



Program Review Quality Assurance Plan

Quality Assurance Plan for: Bachelor of Psychiatric Nursing Program

Date submitted to SSCPR: October 02, 2020

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Date of External Review: February 03, 2020

SUMMARY

The Bachelor of Psychiatric Nursing Program (BPN) began its new program curriculum in September 2018 with the first cohort of the new students completing in December of 2020. The previous and original version of the program was delisted from Schedule C with the British Columbia College of Nurses and Midwives (BCCNM) in April of 2020. The Quality Assurance Plan will address the main recommendations from the Self-Study and External Reviewers Report (ERR). Overall findings from program review were favorable for the BPN however several areas have been identified to assure the best quality program offering. The following is a brief summary of the areas of focus which formulate the basis of the goal development for the Quality Assurance Plan.

- Philosophy and Language – The program philosophy has been updated from the original version of the program. However, it requires more alignment with the conceptual framework of the program and course objectives. The language found in the course content should be referred to specifically as psychiatric nursing to align with practice competencies rather than language such as nursing or mental health practitioners.
- Integrate the program’s mission explicitly into curriculum to assure local, national and international contributions and leaders.
- Integrate a more robust and clear blending of theory and practice, critical understanding and social and ethical awareness.

This QA plan will cover the new 2018 BPN program. The purpose of this QA document is to maintain the integrity and enhance the quality of the BPN program. Following the completion of the health foundations suite of 10 courses, students enter the BPN through a declaration process with 2 semesters of credits in the Health Foundations year earned. Students then enter the BPN program through a declaration process, with meeting admission requirements. This BPN program is a three-year undergraduate program.

At the time of writing the Self-Study Report (SSR), the former BPN program curriculum had finished. Therefore, this document will only address the new program.

To date the following information has been collected by the New BPN program.

At the end of each semester, students are asked to complete the Student's Course Feedback form (See Appendix A). This feedback form asks specific questions aimed at getting a better understanding of how each course highlights core concepts. It also asks students to highlight any concepts they may have learned in previous semesters which will help faculty identify overlap and gaps in the concepts being covered throughout the program. The information is gathered by utilizing Moodle's anonymous feedback tool, located on the main BPN Homebase Moodle site for all students to access which is then summarized and collated results shared with the dean’s office and BPN faculty for each course and each instructor. The information is shared at semester team meetings and used:

- To make immediate program changes



- To inform changes over the long-term as they represent trends in healthcare or program requirements
- To assist as a communication tool among faculty teaching the course with a continued commitment to improve the quality, clarity and consistency of courses.

Quality Assurance Goals

The following Quality Assurance Goals which formulate the Quality Assurance Plan are broad statements of program improvement formulated from the KPU Self-Study Report and recommendations of the External Review Committee’s Report. Each goal will be summarized with rationale for the goal, along with the program’s response to those recommendations in formulating program goals.

*****PLEASE NOTE: IN THE SECTIONS WHICH FOLLOW, ALL ITALISED TEXT IS A DIRECT QUOTE FROM THE EXTERNAL REVIEW COMMITTEE’S REPORT*****

THEME: PROGRAM OVERVIEW (PHILOSOPHY)

Goal 1: The program requires further development of its program philosophy and the language embedded in the program materials (stating psychiatric nurses vs mental health practitioners). Embedded in the philosophy statement, a framework, clearly established must be articulated and threaded throughout the program (curriculum framework).

Rationale for this goal:

- *The program still has work to do in terms of its philosophy, its conceptual framework and the overall program objectives; all of which lead to curriculum and course development. The courses are well developed and aligned with course learning objectives. The learning objectives are all based on the CRPNBC competencies (Now BCCNM). In the philosophy document and in a lot of the supporting documents for the program, we seldom saw the term "psychiatric nursing". The terms "nursing" and "psychiatric/mental health nursing" were the ones most often used. Also, the philosophy document talks about Registered Psychiatric Nurses (RPN’s) as a specialty; thereby comparing the profession to obstetrical nursing or another such 'specialty' of general nursing as opposed to RPNs being a separate and distinct profession.*
- *The External Review Committee (ERT) recommends faculty collectively articulate a clear philosophical statement for the program, which will serve as a guiding principle for student development in psychiatric nursing. Such a philosophical statement for the program, the ERT believes, will help address issues of faculty disconnection and clarity and purpose of curriculum (curr) progression identified through the external review process.*

Recommendation(s) this Goal Addresses	Report (page number)
#1 The ERT recommends a comprehensive review of the language used in curriculum and program documents to address the issues outlined in the previous accreditation as discussed above.	From ERR 3
#2 The ERT recommends faculty collectively articulate a clear philosophical statement for the program, which will serve as a guiding principle for student development in psychiatric nursing. Such a philosophical statement for the program, the ERT believes, will help address issues of faculty disconnection and clarity and purpose of curriculum progression identified through the external review process.	ERR 3



THEME: PROGRAM CURRENCY AND CONNECTIONS

Goal 2: Ensure the students are prepared for entry to practice by focusing on key psychiatric nursing skill sets which will include mental health assessment, professionalism (conduct in all aspects of the program including clinical performance, theory and lab practice), critical thinking skills incorporating theory and practice competences, acumen of psychiatric nursing practice in the clinical setting.

Rationale for this goal:

- *During the external review site visit, the ERT was able to meet with three Program Advisory Committee (PAC) members who employ KPU student nurses. Overall, the ERT note that these three participants may not be reflective of the entire program’s connections, but their deep expertise with KPU students and the varied nature of their placement sites provided excellent insight into the program.*
- *The Self-Study Report indicates conflicting evidence with regard to how well students are prepared during their studies and how prepared students and alumni feel (SSR, p. 16). The Self-Study report contextualizes this discrepancy as “a lack of context of the nursing role” and that “foundations may not make sense to [students] until they are fully entrenched in the practice setting.” Although the ERT note that this is true for the complex and challenging role psychiatric nurses serve in the health care sector, feedback from the external review site visit indicates an increased need for communication between the program and student psychiatric nurse employers; between the program teaching faculty and unit staff/managers of clinical placement areas, as well as greater preparation and support for students during placements.*
- *All three PAC members stressed that KPU students understand trauma-informed practice very well, however some employers’ comments indicated that the program is not current with best practices in psychiatric nursing. A key weakness identified by PAC members and validated by students was exposure to and the ability to conduct Mental Status Exams (MSEs). Employers identified that they are now reluctant to take on KPU students as they are not well prepared (some examples provided by PAC members are (1) unable to do MSE, (2) did not take clinical practice seriously, (3) doing homework whilst in clinical and, (4) lack of critical thinking skills).*

Recommendation(s) this Goal Addresses	Report (page number)
#3 The ERT recommends more direct exposure to MSE knowledge and application earlier in the program so that students can feel better prepared to confidently apply and build on such skills when they begin practice placements.	SSR 16 From ERR 5

Goal 3: Ensure all faculty provide appropriate and expected support and supervision to students during clinical placement. This includes screening students and recommending appropriate clinical placements, orientation to the clinical practice areas and engagement with agency team members.

Rationale for this goal:

- *Employers indicated that there was a lack of support from BPN faculty in supervising students (especially when a student was having difficulty). It was felt that KPU instructors are not accessible. This is corroborated in Appendix M of the Self-Study report wherein many students indicated that faculty were not present or supportive in the clinical area. One student remarked in the Student Survey that “I had multiple instances where my*



instructor did not show up to my placement to check on me, not even once” (Appendix M, page 123). Another student indicated that she had not seen her instructor for the entire preceptorship rotation (Appendix M, page 138). During the external review site visit, some employers noted BPN faculty were difficult to contact when there was an issue, and that inadequate orientation was provided for preceptor nurses on the units.

Recommendation(s) this Goal Addresses	Report
#4 Program faculty should ensure adequate orientation and supervision is provided for students during placements.	SSR 123, 138 From ERR 5
#5 The ERT recommends KPU faculty should be sure to carefully screen students to see that they are appropriate for clinical areas in which they are placed. Not all students have the same abilities/preparation to go into some of the complex areas—some students are stronger, and others take longer to become confident in their practice and be able to critically think and problem solve.	From ERR 6

Goal 4: Prepare and provide updated manuals to the clinical practice units especially preceptor placements which outline the student’s knowledge/skill level for that placement, explore opportunities to engage with the clinical agencies on a more frequent basis and ensure evaluations and surveys are completed to enhance engagement and program development

Rationale for this goal:

Recommendation(s) this Goal Addresses	Report (page number)
#6 The External Review Team recommends that greater communication happen between faculty and clinical agencies when the clinical staff indicate students are not meeting the requirements of their clinical practice semester. It is not good for KPU’s reputation to have clinical placement agencies (who are often future potential employers) think that KPU is graduating individuals that they think should not be practising—what is needed is at least dialogue and explanation for how decisions are made related to clinical mastery that are valid and evidenced-based.	ERR 6
#7 Overall, the External Review Team recommends program administration conduct a thorough review of the kinds and amount of support students are provided with for their placements, both prior to and during placements. Such a review should include broad feedback from PAC members and may require a special meeting with employers to discuss how to better prepare students and provide support to students and agencies. The Self-Study did not indicate that this was a concern even though there had been some student comments reflecting similar issues related to instructor support.	ERR 6



Goal 5: Increase the membership and scope of membership of the Integrated Program Advisory Committee (IPAC) for the BPN program. This should include as many “sectors” as possible where the students access clinical practice placements and potential areas of employment.

Rationale for this goal:

- *The SSR report has identified the need to improve connections with the discipline/health sector and alumni based on data in Appendix J. The report indicates that these improvements will involve ensuring skilled experienced instructors are assigned to clinical placements; better communications with clinical agencies by department and faculty; strategies to improve students’ knowledge of pathophysiology, and an increase in acute psychiatric clinical experiences. The plan will be to make these changes in the revised program.*

Recommendation(s) this Goal Addresses	Report (page number)
#8 The ERT and SSR validate these recommendations as crucial to program success	ERR 7 SSR 14, Appendix J

Goal 6: Expand and maintain formal “stakeholder” connections and mechanisms which document the interactions for the purpose of relationship development to improve the quality and integrity of the program and to foster a reliable source of information for practice trends and ability to respond to those trends. This includes clinical practice agencies, health authority, nursing regulator, nursing associations and government ministries.

RATIONALE FOR THIS GOAL:

- *Page 15 and page 8 of the SSR lists the many ways that the BPN program maintains connections with the health sector and alumni as well as examples of the programs’ public information and community outreach initiatives. Surveys of alumni and health sector (employers), minutes of the Integrated Program Advisory committees, HSPNet information is provided but there is no evidence to support a number of other connections listed*

Recommendation(s) this Goal Addresses	Report (page number)
#9 The SSR and ERT validate these as to program success.	SSR 8, 15 ERR 6,7



THEME: QUALITY OF CURRICULUM DESIGN

Goal 7: The BPN faculty will develop and implement a continuous process for curriculum review/revision and instructional skill development for online teaching. The BPN will establish a timeline and tracking system of regular curriculum review and document any adjustments. The plan will also consider a separate or unique admission criteria for the BPN program.

Rationale for this goal:

- The ERT team recommends that the administration identify and provide professional development opportunities in relation to online pedagogy for BPN faculty teaching online courses. This was made as many students communicated, they are not being taught, rather they are teaching themselves leading to student uncertainty and anxiety when entering the clinical practice arena.*

RATIONALE FOR THIS GOAL: Recommendation(s) this Goal Addresses	Report (page number)
#10 The BPN program must develop and implement an ongoing and clear plan for curriculum review and revision to keep curriculum current.	ERT 8
#11 The ERT highly recommends KPU increase faculty resources so that there is one person who has the responsibility for curriculum oversight. Such an appropriately resourced position serves a key role in coordinating student knowledge and skill development throughout the different cohorts (especially so when there may be instability in instructor assignments) and ensures students are exposed to the necessary psychiatric nursing theoretical knowledge and skills so they are safe, competent practicing student psychiatric nurses.	ERT 8
#12 The ERT highly recommends KPU increase faculty resources so that there is one person who has the responsibility for curriculum oversight. Such an appropriately resourced position serves a key role in coordinating student knowledge and skill development throughout the different cohorts (especially so when there may be instability in instructor assignments) and ensures students are exposed to the necessary psychiatric nursing theoretical knowledge and skills so they are safe, competent practicing student psychiatric nurses.	ERT 8
#13 The ERT strongly recommends that the concerns with the Health Foundations be addressed and separate admissions criteria be established for the BPN and the BSN programs.	ERT 8

Goal 8: Conduct a thorough curriculum review with competency mapping with each course presentation and pedagogy in BPN program adjusted and supported for the purpose of preparing students in all domains of learning within the program. (This QA Report recognizes this is the most significant portion of ERT and will formulate a majority of work and future activity).

Rationale for this goal:

- *In addition to reviewing the Self-Study report and meeting with program faculty and the KPU Faculty of Health advisor, the ERT met with 17 current BPN students. Student comments clearly stress that they felt the majority of learning in the program was self-study--that very little teaching occurred. They felt that they were ill prepared to go into clinical practice as they did not know how to conduct client assessments and were not confident with medication administration. Reasons given for this were that:*

**it had been too long since they had taken pathophysiology*

**they felt both pathophysiology and pharmacology courses were self-taught or learned from their peers because the courses were online students felt these courses required more direct teaching to ensure they acquire knowledge needed to practice safely and competently*

**they did not feel that they had had adequate teaching regarding the various psychiatric disorders encountered in their clinical practice areas.*

The other areas the students' focused on were:

- *Did not feel they received adequate communication practice and theory which placed them at a disadvantage considering that communication and the development of the therapeutic relationship is the core of psychiatric nursing.*
- *Felt very ill-prepared to do clinical documentation on their respective clinical units. Some students indicated they did not receive any preparation but were expected to know what/how to document their clients' conditions on the unit. Since they felt they did not get the support in the clinical area to learn this, they noted this was a very stressful situation for them especially considering it is a legal requirement to document accurately.*
- *Students felt that when they went into their medical/surgical rotations they did not have the pathophysiology they needed as "the course is online" and "ends up being a self-study" so they feel they "have a poor understanding and cannot connect their learning clearly to practice". These remarks are corroborated with data from the Faculty and Student surveys. Concerningly, 25% of faculty noted that they were "Very Dissatisfied" with pathophysiology components of the program and a further 25% of faculty respondents noted that they were "Somewhat Dissatisfied" with pathophysiology (Appendix N, Q1, page 140). In regard to pharmacology, faculty responded with 12.5% "Very Dissatisfied" and 37.5% "Somewhat Dissatisfied" with these components within the program. These two areas are the most significant areas for improvement noted by faculty. Similarly, responses to the Student Survey stress a need for stronger focus on pathophysiology and pharmacology (See Appendix M, page 117-125).*
- *Students mentioned that many times they "had not covered", and, or, "practiced in their nursing lab course the psychiatric nursing skills, or med/surg skills." They needed to be prepared in the medical surgical rotation; the semester is split in two with half of the students doing medical surgical nursing first (and so would not have had the theory or much of the nursing skills lab).*

- *It is the responsibility of the clinical instructor to also teach on-site and/or ensure students have the knowledge/skills needed to safely care for their assigned client(s). Alternatively, faculty should be assigning clients that are appropriate for students' level of knowledge/skill which requires that the clinical faculty review the clients on the unit before assigning clients to students. It is difficult for unit staff to do this (except in preceptorship situations) as they do not always know the students' level of knowledge/skill.*
- *The students who attended the External Review on-site visit indicated that they did not feel they would be prepared for preceptorship as they would only have had one acute in-patient psychiatric clinical practice rotation before preceptorship. This was noted in the 2014 CRPNBC accreditation report with the expectation that this would be addressed with the revised curriculum.*
- *Students felt that part of their stress was that they perceived that there was very little communication between instructors in their semesters which resulted in many of their assignments being all due at the same time and that they often received conflicting information from different instructors on various curriculum issues. Students also remarked that course presentations and expectations appeared inconsistent, and that the course formats and instructional schedules--in person, online, and blended--were not made clear at the start of semesters. Comments from the Faculty Survey also make reference to the need for greater overall consistency within the program. The following comments identified as "Areas for Improvement" highlight this need: "Need a more linear and transparent program overall," "organization, core courses, preparation for graduate education," "More consistency among professors/instructors" (Appendix N, page 147).*
- *Students commented how much they disliked having their research course online as they felt this course would benefit from in-class discussion and sharing. This then led to the fact that they felt very isolated because all of their courses in that semester are online. They felt they are basically teaching themselves with some indicating that this did assist them in learning to work collaboratively as a team, though many students remarked that even by semester 6, they did not feel like they comfortably knew fellow peers in their cohort.*
- *The SSR identifies the need for a review of the curriculum due to the results of the student and faculty surveys (page 34-36). In addition, the ERT did not find a competency map for how the program learning and RPN entry-level competencies, outlined in this chapter, are addressed throughout the program's curriculum.*
- *The SSR notes "The declaration requirements are currently being revised to include more appropriate psychiatric-nursing student specific assessments to ensure that BPN students encompass well-rounded characteristics, including being successful in people skills and therefore well situated to be in the healthcare profession. The BPN program is reviewing other methods of assessment for student admission, such as a Computer-Based Assessment for Personal Characteristics" (page 35). The ERT supports this initiative to revise the program entrance requirements as the current GPA system of admission is clearly not prioritizing important characteristics of strong psychiatric nursing students. Furthermore, as faculty noted during the external review site visit, the common GPA admission criteria for the BPN and BSN programs contributes to new BPN students who may not be explicitly interested in the BPN program. The BPN program, with a lower GPA admission threshold, becomes a default second-choice for students who are not offered space in the BSN program. As one faculty member noted, on day one of the semester, 6 new students to the BPN program indicated they were not explicitly interested in the BPN program but only accepted seats because they were not admitted to the BSN program.*
- *The SSR report indicates clearly that there is a need for a program change related to the attrition and graduation rates outlined in Appendix L as well as in the Student Outcomes Ministry Target rates outlined in Appendix Q (both identified as being unsatisfactory in the SSR, page 48-50).*

<p>RATIONALE FOR THIS GOAL:</p> <p>Recommendation(s) this Goal Addresses</p>	<p>Report (page number)</p>
<p>#14 The BPN program must develop and implement an ongoing and clear plan for curriculum review and revision to keep curriculum current.</p>	<p>ERR 8</p>
<p>#15 The ERT highly recommends KPU increase faculty resources so that there is one person who has the responsibility for curriculum oversight. Such an appropriately resourced position serves a key role in coordinating student knowledge and skill development throughout the different cohorts (especially so when there may be instability in instructor assignments) and ensures students are exposed to the necessary psychiatric nursing theoretical knowledge and skills so they are safe, competent practicing student psychiatric nurses.</p>	<p>ERR 8</p>
<p>#16 The ERT team recommends that the administration identify and provide professional development opportunities in relation to online pedagogy for BPN faculty teaching online courses as it is evident that many students feel they are not being taught, rather they are teaching themselves, leading to student uncertainty and anxiety when entering the clinical practice arena.</p>	<p>ERR 8</p>
<p>#17 The ERT recommends the program re-examine pathophysiology and pharmacology components of the program, including the instructional design of this coursework, so as to ensure students are adequately prepared in these areas.</p>	<p>ERR 9 Appendix N, Q1, page 140 Appendix M, page 117-125).</p>
<p>#18 The ERT realizes that it is difficult to have each student receive the required knowledge and skill to go into their particular clinical rotation—not all theory/lab skills can be front-loaded as the curriculum is levelled from novice to expert (in the context of entry level competency to practice); this of course means that students have to do some preparation themselves if they have not covered content in class as yet. However, it is the responsibility of the clinical instructor to also teach on-site and/or ensure students have the knowledge/skills needed to safely care for their assigned client(s). Alternatively, faculty should be assigning clients that are appropriate for students’ level of knowledge/skill which requires that the clinical faculty review the clients on the unit before assigning clients to students. It is difficult for unit staff to do this (except in preceptorship situations) as they do not always know the students’ level of knowledge/skill.</p>	<p>ERR 10</p>
<p>#19 The ERT suggests semester faculty discuss semester assignments and agree upon an evaluation grid that spaces out the due dates for the assignments.</p>	<p>ERR 10</p>
<p>#20 Furthermore, the ERT recommends a standardized basic format for faculty course presentations, so that students can locate important course information clearly and easily.</p>	<p>ERR 10</p>
<p>#21 The ERT recommends the program conduct a systematic evaluation of online and hybrid curriculum content to ensure the method of delivery is appropriate for the corresponding program outcomes. Furthermore, the ERT recommends new</p>	<p>ERR 11</p>

<p>faculty and faculty new to teaching fully online, be appropriately supported through mentorship with experienced online instructors and support from the KPU Office of Teaching and Learning.</p>	
<p>#22 The ERT recommends the program explicitly introduce team-building activities early in Semester 2. Such communication activities will support the BPN program’s explicit focus on independent learning, as well as ensure greater persistence and success of students continuing throughout the program.</p>	<p>ERR 11</p>
<p>#23 The ERT recommends curriculum be reviewed and mapped across the program so that faculty and students can clearly identify how their curriculum addresses program and RPN entry level competencies for BPN students--this is especially critical in the development a of clinical evaluation/assessment tools in that RPN entry level competencies are leveled across the clinical courses. Such a competency map would also complement faculty end-of-semester meetings and ensure gaps in content do not occur. The ERT feels such a map is essential to ensuring program consistency between cohorts.</p>	<p>ERR 11</p>
<p># 24 The ERT supports the programs efforts to evaluate more personal characteristics as part of the admissions criteria and cautions that the CASPer Test may not be sufficient to identify appropriate BPN students, as distinct from appropriate BSN students. Additional screening tools or pre-requisites may be necessary.</p>	<p>ERR 12</p>



THEME: QUALITY OF INSTRUCTIONAL DESIGN

Goal 9: Continue to revise and clarify curriculum of the BPN program and work toward a proposed program revision to meet the needs of contemporary psychiatric nursing.

Rationale for this goal:

- *The Self-Study touches on the previous curriculum/instructional design having been unsatisfactory but that the new design would better meet the needs of the students; however, the students who attended the on-site group meeting felt that the transition to the new curriculum was not done well—very disorganized. Although the Self-Study acknowledged that there had been issues with the previous program, it was felt that the new program design would solve some of the above issues. Evidence from current students does not support this.*
- *Students felt strongly that the pathophysiology course should not be online as it meant that they had to learn it through self-study—felt they needed instruction in this area to be able to apply it in the clinical area.*
- *Students also felt that they did not receive enough theory in communication considering that this was an integral part of psychiatric nursing practice.*
- *The ERT recommends the program review the relevance and effectiveness of communication components within the program to ensure students are receiving the instruction they require to be safe and successful in their practice.*

Recommendation(s) this Goal Addresses	Report (page number)
#25 The ERT supports the program's efforts to standardize instructor course assignments, so as to ensure instructional quality and greater consistency between cohorts.	ERR 13
# 26 As noted above, the ERT recommends new faculty, particularly new faculty teaching online courses, be mentored carefully and provided support from the KPU Office of Teaching and Learning.	ERR 13
# 27 The ERT also recommends the end-of-semester surveys be re-evaluated and augmented by reference to a program and RPN entry level competency map to ensure gaps in program consistency do not occur between cohorts.	ERR 13
# 28 The ERT recommends the program review the relevance and effectiveness of communication components within the program to ensure students are receiving the instruction they require to be safe and successful in their practice.	ERR 14

THEME: QUALITY OF SERVICES, RESOURCES AND FACILITIES

Goal 10: Examine the current staffing allocation for the BPN. If gaps exist, work to fulfill any vacancies to establish a consistent team to accomplish the work required to address vulnerabilities in the program and to determine any additional resources which may be required.

Rationale for this goal:

- *The faculty/student population ratio is still low compared to other similar programs, so it is very concerning to read in the Dean/Associate Dean report that the focus is to ask for funding for more seats. Discussion in the report indicates the plan to request additional funding for various resources such as simulation technologies but nothing is mentioned regarding the need to increase the faculty student ratio. Students and faculty also commented to the ERT that class sizes were quite large at 40 students per cohort, and this class size posed a problem for in-class learning activities and especially for online instruction. It was also reported that the cohort size has been an issue for service courses within the program that are offered by departments with a lower class size maximum (in particular Anthropology courses). The ERT certainly recognizes the need for increased provincial capacity in BPN programs, and supports KPU's efforts in this regard, but cautions that increased offerings without improving the faculty/student ratio will strain the integrity of the BPN program.*

Recommendation(s) this Goal Addresses	Report (page number)
#29 The ERT certainly recognizes the need for increased provincial capacity in BPN programs, and supports KPU's efforts in this regard, but cautions that increased offerings without improving the faculty/student ratio will strain the integrity of the BPN program.	ERR 16 SSR 63-64

Goal 11: Advocate for a block registration system for the BPN Cohort

Rationale for this goal:

- *Students interviewed during the on-site visit noted confusion with why they were required to individually register for each course on a semester basis, even though the program is a cohort-based program. This requirement gives the impression that the program is somewhat disorganized, and creates unnecessary added administrative stress for students, particularly when an issues arise and students are not able to register in required service courses.*

Recommendation(s) this Goal Addresses	Report (page number)
#30 The ERT strongly recommends a block registration system be implemented for students in the program.	



QUALITY ASSURANCE FIVE-YEAR ACTION PLAN

MONTH/YEAR WHEN THE FIVE-YEAR ACTION PLAN BEGINS: September 2020-2025

STRATEGY 1: Further establish or formulate a revised philosophy for the BPN program which will include revision of language and structural foundations to health, assessment, planning and interventions which anchor the entire program and integration of Psychiatric Nursing Practice Competencies. The philosophy will be rooted in Nursing Theory.

GOAL(S) THIS STRATEGY SUPPORTS:

Goal 1: The program requires further development of its program philosophy and the language embedded in the program materials (stating psychiatric nurses' vs mental health practitioners). Embedded in the philosophy statement, a framework, clearly established must be articulated and threaded throughout the program (curriculum framework).

Step(s) Required to Achieve this Strategy	To be Led by	To Begin on (M/YY)	To be Completed By (M/YY)	Notes
Review current philosophy and with faculty collaboration establish theoretical constructs which support health interventions for the client in meeting the BCCNM competencies.	BPN Chair/Curr Chair All Faculty	November 2020	February 2021	The BPN Team notes this report addresses the new but current BPN program. Revisions will be done as necessary however, it is important to note that a Full Program revision is planned at this time which will naturally incorporate most of the review team's recommendations.
Ensure all language within course materials and program description state Psychiatric Nurse or Bachelor of Psychiatric Nursing	Curr Chair	November 2020	April 2021	
Embed revised philosophy statement and program foundation with theory, structure to health care approaches with clients into all course materials and program resources. Example will be Betty Neuman's Holistic Health assessment recognizing a person composed of 5 variables of health (psychological, developmental, physiological, socio-cultural and spiritual) in dynamic interaction with their environment.	Curr Chair	December 2020	December 2021	The BPN Team is proceeding (along with the BSN) to revise the program by absorbing some of the electives back into the program from health foundations. Along with this work, the program philosophy

				and competency mapping will be completed for all courses.
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Resource Implications (if applicable)
What are the resources required to achieve this Strategy? The BPN is a small program with few full-time faculty. As most of the recommendations are curriculum and program revision based, the BPN will establish roles for all faculty to ensure this work is completed and will be requesting more resources in the form of time release from the dean's office. Mental Health is critical in the province and health authorities and the program has suffered with a lack of faculty resources to meet the demands of mental health and program delivery as evidenced in the EPR.
When are these resources required? As soon as possible
What Faculty and/or Institutional support is required? Engage Learning and Support as much as possible to assist with building program revision, rubric development, pedagogically sound approaches.

STRATEGY 2, 3, 4: Ensuring students are well prepared for clinical in all semesters with clear course expectations, skills they are able to practice in clinical and ensure this is articulated to the clinical agency through clinical practice manuals for the relevant semester. This includes the assurance that faculty have been adequately prepared to enter clinical, have oriented to the unit(s) and visit the students according to the teaching mode outlined in the collective agreement. The orientation manual for the semester will include contact information and communication strategies between faculty and the agency.

GOAL(S) THIS STRATEGY SUPPORTS: 2: Ensure the students are well and best prepared for entry to practice by focusing on key psychiatric nursing skillsets such as mental health assessments. 3: Ensure all faculty provide adequate and the intended support and supervision to students during clinical placement. This includes screening students and recommending appropriate clinical placements, orientation to the clinical practice areas and engagement with agency team members. 4: Prepare and provide updated manuals to the clinical practice units especially preceptor placements which outline the student's knowledge/skill level for that placement, explore opportunities to engage with the clinical agencies on a more frequent basis and ensure evaluations and surveys are completed to enhance engagement and program development

Step(s) Required to Achieve this Strategy	To be Led by	To Begin on (M/YY)	To be Completed By (M/YY)	Notes
1. Increase communication between the BPN and clinical agency. This will be achieved initially by establishing a practice orientation for each clinical experience. Traditionally the BPN would only provide this for preceptorship.	All faculty	December 2021	January 2021	Will establish a template for each course and faculty may use this to indicate their contact information and other resources for the clinical agency. The

				expectation will be to have this updated along with the course presentation from faculty. The orientation manual will be sent to representatives at the clinical agency.
2. A list of “critical skills” such as MSE, Trauma Informed Care, Suicide Risk Assessment and Prevention (not exhaustive), professionalism (from competencies) will be highlighted and purposely built into courses with a dedicated plan for theory, and practice by faculty along with carrying these elements over into additional courses for review. The BPN program will also be seeking resources for faculty specifically related to Online Teaching Skill Development to ensure all aspects of the program are delivered in an effective manner. Courses previously offered online which have been determined to require classroom instruction will be moved to the classroom once the global pandemic subsides.	Chair, Curr Chair	December 2020	December 2021	Faculty will be tasked with these course additions/revision which will be documented on a QA Response flow sheet, used then for Reporting QA activities
3. Faculty will work with the agencies to participate in appropriate orientation. Staff who visit students in later semesters will document the day and time they visit students in clinical. In addition to the orientation manual, the expectation for all faculty will be to discuss the student’s status and agency needs on at least one occasion with the leadership team of the clinical practice unit.	All faculty Program Chair	January 2020	Beginning with each semester starting January 2021	Orientation and faculty contact with each agency will become the expectation and accountability of clinical faculty. This will be for each clinical experience from January 2021 onward.

Resource Implications (if applicable)
What are the resources required to achieve this Strategy? Accountable time along with roles and responsibilities during the semester
When are these resources required? BPN chair will reach out to Learning and Development before the end of 2020 including an examination of resources available for faculty to enhance Online Teaching. Classes formally online that require movement to the classroom will be done so when the pandemic subsides. Learning and Development will also be consulted early in 2021 related to curriculum review and enhancement as the first wave of action to address quality assurance deficits in the program.
What Faculty and/or Institutional support is required? Chair and Dean’s office.



STRATEGY 5: Increasing the scope of stakeholder contributions directly to the BPN from the health care and mental health care sectors.

GOAL(S) THIS STRATEGY SUPPORTS: This strategy supports goals 5: Increase the membership and scope of membership of the Integrated Program Advisory Committee for the BPN. This should include as many “sectors” as possible where the students access clinical practice placements and potential areas of employment. 6: Expand and maintain formal “stakeholder” connections and mechanisms which document the interactions for the purpose of relationship development to improve the quality and integrity of the program and to foster a reliable source of information for practice trends and ability to respond to those trends. This includes clinical practice agencies, health authority, nursing associations and government ministries.

Step(s) Required to Achieve this Strategy	To be Led by	To Begin on (M/YY)	To be Completed By (M/YY)	Notes
1. Engage faculty and the dean’s office in discussion of whom and which agencies should be involved. This may include clinical agencies, members of associations, interest groups and government.	BPN Chair/ Curr Chair and Faculty	January 2021	December 2021	Interim report on this activity to be completed by December 2021
2. Reach out to those whom are decidedly critical in being a member of IPAC		January 2020	November 2020	
3. Create sub committee’s or working groups as necessary to ensure the program is responsive to community health trends and needs.		January 2020	December 2020 & January 2021	Will establish working groups and groups of interest for priority work in the December 2020 and January 2021 faculty meetings
4. Review and implement a strategy (calendar schedule) for formal and informal information/data collection within the context of engaging with stakeholders. This will include regular scheduled meetings (IPAC), special consultation meetings, survey schedule for employers, alumni. Potential to establish new survey tools to elicit information useful for program design and integrity.	BPN Chair/Curr Chair Office of Planning & Accountability	February 2020	December 2021	Will review process of this quality assurance goal after one year of strategies designed to engage stakeholders. The work will include expanding survey of agencies and surveys KPU BPN has relationships with.

Resource Implications (if applicable)
What are the resources required to achieve this Strategy? Accountable time
When are these resources required? Ongoing per collective agreement
What Faculty and/or Institutional support is required? Office of research, marketing



STRATEGY 6: The BPN will develop an ongoing plan for curriculum review. Of note, the program will review and respond to the SSR and Quality Assurance Plan for the KPU review and BCCNM review with the current program whilst a parallel process will occur to prepare a formal program revision. Both processes will work toward addressing the recommendations outlined in the External Review Process and work toward creating an up-to date, highest quality Psychiatric Nursing program.

GOAL(S) THIS STRATEGY SUPPORTS: This strategy addresses Goals 7: The BPN will develop and implement an ongoing and clear plan for curriculum review and revision to keep curriculum current, consider resources necessary to effectively meet the plan and make recommendations as appropriate. The plan may also consider separate or unique admission criteria for the BPN specifically. Goal 8: Conduct a thorough curriculum review with competency mapping with each course presentation and pedagogy in BPN adjusted and supported for the purpose of best preparing students in all domains of learning within the program. (This QA Report recognizes this is the most significant portion of ERT and will formulate a majority of work and future activity).

Step(s) Required to Achieve this Strategy	To be Led by	To Begin on (M/YY)	To be Completed By (M/YY)	Notes
1. Establish, document and enforce a clear plan for curriculum/ program review.	Curr Chair	December 2020	May 2021	This considering the program revision work related to the health foundations program. On November 05, 2020 BPN Chair Tess Kroeker has joined a consultation group with BCCNM related to review of program approval process. This will include visiting the expectations of publicly funded programs and recognition of the internal processes (through MAV) which may support variance on program review expectations. Content and detail TBD.
2. With the plan for curriculum/program review, detail the nature of the work and the time commitment necessary for this work. The BPN team will develop a tracking document for regular curriculum review whereby the annual (minimum) and revisions out of industry need are detailed. The work will be distributed among faculty on accountable time and the program	BPN Chair/Curr Chair	December 2020	December 2021	BPN usually holds a day where the entire year preceding the meeting is reviewed. It has been purposely delayed this year due to the formulation of this report to assist with understanding priority and

may petition for other resource support both within the department and by engaging other departments or resources.				timelines for work which needs to be completed within the program.
3. The BPN team will engage with Teaching and Learning for the purpose of supporting curriculum review and revision and faculty assignment of activities within accountable time provisions as the first actions to resource dedication of the work required. Following that, the BPN team may also consider approaching the dean's office for more formalized support in the form of time release for curriculum revision. The rationale for these actions account for a majority of the program review deficits surround issues related to curriculum which is a resource intensive component. The integrity of the program requires such a level of support and without dedicated resources to improve the quality of the program, the reputation of the university and health of British Columbians may be compromised. The program may be expanding to create a Mental Health Care Worker Certificate which could provide the basis of one-time funding to achieve multiple program revision purposes.	Chair/Curr Chair Dean's Office	January 2021	January 2022	The ERT highly recommends KPU increase faculty resources so that there is one person who has the responsibility for curriculum oversight. Such an appropriately resourced position serves a key role in coordinating student knowledge and skill development throughout the different cohorts (especially so when there may be instability in instructor assignments) and ensures students are exposed to the necessary psychiatric nursing theoretical knowledge and skills so they are safe, competent practicing student psychiatric nurses.
4. Consider a process of BPN admissions that addresses the unique qualities of candidates for the profession. Even beyond that which CASPer can offer.	Chair/Curr Chair	March 2021	June 2012	

Resource Implications (if applicable)
What are the resources required to achieve this Strategy? BPN will propose the Curriculum Resource Required to Achieve the Level and Quality of Program revision to Increase the current deficits.
When are these resources required? January 2021
What Faculty and/or Institutional support is required? BPN Faculty will reach out to Teaching and Learning to explore support and resources related to curriculum review and enhancing teaching skillsets within an Online Context. Further resources may be explored through the dean's office such as faculty release due to the majority of program enhancements required related to curriculum and integrating competency (mapping) into the courses.

Strategy 7: Address the curriculum recommendations from both SSR and ERT to improve the quality and experience of the BPN program in addition to creating a revised program proposal to meet the needs of contemporary mental health in the province of British Columbia.

Step(s) Required to Achieve this Strategy	To be Led by	To Begin on (M/YY)	To be Completed By (M/YY)	Notes
1. The BPN is prepared to examine any and all resources available to achieve the work required to enhance the existing program and propose a revised program. That said, examining the use or realignment of resources, does not necessarily mean the dedicated resources currently assigned to curriculum work are sufficient. In good faith, the program will examine and be open to all possibilities.	Chair/Curr Chair/ BPN Faculty Deans Office	February 2021	February 2022	A formal plan addressing curriculum will be presented to the dean's office.

Resource Implications (if applicable)
What are the resources required to achieve this Strategy? Outcomes of review will be presented
When are these resources required? January 2021
What Faculty and/or Institutional support is required? As above, BPN Faculty will reach out to Teaching and Learning to explore support and resources related to curriculum review and enhancing teaching skillsets within an Online Context. Further resources may be explored through the dean's office such as faculty release due to the majority of program enhancements required related to curriculum and integrating competency (mapping) into the courses.

PLAN SUPPORTED BY:

Dr. Sandy Vanderburgh

 Provost's Name

 Provost's Signature

December 15, 2020

 Date

Dr. Harjit Dhési

 Dean's Name

Harjit Dhési

 Dean's Signature

December 11, 2020

 Date