



**School of Nursing
Academic Program Review**

Self-Study Report

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Introduction

This self study document was prepared following the University guidelines and suggested template for Academic Program Review (APR). The final report was prepared in the summer and fall of 2007. It was written primarily by Dr. Sandra LeFort, Director with input and review by Professor Karen Webber, Associate Director, Undergraduate Programs, Dr. Donna Moralejo, Acting Associate Director, (2006-07), Dr. Shirley Solberg, Associate Director, Graduate Programs and Research (2007-present), and Ms. Stephanie Dalton, Manager of Finance and Administration for the sections relating to staffing and finance.

This self study coincided with two similar self study reports. The first is a self study that has been prepared for our accreditation review in 2008 of our undergraduate programs for the Canadian Association of Schools of Nursing (CASN). Under the leadership of Professor Margaret (Marge) Hackett, teams of faculty and students have been involved in the CASN self study process over the past year and much of this APR report that relates to the undergraduate programs is based on the work done by these teams. (See *Appendix A* for the list of team members). The second was a self-study report of the Master of Nursing – Nurse Practitioner Program that was prepared for the Approval Committee of the Association of Registered Nurses of Newfoundland and Labrador (ARNNL) in March 2007. (Both self study reports will be available on site).

1.0 Background

1.1 Historical overview of programs offered at the School of Nursing

Memorial University College was founded in 1925 and was granted full university status when Newfoundland joined confederation in 1949. Memorial is now Atlantic Canada's largest university with over 18,000 students. The origin of Memorial University of Newfoundland School of Nursing (MUNSON) dates back to August 1963 when the Association of Registered Nurses of Newfoundland submitted a brief to the University calling for the establishment of a baccalaureate degree program. Two years later a Department of Nursing was formed within the Faculty of Arts and in September 1966 the first 38 students were admitted to the undergraduate degree program for generic students (5 year program) and post-RN students (4 year program). Later, the Department of Nursing became a fully autonomous School, as it is today.

Over its 41 year history, the School has remained responsive to the changing needs of nursing within the province and in Canada and consequently has developed and changed over time. Key developments that have occurred in the School and its programs can be found in *Appendix B*.

Since its earliest beginnings, the School's mission has been to provide leadership in nursing education, practice, and research. The educational, research and scholarly activities of the School and its faculty draw upon knowledge from the arts and sciences and from nursing and other health professions. The School and its faculty are also involved in many community outreach and professional service activities. While being

responsive to national and international needs, the School acknowledges its primary responsibility to the people of Newfoundland and Labrador.

The School has three programs of study:

- **BN (Collaborative) Program:** 4-year regular stream and 2-year fast track stream. This program is a collaborative effort of three Schools of Nursing: Memorial University School of Nursing (MUNSON), the Centre for Nursing Studies (CNS) in St. John's which is owned and operated by Eastern Regional Health Authority, and Western Regional School of Nursing (WRSON), located in Corner Brook on the west coast of the island of Newfoundland, which is owned and operated by Western Regional Health Authority. The collaborative program began in 1996 with the first graduates in 2000. In response to our accreditation review in 2001-02, graduate and employer survey results, the changing demographics of the population, and the changes in health care delivery, we instituted a curriculum review in 2004-05. We have revised our philosophy, conceptual framework, and some elements of curricula. Currently, we are 'in transition'. The revised year 1 was implemented in 2006-07, and the new year 2 was implemented in 2007-08. The revised years 3 and 4 will roll out incrementally over the next two years.
- **BN (Post-RN) Program.** The first graduates of the BN Program in 1969 were four students who completed their degree as post-RNs. From 1966 through 1990, registered nurses completed their BN degree by attending classes on campus in St. John's. In the late 1980's the School of Nursing recognized the need to expand access to the BN program to all registered nurses in the province through distance education. Since 1990, the BN (Post-RN) program has transitioned from a print-based correspondence program to completely web-based delivery. This occurred through our strong relationship with the Division of Educational and Learning Technologies (DELT) at Memorial which provides the development and delivery expertise for web-based courses.
- **Master of Nursing Program.** Our graduate program begun in 1982 as a thesis-based on-campus program. It has evolved to include three routes: thesis, practicum, and acute care nurse practitioner (ACNP). The thesis and practicum routes are completed by distance on-line, either full-time or part-time, while the 2nd year of the ACNP program must be completed on campus full-time.

1.2 Strategic objectives

The vision, mission, and guiding values were reviewed and revised at a Strategic Planning Retreat that was held in June 2007. The previous strategic plan from 2000-2005 (updated to 2007) was also extensively reviewed and activities were classified as being completed, in process, or not completed. In light of this progress, work on a new strategic plan was begun for 2008-2011. Both the 2000-2007 School of Nursing strategic plan and the new 2008-2011 report and draft plan are provided in *Appendix C and D*. The next retreat in June 2008 will finalize the activities for the 2008-11 plan. Outlined below are the vision, mission, values and strategic areas of focus for the School for the next 3 to 5 years.

Mission

The School of Nursing provides leadership and advances knowledge in nursing education, practice, and research with the goal of promoting health and well being.

Vision

We will be innovative leaders in nursing education and research provincially, nationally and internationally by developing quality learning and scholarship environments. Our graduates will be prepared to embrace the challenges of providing health care and will be responsive to human diversity while improving health for all.

Values

Caring. We will strive to be compassionate and considerate in all our interactions.

Excellence. We will seek to achieve the highest possible quality in our educational programs and in our teaching, research, scholarship, and service.

Ethical Standards. We will hold ourselves to the highest standard of ethical conduct in all that we do.

Spirit of Inquiry. We will foster a climate of intellectual curiosity, critical thinking and life-long learning.

Responsiveness. We will respond to the needs of our students and to changes in society and the global environment.

Collaboration. We will foster effective and dynamic relationships by sharing knowledge and expertise in a spirit of mutual respect to achieve common goals.

Strategic areas

Five strategic areas were identified at the retreat. These are:

1. Educational Excellence and Students
2. Enhancement of Research
3. Faculty and Staff – Recruitment, Retention, and Professional Development
4. Infrastructure and Resources
5. Advancement

In 2006, the university initiated a strategic planning process that included wide input from faculty, staff, students and the community. This plan identifies the university's mission, core values and principles, vision, broad institutional goals, and targets. It identified 5 key areas for action: **Students** (Goals 1-7); **Research, creative activity, and scholarship** (Goals 8-12); **Needs of the province** (Goals 13-19); **Conditions for success** (Goals 20-26); **Institutional responsibility** (Goals 27-29).

The Memorial University Strategic Plan and Targets document can be found at www.mun.ca/strategicplanning/new.php. (A copy is provided in *Appendix E*). The goals of the draft School of Nursing Strategic Plan 2008-11 align closely with those of Memorial University. (See *Appendix D - Report of the Strategic Planning Retreat 2007* for a comparison of the SON key areas/goals and their relationship to the MUN key areas/goals). We will be working to align activities and targets as well.

1.3 New initiatives

In 2006, we began work towards the establishment of a PhD program. An ad hoc committee of six senior faculty was struck within the School. A scan of all Canadian PhD nursing programs has been done and we held an invitational symposium in May 2007 with speakers from four well established PhD programs in Nursing (UBC, University of Toronto, McMaster University, and the University of Michigan). We also invited representatives from the University of New Brunswick since they had expressed an interest in joint discussions with Memorial on a PhD (Nursing) program. We invited key stakeholders from the university, the health system, government, and all interested faculty from the Schools of Nursing in the province. The symposium was well attended and the need for and interest in the development of a PhD program in Nursing was strongly supported by stakeholders. The committee is continuing with its work including discussions with UNB and we plan to have a draft proposal ready in 2008.

In addition to the university strategic initiatives, the provincial government held a series of consultations about post-secondary education. The Schools of Nursing were asked for a separate submission and met with the consultants in the fall of 2004. The consultations around the province culminated in a White Paper released in July 2005. In the document *'Foundations for Success. White Paper on Public Post-Secondary Education'* (www.ed.gov.nl.ca/edu/whitepaper), two directives involve the School of Nursing directly (see Section 6.3, page 50 of the report).

#1: “Request Memorial University to assess the **feasibility of establishing a Faculty of Health Sciences** to include the Faculty of Medicine and the Schools of Social Work, Pharmacy and Nursing, with appropriate stakeholders. The appropriate placement of associated funding will be part of the discussions between Memorial University and the Departments of Health and Community Services and Education”.

#2: “Direct the Departments of Education and Health and Community Services, in conjunction with the Schools of Nursing and appropriate stakeholders, to discuss **implementing a consolidated model that provides for the administration of nursing education**, including continuing education and other programs such as the Practical Nursing program and the Nurse Practitioner program **within Memorial University**. The appropriate placement of associated funding will be part of the discussions between the Schools of Nursing and the Departments of Health and Community Services and Education, and Memorial University”.

With reference to **directive #1**, the president of Memorial University struck a committee under the leadership of Dr. Duncan Sinclair, former Dean of the Faculty of Health Sciences, Queen’s University. An executive summary of the committee’s work (May 31, 2006) can be found at www.mun.ca/vpacademic/healthreport.php. (The full report will be available on site).

In brief, the committee recommended that a FHS not be established. Since the intent of the directive was to enhance inter-professional learning and team work among the health professions (and not just an administrative reconfiguration), the report recommended the

establishment of a College of Interprofessional Health and Community Services led by a principal who will report directly to the Vice-President Academic (VPA). All health professional faculties and schools would be represented in the College, but would maintain their own autonomy as separate faculties and schools that report directly to the VPA as is currently the case. The School of Nursing had two representatives on the President's Committee. All academic councils of the health-related professional schools and faculties at Memorial endorsed the recommendations, as did the equivalent bodies of the partner Schools of Nursing (CNS and WRSON). The university has a submission to government for funding of this initiative to begin in 2008.

Directive #2 that relates to the consolidation of the Schools of Nursing was developed in response to the submission by the Schools of Nursing (see *Appendix F* including the appendices by each of the three Schools). For a variety of reasons, progress on directive #2 has been slow. In the summer 2007, the Vice President (Academic) appointed a consultant, Ms. Pegi Earle of the Association of Registered Nurses of Newfoundland and Labrador, to review the work done to date. Her report on 'next steps' has just been completed and is titled: *Foundations for Success...Consolidating Nursing Education within Memorial University, Dec. 14, 2007*. The 23 recommendations are expected to be presented to the stakeholders including all three Schools of Nursing early in the New Year. (The full report will be available on site).

1.4 Associated challenges

Given the comprehensive and sweeping nature of the two directives, the School of Nursing is at a crossroads. The introduction of a College of Interprofessional Health and Community Services will be revolutionary and demand creative and innovative approaches to joint curricula development, teaching and clinical experiences, as well as some research and service endeavours among all health professional disciplines. All schools and faculties are aware of the tension between a particular profession's unique knowledge and skill set and the 'crowded' curricula of the health professional schools. At the same time, we acknowledge the need to provide foundational learning opportunities so students can learn from and about each other to enhance their ability to work collaboratively in teams for the good of the individuals, families and communities we serve.

Likewise, the possible consolidation of the CNS with MUNSON will result in a Faculty of Nursing with the full continuum of nursing education, from diploma to an anticipated doctoral program and continuing education. This will require significant resources, as well as re-alignment and culture shifts for faculty, staff and administration. As would be expected, this potential change, while exciting, has caused some anxiety among faculty and staff at all sites. An additional factor is that WRSON is likely to consolidate under Sir Wilfred Grenfell College in Corner Brook and become an autonomous School, and not a site under a Faculty of Nursing. The nature of our collaborative relationship with WRSON will change. We look forward to moving forward on these initiatives in a timely manner in 2008.

1.5 Evidence of quality programs – Previous accreditation and approvals

While there are many challenges for the future, the primary driver of the School of Nursing will continue to be the achievement of excellence in all our educational program offerings. In 2001, we achieved 7-year accreditation from the Canadian Association of Schools of Nursing (CASN) for both our BN (Collaborative) Program and the BN (Post-RN) Program. We will be reviewed again for CASN accreditation in March 2008. (Both the 2001 and the new 2008 Accreditation documents will be available on site). Another piece of evidence that supports the educational quality of our BN (Collaborative) Program is the result of the Canadian Registration Nursing Examination that is written by our graduates. This is the qualifying exam for licensure as a registered nurse in all provinces and territories except for Quebec. In the past 7 years, only 2 of our students have not been successful of 353 students who have graduated since 2000-01. (See *Appendix G* for CRNE Results by Year).

In this province, the Association of Registered Nurses of Newfoundland and Labrador (ARNNL) has the legislated mandate to approve all Schools of Nursing. Each year, a detailed report of our School and its programs is submitted to the ARNNL. Entry-level BN programs and nurse practitioner programs must be approved by this professional body. We have consistently received full approval for our programs.

There is no national accreditation for graduate programs in nursing at this time and no provincial or regional accreditation process in Newfoundland and Labrador. New graduate programs are subject to both internal and external review by the School of Graduate Studies at Memorial. Such reviews were done when the MN Program was first developed in the early 1980's and more recently in 2002 when the nurse practitioner option of the MN program was introduced. As well, the ARNNL-mandated external review of the Master of Nursing – Acute Care Nurse Practitioner Program was completed in March 2007. Two external reviewers (from Nova Scotia and Alberta) were involved in the review. The program received full 3-year approval, the highest rating given by ARNNL.

2.0 Student Information

2.1 Numbers of students, graduation rates and attrition

As of Sept. 2007, we have **520 students** (full time and part time) in all degree programs in the School of Nursing.

2.1.1 BN (Collaborative) Program: 4-Year regular stream

The number of provincially funded seats is capped at 223, however we expect this number to increase. The program is jointly offered by MUNSON (51 seats), the Centre for Nursing Studies (121 seats)*, and Western Regional School of Nursing (51 seats). Students from all three sites are students of Memorial University and receive their BN degree from Memorial. MUNSON students take all program courses at Memorial's St. John's campus. Students at the CNS and WRSON take all non-nursing courses at Memorial's campuses in St. John's or Sir Wilfred Grenfell College in Corner Brook while all nursing courses are offered by the partner schools.

Applicants to the BN (Collaborative) Program apply to the program, not to individual schools. Table 1 provides data about the total number of applicants by gender to the 4-year BN (Collaborative) program, the number of direct from high school applicants, the number of applicants who are licensed practical nurses (LPN), and the total admissions from 2000 to 2006-07. As illustrated, trends related to enrolment have been relatively stable over the past 7 years. The numbers of applications have ranged from 494 to 639 with an average of 574 per year for the 223 seats. Approximately 23 to 27 % of applicants are direct from high school, 1 to 3 % are LPNs, while the remaining 70% have completed one or more years of post-secondary education. Applications from males and enrolment of male students have ranged between 7-10 %.

Table 1
BN (Collaborative) Program 4-Yr Stream: Applicants and Admissions for all Three Sites 2000-06/07

	Total Applications			Direct HS	LPN	Total Admissions			Direct HS	LPN
	F	M	T			F	M	T		
00-01	505	51	556	141	8	207	20	227	61	6
01-02	444	50	494	124	13	201	22	223	51	6
02-03	522	41	563	146	16	208	15	223	59	6
03-04	575	64	639	144	19	208	15	223	58	6
04-05	553	67	620	141	17	201	22	223	50	4
05-06	513	53	566	141	13	207	16	223	55	5
06-07	522	55	577	155	15	208	17	225	50	4

F – Female, M – Male, T- Total, HS – High School, LPN – Licensed Practical Nurse

Decisions about admissions are the responsibility of the Joint Admissions Committee (JAC) that has equal representation from all three sites. The chair of JAC rotates across

* There are larger numbers of students at the Centre for Nursing Studies because the CNS was the result of an amalgamation of three hospital diploma-level Schools of Nursing in the city of St. John's in 1996.

sites and reports to the Administrative Council of the Consortium made up of the three directors.

With specific reference to Memorial's SON (see Table 2), we consistently admit a minimum of 51 students to the program each year. Total student enrolment across all 4 years of the program has ranged from 178 to 192 (of a possible 204 students). Permanent withdrawals (attrition) from all 4 years of the program are stable and have ranged from 7 to 17 students with an average of 10 students annually. Exit interviews reveal that students decide to leave or are required to leave the program for a variety of reasons including: academic failure, nursing is not the career for them, acceptance in another health-related discipline (e.g., medicine or pharmacy), and personal reasons including financing their education. Most permanent withdrawals occur in the first 2 years of the program. Students are also delayed in their program for reasons that include personal and family responsibilities, illness, academic failure in a course that impedes progress, etc. The average number of MUNSON graduates per year is 40.

Table 2
MUNSON Admissions, Enrolment, Permanent Withdrawals and Graduates from the BN
(Collaborative) Program 4-Yr. Stream 2000-06/07

	MUNSON Admissions			Total MUNSON Enrolment			Permanent Withdrawals			Graduates		
	F	M	T	F	M	T	F	M	T	F	M	T
00-01	47	5	52	171	17	188	7	-	7	28	3	31
01-02	45	6	51	172	20	192	9	-	9	41	5	46
02-03	49	2	51	177	15	192	7	3	10	36	3	39
03-04	48	4	52	163	15	178	9	1	10	39	6	45
04-05	48	3	51	178	12	190	16	1	17	36	3	39
05-06	48	3	51	174	10	184	10	3	13	40	-	40
06-07	51	3	54	175	11	186	9	2	11	36	3	39

* F – Female, M – Male, T- Total

2.1.2 BN (Collaborative) Program: 2-Year fast track stream

In 2002, the provincial government funded additional 32 seats in the BN (Collaborative) Program for those with a university degree or near completion of a degree. These seats were divided as follows: MUNSON 24 seats and WRSON 8 seats. Tables 3 and 4 provide gender-specific data on the number of total applicants, total enrolments and MUNSON specific data on enrolments, permanent withdrawals, and graduation rates from 2002 to 2006-07.

Table 3
Applicants and Admissions to the BN (Collaborative) Program 2-Yr. Stream at Two Sites 2002-06/07

	Total Applications			Total Admitted (2 sites)		
	F*	M*	T*	F	M	T
02-03	25	3	28	20	1	21
03-04	44	10	54	29	3	32
04-05	57	14	71	24	8	32
05-06	47	5	52	14	4	21
06-07	58	9	67	25	3	28

* F – Female; M – Male; T – Total

With the exception of the first offering in 2002 when there was little opportunity for advertising this program option, the number of applications has ranged from 52 to 71 for an average of 61 applicants per year for the 32 seats. A larger number of male students apply for this option (10 to 20 % of applicants are male). Filling all 32 seats in some years has been challenging because not all applicants have the required academic qualifications or pre-requisites for this program option. To address this issue, three initiatives are in process: (1) more directed recruitment efforts will be implemented for 2008, (2) two of the required science courses will be offered in St. John's campus as well as the Grenfell campus in the spring semester of 2007-08 to increase accessibility to potential applicants, and (3) the admission criteria are under review by the Joint Admissions Committee. Government has indicated that they are likely to be funding an additional 10 seats in this program option at the MUNSON site starting in 2008-09.

Table 4
MUNSON Admissions, Enrolment, Withdrawals and Graduates of the BN (Collaborative) Program 2-Yr. Stream 2002-06/07

	MUNSON Admissions			Total MUNSON Enrolment			Permanent Withdrawals			Graduates		
	F	M	T	F	M	T	F	M	T	F	M	T
02-03	14	-	14	14	-	14	-	-	-	-	-	-
03-04	22	2	24	40	4	44	-	-	-	-	-	-
04-05	17	7	24	38	10	48	-	1	1	18	1	19
05-06	15	2	17	32	7	39	-	1	1	21	2	23
06-07	17	3	20	33	7	40	1	1	2	17	5	22

* F – Female, M – Male, T- Total

The first graduating class of this fast track BN (Collaborative) stream was in October 2004. Statistics on withdrawals and graduation rates indicate that students in this program option excel academically, few withdraw, and almost all graduate with their cohort. As well, there has been a 100 % pass rate on the CRNE qualifying exam for the 64 MUNSON graduates of the program option to date.

2.1.3 Students of aboriginal ancestry in the BN (Collaborative) Program

Three of the 223 BN (Collaborative) 4-Yr. stream seats are designated for students of aboriginal ancestry who may not be competitive in the larger pool. However,

we track all self-identified aboriginal student applications, enrolments, and graduations (*See Appendix H*). Since 2000, the yearly number of aboriginal applicants has ranged from six to 26; yearly enrolments (including the 3 designated aboriginal seats) have ranged from 4 to 15 aboriginal students. Over the past 7 years, a total of 56 aboriginal students have enrolled, 3 in the fast track option. From 2000 to May 2007, 23 students of aboriginal ancestry have graduated from the BN (Collaborative) program.

To meet the need for more aboriginal seats in the BN (Collaborative) program, a new innovative program titled the 'Integrated Nursing Access Program' (INAP) was developed for students of Inuit ancestry at the request of the Labrador Inuit Association (LIA). The program was designed for those who do not meet the normal university entrance requirements. The 3-year INAP curriculum model was developed by MUNSON and partners and incorporates completion of Adult Basic Education and the first year of the BN (Collaborative) program. Successful students then go on to the regular 2nd year of the BN (Collaborative) Program. These 4 years are completed in Goose Bay, Labrador at the College of the North Atlantic and then students enrol at WRSON for the final two years of the BN program. The INAP began in January 2005 with an intake of 19 students. Twelve students successfully completed the 3-year program in May 2007 and are enrolled in Year 2 of the BN (Collaborative) Program that began in Sept. 2007. This program was funded as a one time offering by the LIA. (The INAP curriculum materials will be available on site).

2.1.4 BN (Post-RN) Program

Redesigned in the 80's to meet the needs of diploma-prepared nurses who wish to attain a baccalaureate degree, the BN (Post-RN) program is now delivered entirely on-line on the World Wide Web. In the past 7 years, 104 students have graduated from this program.

The number of applicants to the program has ranged from a high of 59 in 2000 to a low of 27 in 2005 (see Table 5). Interestingly, the admissions for 2007-08 are exceeding our expectations: as of December 2007, we have 60 new applicants for this program. The increase is likely due to a combination of the following initiatives: strategic advertising of the program in several cities in Canada; a change in our admissions procedure so that students can apply and be admitted on a rolling basis; and, the introduction of a Nurse Practitioner- Primary Health Care option starting in Sept. 2008 with an intake of up to 16 students for the next 2 years. This program will then transition to the Master of Nursing program. (The proposal for the NP-PHC program will be available on site).

There were 152 students registered in this program in 2006-07. All but one is pursuing the program on a part-time basis. Seventy eight of these students are living in Newfoundland and Labrador; 41 in other provinces in Canada; 16 in the United States; 4 others live in Europe, Africa and the Middle East. Of the additional newly admitted 60 students in 2007-08, 27 are in the province, 27 from mainland Canada, and 4 from the USA.

Table 5
BN (Post-RN) Program: Applicants, Admissions and Graduates 2000-06/07

	Total Applications	Total Admissions	Graduates		
			Female	Male	Total
00-01	59	54	12	-	12
01-02	31	24	20	-	20
02-03	36	29	13	-	13
03-04	54	52	10	2	12
04-05	37	29	14	2	16
05-06	27	22	17	2	19
06-07	36	36	11	1	12

2.1.5 Master of Nursing Program

The Master of Nursing program began in 1982 as a full-time, 2-year, thesis-based program. It now has three options: thesis, non-thesis (practicum), and nurse practitioner (acute care) and accepts full-time and part-time students. In 2002, in collaboration with the Division of Educational and Learning Technologies (DELT), we revised our MN program so that the thesis and the practicum routes would be available completely on-line. The final year of the NP option must be done full time on campus. To date, the NP option has admitted only 5 students who have been sponsored by their employing agency (Eastern Health). (This option has higher tuition than the regular MN program). The NP option was not offered in 2007-08 due to insufficient numbers of applicants. We anticipate that when the Nurse Practitioner – Primary Health Care program moves to the graduate level in 2010, we will be able to offer the NP stream (both Primary Health Care and Acute Care) on a more consistent basis.

Table 6 provides data about the number of applicants, number of admissions and total enrolment (by gender) in the MN program since 2000. The applicant pool increased substantially when the program became available by distance delivery in 2002 and we started to advertise in a national publication. Not surprisingly, the number of males in the program is low. In 2006/07, 6% of our MN students were male.

Since 2002, active enrolment in the MN program has been between 82 and 102 students. Given our faculty complement, we plan to keep enrolments at this level. Increases in enrolment will be possible as we increase our numbers of PhD prepared tenure-track faculty who can supervise students.

Table 6
Master of Nursing Program: Applicants, Admissions, and Enrolments 2000-06/07

	Total Applications	Total Admissions	Total Enrolment		
			Female	Male	Total
00-01	15	15	63	-	63
01-02	23	20	62	3	65
02-03	45	30	78	4	82
03-04	75	34	96	6	102
04-05	70	17	88	6	94
05-06	55	20	91	9	100
06-07	58	21	79	5	84

As shown in Table 7, more than 80% of students enrolled in the MN program are part-time students and more than two-thirds opt for the practicum route. Almost all students successfully complete the program, with few permanent withdrawals (from 2% to 6%). Since 2000, there have been 105 graduates of the MN program. All 5 students who have taken the NP option have graduated and are working as NPs.

Table 7
Master of Nursing Program: Route, Status, Withdrawals, and Graduates 2000-06/07

	Program			Status		Withdrawals			Graduates (Academic Year)		
	Th*	Pr*	NP*	FT*	PT*	F*	M*	T*	F	M	T
00-01	63	-	-	10	53	3	-	3	11	-	11
01-02	65	-	-	15	50	2	-	2	12	-	12
02-03	42	40	-	13	69	2	-	2	8	-	8
03-04	43	55	4	11	91	4	1	5	15	1	16
04-05	28	63	3	15	79	3	-	3	10	-	10
05-06	22	73	5	19	81	4	2	6	22	2	24
06-07	25	56	3	14	70	2	-	2	24	-	24

* Th – Thesis; Pr – Practicum; NP – Nurse Practitioner (Acute care). FT- Full time; PT – Part time.

2.2 Academic quality of students accepted into programs

In general, all students must meet the general admissions criteria to enrol at Memorial University. Students must be high school graduates with a 70% average in courses as stipulated in the university calendar

(see <http://www.mun.ca/regoff/calendar/sectionNO=REGS-0289>).

As well, students must meet the admission requirements for the School of Nursing (see <http://www.mun.ca/regoff/calendar/sectionNo=NURS-0029>).

Applicants to the BN (Collaborative) program (regular 4-yr. stream) are placed in two pools for consideration by the Joint Admissions Committee: the high school applicant pool and the university/post-secondary pool (those who have taken university or post-secondary courses). To date, applicants to the nursing programs have been of relatively high to good academic standing. Since 2000, the lowest average of high school applicants admitted to the program was 78%; in the past two years, the lowest average was 80%. For the university pool, the lowest average of admitted students who have completed

university courses was 65%. Admission to the fast track option of the BN (Collaborative) program normally requires students to have a GPA of 3.0 in their undergraduate program or in a set of specified courses if being admitted with advanced standing (see <http://www.mun.ca/regoff/calendar/sectionNo=NURS-0101>).

Students admitted to the BN (Post-RN) program must be graduates of a recognized diploma nursing program, hold a practising license, and submit a letter of reference from a current nursing supervisor. Students generally perform well academically.

Admission to the Master of Nursing program is competitive. Most students admitted to the program will have achieved a high B average in their undergraduate nursing program.

2.3 Scholarships/other awards earned by students after entering the program

2.3.1 Undergraduate students

There are a number of internal scholarships, bursaries and awards to recognize academic achievement, which are internal to the School, to the programs of study, and to the university. The BN (Collaborative) Program has up to 18 scholarships and bursaries that can be awarded. Students from MUNSON, the CNS and WRSON are eligible for these awards. Seven other awards are specific to MUNSON BN (Collaborative) students. (Specifics on awards criteria will be available on site). Since 2000 to 2007, the number of MUNSON BN (Collaborative) students who have received awards are shown in Table 8. One of our key goals for Development/Advancement in our 2008-11 Strategic Plan is to increase the number of scholarship and bursary awards for our students.

Table 8
Scholarships earned by MUNSON BN (Collaborative) and Post -RN Program Students since 2000

Name of Scholarship	Amount	Number of MUNSON students since 2000
Margaret Fitzpatrick Morgan Entrance Scholarship	\$ 500 - 2500	17
John and Elsa Morgan Scholarship	\$ 1000	7
Sisters of Mercy Scholarship	\$ 1500	4
Katherine Roberts Memorial Scholarship	\$ 2400 - 4500	1
Elizabeth Lindsay Robbins Memorial Scholarship (2003)	\$ 2500	2
Glendinning & Miller Family Scholarship (2005)	\$ 500 - 700	2
Katherine Baird Memorial Scholarship	\$ 600	2
Health and Community Services Scholarship in Nursing Leadership	\$ 500	3
Barbara Fowlow Memorial Scholarship	\$ 350 - 600	7
Marilyn Marsh Scholarship	\$ 500	7
The Eleanor and Norval Blair Travel Scholarship in Nursing	\$ 500 -1200	10
S. A. Grace Scholarship	\$ 1200	4
Sybil Gertrude Rusted Toy Memorial Bursary (2005)	\$ 1000	3
Janet P Winsor Memorial Bursary	\$ 3000	5
ARNNL Award of Excellence Graduation Award	\$ 200	7

Each year full-time students in the BN (Collaborative) Program who achieve a GPA of 3.5 and are in the top 10% of the degree program candidates are placed on the Director's List. More than 10% of students across the three sites in the BN (Collaborative) Program achieve a GPA of 3.5 and so the academic cut-off is higher than 3.5. In any given year, approximately 95 students can be named to the Director's list. Since 2003, more than 44% of students on the Director's List are at MUNSON indicating that students at the School of Nursing are meeting high academic standards. (See *Appendix I* for Director's List criteria and number of MUNSON recipients).

2.3.2 Graduate students

Since 2000, students in the Master of Nursing program have received the following external fellowships, scholarships or other support during the program:

- 2 students received SSHRC fellowship funding of \$10,000;
- 3 students received CIHR funded fellowship/studentship support of \$16,500 – \$17,500;
- 5 students received support from an AUCC/CIDA funded international project of approximately \$7000/year;
- 1 student received the Newfoundland and Labrador Centre for Applied Health Research Fellowship (\$16,820).

Since 2000, 10 students have received internal funding from the School of Graduate Studies. Nine students have received SGS fellowships (\$ 6,000) per year and one student received the prestigious FA Aldrich Fellowship (\$15,000). This is awarded for exceptional academic achievement. Because most of our students are taking their program part-time, they are ineligible for fellowship support from the School of Graduate Studies.

Since 2000, there have been 24 of 105 Master of Nursing graduates (23%) who have been made Fellows of the School of Graduate Studies. These students maintained an A average in each graduate program course or had an overall average of 85%.

2.4 Average time to graduation

Almost all students who have no academic failures graduate in 4 years from the regular stream of the BN (Collaborative) Program. Approximately 10% of students are delayed (either for academic or personal reasons) and may be in the program for up to 6 years or longer depending on individual circumstances. Virtually all fast track students complete their program in 2 years. Students who fail a course must withdraw from the fast track stream and are admitted into the regular 4-year stream.

Time to completion in the BN (Post-RN) program is variable. It is a 2-year program if taken full-time, however most students are in part-time studies. On average, students take 4 to 6 years to complete the program; however, an increasing number of students are completing the program in less than 4 years (41% of graduates in 2005, 28% in 2006, and 32% in 2007). Since 2000, the longest time to completion has been 9 years.

The Master of Nursing program is a 2-year full-time or 4-year part-time program and most complete their program of study within 4 to 5 years. For example, 71% of graduates in 2005, 66% in 2006 and 80% in 2007 completed their program within 4 to 5 years.

2.5 Student involvement in departmental governance

Through their involvement in the Student Union, the Nursing Society and the Canadian Nursing Students Association (CNSA) students have the opportunity to participate in activities that promote professionalism, and further their understanding of the role of regulatory bodies, professional associations, and unions. All students are members of CNSA. The Nursing Society is also open to all students. The mandate of the society includes the unification of the student body, liaison between nursing students, faculty and other organizations, provision of a medium through which students can express opinions, and student socialization. In keeping with the constitution and bylaws, students elect class representatives and an executive for the Nursing Society. The Associate Director, Undergraduate Programs meets with the CNSA executive every two weeks on a regular schedule to discuss issues of concern to undergraduate students.

With the introduction of interprofessional health education modules and blocks into the curricula, students also have an opportunity to be involved in the Steering Committee of the Health Canada project for Interprofessional Education for Collaborative Patient-Centred Practice (IECPCP). As well, the students at Memorial formed a new association titled the Newfoundland and Labrador Health Sciences Student Association, which is affiliated with the national group. Nursing students have been actively involved in this group since 2005 and have attended both regional and national meetings (see www.med.mun.ca/cchpe/pubs/IECPCP_Spring2006-Final.pdf).

Students have formal representation on a number of standing committees of the School of Nursing including Academic Council (each year we ask for a representative from each program: BN (Collaborative), BN (Post-RN) and MN). There are also student representatives on the Undergraduate Studies Committee and the Graduate Studies Committee. As well, students stand for election for the Academic Council of the School of Graduate Studies, and for Senate.

2.6 Student satisfaction and post-graduation activities by students

2.6.1 BN (Collaborative) Program

The School has a long history of conducting course and teacher evaluations of each course and clinical experience, which are then used to improve content, and teaching for the next course offering. As well, the Joint Program Evaluation Committee (JPEC) surveys all graduates of the BN (Collaborative) Program one year after graduation. The last completed survey was in 2006 for the 2005 graduates. While we do not ask students about their overall satisfaction with the program, we do ask to what extent the program prepared them to practice nursing in relation to 27 items reflecting the program objectives and graduate competencies. The overall composite average of the 114 respondents in 2006 was 4.6 (SD=.69), out of a possible score of 6 (“very well prepared”). This was not significantly different from the scores of graduates from 2001-

04 and indicates that graduates feel that the program has prepared them for their work roles overall. Qualitative comments shed light on elements of the program that can be improved and these improvements are being incorporated into our revised curriculum. While there were no differences in mean scores between the regular stream and the fast track stream graduates, we do know that FT students find the compressed program very challenging. The FT stream program is currently under review. (Graduate survey reports will be available on site).

After obtaining their license to practice as a Registered Nurse, most BN (Collaborative) graduates pursue careers in nursing in acute care hospitals, long term care or the community. Provincial data from 2005 indicates that approximately 74 % of new graduates remain in the province. Graduates were asked to identify where they were employed and why they had left the province for work, if applicable. For seventy-five (65.8%) of all respondents (n = 114), their present (or longest-held) place of employment since graduation was in Newfoundland and Labrador. When asked about their reasons for leaving the province, 22 of the 39 respondents who were employed outside the province reported that they were unable to find work (n=9), or were unable to find fulltime work in the province (n=13). In identifying their “primary area of responsibility” in their longest held position since graduation, 112 (99.1 %) respondents reported that they were employed as staff nurses (n = 104) with direct patient care responsibilities, predominantly in general medical-surgical areas while a few worked in community health (n = 8). One respondent worked as a nursing officer in the Canadian Armed Forces.

BN (Collaborative) graduates are also asked about their work and educational career plans within the next two-year period. This information is provided in Table 9.

Table 9
Future Career and Educational Plans within the Next Two Years:
2005 Graduates of the BN (Collaborative) Program

Employment plan	<u>n</u> (%)
Plan to continue in current employment	68 (59.6)
Will probably obtain other employment in nursing	40 (35.1)
Obtain non-nursing employment	4 (3.5)
Education plan	
Planning graduate school (Master of Nursing)	34 (29.8)
Planning graduate school (Non-nursing Master’s degree)	8 (7.0)
Enter a nurse practitioner program	10 (8.8)

2.6.2 BN (Post-RN) graduates

Results of the most recent survey of graduates of this program is found in the May 2004 *Report of the Evaluation of the Bachelor of Nursing Program (Post-RN) 1999-2002 Graduates* prepared by the Program Evaluation Committee. (A survey of the graduates from 2003 to the present is being conducted currently). The survey does not ask about particular post graduation activities, however it does ask about: a) employment status, and b) whether graduates perceive that completing the BN program enabled them to obtain a position that they would otherwise not have been able to achieve.

Thirty of 65 graduates (46%) responded to the survey. Twenty-three of them (77%) were employed full-time permanent; 3 (10%) part-time permanent; and 4 were employed in casual positions (13%). Fifty six percent of respondents agreed that the BN degree had enabled them to obtain their current position.

2.6.3 MN Graduates

Graduates of the Master of Nursing program are surveyed when there are sufficient numbers of graduates. The most recent survey was conducted in 2005-06 with 28 of 45 graduates (59%) responding. Results indicated that most graduates were satisfied with their MN program (mean rating of 3.8/5.0), were very positive about the distance delivery model, and felt that the thesis or practicum project was particularly valuable. However they made a number of suggestions for improvement; the Graduate Studies Committee is currently conducting a review of the MN program.

As part of this Academic Program Review, we attempted to retrieve information about all our MN graduates since 2000. *Appendix J* includes year of graduation, name of the graduate, their thesis/practicum topic, the scholarly or clinical impact of their work, their current position, and if they are enrolled in PhD studies. For 80 of the 105 graduates who we were able to contact, 37 are employed in nursing education (most in Newfoundland but also in other parts of Canada, the United States, Indonesia and Malaysia), 2 obtained positions in the provincial professional association, 15 are in management positions in health care (one is a CEO of a regional health authority), 18 are in advanced nursing practice positions, and 8 are staff nurses. Twelve have gone on to pursue PhD studies. As well, students have disseminated their work with 12 peer-reviewed publications, 2 other publications, and presentations at 4 international, 19 national, and 16 regional or local conferences.

3.0 Teaching Activity

3.1 BN (Collaborative) Program

4-Year Regular Stream: Since 1996, this program has been jointly offered by MUNSON, the CNS in St. John's, and WRSON in Corner Brook and allows for all nursing students in the province to complete a BN degree from Memorial University. The Consortium Agreement identifies the administrative structure of the Consortium, and the educational qualifications of all faculty teaching in the BN program. The nature of the consortium agreement requires all three schools to arrive at consensus on any changes that affect the BN (Collaborative) program. This arrangement requires increased co-ordination activities and administrative and faculty involvement in joint committees across sites to ensure collaborative decision making and consistency of standards. This has required a significant investment in time and effort. (See *Appendix K* for the model of the Administrative structure and the Consortium Agreement).

2-Year Fast Track Stream: In 2002, the provincial government asked the Schools of Nursing to increase the number of nursing seats by 32. A 2-year fast track compressed program (runs over 6 consecutive semesters) was developed for those with an undergraduate degree or who are near completion of a degree. The FT program is funded directly by the provincial Department of Health and Community Services for 24 seats at MUNSON and 8 seats at WRSON. Interestingly, because 7 courses are out of sequence with the regular stream students, these are taught by MUNSON faculty to all 32 students via video-conference.

The complete program of study for both BN (Collaborative) streams and program hours are in *Appendix L*. Course descriptions are in *Appendix M*. (Complete course outlines will be available on site).

Because of the complexity of the three-site program, we are extremely vigilant in monitoring all program elements including curricular development and revision, program delivery and evaluation of the individual courses and the program as a whole. The Joint Committees of the BN (Collaborative) Program (i.e., Joint Curriculum, Joint Program Evaluation, and Joint Admissions) along with the sites' undergraduate studies committees, and the Administrative Council (made up of the three Directors) share the responsibility to ensure that the program is consistent with the stated objectives, calendar descriptions, degree requirements, and standards of admission. Faculty from all three sites have opportunities to meet together via teleconferences over the year and at a 2-day face-to-face meeting held each year to discuss curriculum and clinical issues, evaluation, and scholarship/research professional development activities.

3.1.2 Relevance, rigor and cohesiveness

The BN (Collaborative) Program supports the preparation of graduates with general knowledge necessary for professional nursing practice. This knowledge development is fostered through a variety of non-nursing courses (e.g., English, philosophy, business, sociology, biochemistry, microbiology, etc.), nursing support courses (e.g., anatomy and physiology), and specific nursing theory and practice courses. These courses help students achieve expected outcomes derived from the philosophy and

goals of the program, while addressing 120 identified entry-level registered nurse practice competencies in five areas: professional responsibilities and accountability, knowledge-based practice, ethical practice, service to the public, and self-regulation. (See http://www.arntl.nf.ca/PDF/competencies_doc_july_06_web.pdf for the provincial/national competency document).

The priority of the BN (Collaborative) program curriculum is to provide students with opportunities to develop competencies in the delivery of nursing care at all levels (health promotion, disease prevention, curative, supportive, restorative, rehabilitation and palliation) across the life span and with individuals, families, groups and communities. This is clearly evident in the conceptual framework and the levelled objectives for each year of the program. (Materials available on site). The levelled program objectives influence course design and sequencing (building) of clinical competencies that reflect current health care trends and client needs such as higher acuity levels, shorter hospital stays, and community-based care. The program has adapted to the evolving needs of our local community and available resources by using creative approaches to establish partnerships throughout the community for student placements. These experiences include ambulatory care, home visits and other community-based care experiences so students can evaluate clients' ability to cope at home with a variety of health situations. More traditional clinical opportunities are offered in acute care adult and children's units, psychiatric day care and geriatric day care and long term care settings such as nursing homes. Other settings for clinical experiences in community include day care agencies, community centres, transition houses, and church groups to name a few.

We are fortunate that to date our program has been able to provide experiences for every student in adult hospital-based medical and surgical units, pediatric in-hospital care, maternity case room and postpartum care, and acute and community based mental health care. A clinical experience tracking system is used to ensure each student's clinical experiences over the course of the program reflect opportunities in each of these settings.

Consistent with the conceptual framework that encourages faculty to promote learners to be self directed, reflective, and creative thinkers, evaluation components selected for theory courses not only evaluate foundational knowledge acquisition but promote the development of clinical reasoning. A variety of testing methods are used such as written examinations, written assignments, and active participation in group projects and student presentations. The ability to use technology to access databases to search for current evidence, to develop increasing sophistication in the interpretation of findings in the literature, and to develop clarity and precision of written communication skills is an expectation of the graduate of this program. Similarly, the conceptual framework and the levelled objectives for each year of the program have been integrated into evaluative criteria for the nursing practice courses. Students are given more complex client assignments (reflecting increases in the number and acuity of clients) as they progress through the program. Psychomotor skill acquisition is levelled from simple to complex across the program. The nursing care students are expected to perform in clinical courses reflects the complexity of skills and theory that students have been exposed to in classroom theory and lab and in previous clinical courses.

3.1.3 Involvement with interprofessional health education initiatives

The Centre for Collaborative Health Professional Education (CCHPE) of the Faculty of Medicine at Memorial University has developed an interprofessional education (IPE) project entitled *Collaborating for Education and Practice; an Interprofessional Education Strategy for Newfoundland and Labrador*. This 3-year project, initiated in September 2005, is one of 11 projects across the country being funded through Health Canada. The Collaborators in this project include the Faculty of Medicine, School of Nursing, Centre for Nursing Studies, Western Regional School of Nursing, School of Pharmacy, School of Social Work, Faculty of Education, Counseling Centre (Memorial University), and the four Regional Integrated Health Authorities of Newfoundland and Labrador. The Director of MUNSON sits on the Governing Council of the CCHPE and is also on the steering committee of the current IPE project.

A major goal of the project is to expand and promote interprofessional education activities in both education and practice settings. The faculty of the BN(Collaborative) Program, together with the University's Faculty of Medicine, and Schools of Pharmacy and Social Work jointly participate in the development and implementation of the project's interprofessional learning activities which includes 3 learning blocks, 6 learning modules and a service learning project. Students at MUNSON, the CNS, and WRSON participate equally with students from other disciplines in the interprofessional activities of the project via Web CT/D2L and videoconference. The students located in St. John's also engage in face to face small group sessions to work on case-based problems and come together in a number of large plenary sessions. (See *Appendix N* for the schedule of IPE offerings).

An evaluation of the curriculum framework for the project is a key research component which will contribute to the development of the evidence base for interprofessional education and collaborative practice. Results from the evaluation and the work done to date will be the foundation for the new College of Interprofessional Health and Community Services should it be funded. Funding for the current project ends in March 2008.

3.1.4 Collaboration with other departments and agencies

A very important collaboration is the partnership of the three Schools of Nursing in the province as previously discussed. The BN (Collaborative) Program has developed innovative partnerships with clinical agencies; these are critical to the success of students in the program. Local hospitals in St. John's such as the General Hospital, the Janeway Children's Health and Rehabilitation Centre, St. Clare's Mercy Hospital and the Waterford Hospital and, in Corner Brook, Western Memorial Regional Hospital provide the greatest numbers of student placements for the program. However, students are also placed in community hospitals, and in a wide range of community health, social and other agencies throughout the province and across Canada. The placements within long-term care facilities and community agencies provide additional valuable opportunities for student learning. (See *Appendix O* for a list of placement agencies in the BN (Collaborative) program). Each school has a clinical placement coordinator. In securing placements for the program, clinical placement coordinators, in

consultation with the Associate Directors, have an ongoing role in presenting and interpreting the BN (Collaborative) Program to agency representatives. They play a pivotal role working closely with each other in seeking out, securing and maintaining placements that provide appropriate learning opportunities to develop student clinical competencies. They liaise with clinical faculty, course leaders and agency personnel to ensure the best quality of student placements for learning. In extended clinical courses, we rely very heavily on registered nurses to act as preceptors for our students.

Another important relationship is with the provincial Department of Health and Community Services. We worked with them to develop a rural incentive program so that nursing students could do their final community course in a rural area with financial support. Students receive up to \$1500 to offset costs of travel and accommodation if they choose to do this final placement in a more rural or remote area of the province. The hope is that with exposure to these areas, some students will choose to take nursing positions in these harder-to-fill regions of the province. We are also dialoguing with government about increasing the number of BN (Collaborative) seats with the impending retirements of registered nurses in the province. We anticipate that government will increase the overall number of BN seats by 36 for September, 2008. If Treasury Board approves the budgets, MUNSON will have the funding for 10 additional fast track seats.

3.2 BN (Post-RN) Program

In keeping with our mandate to be responsive to provincial needs, a post-diploma degree program was developed in 1989. The goal of the program is to expand the theoretical foundation of nurses' knowledge, to enhance analytical and critical thinking, and to provide opportunities for students to apply these acquired competencies in their own nursing practice. Because diploma-prepared registered nurses live in all parts of the province and work shifts, we wanted to make the program as accessible as possible; therefore, it was designed for distance delivery. In co-operation with Memorial's Division of Educational and Learning Technologies (DELT), the program was initially a correspondence program but is now entirely on-line using up-to-date design and delivery features to enhance learning. The complete program of study for both BN (Post-RN) program is in *Appendix P*. Course outlines will be available on site and access to on-line courses will be available).

While the provincial pool of students for this program has decreased since 2000, there is an increased pool of potential students in other parts of Canada and abroad. In collaboration with DELT, we have stepped up our recruitment efforts over the past few years with some success as noted in section 2 of this report. As well the Nurse Practitioner – Primary Health Care diploma, currently offered at the Centre for Nursing Studies will be integrated into the BN (Post-RN) Program for two years (an intake of 16 students in 2008 and 2009). It will then move to the Master of Nursing program in 2010-11, which is the Canadian educational standard for this level of practitioner.

3.2.1 Distance delivery

Advances in information technology enable BN (Post-RN) course professors to continuously improve and strengthen pedagogical approaches to enhance learning opportunities within this distance delivery program. Participation in a distance education program demands greater commitment by the student to hone the skills needed to organize and pace their own acquisition of knowledge. Technology in and of itself does not independently enhance a distance program, but if used well the quality of interactions across learners and with the professor facilitates the achievement of program outcomes. All course material is presented on the course website inclusive of learning modules and in some courses mini-lectures and other learning objects. Postings by students within discussion forums, although asynchronous, encourage active participation in the learning process by every student, in part because the boundaries of time are less rigid in comparison with the traditional classroom teaching slot of 50-minute sessions. Faculty respond to the students' postings and initiate and engage them in further reflection and critical thinking with respect to each topic. Use of synchronous technology such as *Elluminate Live* can also enhance the teaching-learning environment not only by allowing real time interaction among students but also by providing the professor with an opportunity to immediately redirect and clarify misunderstandings about the core concepts in the course. Students can also contact course professors via email, enabling students to ask a question at any time. In addition, professors have scheduled office hours during the week when they are available to speak with students via the telephone.

3.2.2 Relevance, rigor, and cohesiveness

The BN (Post-RN) program addresses current and emerging needs of society by having course professors regularly evaluate and update the course content based on recent evidence in the literature. The online delivery of the program presents students with an advantage of developing the computer skills needed in current practice. Students learn how to use computer technology to access health databases, perform literature searches, and for retrieval of study documents. Each course incorporates relevant concepts into the course objectives and required readings. Across the curriculum, students (who are practising registered nurses) are encouraged to reflect on their recent practice population that provides a personal context for each student. Students are provided opportunities to explore in depth their own specialty areas of expertise and that of other students through the course assignments and discussions. Feedback from course professors further challenges and advances knowledge of current societal needs. National and international health care concerns as they emerge, for example, infection prevention and control, access to mental health services, and Primary Health Care etc. are identified and discussed in the curriculum.

The sequencing of courses in the program is designed so that students are introduced to new knowledge (e.g. N2700 Nursing Theories in Practice, N2040 Health Assessment) or new ways of using/enhancing previously attained knowledge (e.g. N2740 Current Concepts in Physiology) so it can be used in subsequent courses. The ultimate goal of the sequencing plan is to enable the student to draw upon an array of newly acquired/enhanced competencies to augment the student's actual nursing practice within the last two clinical courses of the program N4310 Community Health Nursing II and the clinical

focus course (N4724 Nursing Care of Adults /recently replaced by N4754 Clinical Dimensions of Professional Nursing Practice).

The non-nursing course requirements are designed to contribute to the overall achievement of the program objectives. English will assist students develop writing skills necessary for practice and scholarly activity. Philosophy (Contemporary Issues) courses explore ethical issues relevant to program goals, for example Health Ethics, Pharmaceutical Health Ethics, Issues in Technology, Biomedical Health Ethics, Mental Health Ethics, Environmental Ethics. Alternatively students may select Religious Studies 2610 a course that introduces students to selected writers and issues in biomedicine, human sexuality and social justice inclusive of abortion, euthanasia and poverty. Statistics is a prerequisite to the nursing research course. Students also complete four elective courses that provide them with an opportunity and freedom to explore a variety of intellectual pursuits.

The program offers registered nurses opportunities for recognition of their prior learning experiences, challenge for credit and a flexible program of course offerings which allows for individualized program planning. A variety of evaluation components is used in each course to determine students' achievement of program course and program objectives such as: use of case studies for evaluation of participation within discussion forums or within final examinations; assessment of competency documented on videos; term papers; clinical journals; clinical performance evaluations with input from preceptor. All students must achieve a minimum standard of performance in order to successfully complete a nursing course (i.e., they are required to achieve a grade of at least 65% in each of the required Nursing courses in the program).

3.2.3 Key partnerships and collaborations

The partnership between the School of Nursing and Distance Education and Learning Technologies (DELT) is key to the successful transitioning of our BN (Post-RN) Program to distance delivery. DELT is an administrative department of Memorial University whose services allow the School of Nursing to deliver the BN (Post-RN) distance program through satellite, fibre optic and microwave technologies. The expertise of their design, development and production staff provide faculty with support in the production of World Wide Web courses.

As well, the partnerships established with clinical agencies are essential to the successful achievement of program outcomes by the learners especially in relation to N4310 Community Health Nursing II. Health and Community Services managers throughout the province and agency representatives within similar organizations throughout the country, United States and the world provide clinical placement opportunities and preceptors for students. As well, the clinical focus courses (N4724 Nursing Care of Adults/ recently replaced by N4754 Clinical Dimensions of Professional Nursing Practice) have a clinical component that requires client contact on a regular basis throughout the course. If students are working in a nursing position with no opportunity for direct client care, the Clinical Placement Coordinator for the program will assist the student in securing an appropriate placement.

The School of Nursing is a partner with the Marine Institute of Memorial University. The Marine Institute was founded in 1964 and became part of Memorial in 1992. It offers students with diplomas from eligible Canadian Colleges and Institutes a program of studies that leads to a Bachelor of Technology degree. Students in Diagnostic Ultrasound Technology, Medical Laboratory Technology, Radiological Technology and Respiratory Therapy enrol in the Health Science Technology Option of this degree program. Two BN (Post-RN) courses are used as mandatory courses in this program (N4002 Introduction to Nursing Research: Methodology and Critique and N5210 Health Care Systems) while two others are designated as electives in that program (N3023 Counseling and N4701 Current Concepts in Pathophysiology).

3.3 Master of Nursing

The Master of Nursing program began in 1982 as a full-time thesis-based program. In December 2000, the program was revised to offer both thesis and non-thesis routes; in 2002, an acute care nurse practitioner (ACNP) route was added at the request of the health boards in the province. The thesis and non-thesis routes can be taken as 2-year full-time or 4-year part-time programs of study and program courses are available as on-line courses only. To our knowledge, ours was the first on-line Master of Nursing program in Canada. The final year of the ACNP program must be done full time on-campus. The ACNP option is offered only when there are sufficient numbers of students. It is not offered in 2007-08. We anticipate that when the Nurse Practitioner –Primary Health Care program moves to the MN program, we will be able to offer this route (both NP-PHC and ACNP) each year.

The purpose of the MN program is to prepare nurses at an advanced level and to provide leadership in nursing. All routes require the same core set of courses to be completed:

- N6010 Research in Nursing I: Quantitative methods
- N6011 Philosophical and Theoretical Foundations of Nursing
- N6100 Research in Nursing II: Qualitative Methods
- Two courses related to either: a) N6200 & 6210, related to individuals and families, or b) N6220 & 6230, related to communities and populations.

Students in the thesis route also complete an elective and a thesis. Students in the non-thesis route take N6040 Nursing Informatics, an additional 3 elective courses, and complete a consolidated practicum in one of five areas: advanced clinical practice, administration, research/research utilization, health policy or education. All students write a major practicum report and are required to do a formal presentation of their work to faculty, students, and clinical agency personnel prior to graduation. All theses and practicum reports are bound and are kept in the Memorial University libraries. In addition to the core courses, students in the ACNP route take N6040 Nursing Informatics, and do 5 ACNP courses that include a minimum of 600 clinical hours.

The program philosophy, objectives, curriculum design, and course descriptions and other relevant material are in *Appendix Q* in the MN Student Handbook and can also be found on the SON website (www.mun.ca/nursing).

3.3.1 Relevance, rigor, cohesiveness

The MN program addresses needs in the health sector and in education for advanced preparation in nursing, and the needs of students who intend to go on to PhD studies. Hence we have maintained our strong knowledge development and research base with two core research courses and the course in philosophical and theoretical foundations of nursing. In 2000, the non-thesis option was introduced to prepare nurses for a variety of advanced functions including advanced clinical practice, administration, research utilization, evidence-based policy development, and education. It is suggested that, when appropriate, practicum projects have an affiliation with a clinical agency to increase their relevance for practice and to improve their uptake and dissemination. (See *Appendix J* for the impact of thesis and practicum projects).

In 2002, the NP option was developed in response to health care system needs for this level of practitioner. The Associate Director, Graduate Programs and Research and the SON Graduate Studies Committee as well as course professors regularly review course offerings, survey graduates, and revise curricula accordingly. At the present time, we are conducting a full review of the MN program to take into account current trends across the country and our intention to offer a PhD in Nursing program in the near future.

In terms of cohesiveness of the curriculum, we have built all options around three major components: (1) a theoretical component that enables students to examine the development and basis for professional nursing practice, (2) a research component that enables students to critically evaluate research as a basis for evidence-informed practice and provides beginning research skills, and (3) a direct practice or practice-related component that provides opportunities to develop advanced competencies in diverse areas of nursing and provide leadership in the field.

Rigorous evaluation methodologies are in place for all courses, practicums, theses, and NP clinical experiences. All on-line courses in the MN program have limited registration of 20 students in order to facilitate communication between and among students and the professor in the course. Evaluation in most courses includes comprehensive papers, other assignments, and a requirement of on-line participation in discussion forums. The clinical ACNP courses also have Objective Standardized Clinical Evaluation (OSCE) using standardized patients and evaluations from clinical preceptors.

All theses are examined by an internal and an external examiner who are appointed by the Dean of the School of Graduate Studies (on the recommendation of the SON Associate Director, Graduate Programs and Research). (See www.mun.ca/sgs/masters_examinations.pdf). The student's supervisor and co-supervisor must approve practicum proposals (if applicable) and the supervisor grades the final report. The student does a final formal presentation. Faculty, students and clinical agency personnel are all invited to attend the presentation and can pose questions to the student about their project.

As well, the School of Graduate Studies (SGS) has a rigorous process of evaluating proposals for new programs. (See http://www.mun.ca/sgs/program_proposal_guidelines.pdf). Our original MN program was peer-reviewed; the more recent ACNP program was also reviewed in 2002 and then again in 2007 when the ARNNL brought in two external reviewers for purposes of ARNNL approval. (Reports will be available on site). All changes to the MN program have been passed at the Academic Council of the School of Nursing, by the Academic Council of the School of Graduate Studies, and by the university Senate prior to implementation.

3.4 Student advising

Prospective applicants to the BN (Collaborative) program receive advice from the Schools of Nursing Consortium Coordinator who is physically located in the Office of the Registrar. Once admitted to the program, all students are appointed to a faculty advisor. They are also able to meet with the Associate Director, Undergraduate Programs by making an appointment. Students in the BN (Post-RN) program are provided with advising from the Academic Program Administrator, School of Nursing and the Associate Director, Undergraduate Programs. The Associate Director, Graduate Programs and Research is the faculty advisor to all MN students until the student is assigned a supervisor for his/her thesis or practicum project.

The university has a variety of student advising services at the University Counseling Centre (Student Affairs and Services) located in the middle of campus in the Smallwood Centre. These services include learning enhancement programs, career planning, individual and group counseling, and admissions testing. Students with disabilities who require accommodation and support services can receive assistance from the Blundon Centre, a division of the Counseling Centre. For distance students, the Division of Educational and Learning Technologies (DELT) provides a variety of timely and accessible supports for students who do on-line courses in our BN (Post-RN) and MN programs.

4.0 Faculty research, creative activity, and professional/community service

4.1 Research and scholarly activities

As of September 2007, the School of Nursing has 23-tenure track (TT) faculty (with one on long-term disability) and approximately 25 contractual faculty to support the teaching and academic service needs of the School. To support research and scholarly activities of the School, a Nursing Research Unit (NRU) was established in 1999 that had four work areas available for the co-ordinator of the NRU and research assistants. Increased numbers of funded projects in the School necessitated a reconfiguration of our space so that more research assistants could be accommodated. In 2005, we expanded from 4 to 9 workstations in the NRU. (See www.mun.ca/nursing/research for a listing of the activities of the unit, faculty research interests, expertise, and scholarship activities. Minutes of the NRU committee and specific projects will be available on site).

The School's research/scholarship activities continue to grow with all TT faculty and some contractual faculty being involved in these activities. As shown in Table 10, the number of publications in peer-reviewed journals and books and number of presentations at local, regional, national, and international conferences has been steadily growing. Faculty publications appear in national and international journals including: *Qualitative Research, Journal of Advanced Nursing, Implementation Science, Nurse Educator, Journal of Nursing Administration, Journal of Pediatric Nursing, Journal of Child & Adolescent Psychiatric Nursing, Journal of Health Services Research and Policy, Canadian Journal of Nursing Research, and the Canadian Journal of Cardiovascular Nursing*. (Copies of recent publications will be available on site).

Table 10
Faculty Scholarly Activity from January 2000- July 2007

Year	Peer-reviewed journal articles	Other ^a journal publications	Book chapters	Books	Presentations National & International Conferences	Presentations at Regional & Local Conferences
2000	12	1	3	-	19	9
2001	4	2	3	-	23	3
2002	4	-	2	-	21	16
2003	6	-	-	-	22	9
2004	9	5	-	1	39	22
2005	10	3	-	-	36	6
2006	8	1	7	-	33	24
July 2007	11 (15 in press)	- (1 in press)	- (3 in press)	1 (1 in press)	11 (4 accepted)	7

a. Refers to peer-reviewed commentaries of research or papers, as well as non-refereed journal articles.

As well, faculty have been more involved in research projects and have received funding nationally, regionally and locally. National bodies that have funded SON projects over the past seven years include: Canadian Institutes of Health Research (CIHR), Social Sciences and Humanities Research Council (SSHRC), Health Canada, CIDA/AUCC,

Canadian Cochrane Network, Canadian Lung Association, Canadian Breast Cancer Foundation, Canadian International Development Research Centre (IDRC) and the National Cancer Institute of Canada (NCIC). Regional and local funding agencies include: FRSQ (the Quebec health research agency), the Atlantic Region of the Canadian Association of Schools of Nursing, the Newfoundland and Labrador Centre for Applied Health Research (NLCAHR), the JR Smallwood Foundation, the Association of Registered Nurses of Newfoundland and Labrador Research Trust, the Janeway Foundation, the General Hospital Foundation, the Newfoundland Department of Youth Services, and three of four regional health authorities in the province.

Annual funding for research has grown from \$64,000 in 2000-01 to a high of \$701,000 in 2006. In the past 7 years, the School of Nursing has brought in over \$3M in research revenue (and this does not count revenue from interdisciplinary projects that involve nursing faculty as investigators). (See *Appendix R* for an annual listing of research grants and amounts that are administered by the School of Nursing). We have achieved success in a number of international projects from AUCC/CIDA in Vietnam [P.I.: Dr. L. Gien] and in Indonesia [P.I.: Dr. K. Matthews (retired)], which increased our revenue related to scholarly activities over the past number of years.

Involvement of faculty in federally funded multi-disciplinary projects (such as SafetyNet and the ElderCare Project) is evidence that we are making real progress in our research activities. However, in our 2007 faculty retreat, we recognized that we are still ‘in development’ and have a ways to go in order to realize the full research/scholarship potential of the School. At an institutional level, Memorial has a strategic research plan, which includes four thematic areas including health research (www.mun.ca/research/overview/strategic.php). The plan is due for a review and update in 2008.

One initiative that has been of great assistance to health research in the province was the establishment of the Newfoundland and Labrador Centre for Applied Health Research (NLCAHR) (see www.nlcahr.mun.ca). Prior to 1999, there was no provincial government support for health-related research. However, the NLCAHR now has peer-reviewed competitions for seed funding, major grants, fellowship funding and other award programs of which faculty and students at the SON have been able to avail.

At the 2007 SON faculty retreat, we discussed the need to enhance and build our research capacity, expand dissemination, and increase the impact of our research. We also recognized the need to identify key research strengths and develop core foci that the School and its faculty could develop in a more coherent and strategic way. In the past, we have been very eclectic in our research endeavours, but we will need to build teams of researchers both within nursing and with other disciplines if we are to achieve excellence and build successful programs of research. One area that has been identified is ‘Healthy Ageing’ because of the population structure of our province. In 2006-07, the School of Nursing with the Division of Community Health and Humanities (CHH), Faculty of Medicine was successful in its proposal for a Canada Research Chair in Healthy Ageing. Dr. Wendy Young will be a faculty member (60% SON/ 40% CHH) starting in June

2008. This is the first research chair for the School we look forward to working with her and developing opportunities for faculty to be involved in a broad program of research in this important area of study. (More details about specific faculty research activities are located in their individual CVs).

We believe there are three main challenges that will need to be addressed in order to appropriately support the growing research and scholarship activities of the School. These are: 1) workload of research intensive faculty; 2) space; and 3) travel funding. The School of Nursing has a relatively high workload for research-intensive faculty. We plan to have a full review of teaching weightings in 2008 and requirements for academic committee involvement, and will endeavour to develop an appropriate model to provide more balance between teaching and research/scholarship/service. Second, one of our biggest challenges in relation to furthering our research programs is the lack of appropriate space for faculty, students, and research assistants. This concern is not unique to the SON but has been identified by all the health-related disciplines at Memorial. In the fall 2007, a proposal for a health research building was submitted to the senior administration and to government. (The report will be available on site). The building would provide 13,000 square ft. of new research space for nursing. While promising, this is a long term plan and there is no indication at this time whether government will fund this proposed building; in any event, space will need to be found in the short term to accommodate new faculty hires and the demand for more research space. The third concern is funding for dissemination of research and the networking that is so critical for developing research partnerships. It is still expensive to travel to conferences from Newfoundland. Recent changes to the collective agreement will likely improve the situation, however, the SON is also looking at ways to generate more opportunities to support both faculty and student travel to national and international conferences.

4.2 Professional and Community Service Activities

As well as traditional research activities, faculty are very involved in many professional and community service activities including involvement in many committees of the Association of Registered Nurses of Newfoundland and Labrador (ARNNL), the Canadian Association of Schools of Nursing, serving on the boards or on committees of many nursing and health-related organizations such as the Nurses' Respiratory Society, the Canadian Pain Society, the Cardiovascular Nurses Society, the provincial and Canadian Mental Health Association, and provincial government committees and boards. In addition, faculty are involved in community service and clinical practice activities such as working at the Family Life Bureau, counselling children and families in a community mental health clinic, counselling university students at the university Student Counselling Centre, and working in clinical practice agencies to keep updated with the changing practice environment.

4.3 Integration of Teaching, Research, and Service

Good teachers need to be active in research, scholarship and service and we believe that there is integration of these elements in our teaching. For example, in the undergraduate program, a faculty member teaching community health nursing uses her practice at the Family Life Bureau counseling individuals living in poverty to help students understand

the impact that poverty has on peoples' lives; students in the course on healthy aging benefit from the professor's research in the area of cognitive changes in the older adult; involvement in the ARNNL has enhanced the teaching of the professor for the course in nursing leadership and management by providing a national and international perspective on nursing and active participation in lobbying for healthy public policy; a professor's research activities in mental health [adolescent coping] and another in AIDS and its' impact on women have been presented to students taking the undergraduate nursing research course; research regarding surgical site infections by a clinical enhances the students' understanding into holistic patient care; as a member of the Canadian Stroke Strategy another professor has used this valuable knowledge and best practice guidelines in the development of the rehabilitation module with other team members of the Interprofessional Education project.

Likewise in the graduate program, a few examples of integration include:

- the two courses in population health have been developed by a professor who is a nationally known expert in infection control and who sits on committees of the Public Health Agency of Canada and the Canadian Hospital Infection Control Association;
- the two courses in research methods includes papers by the professors and other nursing faculty as examples of these methodologies;
- the ethics of research course material has been developed by a professor who has been a member of the Human Investigation Committee (HIC) of Memorial University and a member of the ethics policy subcommittee of the HIC;
- the course in nursing administration was developed and is taught by a professor who has long experience in nursing administration as a head nurse and later as a director of nursing services at a hospital;
- one course related to working with individuals and families is taught by a professor who has a clinical practice as a counsellor with children and families at a St. John's community mental health clinic.

5.0 Administration: Organization and Human Resources

5.1 Administrative positions

Administrative faculty positions include a Director, an Associate Director, Undergraduate Programs and an Associate Director, Graduate Programs and Research. The Director and Associate Directors are appointed for a five-year and a three-year term respectively. Appointments can be renewed once if the incumbent expresses a willingness to continue for a second term. As of January 2008, the Director (S. LeFort) has been in the position for 4 years, the Associate Director, Undergraduate Programs (K. Webber) for 1 ½ years, and the Associate Director, Graduate Programs and Research (S. Solberg) for 4 months. (Dr. Solberg has held this position previously).

5.2 Organizational structure and relationship to other units

Appendix S shows the organizational structure within the School of Nursing. The two Associate Directors report directly to the Director as do the faculty and the Manager of Finance and Administration. The administrative committee structure (see *Appendix T*) shows that three committees have a direct relationship to the Director. The Director chairs the Executive Committee while the Search Committee and the Promotion and Tenure (P&T) Committee make recommendations to the Director. In recent years, the advisory committee has been advisory to the Administrative Council of the BN (Collaborative) Program rather than to the School of Nursing as a whole.

The Director reports directly to the Vice President (Academic) at regularly scheduled meetings. Through the bi-weekly Deans and Directors meetings chaired by the VPA and the monthly meetings of the Senior Academic Administrators Group (SAAG), the Director is kept updated on the activities of the other academic and academic support units on campus and can report on initiatives of the SON. The deans/directors of the other health-related disciplines and the Dean of Education sit on the Governing Council of the Centre for Collaborative Health Professional Education which meets a few times each semester. Meetings permit the exchange of information and can serve as a collective voice to advocate for health sciences programs. Initiatives such as the Health Canada Interprofessional Health Education project, the support for the proposed College of Interprofessional Health and Community Services, and the proposal for a health research building have occurred due to the open communication and strong relationships among these colleagues.

Appendix U outlines the academic structure of the School and how the Academic Council of the School relates to the broader university academic structure.

In addition to the internal organizational structure, the BN (Collaborative) Program is administered by a Consortium Agreement that was formed for the purpose of developing, implementing, monitoring and evaluating the program. The agreement outlines the governance, administrative structure, academic structure, program, faculty and staff, administration and withdrawal arrangements. (*See Appendix K*).

In brief, the governance of the program is by consensus, which means that no changes can be made to the program unless all three sites agree. The program is broadly administered through the Administrative Council, made up of the directors of the partner schools. The chair of administrative council is on a rotating basis annually. For 2007-08, the Director of MUNSON, S. LeFort, is the chair. This council meets monthly (or more often if necessary), usually in face-to-face all day meetings, but at times via conference calls. The Administrative Council oversees the planning, implementation, monitoring, and evaluation of the program. The Council has a standing agenda that includes items such as: transfer requests; joint committee activities and reports, the consortium office budget and activities, program updates, discussion of provincial and national level activities and issues, and any other business that impact the program.

Four joint committees are stipulated in the agreement and report to the Administrative Council and to the MUNSON Academic Council: joint admissions, joint curriculum, joint program evaluation, and joint recruitment. There is equal representation from each site on each of these committees. In addition, a collaborative research committee has been established with membership that includes the Associate Director, Graduate Programs and Research at MUNSON to promote research development among the faculty at all Schools. (Committee membership and terms of reference for all committees will be available on site).

Some faculty members have joint appointments or cross appointments with other academic units, and some faculty have a cross appointment with other universities. As well, faculty from the Centre for Nursing Studies who teach in the Nurse Practitioner – Primary Health Care Program have just been cross appointed to MUNSON as adjunct faculty. We have also appointed a number of clinical experts and nurse managers in the health care system in the province who assist us with our programs as professional associates to the School.

(See <http://www.mun.ca/regoff/calendar/sectionNo=NURS-0000>)

5.3 Faculty complement and credentials

The School has a possible complement of 24 tenure track positions. Presently, we have 22 ASMs on this track (21 have tenure). Of this number, one ASM is on long-term disability and a second is on an ease-back program and is expected to be on faculty full-time by May 2008. In addition, two ASM positions at the assistant professor level are being advertised in early 2008 to bring us to full complement.

We also have 2 additional tenure track positions that are jointly shared with the Division of Community Health and Humanities, Faculty of Medicine. One position was approved to support the Inter-professional Education Initiative and is held by Dr. Anne Kearney, and the second is the Canada Research Chair in Healthy Aging. Dr. Wendy Young will be taking the chair in June 2008. As well as regular ASMs, the School relies heavily on contractual faculty who are hired on appointments that vary from 4, 6, 8, and 12 month contracts, and 3-year contracts. We hire very few per course appointments because the health system is no longer able to provide release time for nursing staff as they used to do

in the past. This year, we have hired 25 contractual faculty who contribute to more than 50% of our teaching requirements.

The credentials of all faculty (tenure track and contractual) are found in Table 11.

Like other Schools of Nursing in Canada, most of our tenure track faculty are in the mid-to older age range with two ASMs below the age of 45 years, 11 between 45 and 55 years, and 10 over the age of 55. With new provincial legislation that does not require mandatory retirement at age 65, some faculty will choose to stay beyond the usual retirement date. However, it is likely that current faculty will start to retire in the next few years.

Table 11
Highest Education Credential and Rank of Faculty Members 2007

Degree	Memorial University School of Nursing				
	Tenure Track			Contractual	
	Full Professor	Associate Professor	Assistant Professor	Assistant Professor	Lecturer
BN	-	-	-	-	1
MN	-	6	1	4	8
M-Other	-	2	-	-	2
PhD	4	5	3	1	2
<u>Studying¹</u>					
MN	-	-	-	-	3
M-Other	-	-	-	-	1
PhD	-	1	1	2	1
Total	4	14	5	7	18

¹Currently enrolled in a program of study

The complement of 24 tenure positions has remained static over the past 7 years, even though we added a new fast track (FT) stream to the BN (Collaborative) program (with 24 seats) and increased the number of graduate students. In 2002, with the introduction of the FT stream, the SON Director requested 4 additional tenure-track positions in the budget submission to government and which was subsequently funded. However, the VPA of the day supported the hiring of contractual faculty rather than tenure-track faculty. When the current incumbent (S. LeFort) became the Director, she attempted to clarify the rationale for the decision around the numbers of TT faculty but was unsuccessful. It remains unclear what process is used to determine the number of TT faculty in a given department. As we move into the future, this is problematic on a number of levels for the following reasons:

- More PhD prepared faculty will want the security and status of a tenure track position;
- Retirement trends of nurses in the health system indicate that governments will be increasing the number of seats in nursing programs across the country. We will be competing for well-prepared faculty in a very competitive job market. If we cannot offer tenure track positions, we will not be able to attract and retain the very best.

- In a health-related applied discipline, we need all our well-qualified contractual faculty. How do we provide job security to these valued individuals?

The answers to these questions are important and a transparent process about how to ascertain the appropriate faculty complement for the future needs of the School is timely and required.

5.4 Faculty workload

The normal teaching load for faculty members at Memorial University is defined in the collective agreement. In general, a 3-hour lecture course (39 hours of teaching per semester) is the equivalent to 1 teaching weight. In the School of Nursing, a tenure track faculty member who has full teaching, research and academic service responsibilities has a load of 5 teaching weights per year. Equivalencies have been determined by a weighting system which considers the nature of the activity in the academic program [e.g., lecture/distance courses (TW=1) , lecture + lab courses/distance + lab (TW=1.5), 8-hour clinical day supervising up to 8 students in acute care hospitals and long term care facilities (TW=1.5), supervision of up to 20 students in community settings (TW=1.5), and a variety of other configurations]. We also provide a teaching release of 1 teaching weight for every 3 supervised graduate students. These weights were developed by an ad hoc workload committee of the School and are reviewed periodically. (The 2007-08 teaching schedule will be available on site).

As more faculty become research intensive, a load of 5 is high. While there is provision in the collective agreement for course release for research, the criteria for allocating this release has been unclear in the School. It is time to do a full review of course weightings for all courses including teaching related to interprofessional education and to establish clear and transparent criteria for crediting research/scholarly productivity. This was identified as an activity in our 2008 Strategic Plan and this work will begin in spring 2008.

In addition to the workload issues of regular faculty members, there is also an increase in the workload of the academic administrators in the School. (See *Appendix V* for a list of the committees membership of the associate directors and the director). In addition, both associate directors have found that student advising has increased substantially. Over the past few years, we have seen an increase in the number of students (particularly those in the undergraduate program) who have personal difficulties and require advising and counselling on an ongoing basis. As well, students in the FT option require more initial academic advising to determine the appropriate program of study and require ongoing support throughout their accelerated program that runs over the full spring/summer. In order to provide appropriate support for the academic administrators, a proposal outlining the need for dedicated full time support for each of the associate directors was developed. The Board of Regents approved this in December 2007. (See *Appendix W* for more detail). In addition, the School will review our student support needs and services and consult with the other health-related academic units on campus as well as other Schools of Nursing in 2008.

5.5 Staff complement

As seen in *Appendix S*, we have a permanent staff complement of 12 FTEs at present. These include: a secretary for the director; a shared secretary for the associate directors; an academic program administrator; a co-ordinator for student clinical placements; 6 office staff (up from 5 in 2004); and 2 laboratory instructors who are master's prepared registered nurses. As well, we have 3 contractual FTEs: a BN-prepared registered nurse is hired as support for the laboratory and clinical co-ordination; a second (who is completing her MN degree) is on contract as the Nursing Research Unit Coordinator; a .5 position supports our technology and computer needs, and a .5 position is a shared Development Officer position with the School of Pharmacy and Alumni Affairs. The Development Officer position is co-funded with Alumni Affairs. Nursing was the first Faculty/School at Memorial to have it's own chapter of the MUN Alumni. The introduction of a development officer provides both the vision, support and resources to begin planning for long term advancement activities as is referenced in our Strategic Plan.

The School also employs a number of students each semester in the Learning Resources Centre (3), General Office (3-5), and the Nursing Research Unit (2-5). In addition, research assistants hired by faculty employed through grant funding also work in the NRU. For the past 4-5 years, and ending in April 2008, one FTE staff member was employed on an international project and worked in a SON office and in the International Office.

A major initiative began in Spring 2005 related to a full review of all MUNSON staff positions and office processes by the School in consultation with the Department of Human Resources. The first phase of the review was completed in December 2005, and the second phase was completed in early 2007. The School of Nursing staff has worked with staff from Human Resources to implement changes to streamline work processes, enhance efficiency, and increase job satisfaction. With HR, we developed a plan for the immediate upgrade of the classifications of several positions and re-alignment of others starting January 2008. As previously noted, we have been allocated one new position - Academic Program Assistant for the Associate Director, Graduate Programs and Research - and to have a second position upgraded from secretary to an Academic Program Assistant for the Associate Director, Undergraduate Programs.

For the first time, the School of Nursing held a staff retreat in October 2007. The morning was a session to review the results of the employee survey that was undertaken at Memorial and to review the academic programs in the School of Nursing. All staff and the director and the two associate directors attended the morning session. The afternoon was a facilitated team building session that was attended by staff only. The facilitator was an experienced faculty member from the Faculty of Business. The session was very helpful in bringing forth issues and concerns for discussion. (See *Appendix X* for a full report). An immediate outcome of this process was the establishment of monthly staff meetings that began in November 2007. The issues described in the report have been allocated as agenda items for discussion and action over the next year.

5.6 Results of the employee satisfaction survey

In February and March 2007, faculty and staff of MUN were asked to participate in a comprehensive opinion survey about a variety of work life issues. The Health Research Laboratory of Brock University conducted this. Results of university employees as a whole were disseminated at a university forum in April. (See www.mun.ca/humanres/opinion_survey).

Subsequently, the Director requested specific information about the results related to the School of Nursing. Fourteen faculty and 8 staff responded to the survey which was a 30% faculty response rate and a 67% response rate for staff. This mirrored faculty/staff response rates for the university as a whole. Overall, the results for the School were positive with the School of Nursing Grand Average (65.8%) being observably higher than the Grand Average of the rest of the St. John's campus (60.6%). Fourteen of 24 scales were observably higher than the corresponding scales for the St. John's campus and the remaining 10 scales were in the same range as the rest of the St. John's campus. (*See Appendix Y*).

While these results were reassuring, we realized that improvements could be made and clearly there were a number of areas that needed to be addressed. These were workload, team recognition, and co-worker/colleague cohesion. Hence retreats held with faculty in June and staff in October addressed these issues directly and work continues in these areas.

6.0 Financial Support

A 7-year overview of the funding for the School of Nursing is presented in *Appendix Z*. In 2000/01, the Director requested a review of the School's base budget since the School was in a deficit position. On 2001/02, the VP (Academic) adjusted the base by \$150,000 but the School still had a deficit of \$43,500. The situation improved with the introduction of the fast track stream of the BN (Collaborative) program in 2002/03. The provincial department of Health and Community Services funds 24 FT seats at MUNSON and sends these funds directly to a SON budget account via the SON's Manager of Finance and Administration. In 2005/06, as a result of a request from the Directors of MUNSON and WRSON, the department increased the budget for the FT program in recognition of inflation, the need for a support staff position, and teaching remissions for the Associate Director of Undergraduate Programs.

Since 2003, we have had a healthy carryover which we have been able to use for technology upgrading including video-conferencing equipment, renovations to the Learning Resources Centre to make more efficient use of space, improvements to classroom space including carpeting and multimedia equipment, renovating and adding new seating in our lecture theatre to accommodate increased class size, wireless networking, buying new streamlined office furniture for faculty and staff offices and for the Nursing Society office, and supporting faculty travel to conferences related to curriculum development in undergraduate and graduate nursing programs. We were also able to host an invitational Symposium on PhD Programs in Nursing in 2007 as a way to start our thinking about PhD nursing education at Memorial. We have also been able to provide bridging funding for the Development Officer position, support extra teaching for the inter-professional education initiative, provide release time for faculty who are revising curricula for the BN (Collaborative) program, provide release time for the writing of the accreditation report, and other one time initiatives.

We anticipate that government will fund 10 additional seats in the FT program at Memorial in 2008/09. These new seats will mean that we will run separate sections for most courses for these students and will be able to provide additional academic and counselling support for these students. As retirements occur in the health system, we anticipate that government will be asking the Schools to further increase the number of undergraduate seats in nursing. This can only occur with sufficient new space, faculty, and other resources.

As we move forward with plans for a PhD program, we will need to have tenure track positions and be able to provide research start up funds for new faculty.

7.0 Physical Resources

7.1 Laboratory and equipment

The School of Nursing has a Learning Resources Centre (LRC) which is where undergraduate students learn psychomotor and assessment skills related to nursing. There is a dedicated one-credit course in first year of the BN (Collaborative) program and in each of years 2, 3 and 4, there are laboratory components associated with clinically related courses. The facility has a variety of equipment that would be found in client settings including hospital beds. In 2004/05, we renovated this space to be more usable and while this is working well, our space is very limited given the numbers of students we have. Ultimately we would like to have more computer-assisted learning and to the use 'simulated patients and scenarios' to enhance learning of complex skills and decision making. Patient simulation models are being used more frequently in Schools of Nursing across the country as student numbers increase and clinical placement opportunities become saturated. While we are still fortunate to have access to almost all clinical agencies in 2007, this may not be the case in the future. We are well aware that we need to be planning for complementary approaches to clinical learning as we take in greater numbers of students. Simulation models are expensive, require ongoing technical support and special training for faculty and staff, and need increased space to accommodate the special computers and other structural requirements that are part of this approach. Two of the LRC staff and a faculty member have a special interest in this area and will be attending an international conference on this topic in 2008, funded by the School.

The other major piece of equipment used by faculty and staff are computers. We replace computers every 3-4 years and provide timely support with a .5 FTE computer support professional who is at the School each day for 3-4 hours. We have an arrangement with the university Division of Computing and Communications; they allocate one of their employees to provide us with the support we need. This arrangement is working out very well.

Students have access to computers in a number of locations on campus including all libraries and a computer lab in the Health Sciences Library that is funded for use by medical and nursing students.

7.2 Library

The Health Sciences Library (HSL) of Memorial University provides the primary library resources for the School of Nursing. It is located in the same building as the Schools of Nursing, Pharmacy and the Faculty of Medicine. The HSL collection includes material on medicine, nursing, pharmacy, dentistry, and allied health. In the health and allied disciplines there are approximately 40,000 books (paper format); 20,000 electronic texts; 8,000 electronic journals; 350 current journals (paper format); and 1800 audio-visual materials. In addition, the library provides access to approximately 30,000 non-health electronic journals and 220,000 electronic texts that are accessible through general Memorial University agreements. In addition, to the HSL faculty and students have access to all of Memorial's libraries including the QEII library and its extensive holdings

and services. It is noteworthy that the Memorial University Libraries are consistently ranked in the top university libraries in the country in the Maclean's survey. (See www.mun.ca/library for more information about the libraries).

More specifically, as of July 2007, there were 624 nursing related journals and serial publications that the Memorial Libraries have access to. The head librarian of the HSL, Mr. George Beckett has evaluated the nursing holdings and states: "My evaluation is that there is a strong collection of nursing journals available that meets the needs of both students and faculty of the School of Nursing". (A complete listing will be available on site).

As well, the library has many workstations, small rooms for study and discussion, and a computer lab that is available to members of the Faculty of Medicine and School of Nursing students. The School works closely with the library; faculty and students receive excellent service from the library and its entire staff.

7.3 Space

Space is at a premium in the university as a whole and in the School of Nursing in particular. There are concerns about the adequacy of space to meet our current needs and lack of space will seriously restrict our ability to grow. The School moved to its current home in the Health Sciences Centre (HSC) in 1978 when the School's administration offices moved to the first floor of the HSC. Starting in 1983, new physical space was built onto the HSC and the School moved up to the 2nd and 3rd floors where the School is now located. The School is in close proximity to the Faculty of Medicine, the School of Pharmacy, and the HSL, which is a very positive feature.

The School occupies a total of 15,839 sq. feet of space and includes the following:

Classroom/learning space

- 109 seat lecture theatre
- 2 classrooms that hold a maximum of 55 students
- 1 classroom for 20 students
- Learning Resources Centre (LRC)
- 4 small seminar rooms

Student space

- small undergraduate room for the Nursing Society
- small graduate student room
- student lockers

Faculty space

- 33 faculty offices. Eleven offices are shared space: 10 offices are shared by 2 faculty who have contractual appointments. The average size of these offices is about 100 sq. feet. One office is shared by 4-5 clinical faculty who have shorter term or per course appointments. Shared office space is problematic for many reasons including the difficulty of scheduling meetings with individual students as is required in many of our courses.

Administrative and general office space

- 5.5 staff offices (clinical coordinator, NRU coordinator, LRC staff, support to the two associate directors) located on both the 2nd and 3rd floors
- Two 3rd floor offices for the Associate Directors
- General reception and administrative suite (1239 sq. ft. for 11 people including the director and her secretary are in this space located on the 2nd floor)
- a small director's conference room

Research space

- Nursing Research Unit (800 sq. ft.)
- a room for honorary research professors/RA for international projects/future space for PhD students

Other space

- a faculty/staff function room (shared with the School of Pharmacy)
- a photocopy and supply room
- one small storage room (almost all materials must be stored off site)
- 3 washrooms
- corridor (1386 sq. feet)

These numbers indicate that space is very tight for everyone at the School of Nursing: faculty, staff and students. As well, space for the academic administrative group (director, 2 associate directors and their staff) is poorly laid out. We have begun consultations with facilities management and an architect about ways to improve the space we have.

In discussions with government about increasing nursing seats, we have told them that MUNSON can only take a maximum of 10 additional students in the BN (Collaborative) Program. This will require even more creative use of the space we have but is possible. However, any other additional undergraduate seats will require new space. As well, Memorial's strategic plan highlights growing enrolment in graduate programs. We will only be able to do this if we can attract new PhD prepared faculty. They will require appropriate office and research space, which is now severely limited.

The university administration is aware of our space limitations and has included a request for infrastructure development for nursing and pharmacy in its budget request to government for 2008-09. As well, proposals for a College of Interprofessional Health and Community Service and a health research building have gone forward for review. Both of these proposals include new space for the health disciplines including the School of Nursing.

In addition, should the Centre for Nursing Studies consolidate with Memorial's School of Nursing, a much larger space/building will be required to accommodate the faculty, staff and students who are currently located on Forest Road, some 4.2 kms from the main campus by car. We feel strongly that the only way to consolidate the two Schools successfully is to be housed together, not in separate facilities.

8.0 Future plans and challenges

As described throughout this document, there are several key developments in process and other key challenges over the next few years that have the potential to change the organization and growth of the School and its programs dramatically. These include:

- the proposal for a College of Interprofessional Health and Community Services and the appropriate support for interprofessional activities
- the directive to implement a consolidated model that provides for the administration of all nursing education under Memorial University
- whether or not consolidation occurs, a need to change the current Consortium Agreement to provide more flexibility in the undergraduate program at the different sites
- the likely request by government for more undergraduate seats in nursing and the physical and human resources needed to meet that request including appropriate student services and support
- graduate program enrolment growth including a new PhD program
- faculty retention and recruitment as senior faculty retire and numbers of students increase
- the need for more tenure track positions in order to recruit well qualified nursing faculty
- the need to development new models of teaching as clinical placements become saturated
- the need for further development of research in the School of Nursing including providing balanced faculty workloads
- the need for new infrastructure to meet our current as well as future needs.

We believe that the School of Nursing will be ready to meet these challenges only if the needed resources, both human and physical, are provided.

The School would welcome any suggestions or comments from the reviewers of this report about how we can improve our programs and the School as a whole as we prepare for the future.