Executive Summary

The academic plan was generated in faculty retreats and in several discussions with students, members of the Advisory Committee, community members, and alumni. It is based on the strategic themes and values identified in the TRU Strategic Plan 2007-2012. The plan was initially generated in discussions about how to resolve a budget deficit in the School of Nursing; consequently, an underlying assumption of the plan is that all plans will be incorporated within the current budget or be income generating.

Five strategic initiatives form the basis of the academic plan. These include:
1. Promote and Support Aboriginal Peoples’ Health and Education
2. Promote and Support Global Citizenship
3. Develop Innovative Clinical Nursing Education Models
4. Provide a Quality Workplace for Faculty
5. Develop Capacity for Enhanced Accessibility and Flexibility Within Programs

In order to provide some context to the strategic initiatives that we identified, we have provided a brief discussion of why each initiative was identified as a priority and why the plans under each initiative were generated.

It should be noted that although we fully support initiatives that are specifically focused on student learning and a quality student experience, the School of Nursing is currently engaged in many student engagement initiatives and the feedback we received from students did not identify this as a gap or problem. Instead, goals that relate to specific student experiences (e.g., Aboriginal students, transitioning students) are integrated within the plan.

Preamble

The academic plan provides a benchmark by which the Thompson Rivers University (TRU) School of Nursing (SON) is accountable for the decisions that faculty make, allowing us to be proactive in defining our teaching, research, and service activities, and remain transparent in the ways we undertake and communicate our priorities. It is not a recipe book, dictating what to do
in all possible cases. Rather, it provides a crucible in which ideas can be tested and compared on the basis of their relative merits and their fit with that we have said we wish to accomplish together.

About the School of Nursing

Thompson Rivers University School of Nursing has a rich history in providing nursing education over the past 35 years. The SON has programs in health care assistance, licensed practical nursing, and baccalaureate of science in nursing. As well as these programs, it offers continuing education courses that are pertinent to nursing, a RN re-entry certificate program for nurses who have been away from nursing and wish to re-enter the workforce. One other program, Aboriginal Pathways, offers a certificate to Aboriginal high school students preparing to take university programs in the health sciences.

Thompson Rivers University School of Nursing has a reputation for preparing students to be competent practitioners. The faculty emphasizes the need for graduates of the programs to make a positive difference to the health and well-being of all people. The faculty in the SON is committed to ensuring that a degree, diploma or certificate from Thompson Rivers University SON is evidence of exceptional attainment in critical inquiry, scholarship, and global citizenship.

The SON has a long tradition of Teaching excellence and a commitment to an outstanding learning experience for students and the highest quality professional education. Our culture of Scholarship has developed dramatically. Our research productivity and impact is increasing through the excellent work of individual scholars and new research collaborations both inside and outside TRU. Many of our faculty have won regional and national awards in recognition of their scholarship in nursing education, administration and/or research. Our engagement in Community Outreach, in Canada and internationally, is a growing and significant part of who we are. The transformation of our teaching, service and research into knowledge of value to those beyond the academic world brings new and powerful partnership possibilities to TRU

Strategic Initiatives in Academic Plan

The following strategic initiatives have been identified as priorities in the academic plan:

6. Promote and Support Aboriginal Peoples’ Health and Education
7. Promote and Support Global Citizenship
8. Develop Innovative Clinical Nursing Education Models
9. Provide a Quality Workplace for Faculty
10. Develop Capacity for Enhanced Accessibility and Flexibility Within Programs
PROMOTE AND SUPPORT ABORIGINAL PEOPLES’ HEALTH AND EDUCATION

The SON is widely recognized in the university and beyond as supporting the need for a focus on the needs of Aboriginal people. Several of the faculty are known advocates for improvements in this area. The Aboriginal Pathways pre-health program is an example of how the SON has worked with Aboriginal people to develop a program that assists Aboriginal students to effectively make the transition from high school so that they will be successful in a university health program. An Aboriginal Advisory Committee provides the SON with advice and feedback about relevant issues as requested. Some faculty have been successful in securing grants to examine how to enhance the recruitment and academic success of Aboriginal students in the nursing programs. Their work was recently acknowledged by the Aboriginal Nurses Association of Canada as exemplary in demonstrating how cultural competence could be addressed within a SON.

Despite the advances that have been made in regard to Aboriginal peoples’ health and Aboriginal students’ success within the SON, there continues to be a need for advancement. The SON has eight committed seats for Aboriginal nursing students and there are often other Aboriginal students enrolled in the BScN program. However, the retention rate for these students is far less than for non-Aboriginal students. For example, in the current academic year, four of eight Aboriginal students in the BScN program in Kamloops failed in their first term. Although there are some retention strategies in place (e.g., peer tutors), there is a significant need to develop an evidence-based plan to enhance the retention of Aboriginal students within the programs. In addition, some Aboriginal and non-Aboriginal students have indicated a need for more information about what services are available to Aboriginal students in the SON and the university.

Some students and faculty indicate that they do not understand why we place so much emphasis on Aboriginal peoples’ health and there is not always a clear understanding of how Aboriginal peoples’ history has contributed to their current health needs. The clinical placements in Aboriginal communities generally involve only single students and at present, there are no immersion experiences available for students who could draw on such experiences to develop an understanding of First Nations peoples’ history, culture and experience. Faculty and non-Aboriginal students have varying levels of knowledge and experience of Aboriginal peoples.

A dilemma that we face is that in order to enhance the quality of Aboriginal students’ experience in the SON and to promote Aboriginal peoples’ health, we may inadvertently imply that Aboriginal people are “needy”, thus contributing to the stereotypical views of Aboriginal people as deficient. It is understood in this academic plan that although we will continue to advocate for Aboriginal people’s health and academic success, we will continually revisit this issue with our
Aboriginal advisors and we will intentionally focus on the strengths of Aboriginal people in the curricula.

1. Increase the faculty’s and school’s capacity to address the learning and cultural needs of Aboriginal students.
   - Use a relevant framework (e.g., an integration of ANAC and Holistic Lifelong Learning) in the development, implementation and evaluation of all courses in relation to their cultural relevance and appropriateness
   - Provide funding for faculty in administrative roles (Chair, Coordinator, Dean) to complete Indigenous Cultural Competency program sponsored by Coastal Health Authority
   - In orientation and ongoing faculty development, provide faculty with the skills and understandings necessary to effectively serve the needs of Aboriginal students, including the Indigenous Cultural Competency program sponsored by Coastal Health Authority
   - Develop common content for all students on Aboriginal culture and history that is required course content, and infuse Aboriginal perspectives into all learning
   - Appoint an Aboriginal person as an Aboriginal Advisor in the SON to assist Aboriginal students and to contribute to faculty/curriculum development
   - Consult the Aboriginal Advisory members and members of First Nations organizations/communities to critique course materials and to recommend decolonising strategies to integrate materials that are responsive to the Aboriginal voice

2. Demonstrate a commitment to Aboriginal peoples’ health and to the retention and academic success of Aboriginal students
   - Develop evidence-based transition programs for Aboriginal students bridging between high school and university
   - Revise the recruitment video and brochure for Aboriginal students to reflect recent changes in programming and the strategies that have been put in place to ensure Aboriginal students’ success, as well as the resources/services available to them within the SON and TRU
   - Develop a policy to prioritize Aboriginal applicants in the admissions process
   - Hire senior Aboriginal students to serve as tutors to Aboriginal students in beginning courses known to be associated with high attrition
   - Have an Aboriginal Advisor contact by e-mail every Aboriginal student that applies, introduce him/herself, and communicate how he/she might support them
   - Invite Elders to participate in teaching and curriculum development activities
   - Develop a flexible mode of curriculum structure and delivery that permits students to adapt the demands of the program to their unique life circumstances and needs
   - Open meetings with recognition of First Nation traditional territory on which the event is occurring
   - Hire at least two Aboriginal faculty members
TRU SON Academic Plan

- Advocate within the SON and TRU for resources, services, polices, and practices that best support Aboriginal students’ retention and success
- Create a visible presence of our commitment to Aboriginal peoples’ health and to the retention and academic success of Aboriginal students by (a) creating displays of Aboriginal artefacts and art; (b) including the Secwepemc translation with the English word in all major signage within the SON; and (c) profiling Aboriginal students and alumni on the SON website.

3. Develop and implement strategies of community engagement between the SON and external communities, particularly health care agencies and organizations, Aboriginal peoples, and international communities
   - Conduct research to explore exemplary practices in university-community consultation in relation to Aboriginal community engagement in nursing education curricula and policies
   - Drawing on the principles of community development, develop a Community of Practice (CP) in at least one First Nations community to provide learning experiences for students and to assist the community to address their health needs
   - Drawing on the principles of community development, work with CONAYT* as a partner agency to provide learning experiences for students and to assist the community to address their health needs
   - In collaboration with community representatives, profile various Aboriginal communities/organizations within the Kamloops and Williams Lake regions at three Faculty Council meetings per calendar year
   - Explore additional partnerships/collaborations with Aboriginal organizations and communities that will result in mutually beneficial collaborations and immersion clinical experiences for students

*CONAYT is a Friendship Centre in Merritt that has formed a partnership with TRU SON to implement a mutually beneficial health and education program that serves students in the SON and the people of 15 surrounding First Nations Communities
PROMOTE AND SUPPORT GLOBAL CITIZENSHIP

Thompson Rivers School of Nursing is committed to promoting and facilitating global education for students and faculty. Since the late 90’s, there have been several initiatives towards this goal, beginning with a CIDA funded project in Nepal. As part of this project there was an opportunity for TRU nursing students to go to Nepal for a 6 week instructor-led practicum. Since then similar opportunities have been developed in Samoa, Thailand and Lesotho, Africa. Students who are able to participate in this experience are enthusiastic about what they have learned. Interestingly, some students have commented that the juxtaposition of this experience with their experiences in Canada has led to greater insight about how the social determinants of health impact the health of all people, particularly marginalized populations. Another way that students can participate in an international experience is by taking part in Study Abroad that is offered during the fourth year of the BScN program.

To promote reciprocity with the host countries, nursing faculty and administrators from Nepal, Lesotho, Thailand and Samoa have come to TRU to learn more about our nursing curriculum and nursing in Canada. To encourage global education, guest speakers from Ghana, Nepal and Guatemala have presented to students and faculty.

Some of the advances that have been made in recent years in the SON towards the goal of global citizenship include that students and faculty used principles of community development to work with a community in Lesthoto to develop the “Pig It Forward” program in which community members develop economic sufficincy and food security. A faculty member has worked with faculty in Samoa to conduct research about the impact of the Tsunami and to present the findings in scholarly conferences. Two faculty have been invited to highlight their experiences in working with international partners in the International Council of Nurses Conference this year.

Despite the successes in this area, there are challenges. For example, the international practicum in third year is expensive; students who are not able to raise the funds for this experience are not able to attend. Although we expect our graduates to demonstrate global citizenship, this is not integrated in the curricula of all programs and new faculty are not oriented to this expectation and how to teach to foster global citizenship. There is a new understanding of global as local but the SON has tended to focus on global as international. Misconceptions exist within the SON and external to the SON about what the international practicum entails. The SON is increasingly invited to extend the international activities to include continuing education and degree offerings in other countries. There are ethical and resource issues in accepting such invitations. As well, it is not clear what criteria we should apply regarding what invitations we prioritize.

We have few international students in the SON, largely because the targeted FTEs are filled with domestic students. Other than anecdotal evidence, we do not know what the experience of these students has been like in the SON and how we could best support them.
1. Connect the “global to local” in curricula, fully integrating global aspects into campus-based endeavours and studies
   - Investigate the feasibility of offering students in all nursing programs a clinical placement in a remote First Nation or Inuit community/settlement
   - Significantly increase the number of students pursuing part of their program-of-study outside of Canada or in remote regions of Canada
   - Develop and support the integration of global justice in all course content, including how globalization has impacted health issues and needs
   - Develop learning activities that foster students’ reflections about how the health of international and local marginalized communities is impacted by the social determinants of health

2. Increase the faculty’s and school’s capacity to address the learning and cultural needs of international students
   - Integrate global competency content in new faculty orientation
   - Conduct a survey of current and past international students regarding the quality of their experiences and their recommendations for enhanced support

3. Create and/or sustain programs that enhance the global educational, clinical practice and research opportunities for students and/or faculty in the School of Nursing and in other nations/communities
   - Continue to build on relationships with post-secondary institutions in other countries
   - Identify criteria to be applied in the prioritization of opportunities for global programs that are presented to the School of Nursing
   - Work with at least two partner international universities to establish a faculty exchange by means of a Visiting Scholar program or research grants
   - Conduct a comprehensive evaluation of global clinical placements from the perspectives of all stakeholders that includes identification of future directions
   - For incoming international students, build real and virtual “welcome centres” upon admission to the program

4. Enhance the awareness of stakeholders and the public about students and faculty pursuing learning experiences in other nations/communities
- Develop in collaboration with media and knowledge translation specialists innovative strategies for disseminating to stakeholders (i.e., faculty, students, university community) and the public information about what occurs in global placements and the benefits of such experiences.
- Work with the Advancement Department to advocate with current and potential donors and alumni for the financial support for students who pursue part of their program-of-study outside of Canada or in remote regions of Canada.
- Investigate and pursue sources of program or research funding that could contribute financial support for students who pursue part of their program-of-study outside of Canada or in remote regions of Canada.
DEVELOP INNOVATIVE CLINICAL NURSING EDUCATION MODELS

There are a number of factors that have resulted in making clinical education within the SON a challenge. Firstly, the traditional model of having one faculty member with 8-10 students in a clinical agency has proven to be expensive because of the requirements of such an intensive and real-world learning experience and the need to attend to the well-being and safety of patients in the clinical agency. Clinical nursing education is widely acknowledged to be more costly than other forms of education (e.g., classroom lectures); however, we have remained diligent about reducing the costs of clinical nursing education as much as possible. Secondly, health care is rapidly changing and these changes have presented several challenges to SONs across the nation. The acuity of patients in in-patient settings, both in hospitals and long-term care, has risen dramatically in the past decade. There is also a significant increase in the number of people with debilitating conditions, particularly as scientific advances have expanded the life-expectancy of citizens. For example, some people with genetic or childhood diseases that were once expected to die before reaching adulthood, such as Cystic Fibrosis or Muscular Dystrophy, are now living to be older adults.

Today’s nurses must be able to respond to the complex clinical, organizational, and fiscal challenges that these changes have caused within the health care system. Interdisciplinary approaches have been shown to be highly effective for improving clinical outcomes and reducing cost within health care. All nurses must demonstrate competence in interdisciplinary and collaborative practice. Teaching methods that incorporate opportunities for interdisciplinary education and collaborative practice are required to prepare nurses for their unique professional role and to understand the role of other disciplines in the care of patients. Nurses who assume a leadership role require strong communication skills, as well as business acumen and knowledge of financial and personnel management, organizational theory, and negotiation. In the field of business and education, there is a growing call that leadership development should not be left to chance, but should be part of a planned effort at all levels; i.e. ‘grow your own’ leaders. There is a need for both basic and continuing nursing education to address these needs.

Another challenge to clinical nursing education is that the placement of students in particular clinical areas is currently dependent on clinical opportunities and challenges. For example, there are few pediatric beds in the hospital in Kamloops and consequently, most students have limited clinical experience with pediatric patients. Particularly in hospital settings, the increasing acuity of patients and the increasing specialization of clinical units have resulted in clinical placements that are no longer appropriate for beginning students. This has also resulted in the need to have faculty who are assigned as clinical educators to be expert clinicians in the areas in which they teach.
As well, there is little consensus about what clinical practice hours should entail in nursing education. There is a wide variation in the dentition of clinical practice hours between schools of nursing. There is no evidence linking any specific number of hours or the type of clinical practice to improved student outcomes. Recent reviews of nursing education in Australia, the USA and the United Kingdom, have emphasized that a change in focus from hours to demonstrated competencies and from practice with patients in clinical settings to simulations or other learning modalities (e.g., Second Life, case studies), would make more optimal use of the clinical sites available for student experiences and help make education available to more students.

There are a number of recent innovations that have addressed the challenges outlined above. State nursing schools in Oregon and Hawaii created reusable learning objects (e.g., case studies, simulation scenarios, concept-based clinical learning activities) that are considered clinical education, particular in fields in which it is difficult to locate relevant experience, such as child health or labour and delivery. Humber Community College in Toronto has developed a number of virtual case studies in which students manipulate data and avatars to address clinical issues and virtual patients’ needs. Publishing companies have developed online simulations (e.g., The Neighborhood) that lead students through clinical skill enactment and clinical decisions. Many SONs throughout the nation have embraced simulation technology to stimulate critical thinking and skill acquisition in a safe and user-friendly environment. At present, the SON does not have a simulation laboratory. The faculty within the SON have offered some simulation experiences, such as a simulated disaster involving actors and clinicians in real-life settings to teach disaster response.

A critique of clinical nursing education to date is that has fostered a separation between nursing practice and education. Students tend to remain in one clinical area; the notion of “seamless care” between acute care and residential/community care is not often enacted in traditional clinical nursing education. Interprofessional education is minimal. In addition, students rarely have the opportunity to participate in clinical learning with more junior or senior students.

Because of the need to focus on particular areas of practice, many graduates recognize the need to be prepared for their chosen areas of focus. Although there are some limited opportunities for senior students to explore areas such as critical care in the BScN program, such as critical care, these do not lead to a certification in that practice area. Increasingly, LPNs and HCA are being hired in clinical areas for which their basic education has not prepared them. For example, there is a significant need for a focus in mental health among HCAs.

There is now a call for clinical nursing education modalities that foster active and discovery learning through case-based instruction as well as an integration of theory, clinical experiences
and simulation. In this way of understanding, clinical learning can include (1) focused direct care experiences, (2) focus on learning concepts (e.g., oxygenation) through seeing many patients who exemplify the concept, (3) case-based experiences that focus on learning clinical judgment through working through clinical problems presented in text-based or simulated scenarios, (4) skill-based experiences focused on learning basic skills through repetitive practice that includes psychomotor skills, such as interviewing, and (5) intentionally integrative experiences that provide opportunities to integrate prior learning and link learning activities to the nurse’s role.

1. Develop and pilot innovative clinical learning models (ICLs) that address the pedagogical and fiscal challenges associated with the traditional clinical education model (i.e., the TRU-based nurse-managed clinic; the Dedicated Learning Unit at RIH; the TRU-IHA initiative at Ponderosa; and the TRU-CONAYT partnership)
   - In collaboration with the partner agencies (TRU, IHA, Ponderosa**, RIH**, and CONAYT) develop, pilot and evaluate a clinical education model that includes (a) a mutually beneficial partnership, (b) different levels/types of students both within nursing and within other health disciplines, (c) a focus on active and discovery learning, and (d) nursing across the boundaries/traditional silos of acute/residential/community care.
   - Investigate the feasibility of additional ICLs in Williams Lake and rural/remote communities of BC
   - Within the five years following the completion of the assessments of the initial three ICLs, hold a consensus-building meeting of stakeholders in all ICLs to identify the essential elements of a new clinical education model for the SON

2. Obtain and equip an Interdisciplinary Education and Research Simulation Laboratory that could be used by various health professional students/faculty and is informed by evidence-based outcomes
   - Investigate funding opportunities and write proposals for the funding of the laboratory with other health disciplines at TRU
   - Discuss the need for the laboratory and for funding with the TRU Office of Advancement

3. Develop/enhance the leadership skills/theory component in all curricula and continuing education offerings within the SON
   - Explore with SOBE the possibility of a dual nursing-business degree
   - Explore with SOBE how the leadership component of the curricula within the SON could be enhanced
TRU SON Academic Plan

- Develop a nurse leadership certificate program that is available by blended learning to nurses in Canada and beyond
- Develop a proposal for a Masters of Science in Nursing that focuses on nursing leadership in a variety of realms, such as Aboriginal health or nursing administration

4. Develop/enhance the interprofessional skills/experience component in all curricula and continuing education offerings within the SON
   - Investigate the feasibility of co-teaching courses in communication, research and ethics with other disciplines
   - Develop course learning activities that require students to explore the roles of other health professions and to compare these roles to that of the nurse
   - Investigate the possibility of integrating other health profession students (e.g., UBC medical students. Music therapy students) in the ICLs
   - Advocate for a university-wide interdisciplinary health/wellness program for TRU students in which the SON has a significant role

5. Develop/enhance the opportunities for students to develop specific areas of focus/specialization
   - Develop an undergraduate honors BScN option (six months following the basic BScN program) that will prepare students for specialization certification in critical care, mental health, and two other speciality areas
   - Revise and expand the mental health certificate program for registered nurses
   - Develop a palliative care certificate program for RNs, LPNs and HCAs
   - Conduct a market analysis of the need for other specialization programs within the SON

** We are developing a proposal in partnership with Ponderosa Lodge to develop the third floor as a unit for convalescent care in which students at all levels will care for patients convalescing after hospitalization and provide post-discharge at-home support

*** We are working with Royal Inland Hospital to develop a hospital unit that will be dedicated to the teaching/learning of students in the SON
PROVIDE A QUALITY WORKPLACE ENVIRONMENT FOR FACULTY

We recognize that the provision of a quality workplace is integral to the organizational commitment and workplace satisfaction of faculty. This in turn fosters recruitment and retention of faculty, as well as their productivity and innovation in teaching students.

At present, there are number of challenges to the achievement of such a goal. The SON has a campus site in both Kamloops and Williams Lake. Communication across programs and across sites has been particularly challenging. Distance and the limitations of communication technology have posed difficulties when we have attempted to truly integrate Williams Lake faculty in decision making and relationship building with the Kamloops-located faculty.

Recruiting doctoral-prepared faculty for the SON has been problematic and this is unlikely to improve in the near future because the number of PhD-prepared nurses are approximately one quarter of the retirements predicted in SONs across Canada for the next five years. Graduates of nursing PhD programs are widely recruited and most choose large research-based universities as their place of employment. The quality of the workplace environment, including the supports for research, are known to be significant in these graduates’ choice of university.

Many of the faculty who are enrolled in graduate studies are students in distance programs; they may not receive the benefit of a class cohort. Although there are currently publication and fellowship writing activities within the SON for faculty in graduate programs, some faculty have indicated a need for other forms of support (e.g., a thesis writing support group). One of the factors that influences faculty’s perception of the workplace environment is the number of changes to be implemented within the next five years. Many of these changes, such as blended learning delivery or a 3-year BScN curriculum, require new learning and faculty vary in their confidence about the new methods/content.

In the coming five years, the SON faces several program reviews/approvals/accreditations (e.g., TRU Academic Program Review, Canadian Association of Schools of Nursing), as well as significant curricular revisions to all programs. Faculty who assume a major role in these activities are assigned this role in addition to a full teaching workload. At present, there is no comprehensive plan about how to involve faculty in such activities.

Approximately a third of the faculty are in sessional contracts. This is in keeping with the national profile of SONs in which sessional appointments are increasingly common. The contribution of sessional faculty to the SON is significant but because of the nature of their
position, they are not eligible for the awards offered by TRU and other organizations to recognize excellence.

There is a faculty mentorship program for new faculty in the SON but it has been primarily directed toward faculty in the BScN program. The current orientation for the new faculty has been offered once in-person in the fall. As new faculty often join the SON in both terms or to replace a faculty member on sick leave, the current system does not meet the needs of many new faculty who join the SON other than in September.

Communication in the SON has occurred primarily in formal meetings or by e-mail. The limitations of these methods have been noted by many faculty. Debates and discussion about important issues are often constrained in meetings by packed agendas and time limits. E-mail is susceptible to misinterpretation and rarely provides sufficient context for the reader to be fully informed.

1. Develop a comprehensive communication strategy to communicate key messages to faculty in all sites
   - Conduct a faculty-wide survey of faculty’s perspectives about current communication venues in the SON and the ways in which the limitations of these might be addressed
   - Develop a monthly SON-specific newsletter posted on the SON website that provides information, addresses issues of relevance to faculty and identifies significant accomplishments of those affiliated with the SON
   - Consult IT experts about alternate and more effective means of communicating with faculty at a distance
   - Conduct sharing circles at least twice a year in which faculty teaching in different programs, sites or levels share their experiences and insights
   - Conduct an evaluation of the governance and organizational structures of the SON

2. Create a new comprehensive program for faculty development and orientation
   - Conduct an evaluation of the current orientation/mentorship program and generate recommendations to be implemented in a revised program
   - Determine the core competencies that new faculty should achieve at 3 months, 6 months and 1 year
• Drawing on the list of core competencies for new faculty, develop a modularized new faculty orientation that can be delivered primarily online and tailored to the individual’s experience/needs

• Conduct an extensive literature review of faculty development needs and generate a list for faculty to add to and prioritize

• Develop effective programs in career planning and leadership development to address such priorities as effective succession planning, and enhancing the capacity of faculty to deal successfully with increasing organizational complexity

• Provide mentorship and development opportunities regarding grant writing, manuscript preparation and thesis supervision for faculty enrolled in graduate programs

3. Develop strategies/ways of supporting and acknowledging the contribution of sessional faculty
   • Conduct a survey of sessional faculty to determine their perspectives about how they could be better supported and acknowledged
   • In collaboration with the Alumni and the Office of Advancement, develop an internal award to be given to sessional faculty who demonstrate excellence in their role as a faculty member
   • Develop a comprehensive plan for the support and acknowledgment of sessional faculty
   • Maintain a role for sessional faculty in which they have responsibility for both course teaching and clinical education

4. Promote and support scholarship of faculty
   • Conduct public forums and workshops to profile faculty scholarship
   • Approach local print and television or radio media for opportunities to profile faculty scholarship
   • Create venues for idea exchange regarding scholarship in teaching, research or service
   • Nominate appropriate faculty for awards in recognition of their scholarship
   • Explore how the teaching, committee and other commitments of faculty impact their ability to enact and develop scholarship
   • Develop a strategic plan to select and provide release time for faculty who assume a significant role in program reviews, approvals or accreditations or curricular revisions
TRU SON Academic Plan

- Demonstrate leadership regarding the need for faculty practice in clinical practice arenas and provide support for faculty to attain such practice.
- Advocate for TRU institutional support of faculty development in terms of research, publication, teaching, and leadership.
Many students are bringing varying university and work experiences, as well as more sophisticated technological literacy and expectations for their education to the SON. They are typically employed in part-time or full-time employment, and many are raising families. Several students come from rural communities and they must incur considerable costs to attend classes on campus. These factors necessitate greater flexibility in the ways in which students can access and complete programs. Flexibility is defined within this context as the ability to tailor programs/courses to students’ needs and circumstances by offering a variety of options for study and program/course delivery.

At present, none of the curricula within the SON have much flexibility in terms of access and completion. Students are able to conduct assessments of their prior learning (PLAR) to receive credit for courses and they are able to take some BScN courses via distance from OL or other institutions. However, in all programs, if students become ill, have crises or fail a course, they must wait several months before they can return to the point in the curriculum where they left. Students in the HCA and LPN programs often indicate that they would like credit for their prior learning if they applied to other programs within the SON. At present, there are limited options for a HCA graduate who wishes to receive credit toward the BScN program. LPNs must enter the second year of the BScN program, although they are often more clinically competent than most of their peers at that level. Registered Nurses who enter the program to receive a BScN enter the program in the third year.

Students who enter the BScN program from Williams Lake (every second year), RNs who enter in the third year, and LPNs who enter in the second year have expressed a need for a transition to the program that covers skills/knowledge they would not already have (e.g., academic writing) and to have the program tailored to their particular expertise and experience. Several programs offer LPN-BScN and RN-BScN programs in 12 months.

Many SONs have attempted to ensure flexibility while maintaining high quality of programs by strategies that include prior learning assessment and offering shortened, lengthened or condensed programs for eligible students. Blended or multi-modal learning is widely acknowledged as an important way of addressing access issues in post-secondary education. There is statistical evidence of increased learner engagement and learning when a combination of distance and in-person learning is provided to students. Most courses within the SON are offered in-person. Many of our students choose to take electives and specific courses online in institutions that provide a distance option.
Increasingly, SONs are offering BScN programs that are shortened in duration because students have previous academic credits. At present, the BScN program is four years in length. Students tend to find the first year very difficult because it includes a heavy workload while at the same time as students are adjusting to being at a university and meeting the writing and study requirements of a university education. Several programs are now requiring 30-60 pre-nursing academic credits before students enter the Nursing program because students’ readiness for the heaviness of nursing courses is generally dependent on their previous exposure to general university courses.

1. Enhance the flexibility of programs while maintaining or enhancing the current quality
   - Conduct an extensive survey of SONs within Canada to determine the ways in which they achieve this objective and their recommendations/insights
   - Establish a SON committee to explore the possibility of modular learning, bridging, and other course structures to enhance access to and retention in all programs, as well as the transition to other programs, and then to report to faculty about their recommendations
   - Offer regular workshops/educational sessions to faculty on the use of technology to enhance accessibility and flexibility in the program
   - Establish a SON committee on multi-modal learning to assess the possibilities to develop courses as blended learning and to coordinate the development and assessment of such courses
   - Develop the expertise of at least two faculty who will serve as on-site experts to assist faculty wishing to offer courses via a blended learning model
   - Investigate the feasibility of a reduced duration for the LPN-BScN and the RN-BScN program
   - Investigate the feasibility of offering courses on-site at nurses’ workplaces (e.g., our ICL partner sites)

2. Develop transition programs for students entering a program in an untraditional time (e.g., returning or transferring students, LPNs or RNs in the BScN program)
   - Conduct a survey of all recent Williams Lake, transferring and returning students to identify their needs for transitional support in all programs
   - Develop programs to support RNs, LPNs, Williams Lake, and returning/transferring students that incorporate the needs identified in the survey above

3. Develop a three year BScN program with pre-entry academic credit requirements and the option to study part-time