes - GDLEs, p. 34 QUQAPs]*

The objectives of the PHCNP Graduate Diploma are that students on completion will be able to meet the following PHCNP program competencies:

1. The NP integrates a broad knowledge base with critical appraisal to obtain the required information for determining diagnoses and client needs. Throughout the process, the NP works collaboratively with clients to identify and mitigate health risks, promote understanding of health issues and support healthy behaviours.
2. NPs collaborate with clients to set priorities for the provision and overall coordination of care along the health/illness continuum. The NP selects appropriate interventions from a range of non-pharmacological, pharmacological and symptom management interventions to assist clients in restoring or maintaining functional, physiological and mental stability to achieve optimal health and promote comfort.

3. NPs provide comprehensive evidence based primary health care to clients and families across the lifespan applying clinical, pathophysiological, epidemiological, medical and nursing theoretical and research knowledge.
4. NPs evaluate existing community level primary health care programs, and develop new programs to meet the primary health care needs of the community with diverse populations within a continuous quality assurance framework. NPs evaluate and influence policies affecting the health of the community and they acquire various health care management skills (e.g. business models, budgeting, proposals, health care system, policy, negotiation, conflict resolution, risk management).
5. NPs in all practice settings focus on improving and restoring health. The NP leads or collaborates with other health-care team members, other sectors and/or the community in initiatives that promote health and reduce the risk of complications, illness and injury for their individual clients, client groups and/or the population as a whole. NP practice blends the competencies of advanced nursing practice at a level of complexity that reflects the NP's highly developed critical thinking skills, clinical nursing experience, and advanced education.
6. NPs practice autonomously within a collaborative, inter-professional model to promote client health
7. The NP demonstrates responsibility, accountability and superior communication skills and can communicate the evolution of advanced practice, including its definition and characteristics, and the educational preparation required, and understands regulations and the impact of their services.

The anticipated learning outcomes of the program are that graduates will be able to:

1. Synthesize complex health information using advanced diagnostic reasoning and critical thinking skills
2. Critically appraise current evidence to support best practices
3. Provide comprehensive evidence based primary health care to clients and families across the lifespan applying clinical, theoretical and research knowledge
4. Evaluate existing community level primary health care programs and develop new programs to meet the primary health care needs of the community
5. Evaluate and influence policies affecting the health of the community
6. Practice autonomously within a collaborative, inter-professional model to promote client health
7. Deliver primary health care utilizing the sub roles (researcher, educator, leader, collaborator, and change agent) recognized as advanced nursing practice

The career paths of the graduates of the program have been studied systematically for over 15 years. The most recent data identifies that 60% work in large cities, 32% in small cities and towns and the remaining in remote and rural areas (Koren, Mian & Rukhlom, 2012). The main employers of NPs are acute care hospitals (32%), family health teams (17%) and community health centres (15.9%) (College of Nurses of Ontario, 2012).

*1.3 Explain how the objectives will be achieved (e.g. course work, teaching and research seminars, independent research, laboratory and technical training, internships, practica, etc).*

The objectives of the program are met through seven courses: two are theory only, four are clinical and practice skill acquisition in a classroom setting, and the final course is an integrated practicum course. The clinical courses build from simple acute care episodes to complex multi symptom and disease cases. Students learn to diagnose and manage simpler cases before working on more complex disease processes.

The theory on-line courses use a combination of didactic lecture, discussion forums, and group projects. The clinical courses use a seminar model where students teach each other material under the guidance of a tutor, and have multiple written resources available on the learning management system (LMS).

The students have multiple assessments throughout the program to ensure they are learning, and adapting knowledge to their context. There is an online exam at the end of the integrated practicum to ensure they are well prepared for the national Canadian Nurse Practitioner Exam (CNPE).

The PHCNP consortium-delivered courses are built on the belief that learning is a lifelong, continuous process. The courses build on existing knowledge and experience of learners who bring diverse experiences and capabilities to the learning environment. Evidence based practice is an integral part of the courses as well as problem solving, critical thinking, reflective practice, and self-directed learning. Graduates of the program will be able to:

1. Synthesize complex health information using advanced diagnostic reasoning and critical thinking skills
2. Critically appraise current evidence to support best practices
3. Provide comprehensive evidence-based primary health care to clients and families across the life span applying clinical, theoretical, and research knowledge
4. Evaluate existing community level primary health care programs and develop new programs to meet the primary health care needs of the community
5. Evaluate and influence policies affecting the health of communities
6. Practice autonomously within a collaborative, inter-professional model to promote client health
7. Deliver primary health care utilizing the sub roles (researcher, educator, leader, collaborator, change agent) recognized as advanced nursing practice.

*1.4 Address the appropriateness of the proposed Diploma nomenclature (ie Diploma in ...)*

The nomenclature of the diploma needs to identify that it is recognized as the entry to practice diploma for Primary Health Care Nurse Practitioners. The designation will be Primary Health Care Nurse Practitioners Diploma.

<p><b>2. Diploma Program Regulations</b></p>
<p>2.1 <i>Admission Standards and Process</i> – Consistent with the Diploma type, describe the Diploma’s admission standards, including Degree, Diploma or Certificate and course requirements and any other specific standards with reference to the learning outcomes and expectations of the Diploma (for a Type 2 Diploma also indicate the timing of the application) . As applicable, provide the rationale for standards that are in addition to those set by the School of Graduate Studies. If applicable, indicate policies/procedures to encourage applications from qualified under-represented groups (e.g. Aboriginal people, visible minorities or persons with disabilities). If applicable, indicate any language requirements.</p>
<p>The admission requirements for the diploma are:</p> <ol style="list-style-type: none"> <li>1. Bachelor’s Degree in Nursing with a minimum of 2 years (3,640 hours) employment as a Registered Nurse in the last five years</li> <li>2. Minimum cumulative average B (70%) based on their undergraduate nursing degree</li> <li>3. Current College of Nurses of Ontario registration</li> <li>4. Proof of liability insurance</li> <li>5. A master’s degree in Nursing Science (concurrent registration in the Master’s program will be considered)</li> </ol> <p>The work experience for admission is required by the College of Nurses of Ontario for students who are successful in the program to be eligible to sit the Canadian Nurse Practitioner Exam (CNPE).</p> <p>Proof of liability insurance is required by clinical placement organizations for nurse practitioner students.</p> <p>Under-represented groups are encouraged to apply particularly Aboriginal peoples. The COUPN consortium has an ongoing project with First Nations and Inuit Health Branch (Federal Government) to help prepare Aboriginal nurses to be successful in the PHCNP program.</p>
<p>2.2 <i>Type 3 Diplomas only</i>– Describe whether there is a process by which those awarded the diploma can apply for admission for the related degree program and be awarded the degree upon completion of remaining requirements (specify timeframe)</p>
<p>Students will be concurrently registered in a master’s of science program through the School of Nursing or will complete the diploma following the master’s degree. As indicated in section 1.1 it will not be offered pre master’s. There are four courses required for the diploma that are also offered in the Master’s degree program; credit will be given for the successful completion (or past completion) of one or more of the these courses toward the Primary Health Care Nurse Practitioner Diploma.</p>

<p><b>3. Diploma Structure and Requirements</b></p> <p><i>Describe the Diploma under the following headings (where applicable)</i></p>
<p>3.1 <i>General Diploma Requirements</i> – Describe the Diploma Program duration and rationale, the total number of courses, examinations and progress reports, etc.</p>
<p>The diploma may be taken full time over one calendar year or part time over two to three years. There are seven courses in the program, the units are in brackets: NURS 850: Pathophysiology for Nurse Practitioners (3); NURS 856 Advanced Health Assessment and Diagnosis I (4.5); NURS 857 Advanced Health Assessment and Diagnosis II (4.5); NURS 858 Therapeutics in Primary Health Care I (4.5); NURS 859 Therapeutics in Primary Health Care II (4.5); NURS 853 Primary Health Care Nurse Practitioner Roles and Responsibilities (3); NURS 854 Integrative Practicum (12). There are a total of 36 units.</p>

Courses with 3 units are theory based courses with papers, multiple choice questions, presentations and a final exam. Courses with 4.5 units have theory classes and clinical practicum one day a week. Assessment is continuous for clinical practice of competency to practice and theory classes are seminar based and provide practice opportunities in the classroom. The integrated practicum – 12 units is a full time 35 hour per week clinical course (13 weeks) with 39 seminar hours and a final exam.

3.2 **Course Requirements** – In Table 1 below, list core (required) courses, optional courses (e.g. select X from the following list) and elective courses (if appropriate). Identify those courses that are also offered to undergraduate students and are listed in the undergraduate calendar. Explain the rationale for including them in the graduate Diploma.

**Table 1. Course requirements** (add additional rows as needed)

Course/Credit (number and name)	(C)ore, (O)ptional or (E)lective	Part of existing degree program (Y/N)	Is course core to existing program (Y/N)	Undergradua te Enrolment (Y/N)	Proposed Instructor(s) (and Academic Unit)
NURS 850 <sup>a</sup> Pathophysiology for Nurse Practitioners	C	Y	Y	N	McMaster University responsibility
NURS 856 <sup>b,c,d,e</sup> Advanced Health Assessment and Diagnosis I	C	Y	Y	N	Lakehead University responsibility
NURS 857 <sup>b,f</sup> Advanced Health Assessment and Diagnosis II	C	Y	Y	N	Lakehead University responsibility
NURS 858 <sup>e</sup> Therapeutics in Primary Health Care I	C	Y	Y	N	Ryerson University responsibility
NURS 859 Therapeutics in Primary Health Care II	C	Y	Y	N	Ryerson University responsibility
NURS 853 <sup>g</sup> Primary Health Care Nurse Practitioner Roles and Responsibilities	C	Y	Y	N	Queen's University responsibility Dr Dana Edge
NURS 854 <sup>h</sup> Integrative Practicum	C	Y	Y	N	Ryerson University responsibility

Use the space below to comment on Table I (e.g. describe the difference in course load required for the diploma and for the Master's (or doctoral) degree))

- a. Pathophysiology must be taken prior to or concurrent with AHAD I and Therapeutics I
- b. AHAD I and II must be taken prior to or concurrent with Therapeutics I and II
- c. AHAD I is a pre-requisite for AHAD II
- d. AHAD I is a co-requisite or a pre-requisite for Therapeutics I
- e. AHAD I and Therapeutics I are pre-requisites for Therapeutics II
- f. AHAD II is a co-requisite or pre-requisite for Therapeutics II
- g. Roles & Responsibilities can be taken any time prior to the Integrative Practicum and is not dependant on completion of any other PHCNP core course.
- h. All other six core courses must be successfully completed before registration in the Integrative Practicum

3.3 **Course Descriptions** - For each course that is part of the proposed Diploma, provide a calendar description and append the course outline; clearly indicate if the course is new or currently exists.

All the courses currently exist

**NURS 850 Pathophysiology for Nurse Practitioners**

To examine the concepts of pathophysiology which guide the practice of advanced nursing practice. To study pathophysiological changes in individuals in a primary health care setting by taking account their age, acuity, chronicity, and evolution of the conditions. Three credit course, delivered every second week over two terms.

**NURS 853 Primary Health Care Nurse Practitioner Roles and Responsibilities**

Compare and contrast advanced practice nursing and related frameworks to develop, integrate, sustain, and evaluate the role of the nurse practitioner within primary health care. Critically analyze and develop strategies to implement advanced practice nursing competencies with a focus on the community. Three credit course, delivered over two terms

**NURS 856 Advanced Health Assessment and Diagnosis I**

Analyze and critique concepts and frameworks essential to advanced health assessment and diagnosis using clinical reasoning skills. Apply clinical, theoretical, and research knowledge in comprehensive and focused health assessment for the individual client's diagnostic plan of care.

**NURS 857 Advanced Health Assessment and Diagnosis II**

Integrate knowledge and apply conceptual frameworks integral to advanced health assessment and diagnosis in advanced nursing practice. Demonstrate initiative, responsibility, and accountability in complex decision making for individuals, groups, and/or families within the nurse practitioner scope of practice based on current research findings.

**NURS 858 Therapeutics in Primary Health Care I**

Critically appraise and interpret concepts and frameworks integral to pharmacotherapy, advanced counselling, and complementary therapies for common conditions across the life span. Develop, initiate, manage, and evaluate therapeutic plans of care that incorporated client values and accountability, goals of therapy, analysis of different approaches,

pharmacotherapeutic principles.

**NURS 859 Therapeutics in Primary Health Care II**

Integrate conceptual frameworks and evidence underlying the study of pharmacotherapy, advanced counselling, and complementary therapies for complex client situations. Demonstrate substantive initiative, responsibility, and accountability in complex decision-making.

**NURS 854 Integrative Practicum**

Synthesize the competencies essential to advanced nursing practice to provide primary health care for clients across the life span. Demonstrate autonomy, decision-making, and critical analysis of organizational and system issues that influence scope of practice, professional accountability, and outcomes.

3.4 **Program Timelines** – In a table or figure, summarize the expected progress through the Diploma by term, to completion).

Table 2. Expected progression through to completion - Full time.

<i>Year 1</i>		
<b>Fall Term</b>	<b>Winter Term</b>	<b>Spring/Summer</b>
NURS 850	NURS 850	NURS 854
NURS 853	NURS 853	
NURS 856	NURS 857	
NURS 858	NURS 859	

3.5 **Part-Time Studies** - If the Diploma is offered on a part-time basis, describe any differences in delivery from that of the full-time Diploma (if applicable) and/or the full- time Master's (or Doctoral) Program of which the Diploma is a part of. Summarize the pathway to completion.

Students who take the diploma program part-time over two years follow the schedule in the table below:

	<b>Year One</b>	<b>Year Two</b>
<b>Fall Term</b>	NURS 850 NURS 856	NURS 853 NURS 858
<b>Winter Term</b>	NURS 850 NURS 857	NURS 853 NURS 859
<b>Summer Term</b>		NURS 854

3.6 **Other** - Comment on any special matters and innovative features

The diploma will be fully approved by the College of Nurses of Ontario every seven years as part of an IQAP process.

<b>4. Diploma Program Content</b>
<p>4.1 <i>Explain how the curriculum addresses the current state of the discipline and subspecialization of study.</i></p>
<p>The role of the PHCNP in clinical practice has been evolving over the past decade. In order to remain current, the program professors and the deans and directors are in continuous dialogue with the Nurse Practitioners' Association of Ontario (NPAO), the College of Nurses of Ontario (CNO), Registered Nurses Association of Ontario (RNAO) and the Ontario Ministry of Health and Long-term Care. The curriculum for each course was revised in 2010-11 to integrate the changes in scope of practice contained in Ontario's <i>Bill 169/Regulation 965</i>. Specifically the curriculum was revised to include prescriptive authority (i.e. no more lists of drugs) for NP-PHCs and admission, transfer and discharge from hospital. Other additions such as applying a cast have been introduced to ensure students have the knowledge, scope and judgment in making clinical decisions.</p> <p>The role of NP-PHC will evolve with changes to federal legislation about prescribing narcotics. These anticipated changes are already being examined by the COUPN curriculum committee to ensure relevant curricula are incorporated into courses.</p>
<p>4.2 <i>Identify any unique curriculum or program innovations or creative components.</i></p>
<p>The PHCNP Program represents the largest NP consortium in Canada. It also offers a hybrid program using web-based technology and on-site clinical learning to ensure that students in all areas of the province can participate. The program is offered in both English and French (at Ottawa and Laurentian universities) and the curriculum has been developed with input from all nine universities. The fact that the curriculum was developed by a curriculum committee comprised of members from all nine universities is unique and remarkable. This achievement demonstrates the high level of collaboration that exists across universities, faculty, and within the Program. What is unique to the PHCNP Program is the commitment to ensuring that each student receives individualized attention when determining clinical placements. Clinical placement coordinators work closely with clinical partners to deal with special requests and when students have recognized learning needs. Clinical placement coordinators from each of the universities link by phone as required and at least once a year, face to face, to share innovative clinical opportunities with each other to ensure students are placed in rich learning environments.</p>
<p>4.3 <i>Academic Integrity - Explain how the Diploma educates students on the importance and role of academic integrity.</i></p>
<p>Academic integrity is described and examples of breaches are presented to students during Orientation to the NP program. Although not specifically about academic integrity, the module on research ethics is required of all Queen's Graduate students involved with human participants (SGS 804 Human Research Ethics online tutorial – <a href="http://www.queensu.ca/sgs/index.html">http://www.queensu.ca/sgs/index.html</a>). In all syllabuses the issue of plagiarism and academic integrity is reinforced. Turnitin software is used to mark written assignments in two PHCNP courses, Pathophysiology and Roles &amp; Responsibilities. It is a web-based solution for managing written assignments, via multiple phases of feedback and revision. Its three interrelated services greatly accelerate the learning process, involving students in their own development, freeing instructors from the burden of tracking papers, and promoting critical thinking, while maintaining academic integrity. The plagiarism control feature is inactivated,</p>

because not all universities would permit the use of the technology. However, students can check their own paper and ensure that they have appropriately referenced and have not directly quoted when they should have used their own words.

Training is available via a website, entitled Academic Integrity @ Queen's, and is offered to all full time faculty members during orientation -

<http://www.queensu.ca/academicintegrity/instructors.html>.

## 5. Assessment of Teaching and Learning

5.1 **Degree Level Expectations (DLE)** – In Table 3 below, summarize how the Diploma's structure and requirements address each DLE listed. Include any diploma-specific DLEs and learning outcomes [Refer to GDLES, p.34 QUQAPs].

**Table 3. Mapping curriculum and degree level expectations (DLEs) (add rows as needed)**

DLE	Learning Outcomes	Relevant Courses, Academic Requirement	Indicators of Achievement
<p><i>Depth and breadth of knowledge</i></p> <p>The nurse practitioner student (NP) integrates a broad knowledge base with critical appraisal to obtain the required information for determining diagnoses and client needs.</p> <p>The NP student possesses the ability to critique, evaluate, and utilize appropriate evidence from nursing and related fields.</p> <p>NP student practice blends the competencies of advanced nursing practice at a level of complexity that reflects the NP highly developed critical thinking skills, clinical nursing experience, and advanced education.</p>	<p>1) Application of diagnostic reasoning frameworks to advanced interviewing and history-taking skills.</p> <p>2) The ability to select and interpret diagnostic and screening tests in the advanced practice role for specific populations.</p> <p>3) Synthesis of knowledge of the pathophysiology of principle systemic disorders.</p> <p>4) Synthesis of evidence to evaluate current the research best standards of practice</p> <p>5) Analysis of concepts and frameworks relevant to advanced practice nursing, PHCNP, and NP practice.</p> <p>6) Synthesis and integration of the knowledge of research, theory, philosophy, ethics, clinical care,</p>	<p>1) AHAD I</p> <p>2) AHAD II</p> <p>3) Pathophysiology for NPs</p> <p>4) Therapeutics I &amp; II</p> <p>5) Roles &amp; Responsibilities</p> <p>6) IP</p>	<p>1) A critical analysis paper in AHAD I.</p> <p>2) Successful completion of final written exam in AHAD II.</p> <p>3) Successful completion of midterm and final examinations in Pathophysiology.</p> <p>4) Presentation of a model case in class in Therapeutic I &amp; II.</p> <p>5) Community Assessment Paper in Roles &amp; Responsibilities.</p> <p>6) Individual or Family Complex Case Synthesis &amp; Consultation Letter</p>

	education, and leadership to provide primary health care to diverse populations across the lifespan.		
<p><i>Research and scholarship</i></p> <p>The NP student provides comprehensive evidence-based health care to clients and families across the lifespan applying clinical, pathophysiological, epidemiological, medical and nursing theory and research knowledge.</p>	<p>1) The ability to utilize evidence based practice, conceptual frameworks and current research to integrate and analyze health assessment findings and identification of questions for future research.</p> <p>2) Critical appraisal of Therapeutics frameworks to provide appropriate therapy for clients with common episodic conditions.</p> <p>3) The ability to synthesize the evidence to evaluate current research best practice standards of practice for clients with common episodic conditions and specific populations across the lifespan.</p> <p>4) Integration of current research findings into practice and identification of questions for future research.</p> <p>5) The ability to critically appraise scientific literature in selecting and evaluating therapeutic options.</p> <p>6) The ability to evaluate the impact of the primary health care nurse practitioner on the individual, family, community, and organization outcomes.</p>	<p>1) AHAD I</p> <p>2) Therapeutics I</p> <p>3) Therapeutics I</p> <p>4) Therapeutics I</p> <p>5) Therapeutics II</p> <p>6) IP</p>	<p>1) Case Critical Analysis Paper with written consult note</p> <p>2) Therapeutics Care Plan (TCP)</p> <p>3) Seminar case study</p> <p>4)TCP Presentation</p> <p>5) Health Behavioural Changes Assignment</p> <p>6) Role articulation paper NPPHC Role Articulation and Impact with Peer Critical Review</p>
<p><i>Application of knowledge</i></p> <p>The NP student selects appropriate</p>	<p>1) The ability to explain environmental and occupational factors influence on</p>	<p>1) Pathophysiology</p>	<p>1) Consult Letter to colleague; Letter of Information</p>

<p>interventions from a range of non-pharmacological, pharmacologic and symptom-management interventions to assist clients in restoring or maintaining functional, physiological and mental stability to achieve optimal health and promote comfort.</p>	<p>disease progression  2) Application of Conceptual frameworks &amp; evidence based decision-making to integrate and analyze health assessment findings for individuals, families and communities across the lifespan.  3) Proficiency in educating clients about pharmacological and non-pharmacologic regimens, adverse drug effects, interactions, and client responses to these, for various categories of drugs, as legally authorized within the NP-PHC scope of practice.  4) Application of change theory in implementing a program.  5) Formulation of comprehensive plans of care for individuals, families and communities based on current best knowledge, theory, available resources, client preferences, and clinician experience.</p>	<p>2) AHAD II   3) Therapeutics I   4) Roles   5) IP</p>	<p>2) Family Analysis Paper   3) TCPs (on a clinical patient)   4) Community Development Assignment   5) Individual/Family Complex Case Synthesis and Consultation Letter</p>
<p><i>Communication skills</i>  The nurse practitioner student works collaboratively with clients to identify and mitigate health risks, promote understanding of health issues, and support healthy behaviours.</p> <p>Nurse practitioner student collaborates with clients to set priorities for the provision and overall coordination of care along the health-illness continuum.</p>	<p>1) Collaboration with families and application of selected theories and evidence when assessing and analyzing family structure, development and function.  2) Proficiency in prescribing and writing complete prescriptions for clients for common episodic conditions.  3) Application of counseling modalities to promote behavioural change.  4) Analysis of outcomes of health education plans, and</p>	<p>1) AHAD II   2) Therapeutics I   3) Therapeutics II   4) Therapeutics II</p>	<p>1) Family Analysis Paper   2) Weekly Prescribing Forum   3) Health Behaviour change paper   4) TCP and weekly case studies</p>

	strategies using concepts related to therapeutic communication and teaching/learning.		
<p><i>Autonomy and professional capacity</i></p> <p>NP student evaluates existing community level PHC programs, and develops new programs to meet the PHC needs of the community with diverse populations within a continuous quality assurance framework. NP student evaluates and influences policies affecting the health of the community. The NP student acquires various health care management skills.</p> <p>Practices autonomously within a collaborative, interprofessional model to promote client health.</p> <p>Effects change within the healthcare system through leadership and participation within the nursing profession.</p>	<p>1) Collaboration with community partners in the assessment, planning, implementation, and evaluation of community needs.</p> <p>2) Critical appraisal of legal and ethical issues in advanced practice nursing, PHC-NP, including the concepts of responsibility, accountability, and potential liabilities related to independent practice.</p> <p>3) Application of core competencies of the PHCNP advanced practice sub-roles as researcher, educator, leader, collaborator and change agent.</p> <p>4) Appropriate evaluation of the need for referral and consultation with other health care providers for clients with common episodic conditions.</p> <p>5) The ability to apply regulations, standards, and principles guiding the PHCNP scope of practice to deliver effective and appropriate primary health care.</p>	<p>1) Roles</p> <p>2) Roles</p> <p>3) IP</p> <p>4) Therapeutics I</p> <p>5) IP</p>	<p>1) Community development assignment</p> <p>2) Public presentation on role articulation</p> <p>3) Clinical practice &amp; role articulation paper</p> <p>4) TCPs and case studies, and clinical practice</p> <p>5) Final Exam</p>
<p><i>Awareness of limits of knowledge</i></p> <p>The NP student leads or collaborates with other health care team members other sectors, and/or the community in initiatives that promote health and reduce the risk of complications, illness, and injury for individual clients, client</p>	<p>1) Appropriate evaluation of the need for referral and consultation with other health care providers for clients with common episodic conditions.</p> <p>2) The ability to apply regulations and standards and principles guiding the PHCNP scope of practice to deliver effective and</p>	<p>1) Therapeutics I</p> <p>2) IP</p>	<p>1) PCP and clinical placements</p> <p>2) Final Exam</p>

<p>groups, or the population as a whole.</p> <p>The NP student demonstrates responsibility, accountability, and superior communication skills and can communicate the evolution of advanced practice, its definition and characteristics, educational preparation required, understands regulations, and the impact of their services.</p>	<p>appropriate primary health care.</p> <p>3) Critical analysis of the role of the PHCNP in providing health care and influencing client outcomes.</p> <p>4) Articulation of the role and scope of practice of PHCNP.</p>	<p>3) IP</p> <p>4) Roles</p>	<p>3) Role Articulation Paper</p> <p>4) Public Presentation</p>
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<p>Use the space below for comments on Table 3. Identify of how learning outcomes and indicators of achievement (if applicable) associated with the Diploma Program differ from those of the related Degree Program when the same courses are involved.</p>
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The Primary Health Care Nurse Practitioner diploma prepares registered nurses for the clinical role of patient care. In addition, a master's degree in nursing also prepares a registered nurse for all of the domains of advanced nursing practice (administration, practice, research, education, and consultant).

5.2 Describe how the proposed methods of assessing student achievement relate to the Diploma's learning outcomes and GDLEs.

A variety of assessment tools are used to ensure that all of the graduate program learning objectives are met. Students complete multiple written assignments which align clinical knowledge with clinical practice. Written assignments often have a presentation component which helps students to understand the link between theory and practice. In addition, student's complete weekly modules, engage in discussions with peers and tutors, develop and engage in case presentations, as well as written and objective structured clinical exams. Courses are sequenced and coordinated so that each course builds on the previous one and leads to the final exam and OSCE. These final exams ensure that students have acquired the necessary knowledge and skills to be competent practitioners. The program is highly integrated; one course informs and builds on the other to achieve a cohesive whole. During the last semester, students are required to complete an integrated practicum which provides students with an opportunity to demonstrate the achievement of the Program's degree level expectations as they engage with patients, their preceptor and other health care team members. This practicum also helps to bridge the theory practice gap and prepares students to assume the role of the nurse practitioner.

5.3 *Outline the plans for documenting and demonstrating the level of performance of students.*

Students cannot progress from one course to the next without meeting clear criteria for each course. There is an assessment of learning as formative and summative evaluation. Clinical documentation of skills is a weekly formative assessment and students must meet competencies articulated in each course. Students who complete the diploma will be eligible to sit the national nurse practitioner exam – the CNPE and then, if they meet all the criteria outlined by the College of Nurses of Ontario, can be registered in Ontario in the extended class, the designation they use is PHC-NP.

5.4 **Program Administration** – *Describe how the Diploma program will be administered (e.g. admissions, tracking progress, curriculum, etc.)*

Administration and coordination for the province-wide consortium are provided through two offices-the Provincial PHCNP Management Office in Toronto and a Distance Education (DE) Office located in Ottawa. The DE Office Manager reports to the Provincial Manager on deliverables and to the head of the Ottawa School of Nursing for human resource matters. The Distance Education Office has the following responsibilities:

- Oversees the Learning Management System;
- Assists course professors with the DE design/delivery component of the seven core courses;
- Provides IT technical support for online exams;
- Provides faculty/student IT technical education and support
- Procures software and connections;
- Develops and maintains the website;
- Maintains the central registry database for students.

There are six full-time equivalents (FTEs) fulfilling the DE functions for the PHCNP program. Four FTEs (one Manager, one Program Analyst, one System Analyst and one Webmaster/web designer) are non-unionized and bilingual, and located at the University of Ottawa. Two additional full-time, unionized staff provide IT technical support for faculty and students in their geographic regions (one at Ryerson University in Toronto; and one at McMaster University in Hamilton).

The Provincial PHCNP Management Office in Toronto is led by the Provincial Program Manager. Reporting to the Consortium board, the Provincial Program Manager negotiates and manages the provincial funding and budget, and the provincial office for the PHCNP Consortium. In conjunction with the Consortium board and committees, the Manager oversees all province-wide aspects of NP education delivery, including curriculum, distance education, admissions, marketing, continuing education and consortium policy. The Manager also acts as a resource for the 9 university sites in the delivery of the program at the local level.

An Administrative Assistant provides administrative support and assistance to the Provincial Manager, Primary Health Care Nurse Practitioner program, as well as to the PHCNP Consortium board and committees. The Administrative Assistant acts as a support, at the provincial level, for the 9 university sites in the delivery of the program. The Assistant supports the Provincial Manager in all province-wide administrative aspects of PHCNP

education delivery including: curriculum, distance education, admissions, marketing, continuing education and consortium policy.

## 6. Mode of Delivery

6.1 *Explain how the proposed mode(s) of delivery meets the Diploma's learning outcomes and the DLEs. Comment on the relationship between mode of delivery and accessibility requirements.*

By writing a major research paper, students are able to:

- Demonstrate relevance of the research project

By writing essays and completing written assignments the PHCNP student is able to:

- Incorporate the tenets of scholarly work; APA format, deadlines, page limits, etc.
- Develop a systematic approach to the acquisition and application of new knowledge
- Learn how research helps create and interpret knowledge in nursing
- Develop critical thinking and critical analysis skills
- Learn to form and support an argument, and communicate ideas and conclusions clearly.

By writing exams the PHCNP student is able to:

- Demonstrate knowledge acquisition and application
- Be prepared for national licensing exams
- Identify their learning needs

By participating in Objective Structured Clinical Exams (OSCEs) the PHCNP student is able to:

- Demonstrate practice skills (physical assessment, diagnostic reasoning, care planning)
- Critically think in and through complex situations
- Develop advanced communication skills
- Apply evidence/research based guidelines

By developing and presenting to colleagues and faculty, the PHCNP student is able to:

- Apply a systematic approach to enquiry and discovery, as well as presentation of knowledge
- Develop creativity
- Develop and demonstrate strong communication skills
- Engage in scholarly work
- Demonstrate their skills in analysis, synthesis and critique of knowledge from nursing and other disciplines

By engaging in clinical practice/integrative practicum, the PHCNP student is able to:

- Develop critical thinking and decision making skills
- Apply knowledge learned in the classroom
- Synthesize their learning
- Contextualize their learning
- Learn and practice new skills
- To bridge the gap between theory and practice
- To receive feedback on their nursing practice from experienced NPs and other

members of the health care team

- Develop their understanding of the PHCNP role
- Develop their understanding of the roles of other health care team members

The program is accessible to students who do not live in urban settings because of the hybrid learning model. At Queen's students have the option of completing on site education in Kingston or in Peterborough. Various approaches are used to achieve equitable representation of the historically underrepresented groups within the Program. First, the Program seeks to hire professors and tutors from diverse backgrounds, most recently hiring an Aboriginal professor. Second, the Program is offered using a hybrid model which enables students in remote and rural areas to participate. This model also enables all students to access course material at a distance and to connect with faculty and peers when necessary, and provides them with various learning modalities. One new innovation currently being implemented is the use of 'Read Speaker'. This computer software provides students with the opportunity to 'hear' information rather than, or as well as, read it.

6.2 **Distance Delivery** - Where students may take the same Diploma or elements of it in two different modes of delivery, indicate how consistency in Diploma requirements and standards will be assured. Describe how a learning community will be fostered, how regular interactions with faculty, students, etc., will be assured, and comment on access to materials, resources, and technology.

### **Orientation to the PHCNP Program**

One strategy that is employed to ensure consistency in Program requirements and standards is to provide an orientation to the Program. This orientation is scheduled in June and July for each consortium university. These orientation sessions are conducted by the local Site Coordinator and by an IT team member from the DE office.

In the first half of orientation the local Site Coordinator reviews the following information about the Program with students:

- a) The course sequence - a typical weekly schedule, academic dates, the new and returning student list, and a tentative book list;
- b) The clinical placement process;
- c) The communication process, including an organization chart (interface of the university with the provincial program), a university contact list and communication advice to students; and
- d) Additional available resources, including the library and workshops offered by the university.

In the second half of orientation to the Program, the IT support person guides students through an online orientation to ensure that they are familiar with how to access the Central Registry Database, reset their password, define their course plan, and pay the network online fee to access the system. Students also become familiar with the Learning Management System and how to access program related news and a calendar, program resources, pre-courses, non-course forums, and an email account, which they learn to manage through the webmail interface.

Students are also informed about the teaching modalities that are used to deliver course content, including on-site tutor-led seminars, case studies, and the tools that are used to facilitate distance learning, as listed below.

<b>Modality</b>	<b>Description/Usage</b>
Blackboard Collaborate Live	A virtual environment optimized for learning. Blackboard Collaborate © allows faculty and students to have a dialogue on-line (using two-way voice

	and text) and to share content via PowerPoint
E-mail	Used for communication between learners, tutors and professors. Each student uses their university email as of September 2012, rather than an NP specific email address
Forums	A collaborative discussion area for learners, tutors and professors
Turnitin	Helps educators and students take full advantage of the internet's educational potential
Slideshare	For visual presentations of PowerPoint slides
Multimedia	To share audio and video files
On-line exams and quizzes	Secure on-line Exams

### **Regular Interactions**

Each university is responsible to ensure that PHCNP students are embedded in a learning community that is supportive and that the necessary resources and technology is in place to support learning. COUPN ensures that the program is consistent and that requirements and standards are achieved through regular communications with all key stakeholders. At the consortium level, Deans and Directors of all nine universities meet face to face 3 times a year, and by phone if required; professors and tutors formally meet once a year (in August) for two days. The objectives of these two days are to, 1) identify major PHCNP Program activities that occurred in the previous year, 2) Identify key PHCNP goals for the next academic year, 3) Identify major Distance Education Office priorities for the coming year, and 4) Introduce any new technologies to professors and tutors. To ensure that the preceptors are aware of any program changes meetings are held between the course tutor(s) and placement coordinator approximately three times per year. Clinical tutors contact the clinical preceptor three times per term or more often if a student is experiencing academic or clinical difficulty. All tutors are current in their PHCNP practice and are up-to-date on changes in legislation which ensures that the content shared with the students is current and that new knowledge related to legislation is integrated into tutorials. Most course professors meet with tutors teaching in their course through regularly scheduled teleconferences.

### **Faculty and Student Interactions**

Faculty (course professors and tutors) and students are in daily contact via the discussion forums as well as by e-mail. Students can post comments and questions to faculty using the forums as well as share learning experiences. Students are also encouraged to use this mode to share their clinical problems, new resources and interesting questions. Faculty can also use the forums to post questions, share new resources, and to ask interesting, thought provoking questions. Faculty participate in on-line discussions and in some cases provide specific assigned interactions in order to model the use of the forum as a part of a learning community. These discussion forums also ensure regular interaction between faculty and students and among faculty as there is a forum devoted just to course faculty.

### **Supportive Learning Environment**

At all universities, clinical labs are available for students to practice their clinical skills. This is most often incorporated into AHAD I and II. In some cases students are together with their tutors on a weekly basis and in other universities they come together monthly, especially where distance is an issue. The labs at each university are fully equipped with anatomical models, clinical equipment and technology to enhance learning. OSCEs are conducted at all universities in the consortium as part of AHAD I and II and are generally conducted in these same labs. There is one OSCE for each AHAD course, as described in **Appendix F**, as well as an observed head to toe exam that is completed at the beginning of AHAD I as a means of assessing students skills before they enter their first clinical

placement. To ensure student success and to improve confidence in their skills, required remediation is completed before placements start.

To provide students with the best clinical experience, the placement coordinator varies student placements so that they are exposed to diverse clinical areas and that they engage with clinical situations across the lifespan. Placements are also provided based on student need or gaps in learning. For example, if students feel that they had limited experience in mental health, a placement may be provided that would help to address the students' perceived knowledge gap.

All students coming in to the program are required to have their own computer and access to the internet. There is a comprehensive orientation to the electronic resources available for student use and all students have access to IT support in a timely manner.

**7. Anticipated Enrolment**

7.1 Describe the recruitment strategy for the Diploma. Indicate how many new students the Diploma is expected to attract to Queen's (and why), and if applicable, how many students will need to be accommodated by other departments/Academic Units. Indicate which departments/units will be affected and how.

The consortium has an overall recruitment strategy with advertising coordinated centrally. At each university the coordinator of the Graduate Program in Nursing is responsible for recruiting and meeting with potential applicants. The program is very popular and is highly competitive. The enrolment, at Queen's University, is between 22-28 students per year. Overall, the COUPN consortium is funded for 200 students to be admitted each year. The aim is to have 5-8 in the Peterborough satellite at Trent University and the remaining students based at Queen's University. These are not new students as this is the target for the certificate [which will be replaced by the proposed program]. No other academic unit is affected by the program.

7.2 In Table 4 below, summarize the projected intake and enrolments by year until steady-state is reached.

**Table 4. Anticipated intake and enrolment in Graduate Diploma Program**

	<i>Yearly</i>
Diploma	
Intake	22-28
Total Enrolment	22-28

**8. Resources**

*Provide evidence that the Academic Unit(s) has the necessary resources to implement and deliver the proposed new Program under the following headings (where applicable).*

**Budget Modules must be completed Not required as externally funded**

8.1 **Faculty** - Comment on the adequacy of the faculty complement to teach in the Graduate Diploma AND complete Table 5 below. **Submit completed CV modules for faculty not listed as core in a Queen's degree program** (core faculty are defined as tenured, tenure-track, and emeritus faculty that contribute to the delivery of the program)

**Table 5. Faculty associated with the proposed Diploma (add rows as needed)**

<b>Faculty Member (and Academic Home Unit)</b>	<b>Rank/Status (Tenured, tenure-track, cont adj, term adj, special appt, emeritus, etc.)</b>	<b>Total Grad Teaching (incl new Program)</b>
Dana Edge, RN, PhD	Associate Prof / tenure-track	3.0 units
Colleen Mackulin, NP-PHC, MSc	Lecturer; Term Adjunct	1.0 units
Diane Batchelor, NP-PHC, MScN	Lecturer; Term Adjunct	1.0 units
Johanne Chantigny, NP-PHC, MN	Lecturer; Term Adjunct	1.0 units
Susan Shea, NP-PHC, MNSc	Lecturer; Term Adjunct	1.0 units
Mary Smith, NP-PHC, MScN	Lecturer; Term Adjunct	1.0 units
Almut Brenne-Davies, NP-PHC, MScN	Lecturer; Term Adjunct	1.0 units
Jessica Ritchie, NP-PHC, MScN	Lecturer; Term Adjunct	1.0 units
Lel Morrison, NP-PHC, MHSc,	Lecturer; Term Adjunct	1.0 units
Connie Brown, NP-PHC	Lecturer; Term Adjunct	1.0 units
Chantelle Hart NP-PHC	Lecturer; Term Adjunct	1.0 units
Christie Thomson NP-PHC	Lecturer; Term Adjunct	1.0 units

Clarissa Townsend NP-PHC	Lecturer; Term Adjunct	1.0 units
Mary Woodman NP-PHC, MPA	Lecturer; Term Adjunct	1.0 units
<i>Use space below to comment on Table 5</i>		
<p>All teaching faculty in Table 5 maintain active primary health care nurse practitioner practice of at least one day a week with the exception of Dr. Edge. This is a requirement of all teachers in the program to ensure they are current with practice.</p>		
8.2	<b>Staff</b> - Comment on the adequacy of the staff complement to support the Diploma (administrative, technical, IT, laboratory, etc.).	
<p>Full time staff are hired at the provincial office. Funding is received at Queen's to purchase services including financial management, admissions, and clinical placements.</p>		
8.3	<b>Space Requirements</b> - Describe the additional space (e.g., work space, laboratory space, office, classroom above that associated with the related degree program) and additional equipment needed to support academic activities of the diploma students.	
<p>There are no new space requirements needed. Students take all courses on-line, in clinical placements, and come on campus at Queen's and Trent on Friday during the term. The students are accommodated within the School of Nursing and the Glaxo-Wellcome Clinical Education Centre.</p>		
8.4	<b>Information Technology</b> - Describe the additional information technology needed to support diploma students' scholarship and research activities over and above that required for the related degree program. Indicate the resource implications for hardware, software/internet, audio-visual, telecommunications, etc.	
<p>The PHCNP program is supported by the LMS (learning management system) based at the University of Ottawa.</p>		
8.5	<b>Library</b> - Indicate what <b>new</b> library resources will be needed (e.g. journals, print monographs, audio-visual material, historical documents, electronic databases, statistical/geospatial data, etc). Indicate the likelihood of the Program having an impact on the Library staffing. Provide date that consultation with the Library staff took place.	
<p><b>Date of consultation:</b> <u>26<sup>th</sup> July 2012</u></p> <p>The Bracken Health Sciences Library (BHSL), housed on two levels in Botterell Hall, supports the education and research endeavours of the faculty, undergraduate and graduate students in the Faculty of Health Sciences, including the Schools of Medicine, Nursing and Rehabilitation Therapy, and the Life Sciences programs. The Bracken Health Sciences Library also serves as the reference library for Kingston General Hospital, Hotel Dieu Hospital (Kingston), Quinte HealthCare (Belleville, Picton, Trenton &amp; Bancroft) and Northumberland Hills Hospital (Cobourg). The Library is open 92 hours a week during the academic year, and provides an engaging and very comfortable environment for study and group interaction. The</p>		

total area of 31,500 square feet includes seating capacity for a total of 424 library users. The upper floor comprises the Centre for Health Education Electronic Resources (CHEER), an interactive and fully integrated learning space for problem-based learning and small group interaction.

CHEER includes six seminar rooms, a videoconference facility, the e-Laboratory digital classroom, a variety of open area group interaction spaces, Access Services, Reference and Research Services, Document Services and computer support personnel. The lower floor provides quiet study space and access to the print collections of BHSL.

Forty-nine public computer terminals are accessible in BHSL including 24 networked Windows laptop workstations in the e-Laboratory which are available when the e-lab is not reserved for teaching. The public workstations provide access to the Queen's University Library system catalogue, full-text electronic books, journals, evidence-based best practice resources, a suite of electronic indexes to journal articles, as well as access to external library catalogues and other user services. Self-serve printing is available from all public computers. The Library is also fully covered by Queen's wireless network, allowing individual students to connect their personal laptop to Library and University based Internet resources.

Six professional librarians (including a Liaison Librarian for the School of Nursing and a Health Informatics Librarian) and six library technicians, as well as part-time casual employees, staff the BHSL. The Bracken Library Committee, an advisory body which meets three times annually, includes both faculty and student representatives from the Faculty of Health Sciences and Life Sciences programs.

## **Resources and Services**

### **Access to the collection**

Queen's University has always had a strong commitment to the excellence of library collections, and has fought very hard to maintain the purchasing power of the acquisitions budget when other areas were being cut back. There is a constant review of the collection and of periodicals, and careful attention is paid to the needs of students and faculty when orders are placed. It is the library's avowed policy to continue the review of the acquisition program to maintain a sound and up-to-date working library for teaching, research and clinical practice.

Due to the interdisciplinary nature of the fields of health and life sciences and the research associated with them, it is virtually impossible as well as unnecessary to divide the Bracken Health Sciences Library acquisition funds by department. The disciplines served by the BHSL require that information be current and as a result, over 85% of the acquisitions budget is allocated to electronic resources. The electronic journal packages are rich in both clinical and basic health and life sciences content, reflecting the interdisciplinary nature of teaching, research and practice.

Currently it is estimated that there are more than 7000 electronic journal titles in the Health and Life Sciences Collection. The ProQuest Nursing Journals collection includes over 500 full-text journals whose subject content encompasses nursing, medicine and allied health. Through the Ontario Scholars Portal, access is provided to the Nursing and Health Sciences Sage Full-text Collection. BHSL electronic journal titles are supplemented with electronic journal packages in psychology, education and social sciences that are collected by other libraries within the Queen's system. A significant new form of content has also been added in recent years. Online resources with evidence-based content are useful to both practicing

clinicians as well as students learning new content. These point-of-care tools provide information about diseases, drugs, clinical skills, practice guidelines, calculators, and patient information handouts.

BHSL is also selecting multi-media learning resources such as clinical skills videos (e.g. Lippincott's Online Learning Center) and anatomy learning software. Owing to the interdisciplinary nature of the health and life sciences, users will need to consult resources outside of the extensive health collection provided by this library. Relevant material may be housed in other locations on campus (e.g., health related statistics housed in the Maps, Data and Government Information Centre housed in the Stauffer Library), but many are also conveniently available online. BHSL and other Queen's libraries are actively selecting full-text e-books and e-journals whenever possible.

Bracken Health Sciences Library has been an active participant in negotiating attractive consortia pricing for electronic book and journal packages. The Canadian Research Knowledge Network (CRKN), a co-operative venture by Canadian universities for purchasing on-line resources has resulted in an extensive array of full-text electronic journals in science, technology, and medicine, plus access to the Web of Science indexing and citation databases. Other health sciences specific consortia purchases, via the Consortium of Ontario Academic Health Libraries (COAHL), the Ontario Learning Resources for Nursing (OLRN), or the Ontario Consortium of University Libraries (OCUL) have also dramatically increased the number of electronic resources available.

The Library currently provides networked access to the premier health and life sciences indexes and databases. Medline, Evidence-based Medicine Reviews (Cochrane Library), EMBASE, PsycINFO, Global Health, and the Health and Psychosocial Instruments databases are all available via Ovid. CINAHL (Cumulative Index to Nursing & Allied Health), the Joanna Briggs Institute, Web of Knowledge, ERIC, SPORT Discus, and Social Science Abstracts are also important databases for Nursing students and faculty.

To expedite access to electronic full-text content, Queen's University Library has enabled a link resolver for quick and direct access to remote full-text articles from citations in indexing and abstracting databases. RefWorks is another online tool made available by Queen's University Library for managing citations and bibliographies. The Library will continue its efforts to provide timely access to information resources outside its own collections. There will be a continued monitoring of the balance between on-site and external resources.

## **Library Services**

### **Document Delivery**

The Bracken Health Sciences Library's Document Delivery Department acquires books and journal articles not available at Queen's University or within the Kingston Area. State-of-the-art scanning technology has been implemented which allows transmission of documents via the Internet. BHSL has introduced extremely sophisticated software and hardware in the Document Delivery Department to expedite the document delivery process. Through the implementation of Docline (an automatic routing system) and of Quickdoc (an interlibrary loan management software), BHSL has access to other Docline participants throughout Canada and the United States. Reciprocal agreements between the Association of Faculties of

Medicine of Canada libraries include a turnaround time of three days for filling journal article requests, and electronic delivery of the material via scanning technology. Bracken Health Sciences Library subsidizes heavily its document delivery operation so that users are only charged a nominal fee.

### **Reference Services**

Professional librarians staff the reference desk, Monday – Friday (10:00 am – 4:00 pm). However, librarians are available 35 hours a week for students and faculty who would like to book individual appointments with a librarian. An e-mail reference service, the Ask-a-Bracken Librarian feature available through the OVID software, voicemail and a 1-800 number allow students and faculty to consult with a reference librarian whether they are located on campus or at a distance. In addition, professional librarians conduct comprehensive literature searches for faculty and they are frequently involved in complex systematic reviews.

### **Instruction**

University students may be perceived as “digital natives”, but their research competencies are often overestimated. Current research shows that they overuse Google, rarely evaluate resources, and encounter significant challenges during the research process. As part of the Bracken Library information literacy program, students develop research skills over time by completing a systematic review on a topic of their choice. The Library puts a great deal of effort into teaching information literacy, to equip future health care professionals with the skills for access, retrieval and management of information, and to promote and facilitate critical enquiry, evidence-based practice, self-directed and life-long learning. During an intensive period of 2 weeks a librarian co-teaches with a Nursing faculty member daily sessions that cover the selection of appropriate databases or online resources, the best methods and techniques for effective database searching, and the evaluation of search results. The librarian works closely with the students during these two weeks to help with the development of their individual systematic reviews. Information Literacy learning objectives for the Nurse Practitioner Master’s programme have been mapped to the Graduate Level expectations and are attached below.

Following the in-person sessions, the Nurse Practitioner students work independently on their systematic review and must arrange at least one one-on-one session with the librarian instructor to help develop, test and evaluate their literature search strategies and results. The librarian instructor provides written formative evaluation at the protocol stage of the systematic reviews and summative assessment is also written after the final presentations.

### **Teaching Facilities**

Information literacy instruction is carried out in the Library’s e-Laboratory. Library users can access the workstations in the e-Laboratory when information literacy classes are not in progress. Faculty needing to deliver instruction in an interactive computer space may also use the e-Laboratory. There is Library funding to purchase electronic resources for teaching support purposes. In addition, library resources are purchased by consortium funds for all sites and made available at each of the university sites. There has also been a budget for distance learning that includes computer support personnel, web page development and maintenance.

<p>Since the program is implemented through distance learning methods, students have access to library resources through the COUPN partners.</p> <p>Course professors can put reference materials on library reserve at each consortium site so all students across the province have access to them. Students have access to OVID and other on-line resources and the many on-line journals available at the COUPN partners and the consortium courses take full advantage of these. Credible hot-links to web pages that have met rigorous evaluation are also used. The technology and support of the PHCNP program is well adapted for faculty and students to access and make intensive use of available resources.</p>
<p>8.6 <i>Describe any additional resources required that are not currently available. Provide evidence of institutional commitment to supplement existing resources as needed (See Budget Modules).</i></p>
<p>No additional resources are required for the diploma program</p>

<p><b>9. Other Matters</b></p>	
<p>9.1 <i>Provide evidence of student and market demand for the Diploma and describe how this information was obtained.</i></p>	<p>As the program has been offered as an undergraduate certificate for over 15 years we have plenty of evidence to warrant continuation of the program. PHC-NP positions are offered regularly and there is a continued demand with new positions funded by the MOHLTC yearly.</p>
<p>9.2 <i>Explain how the Diploma will fulfill a societal need. Comment on similar Diplomas offered elsewhere and why the proposed Diploma will be attractive to applicants or students enrolled in the Master's (or doctoral) degree program (Type 2 diploma) (include any unique or innovative elements/features).</i></p>	<p>The PHCNP program supports The Excellent Care For All Act of 2010 by independently and collaboratively providing quality health care. In addition, the Program supports Ontario's Action Plan which seeks to ensure that families get the right care, at the right time, in the right place and by the right health care professional. PHC-NP often work in parts of Ontario where there are no other primary health care providers in addition to NP led clinics across the province.</p> <p>The diploma will be offered by each of the nine universities in the consortium.</p>

9.3 *For new Professional Diplomas, provide evidence that the Diploma is congruent with the regulatory requirements of the profession.*

The program has met the requirements of the College of Nurses of Ontario in the past, is in the final approval process in 2013 and will be assessed every seven years.

## **10. Equity, Diversity and Accessibility**

*Describe how the proposed new Diploma will address equity considerations, including (but not limited to) issues of particular concern for the groups identified in the University's various Equity programs (<http://www.queensu.ca/equity/>).*

Queen's University's Equity Office (<http://www.queensu.ca/equity/>) assumed the responsibility to contact all other eight universities to assemble a single report on the items considered within each university's management of equity goals for the recent IQAP process undertaken in 2012. Many university managers of Equity and Diversity Offices identified that they could not divulge the information because there were too few faculty and staff affiliated with the program at their own university. The accepted rule is that if there are less than 5 in a designated group then it is inappropriate to report because individuals are more likely to be identified. The dean's and director's group and the nurse practitioner teaching faculty have recognized that the nurse practitioner group does not fully represent the diversity of the Canadian population, but neither does the registered nursing population. However, we strongly encourage registered nurses from the identified underrepresented groups to apply and the hybrid model of education encourages and supports potential NPs who can remain close to home while they take the program using distance modalities.

At each university there are clear policies on hiring and human resource management to ensure each applicant is assessed with Equity principles. The course evaluations are provided to the university who employs the professor and tutor. These evaluations form part of the decision the Dean/Director makes in offering a future contract to teach in the program.

The students who take the program are more diverse and all possible accommodations are offered with the proviso that the College of Nurses of Ontario has Requisite Skills and Attributes policy statement about the abilities required of nurses in Ontario. The Distance Education Office staff work closely with faculty and students to ensure all materials are offered using multiple modalities therefore enhancing the student's ability to learn.

## 11. Quality and Other Indicators

*With respect to unique curriculum or program innovation or creative components (Section 4.2), comment on the faculty attributes (including professional and research activity) that will ensure the intellectual and academic quality of the student experience.*

With the exception of Pathophysiology, all course professors and tutors are clinically based nurse practitioners with licences to practice in Ontario. Each year there are a number of funded research projects and the faculty of the program are encouraged to apply. These projects provide evidence for teaching, investigate best practices in clinical, and study the expanding scope of practice of nurse practitioners in Ontario and Canada.

The program is complex and unique in Canada. We know of no other nine university consortium in Ontario and amongst nursing programs in Canada it is the only one. As one reviewer commented the program is the gold standard for NP education in Canada.

## Part C – Administration & Government Reporting Information

Part C is to be completed by the Academic Unit(s)/Department(s)/Faculty(s) in consultation with the Office of the University Registrar and the School of Graduate Studies.

<b>12. Information for and/or from the Office of the University Registrar and/or the School of Graduate Studies Registrar</b>	
<i><b>Academic Administration</b></i>	
Academic Career	GRAD
Department(s)/Academic Unit(s)	
School of Nursing, Faculty of Health Sciences	
Proposed Start Date <u>09/2014</u> mm/yyyy	Program duration <u>one to two years</u>
Expected enrolment  <i>Initial Year</i> <u>22-28</u> <i>Steady State</i> <u>22-28</u>	
Program Name: Diploma <small>(max 50 characters) (e.g. Diploma in International Finance)</small>	Diploma Code <small>(max 5 characters)</small>
Primary Health Care Nurse Practitioner Diploma	PHCNP
Academic Plan <small>(e.g. Chemical Engineering)</small>	
Nursing	
<b>Complete the following:</b>	
Will students be admitted part-time?	X <input type="checkbox"/> Yes <input type="checkbox"/> No
Will all or part of the program be offered at the BISC campus?	<input type="checkbox"/> Yes     X <input type="checkbox"/> No
Will all or part of this program be offered via distance learning (e.g. online or blended learning?)	X <input type="checkbox"/> Yes <input type="checkbox"/> No

**13. Course Information**New Courses with new subject code required?  Yes  No

If yes, suggested Subject Code \_\_\_\_\_

**14. Tuition and Student Activity Fees**

Tuition Fee	\$6,290
Fee Assessment Protocol <i>(Annual? Per term Or per course?)</i>	Per course
Student Activity Fees <i>GRAD - SGPS</i>	\$954.97
Non-Tuition Fees	\$100 (student assistance levy)

**15. Government Reporting**

MOHLTC	Funding reports are sent to the Ministry of Health and Long Term Care every three months, the grant funding have an external audit once a year, and the other reports are laid out in the yearly TPA agreement
MTCU	Admission numbers are reported as part of the master's program to the Ministry of Training, Colleges and Universities as required

### Part D - Authorizations

Part D is to be completed following GSEC approval.

<i>Date Approved by GSEC</i>	<u>May 9, 2013</u>	
<i>Director School of Nursing Vice-Dean (Health Sciences)</i>	<u>Medves</u> <small>Signature</small>	<u>May 16, 2013</u> <small>Date</small>
<i>Faculty Dean(s) or delegate(s)</i>	<u>Reznau</u> <small>Signature</small>	<u>May 16, 2003</u> <small>Date</small>
<i>University Librarian</i>	<u>M.W.</u> <small>Signature</small>	<u>May 21, 2013</u> <small>Date</small>
<i>University Registrar</i>	<u>Quintana</u> <small>Signature</small>	<u>16 May 2013</u> <small>Date</small>
<i>Vice-Provost (Budgeting &amp; Planning)</i>	<u>[Signature]</u> <small>Signature</small>	<u>May 22, 2013</u> <small>Date</small>
<i>Vice-Provost and Dean, School of Graduate Studies</i>	<u>[Signature]</u> <small>Signature</small>	<u>May 24 2013</u> <small>Date</small>
<i>Provost and Vice-Principal (Academic)</i>	<u>[Signature]</u> <small>Signature</small>	<u>27.05.13</u> <small>Date</small>