



KWANTLEN POLYTECHNIC UNIVERSITY  
Faculty of Health

## ***Revised Bachelor of Science in Nursing (BSN) Quality Assurance Plan***

---



***Prepared by:***

***Faculty of Health***

***Kwantlen Polytechnic University***

***November 2018***



## **Program Review Quality Assurance (QA) Plan for BSN Program (Part A – Revised BSN)**

**Quality Assurance Plan for: Bachelor of Science in Nursing (BSN) – Revised BSN**

**Date submitted to SSCPR: November 21, 2018 for Dec 12<sup>th</sup>, Meeting**

**Date Self-Study Report approved by SSCPR: January 24, 2018**

**Date of External Review: Site Visit March 26, 2018 – Approved June 20, 2018**

### **SUMMARY**

This QA Plan is Phase 3 of KPU's Program Review (PR) process. Phase 1 was the Self-Study Report (SSR) and Phase 2 was the Site Visit by the External Review Team (ERT) and their External Review Report (ERR). Both documents were successfully vetted by the Senate Standing Committee on Program Review (SSCPR) in 2018 (see dates above). This QA Plan will consist of two parts: Part A is the QA Plan for the Revised BSN program under review; Part B is the plan to maintain integrity and enhance quality for the new program (New BSN). Revised BSN's QA Plan is time-sensitive because both of the remaining two cohorts will graduate in 2019. Evaluation follow-up will be completed by FALL 2020. New BSN's QA Plan is important but less urgent and not ready for submission. Hence, BSN's QA Plan will be presented to SSCPR in two parts (A and B). BSN's QA Plan (Part A) addresses the most urgent, short-term concerns related to: a) further resolving problems with attrition, b) maintaining the quality/integrity of the Revised BSN program through to completion, c) ensuring Revised BSN's Program Evaluation is completed and d) continuing to work on improving access to KPU's internal resources for students in both BSN programs. New BSN's QA Plan (Part B) will address all of the recommendations pertinent to moving forward with the newly developed curriculum over the next five years. The timeline for submission of Part B is anticipated to be early 2019.

Revised BSN's SSR covered an extensive history of several revisions to the BSN program and the challenges of running two concurrent programs from 2010 onwards. It provided a thorough SWOT analysis (i.e., strengths, weaknesses/challenges, opportunities for improvement, potential threats) of both the program under review and the latest revision dubbed 'New BSN.' Because Revised BSN is being phased out, Health Foundations (HF) is established and New BSN is being phased in, the Self-Study did not address the Revised BSN curriculum. Rather it examined a myriad of data for evidence of what should be maintained and what could be improved over the next five years. The SSR thus focused on: 1) summative evaluation of Revised BSN for the purpose of evaluating the quality of the outcomes of revisions to that program in 2011-2012 and 2) examination of multiple program delivery issues relevant to any nursing program, current and future. Because BSN is an integral part of Faculty of Health (FoH), we hope that the work done by BSN faculty will also serve to enhance the quality of all programs within our department.

The Self-Study objectively analyzed data gleaned from BSN's Program Evaluation of graduates, alumni and workplace/employers, PR surveys of students, faculty, alumni and sector/discipline, plus KPU's institutional data. All data were collected by KPU's Institutional Analysis and Planning (IAP), including dashboard statistics. This step proved very useful. It revealed the excellent quality of the program offered to nine cohorts (intakes of January 2012 to January 2016 inclusive). It also shed light on many broad areas for improvement going forward.

Perhaps most importantly, this PR process as a whole provided an opportunity to help key stakeholders understand the differences between the BSN programs and plan for ways to maintain/enhance excellence despite major changes. The timing of this PR was also useful. The SSR was completed: a) at a point where Revised BSN had five cohorts of Graduates, three cohorts of Alumni, plus Workplace Sector/Employers to survey and b) in advance of New BSN's upcoming external review by the regulatory body, British Columbia College of Nursing Professionals (BCCNP) [formerly known as College of Registered Nurses of BC (CRNBC)]. The deadline for the second phase of BCCNP's mandatory recognition process is December 2020. Hence, completion of BSN's internal PR has laid a foundation for moving forward with the external approval process for KPU to obtain recognition to graduate bachelors-prepared nurses.

With an eye on standards for both internal and external review, the SSR aimed to transparently explain the rationale for multiple recommendations for enhancing the quality of both BSN programs. In accordance with PR standards, all recommendations were evidence-based and within the scope/purview of BSN faculty. The SSR concluded:

- a) Revised BSN is an excellent program producing clinically-strong, practice-ready graduates who pass the NCLEX-RN in high numbers at first writing;
- b) Students, Graduates and Alumni valued the volume and diversity of clinical practice experiences across all eight semesters as a major strength of the program;
- c) Revised BSN's Newly-Graduated RNs are hired across the spectrum of health care, with many hired as new graduates into a wide variety of highly skilled nursing specialties, such as Pediatric Operating Room (OR), Emergency Room (ER) and Family Birthing Unit (FBU);
- d) BSN has room for improvement in several areas, including attrition, consistency of support for all students and quality of laboratory/simulation experiences;
- e) Implementation of the New program brings challenges related to losses, along with gains/opportunities;
- f) Maintaining the quality/integrity of Revised BSN for the duration of the program (as mandated by CRNBC/BCCNP) as well as carrying forward the strengths of Revised BSN into New BSN are vitally important. This is a major focus of this QA Plan (i.e., Part A and Part B combined).

In January 2018, the SSCPR Reviewers commended FoH on the quality of BSN's SSR, calling it thorough, honest, rigorous and scholarly. This launched Phase 2 of KPU's PR process. BSN hosted a Site Visit (for two external reviewers from industry and academia, plus one KPU reviewer) in March 2018. The ERT and subsequent ERR strongly validated BSN's SSR plus confirmed the quality of the Revised BSN program. After validating the evidence-based recommendations, feasible timelines and over-all quality of the SSR, the ERT stated:

*It was clear after speaking with stakeholders that the revised BSN program is excellent and highly valued in the community. If the recommendations in the report are being implemented in current and planned future BSN programs, the stakeholder support for future programs ought to remain high. (ERR, p.2)*

*The dedication of the faculty and administration to improving the nursing program, that is highly evident in the [SSR] and from our on-site review, will serve the university and community well. The Revised BSN Program is highly regarded by all community stakeholders and it is extremely important that the strengths of the program be carried forward in the new curriculum. (ERR, p.12)*

In summary, BSN's QA Plan focuses on maintaining strengths, while also dealing with challenges/threats and optimizing opportunities for improvements going forward. All stakeholders concur on the importance of a three-prong approach for moving forward. BSN must: 1) maintain the quality/integrity of Revised BSN for all remaining cohorts, while smoothly phasing in New BSN; 2) carry forward Revised BSN's strengths into New BSN; and 3) strive to build on program assets/opportunities while also addressing threats/challenges on behalf of both programs. It was thus helpful to receive

supportive comments within the ERR that specifically articulated the many strengths of Revised BSN from the perspective of multiple key stakeholders. Appendix A provides a summary of Revised BSN's strengths and challenges elicited from the SSR and ERR, plus useful feedback from SSCPR Reviewers.

This QA Plan proudly aims to ensure that KPU's reputation for offering high-quality generic BSN programs and producing excellent, practice-ready newly-graduated RNs remains intact. It seeks to maintain the integrity and quality of Revised BSN for our last two cohorts and to implement action plans that will enhance the quality of both programs. In addition, the work done on KPU's internal program review process will dovetail nicely into the upcoming BCCNP external review of New BSN for program recognition.

KPU's QA Plans stem from recommendations made within the SSR. Chapter 9 of the SSR (pp. 88-97) is a summary of all recommendations from preceding chapters, collated in one spot for ease of tracking. Because multiple inter-related recommendations for two programs were dispersed across eight chapters, the authors chose to group similar recommendations under four main themes: **A) Admissions/Progressions; B) Quality/Integrity of BSN Programs; C) Formative/Summative Program Evaluation for a) Revised BSN and b) New BSN; and D) Collaborating with Other KPU Departments/FoH.** The original Table called "**Recommendations for BSN Program from SSR February 2018**" is in Chapter 9 of the SSR (pp. 94-97).

Programs are responsible for adding additional suggestions/recommendations from Phase 2 to their findings from Phase 1. Appendix B is the updated version of the original Table of Recommendations with "Additional Suggestions/Recommendations" gleaned from the ERR and SSCPR Reviewers' comments on both the SSR and ERR. It is important to note that several recommendations made by Reviewers (for e.g., #1, #2, #26e and #27) are outside of the scope of BSN faculty's purview. Hence, they will be referred to the Dean's office for further consideration. Appendix B serves as the foundation of this QA Plan.

IAP's (n.d.) *Guidelines for Developing a Program Review Quality Assurance Plan* suggests that broad Goals ideally cover several recommendations. Each Goal will have one or more Strategies with Action Plans. Timelines are stated as short (first six months), medium (six months to two years) and long-term (two to five years). Hence, BSN's five-year QA Plan covers January 2019 to December 2023. Revised BSN's component (Part A) will be fully completed by December 2020.

**Short** = to be completed January 2019 to June 2019; **Medium** = July 2019 to December 2020 (Year 1 & 2); **Long** = January 2021 to December 2023 (Year 3, 4 & 5).

Finally, it is important to note that this QA Plan will impact nearly 500 BSN students. The short-to-medium-term plan (JAN 2019 to DEC 2020) impacts eight cohorts. This includes the last two cohorts of Revised BSN's 2019 Graduates and the first six cohorts within New BSN (admitted FALL 2017-FALL 2020). Overall, the next five years will cover two graduating classes of Revised BSN, eight graduating classes of New BSN (two cohorts per year for four years from 2020-2023), plus all of the cohorts admitted behind them (for a total of 15 cohorts).

BSN's ongoing Program Evaluation is a crucial element of PR. Appendix C shows the timeline for BSN intakes and BSN's Program Evaluation Plan for surveys of Graduates and follow-up of Alumni. Colour coding indicates three sets of data: 1) data used in 2018 for the SSR, 2) data that will be available for Phase 2 of the 2019-2020 BCCNP Review and 3) data that will become available for Phase 3 of the BCCNP Recognition on outcomes for graduates (date to be determined by BCCNP). This data will also be available for the next PR – Self-Study #2 (due approximately January 2024). We also anticipate that IAP will augment BSN's data with extensive dashboard data plus updated surveys of students, alumni, faculty and workplace sector/employers in 2023.

## QUALITY ASSURANCE GOALS

**PURPOSE STATEMENT:** *The BSN Program's raison d'être and over-arching goal is to graduate two cohorts of 32 (64) diverse, practice-ready, excellent-quality novice RNs per year. We aim to do this by first selecting the best candidates (from a larger pool of qualified applicants), then providing all students with multiple, varied opportunities for enriched, experiential learning in classrooms, laboratories (including low to high-fidelity simulations) and most importantly, the clinical field. We are committed to making changes based on ongoing formative and summative program evaluations, considering varied perspectives from multiple stakeholders. We recognize the value of collaborating with other programs and departments to offer numerous internal/external supports and resources to enable every nursing student to make appropriate choices for their personal journey within their nursing program. Faculty aim to kindly guide, teach, mentor, challenge and empower all students to: a) be successful within the BSN program, b) graduate/earn their degree, c) pass the NCLEX-RN as early as possible within their first year of practice and d) achieve excellence in their practice within the scope of a newly-graduated RN, wherever that may be.*

BSN faculty respectfully offers the following Goals/Rationales and Five-Year Action Plan (JAN 2019 to DEC 2023) as a means of supporting BSN's students, graduates and alumni to successfully complete their nursing program and achieve excellence in their practice. It also aims to support all BSN faculty to be positive facilitators of nurturing, student-centered, experiential learning that is consistent with KPU's Mandate and Vision 2023. From a Summative Program Evaluation perspective:

*"Success" is defined as enabling all students to: a) complete the program in a timely way, hence achieving their BSN degree; b) receive a 1-year Interim Licence from BCCNP to practice nursing as a Provisional Registered Nurse (RN-P); c) secure 'New Graduate' hours and on-going employment in a nursing field of their choice and d) pass the NCLEX-RN exam, i.e., achieving status of Registered Nurse (RN), within their first year of practice. Successful newly graduated nurses must be practice-ready (rather than job-ready) generalists (i.e., capable of working with clients of all ages /stages from cradle to grave, from high-acuity to palliation, in acute-care or community-based practice settings across spectrum of urban to rural areas as per BCCNP mandate when the program was approved (CRNBC, March 2015).*

*"Excellent newly-graduated RNs" are safe, competent, ethical and compassionate practitioners of health promoting, empowering, socially just, client-centered and evidence-based nursing care. They possess strong skills in relational engagement, communication, clinical reasoning, critical thinking and leadership. They are both supportive client-advocates and respectful, cooperative and collaborative members of the health care team (HCT). They enact the Canadian Nursing Association (CNA) Code of Ethics and BCCNP's Standards of Practice as an everyday base-line for their practice and always function within their hiring Agencies' policies, protocols, procedures, etc. They require time, support, mentorship and experience in their chosen setting to achieve job-ready RN practice skills.*

This QA Plan provides a solid foundation of evidence-based recommendations, goals/rationales and short, medium and long-term actions for moving forward with phasing out of Revised BSN and fully phasing in New BSN. It will maintain the integrity of the Revised Program as mandated by BCCNP and help guide both formative and summative evaluation of New BSN's curriculum and outcomes. This document will also be an asset for New BSN's upcoming external review for program recognition and for eventually achieving BSN's longer-term goal of accreditation for excellence and scholarship by Canadian Association of Schools of Nursing (CASN).

## THEME A. ADMISSIONS AND PROGRESSIONS

**Theme A – GOAL 1: The BSN Program aims to graduate 100% of the remaining two cohorts of Revised BSN (~ 60 Students) by July 2019, or in the event of failure/withdrawal, by 2020.**

**RATIONALE FOR THIS GOAL:** We are committed to supporting all Revised BSN students to earn their degree. We acknowledge that transitioning to New BSN poses a potential threat for Cohort #9 of Revised BSN because of many major changes in New BSN. But should problem(s) arise, it will be before the start of and/or shortly after the onset of this QA Plan. Hence, both the SSR and faculty interviews during the Site Visit indicated that BSN plans to deal with progressions problems on an individual basis through FoH’s existing channels [i.e., via BSN Chair and FoH’s Chair of Admissions & Progressions (A&P) in collaboration with the Dean’s Office]. Potential solutions for theory courses or projects included Independent Study. Failure in the final preceptorship is not a problem because the schedule for NP8’s Final Preceptorship remains the same (i.e., running in Spring and Summer as did Revised BSN).

We fully support the spirit of Recommendation #1 by the ERT of ensuring that Revised BSN students have every opportunity to graduate. But we still believe that failures within Revised BSN must be resolved through our established procedures. Further, faculty do not believe it is in students’ best interest to have to transition into a completely different curriculum. It has been a long-standing “rule” (supported by CRNBC/BCCNP) that all nursing students have a right to complete the program they started. Hence we disagree with the details of Recommendation #1.

Recommendation(s) this Goal Addresses	Report (page number)
Partially addresses #1 by the ERT <b>“New BSN’s Curriculum/Evaluation Committee must establish standard approaches for the re-entry of eligible failed Revised BSN students into the New Program and strategies to assist that re-entry student in the transition to a new curriculum.”</b>	ERR (p.4); <b>See Appendix B (p. 1)</b>
<p><b>#7 BSN Program Chair works to maintain the integrity of both programs during the phasing in/out transition, including: ( a thru f)*</b></p> <p><b>a. Continues to work with other KPU departments to implement both the Revised and New BSN Programs</b></p> <p><b>*Clarification: Recommendation #7 has five components (a-f). Only point a is addressed by this Goal.</b></p>	SSR Chapter 7 & 8; Chapter 9 (p. 93) <b>See Appendix B (p. 3)</b>

**NOTE:** As of NOV 2018, both remaining cohorts have successfully completed 3<sup>rd</sup> Year (SEM 5., SEM 6 and CNP1). If SEM 7 students in FALL 2108 need to repeat a course, SEM 7 runs again in SPRING 2019. If a Cohort #9 student fails or withdraws from SEM 7 (and is eligible to re-enter the program), an individualized plan will be developed.

If Cohort #8 students either fail or withdraw from NP8 (final preceptorship) in SPRING, those eligible to re-enter the program could join Cohort #9 in SUMMER. If Cohort #9 student(s) fail or withdraw in SEM 8, those eligible to re-enter the program can join New BSN’s Cohort #1’s SEM 6 final preceptorship with a new target graduation date of March 2020. Faculty would then be responsible for supporting student(s) to either use Revised BSN’s clinical performance appraisal (PA) or transition to evaluative tools designed for New BSN.

**Theme A – GOAL 2: The BSN Program aims to revise their admission process to select the best candidates for success in nursing as a means of supporting BSN’s overall goal of graduating 95-100% of all students admitted into New BSN’s two 32-seat cohorts per year (i.e., graduate 60 to 64 successful alumni per year)**

**RATIONALE FOR THIS GOAL:** BSN has a long history of attrition problems, from Failures (mainly English, Biology &/or clinical practice) and Changers/Leavers (students who change to other programs or leave KPU). In addition, a small number of students withdraw, or take a leave-of-absence (LOA) for personal or family reasons. BSN views failure as an opportunity to try again; students who fail one course or take an LOA are generally re-admitted to resume studies in a later cohort. If a few students fail or withdraw, but are re-admitted into vacated seats, the seats remain filled overall. Attrition problems come from students who either repeatedly fail clinical (thus are not eligible for re-admission) or decide “nursing is not for me” and either change programs or leave KPU entirely.

The FALL 2015 change of BSN’s Admissions criteria to GPA (for Revised BSN’s Cohort #2) improved the academic abilities of admitted candidates, but did not alleviate attrition. Anecdotally, faculty noted that stress over grades went up. After the change to GPA, two of eight Revised BSN cohorts (#3 and #7) graduated small numbers (24 and 20 respectively). Thus it is widely accepted across KPU, within FoH/BSN and validated by the ERT and SSCPR Reviewers that admission criteria for BSN must change. Most agree BSN’s admission criteria should reflect highest GPA in conjunction with the Requisite Skills and Abilities (RSAs) and other qualities that make some candidates better suited for nursing and most likely to successfully complete the program. As practicing RNs, BSN faculty also has a duty to protect the public, hence accept the potential for a small margin of Leavers/Changers in the best interest of the student’s well-being and/or public safety.

KPU and FoH have partially addressed the admissions issue by implementing the Health Foundation (HF). Courses that enable students to practice basic nursing skills (such as vital signs and therapeutic communication) in lab or classroom might help them to decide on a nursing career. It also enables faculty to evaluate students’ oral and written communication skills and send those who need help to the Learning Centre. Entry to the New BSN program is based on completion of the Health Certificate and GPA. However, the first two cohorts of New BSN were admitted based on having achieved the prerequisites (with minimal competition). Subsequent enrollment into HF was so positive that a hold was put on admissions into HF for September 2018. This will impact discussions with the Vice Chair of Senate on potential solutions of using Moodle within HF courses to assess HF students against criteria for admission to BSN.

The BSN Faculty has been exploring a number of other criteria for admission to BSN for many years. This included a review of the literature and exploration of several admission tools that have been used in other nursing programs. Some of the issues include the cost and where the data is housed. BSN Faculty will continue to evaluate new tools and admissions practices as they arise.

FoH’s Dean and the Chair of Revised BSN’s Program Evaluation have had preliminary discussions with the Vice Chair Senate/Chair of Senate Standing Committee on Teaching and Learning (SSCTL) on potentially using Moodle as a means of screening HF candidates who declare an interest in entering BSN. The Dean’s Office is currently following up. FoH’s Chair of A&P will also be involved going forward.

Recommendation(s) this Goal Addresses	Report (page number)
#3 BSN continues to hold information sessions for potential candidates to emphasize realities of nursing as a career choice, including sharing CRNBC/NECBC's RSAs [Requisite Skills & Abilities] and characteristics of potential nurses	SSR Chapter 9 (p.91) <b>See Appendix B (p.1)</b>
#4 BSN Faculty reconsiders Admissions criteria in order to select candidates most likely to succeed, including: <ul style="list-style-type: none"> <li>a. Maintains GPA as the main criteria for admission of 'qualified applicants' to BSN</li> <li>b. Reviews their vision of the 'Ideal BSN Graduate' to identify 'desirable qualities'</li> <li>c. Determines a process for [BSN's] Curriculum Committee to collaborate with experts, such as FoH's Chair of Admissions/Progressions and Registrar's office, to review Admission criteria for BSN</li> <li>d. [Considers] assessment of functional oral/written English skills prior to Admission and/or including fluency in English as RSA for Admission to BSN</li> <li>e. Develops a means of screening top candidates with HF certificates/transfer equivalents that includes but is not linked to GPA alone</li> </ul>	SSR Chapters 1 & 6; Chapter 9 (p.88 + 92); <b>See Appendix B (p.2)</b>
#5 Chair of BSN collaborates with FoH Chair of Admissions & Progression to monitor Attrition/Progression for both BSN Programs, including: <ul style="list-style-type: none"> <li>a. Monitors cohort sizes at the start/end of each semester and track reasons for attrition in both BSN programs</li> <li>b. Ensures New BSN's Curriculum/Evaluation Committee is aware of attrition of students across the six semesters, especially in the last four semesters of Acute Care clinical <i>[along with reasons for attrition in order to inform future change]</i></li> <li>c. Managing any potential transfer of students into BSN</li> </ul>	SSR p. 90-93; SSCPR Reviewer #2 (p.3) <b>See Appendix B (p.2)</b>
#6 Chair of Revised BSN Program Evaluation to follow up on KPU Administrative Report (i.e., Dashboard Data), including: (a thru d) <ul style="list-style-type: none"> <li>a. Recommending Coordinator of FoH's HF closely monitors data on 'First-Year Leavers'</li> </ul>	SSR Chapter 6; Chapter 9 (p.92) <b>See Appendix B (p. 3)</b>

#### THEME B: MAINTAIN THE QUALITY/INTEGRITY OF REVISED BSN PROGRAM

Theme B – GOAL 1: BSN aims to maintain the quality/integrity of the Revised BSN Program for each cohort (as mandated by CRNBC/BCCNP's 7-year recognition of the program from 2012 to 2019), evidenced by formative evaluations at end-of semester (EOS) and summative evaluation at Program Completion, 1-Year Follow-up and feedback from Workplace/Discipline/Sector.

**RATIONALE FOR THIS GOAL:** Student, Graduate, Alumni, Faculty and Workplace/Sector representatives all asserted that Revised BSN is an excellent program. The volume, depth, breadth and logical trajectory of clinical experiences from SEM 1 through to SEM 8 is a major strength. In particular, the two Consolidated Nursing Practice courses (CNP1 and CNP2) are highly valued as pivotal to students'/alumni success, particularly when they are in an area of interest. The ERT applauded the process used by BSN's Chair to secure placements. Revised BSN has an excellent record of obtaining CNPs for students in highly specialized areas, including Maternity, Pediatrics, Public Health (PH) and Home Health (HH). With the exception of one failure in FALL 2018 from Cohort #8, the feedback on



student performance in CNP1 (5-week consolidated practice between 3<sup>rd</sup> and 4<sup>th</sup> year) is stellar. Students are not only well-prepared for 4<sup>th</sup> year, many have been mistaken for 4<sup>th</sup> year students completing their final preceptorships. In addition, some specialties where students are not allowed to do clinical practicums, such as Emergency Room (ER), Operating Room (OR) and Neonatal ICU (NICU), are consistently hiring Revised BSN students to either work as Employed Student Nurses (ESNs) and/or accepting them for CNP2/final preceptorship. This is particularly exciting since BSN's evaluation data also show that New Graduates are typically offered jobs where they ESN and/or where they did their CNP2. One stellar example is the Pediatric OR at Children's Hospital hired a BSN graduate from each of the first five cohorts upon completion of their final preceptorship.

The second most valued component of the BSN program is strong, supportive, nurturing relationships that students enjoy with their peers and faculty. However, program evaluation has consistently shown that students, graduates and alumni couch this feedback as "most" or "95%" of faculty/staff. Challenges in relationships with faculty most often occur in the clinical field, where students feel most vulnerable and at risk for failure, and are often attributed to new, inexperienced or contract faculty. Hence, the SSR concluded that consistency of experienced faculty in all courses, especially clinical, is vitally important. BSN continues to have discussions about student anxiety, how paramount faculty interactions are for students and the importance of fair, balanced, timely and growth-producing feedback. As well, FoH has put several initiatives in place over the past few years, such as Clinical Practice Mentor (CPM) [now called Faculty Mentor (FM)] and Clinical Practice Leader (CPL) [now called Student Support Liaison (SSL)] to mentor faculty across all programs to support students in the clinical field.

The phasing out of Revised BSN into New BSN has been challenging from a workload perspective because the semesters are not aligned. The introduction of HF was disruptive to BSN's SEM 1 faculty, while Year 2, Year 3 & Year 4 Semester Teams remained relatively stable. Later, with Revised BSN's SEM 6 clinical courses moving to SEM 1 (Community Projects) and SEM 2 (Maternity) of New BSN, faculty had to choose between the two programs. Many faculty chose to establish themselves in the new curriculum. The Dean's Office supported other senior faculty to maintain their workload in 3<sup>rd</sup> and 4<sup>th</sup> Year of Revised BSN to provide consistency across all cohorts. This ensured stable, experienced leadership within Semester Teams to provide mentorship for new or contract faculty joining the team. For example, in SUMMER 2018, three experienced but "new to the team" faculty joined senior SEM 6 faculty for the last running. The term was evaluated by students and faculty alike as a very positive experience. EOS evaluations for SEM 6 from Cohort #9 were stellar, with several courses scoring all 5/5 and the few lower ratings still acceptable at 3/5. Senior, experienced faculty are also assigned to SEM 7 and SEM 8 in 2018-2019 to see the program through to completion (see NOTE below).

Recommendation(s) this Goal Addresses	Report (page number)
<p><b>#7 BSN Program Chair works to maintain the integrity of both programs during the phasing in/out transition, including: (a thru d)</b></p> <ul style="list-style-type: none"> <li><b>a. Continues to work with other KPU departments to implement both the Revised and New BSN Programs;</b></li> <li><b>b. Collaborates with CPM/FM, CPL/SSL and clinical faculty for both Revised and New BSN;</b></li> <li><b>d. [Supports] BSN Program's AA to monitor/ensure appropriate classrooms are assigned</b></li> </ul> <p><b>Additional Suggestions/Recommendations from the ERT &amp; SSCPR:</b></p>	<p>SSR Chapter 9 (p.95)</p> <p>a, b &amp; d SSR Chapter 9 (p.95)</p> <p>e. <i>ERR (p.2)</i></p> <p>f. <i>ERR (p.5)</i></p> <p><b>See Appendix B (p. 3-4)</b></p>

Recommendation(s) this Goal Addresses	Report (page number)
<ul style="list-style-type: none"> <li>e. Relationships with partner agencies is a strength. BSN’s Chair should continue to use current process to select students for specialized practicums in new [i.e., both] programs</li> <li>f. “... students needed assistance in multidisciplinary interaction and inter-professional communication. Students who are given experiences in a variety of placements develop skills in self-advocacy and self-learning which are deemed positive by clinical staff. It was suggested that students be introduced to policy and advocacy to help them to speak up” (p.5)</li> </ul>	
<p>#8 BSN Program Chair initiates discussion with BSN Faculty on issues of quality assurance, including: (a thru d)</p> <ul style="list-style-type: none"> <li>a. Inconsistent standards for faculty conduct towards students</li> <li>b. Optimal use of Praxis time</li> <li>d. Faculty’s concerns on students’ oral and written English skills</li> </ul> <p><b>Additional Suggestions/Recommendations from the ERT &amp; SSCPR:</b></p> <ul style="list-style-type: none"> <li>f. <i>Increase collaboration with librarians and learning strategists to assist with attaining higher writing standards</i></li> </ul>	<p>SSR Chapters 5 &amp; 6  a, b &amp; d SSR Chapter 9 (p.95)  f. SSCPR Reviewer #2 of SSR</p> <p><b>See Appendix B (p. 4)</b></p>
<p>#24 Chair of BSN Program collaborates with Dean’s Office to support timely assignment of workload to allow adequate preparation time for new clinical areas and class/lab content</p> <p><b>Additional Suggestions/Recommendations from the ERT &amp; SSCPR:</b></p> <ul style="list-style-type: none"> <li>a. BSN Program Chair to work with Dean’s Office to have a consistent instructor in the clinical areas</li> </ul>	<p>SSR Chapter Chapter 5  SSR Chapter 9 (p.91)  a. ERR (p.5) with support from SSCPR Reviewer #2 (p.2)</p> <p><b>See Appendix B (p.10)</b></p>

**NOTE: This goal is largely met as of FALL 2018, thanks to BSN’s Chair and support from the Dean’s office.** The Dean’s Office ensured that Cohort # 8 and Cohort #9 received support from senior, regular faculty in SEM 5, SEM 6 and CNP1. This will continue into 2019 for SEM 7 and SEM 8’s NP8/CNP2 (i.e., final preceptorship). These veteran faculty members are experts at providing theory courses, clinical support, assistance with written/oral communication and Praxis.

BSN’s Chair has worked hard to secure exciting clinical placements for CNP1 and CNP2 (including many specialized areas of nursing), utilizing her knowledge, experience, processes and connections within the industry that were applauded by the ERT.

The Chair of Revised BSN Program Evaluation will continue to monitor student, alumni and workplace satisfaction (see **THEME C (a): Revised BSN Program Evaluation**). Ongoing quality improvement within the program to enhance faculty's relationships with students, quality of praxis time, increase collaboration with librarians to help students improve their research and information evaluation skills and with learning strategists to help students improve their writing skills.

**Theme B – Goal 2: Revised BSN aims to better utilize LAB/SIM LAB to help deliver experiential learning opportunities for SEM 7 and SEM 8 students (including Indigenous History, health problems and traditional healing practices\*) in accordance with KPU's Mandate and Vision 2023 and per suggestions made by the ERT for 4<sup>th</sup> Year.**

*\*This Goal/Rationale serves to answer questions from the ERT and SSCPR Reviewers on how BSN students learn about Indigenous History, health concerns and healing practices.*

#### **RATIONALE FOR THIS GOAL:**

Revised BSN offers four full years of theory courses with diverse clinical practicums every semester. By end of 3<sup>rd</sup> Year, students have had multiple, varied opportunities to work within both acute and community-based health care teams to provide services for Indigenous peoples and other vulnerable populations. SEM 6 focuses on concepts such as vulnerability and empowerment with multiple complex clients to build on prior learning. For example, NRS 3213 (Maternal-Child and Public Health Theory) is taught through the lens of vulnerability and trauma-informed practice (TiP). Women, fetuses, newborns, children, youth, Indigenous and other people of diversity (such as immigrants/refugees and the LGBTQ2S+ community) are all viewed as vulnerable populations. The challenges of pregnancy, postpartum adaptation, poverty, physical and mental health concerns, addictions and family violence all compound clients' risks. To illustrate this, guest speakers include a trans male sharing their personal journey and advocating for respectful provision of health services for gay/bi/trans people. Students also enjoy a workshop from representatives of the Health Initiative for Men (HiM), a health resource for gay men. In NRS 3212 (Community Empowerment), a special class is offered with Indigenous guest speakers after students complete two on-line modules on Diversity and Cultural Competence/Safety. The under-lying concepts in both theory courses are easily transferable across diverse client populations.

SEM 6 clinical courses also offer enriched experiential learning. In PH, students participate in providing "extra services" for both immigrant/refugee populations and Indigenous peoples (e.g., immunization against Hepatitis A for self-declared Indigenous students). For CD projects, many students teach sexual health and mutual respect for diversity [including ethnicity, cultural practices, sexual orientation/gender identity (SOGI)] in schools in accordance with the Ministry of Education curriculum. Community practicums/experiences with First Nations' bands such as Katzie and Seabird Island further enrich their learning. In SPRING 2018, several pairs of Cohort # 8 students had the privilege of spending two days at Seabird Island. This was expanded in SUMMER 2018 where every Cohort #9 student had a one-day experience at Seabird as an alternate experience in their Maternal-Child clinical course. Students expressed appreciation for this special opportunity to see self-governing Indigenous health and healing practices in action. By the end of term, students report that curricular concepts such as relational engagement, health promotion/empowerment, harm reduction, capacity building and trauma-informed practice "come alive" for them. They report feeling ready to be more independent in their practice in CNP1 and are well-prepared for 4<sup>th</sup> Year.

However, Revised BSN's students and alumni suggested that even more could be done in 4<sup>th</sup> Year to prepare them to be successful in CNP2. Both the SSR and ERT Report noted that the BSN programs could strengthen students' learning in LABs, particularly high-fidelity simulation. During the Site Visit, students and alumni mentioned the value of scenarios like Code Blues, especially before going in to high-acuity areas (in SEM 4 and Pediatrics in SEM 5) and in preparation for final preceptorships. In addition, the ERT noted that students need assistance in multi-disciplinary interactions and inter-

professional communication. We respectfully suggest implementing these suggestions in SIM LAB scenarios in the context of Indigenous health/healing practices to further build on SEM 6 theory and practice.

Recommendation(s) this Goal Addresses	Report (page number)
<p><b>#7 BSN Program Chair works to maintain the integrity of both programs during the phasing in/out transition, including:</b></p> <ul style="list-style-type: none"> <li><b>e. Relationships with partner agencies is a strength. BSN’s Chair should continue to use current process to select students for specialized practicums in new program (ERR, p.2)</b></li> <li><b>f. ...Students need assistance in multi-disciplinary interaction and inter-professional communication. Students who are given experiences in a variety of placements develop skills in self-advocacy and self-learning which are deemed positive by clinical staff. It was suggested that students be introduced to policy and advocacy to help them to speak up (ERR, p.5)</b></li> </ul>	<p>SSR Chapter 9 (p.93)            e. ERR (p.2)            f. ERR (p.5)  <b>See Appendix B (p. 3-4)</b></p>
<p>Partially addresses <b>#21 re: Indigenization of Curriculum</b> &amp; SSCPR Reviewer’s comments on the ERR. Reviewer #1’s commented “...Not enough time ... to ask students about how they learned about Indigenous culture ... but clinical placements are being arranged in Indigenous communities ...”</p> <p>Reviewer #2 added: “... due to time limitations, they were not able to explore Indigenous competencies and culture awareness within the BSN program. This is an important area to further elaborate on.”</p>	<p>SSCPR Reviewer #1’s Comments on ERR (p.1)            SSCPR Reviewer’s Comments on ERR (p.2)  <b>See Appendix B (p. 9)</b></p>
<p>Partially addresses <b>#24 Chair of BSN collaborates with Dean’s Office to support timely assignment of workload to allow adequate preparation time for new clinical areas and class/lab content</b></p> <p><b>Additional Suggestion/Recommendation by the ERT:</b></p> <ul style="list-style-type: none"> <li><b>a. BSN Program Chair to work with Dean’s Office to have a consistent instructor in the clinical areas;</b></li> </ul>	<p>SSR Chapter 5 ; SSR Chapter 9 (p.91)            a. ERR (p. 5)  <b>See Appendix (p. 10)</b></p>
<p>Partially addresses <b>#26 Chair of BSN Program to forward data regarding learning in the labs to the New FoH Lab Coordinator to support going forward with Labs/SIM in New BSN</b></p> <p><b>Additional Suggestions/Recommendations by the ERT: (a thru f)</b></p> <ul style="list-style-type: none"> <li><b>a. Review structure of Labs and quality of communication between Lab faculty/staff and [clinical] faculty</b></li> <li><b>c. Provide introduction and practice in Emergency simulations, such as High Fidelity simulation with Code Blue, before being in a high acuity area</b></li> <li><b>d. Increase students’ awareness of access to high-fidelity simulations</b></li> </ul>	<p>From SSR Chapter 5            SSR Chapter 9 (p.91)            a, c &amp; d. ERR (p. 5 &amp; p. 9)  <b>See Appendix B (p. 11-12)</b></p>

**NOTE: This Goal is largely met as of NOV 2018 thanks to the hard work and dedication of BSN's Program Chair and support from the Dean's Office in assigning workload.** The Chair has already approached assigned faculty to relay suggestions to further support students In 4<sup>th</sup> Year.

**Theme B – Goal 3: Revised BSN aims to continue to improve on the success rates of graduates' passing the NCLEX at first writing, thus achieving a program ranking of being amongst the top 5 of BC's Schools of Nursing and top 10 of 100 Canadian Schools of Nursing.**

**RATIONALE FOR THIS GOAL:** In BSN's best reporting period in 2015-2017 (for APR-SEPT 2016), Revised BSN Alumni passed the NCLEX at a rate of 93% on first writing, putting KPU in 4<sup>th</sup> place amongst 19 BC Schools of Nursing and 10<sup>th</sup> of 99 Canadian schools who had students writing in that period (SSR, pp. 70-71). BC's Schools of Nursing consistently post the highest scores when compared to Canada and the US (which are on par). Hence, by aiming to rank amongst the best five programs in BC and top 10% in Canada, BSN intends to be amongst the highest ranking programs in North America for passing the NCLEX-RN on the first attempt.

Recommendation(s) this Goal Addresses	Report (page number)
<p><b>#14. Chair of Revised BSN [Program Evaluation] to follow up on NCLEX Success Rates and Program Ranking, including: <i>(including a-e)</i></b></p> <ul style="list-style-type: none"> <li><b>c. Encouraging faculty to offer multiple ways of supporting students' to prepare for successfully writing NCLEX, including practicing NCLEX-style questions every term</b></li> <li><b>d. Continuing to research and promote Alumni's suggestions for preparing to write NCLEX, such as Kaplan, UWorld, etc.</b></li> <li><b>e. Exploring ways of studying anxiety and potential strategies for helping students cope with test-anxiety, including research projects</b></li> </ul>	<p><b>From SSR Chapter 6</b>  <i>c – e SSR Chapter 9 (p.92)</i></p> <p><b>See Appendix B (p. 6)</b></p>
<p><b>#22. BSN faculty collaborates with the Librarian responsible for BSN regarding available resources, including data banks and NCLEX preparation.</b></p> <p><b>Additional Suggestions/Recommendations from ERT/SSCPR:</b></p> <ul style="list-style-type: none"> <li><b>a. BSN faculty reach out to the Learning Centre as well as Liaison Librarian in regards to helping students prepare for the NCLEX (p.6)</b></li> </ul>	<p><b>From SSR Chapter 5 (p.47)</b>  <i>SSR Chapter 9 (p. 91)</i></p> <p><b>a. SSCPR Reviewer #1's Comments on SSR (p. 6)</b></p> <p><b>See Appendix B (p.10)</b></p>

**THEME C (a): REVISED BSN'S PROGRAM EVALUATION**

Theme C (a) – Goal 1: Cohorts #8 and #9 will meet or exceed the level of success enjoyed by prior cohorts in terms of: a) acceptance into highly specialized nursing units for NP8's final preceptorship, b) graduating in a timely manner, c) passing the NCLEX at first writing, d) securing employment in nursing, e) receiving positive feedback and mentorship in a clinical area of their choice to achieve 'job readiness' within their first year of practice.

**RATIONALE FOR THIS GOAL:** CRNBC/BCCNP granted KPU's Revised BSN Program the maximum period of 7-years recognition based on the quality of curricular revisions and extensive plan to evaluate those changes. While all data consistently indicate the excellent quality of Revised BSN's graduates, it is also an expectation that the integrity of the program is maintained while phasing it out. Hence, Revised BSN's Program Evaluation Plan is designed to capture the lived experience of all nine cohorts of students to ensure that attention to the program has not waned. Additional information gleaned on Revised BSN's Alumni (i.e., NCLEX Pass Rates, Program Standing amongst BC and Canadian Schools of Nursing, Employment opportunities and Workplace/Employer feedback) will also provide a baseline of data which will be beneficial in gauging the outcomes for New BSN's students/alumni. This data also contributes to FoH as a measure of success of the three BSN programs.

Recommendation(s) this Goal Addresses	Report (page number)
<p><b>#6 Chair of Revised BSN Program Evaluation to follow up on KPU Administrative Report (i.e., Dashboard Data), including: (a thru d)</b></p> <ul style="list-style-type: none"> <li>b. [Approaching] IAP re: potential correction of Retention and Completion Data related to "Admissions" who did not attend BSN</li> <li>c. [Monitoring] Retention and Completion Data (at Four and Six Years after Start) for 2011 onwards as it becomes available (i.e., Continuers &amp; Graduates)</li> <li>d. [Recommending/Supporting] Chair of New BSN's Program Evaluation to closely monitor Admission, Retention, Completion and Attrition of students across the six semesters, along with reasons for Attrition (i.e., Continuers, Graduates, Leavers &amp; Changers)</li> </ul>	<p>SSR Chapter 6                      SSR Chapter 9 (p. 92)  <b>See Appendix B (p. 3)</b></p>
<p><b>#12 Chair of Revised BSN Program Evaluation continues to fully enact the current BSN Program Evaluation Plan (2011 to 2020) in order to provide a strong foundation for comparison purposes</b></p>	<p>SSR Chapter 1 ; SSR Chapter 9 (p.88)  <b>See Appendix B (p. 6)</b></p>
<p><b>#13 BSN monitors student satisfaction with clinical practice experiences, requests for preceptorships in nursing specialty areas and places of employment for Revised BSN's graduates</b></p>	<p>SSR Chapter 3 ; SSR Chapter 9 (p.90)  <b>See Appendix B (p. 6)</b></p>
<p><b>#14 Chair of Revised BSN [Program Evaluation] to follow up on NCLEX Success Rates and Program Ranking, including: (a thru e)</b></p> <ul style="list-style-type: none"> <li>a. Continuing to monitor NCLEX Success Rates &amp; Program Ranking for Revised BSN</li> </ul>	<p>SSR Chapter 6                      a – b SSR Chapter 9 (p.92)</p>

Recommendation(s) this Goal Addresses	Report (page number)
b. Bringing NCLEX results to attention of BSN Faculty for celebration & education	See Appendix B (p. 6)

**THEME C (b): NEW BSN'S PROGRAM EVALUATION – To Be Discussed for New BSN in Part B of the QA Plan**

**THEME D: COLLABORATING WITH OTHER KPU DEPARTMENTS AND FOH PROGRAMS**

The Revised BSN Program has always aimed to have 100% of our students report that they felt supported in every way possible, by BSN, FoH and other departments, throughout their entire educational journey at KPU. We have consistently provided multiple avenues, opportunities and resources to enable student/graduate success. However, students and alumni also say that gaps in student support still exist. In particular, they want enhanced experiences in LAB/SIM, access to student counselling on Langley campus and more help with preparation for the NCLEX-RN. Addressing the large, long-term recommendations identified by the SSR (such as LiveCare) is not feasible given there is only six months left in program delivery for Revised BSN. Instead, a variety of short-term collaborative initiatives pertinent to supporting 4<sup>th</sup> Year students have been integrated into the first three segments (Theme A - Admissions/Progressions, Theme B – Maintaining Quality & Integrity and Theme C(a) – Revised BSN Program Evaluation). The New BSN Curriculum/Evaluation Committee will develop the five-year QA Plan this Theme.

**RATIONALE:**

The BSN Program does not exist in a vacuum. It is administered by FoH for provision of faculty/staff and delegation of workload and exists within the larger context of KPU. As an integral part of FoH, BSN shares many important resources such as practice laboratories, plus low, medium and high fidelity simulators and LiveCare with other programs. BSN is also dependent on other departments, such as Library and Student Services, to help support students to advance their learning skills and enhance their emotional well-being.

Emotional well-being of students is vitally important in nursing education. As one of SSCPR Reviewers noted: "... I'm curious about the effects of the program on students' mental health. Do students find some of their clinical experiences, for example, difficult to process emotionally? The reported lack of access to counselling services at the Langley campus is worrisome. I am sure the praxis discussions help with this integration, but ... some might want to access that type of help in a more private setting." **SSCPR Reviewer #1's Comments on SSR** (p. 6) The gap in access to counselling on Langley campus is indeed an important problem which the Dean's Office is handling. But students' generic need for more general, day-to-day support from faculty and staff (across KPU) is equally evident.

BSN faculty understand that both post-secondary education and nursing practice are inherently stressful. Since even very strong students sometimes struggle to be successful in the program, we believe the old adage "it takes a village" is as true for mentoring students as it is for raising children. Anecdotally, students report multiple factors, such as heavy workload, fear of failure, personal and/or family stressors, financial challenges and the need to work, plus deficits in time-management and basic learning skills, as reasons for feeling stressed and/or anxious. Some students have other physical and/or mental health problems to deal with. Program evaluation shows that students' age/maturity, levels of stress and anxiety, coping skills, peer support and internal/external resources (such as Lab practice, peer tutoring, librarian support and student counselling) all play important roles in student success. Faculty support, empathy and timely referrals to Early Alert for support services such as

Librarians, Learning Centers, Peer Tutoring and Student Counselling can serve to keep distressed students in the program with enhanced level of functioning. Hence, cooperation and collaboration within FoH and across KPU is essential to ensure success for BSN students. Revised BSN faculty will continue to support the last two cohorts in the program from JAN to JULY 2019 utilizing all available KPU resources. New BSN faculty will further develop this segment in Part B of this QA Plan.

<b>Recommendation(s) this Goal Addresses: NONE as collaborative actions pertinent to Revised BSN were incorporated into 1<sup>st</sup> 3 Themes; New BSN to address in Part B</b>	<b>Report (page number)</b>
---	-----------------------------

**RECOMMENDATIONS THE QUALITY ASSURANCE PLAN DOES NOT ADDRESS**

<i>Recommendations</i>	<i>Report (page number)</i>	<i>Rationale</i>
#1 by ERT (with support from SCPR) that: <b><i>New BSN’s Curriculum/Evaluation Committee must establish standard approaches for the re-entry of eligible failed Revised BSN students into the New Program and strategies to assist that re-entry student in the transition to a new curriculum.</i></b>	From ERT (p.4) <b>See Appendix B (p. 1)</b>	<i>Agree intent of Recommendation is vitally important. Disagree with notion that establishing standard approaches is necessary (beyond our current procedures). Have concerns with assumption that any Revised BSN student who fails or withdraws would automatically be transferred into New BSN when courses other than CNP2 don’t align. Believe Revised BSN can deal with individual circumstances.</i>
#2 by ERT (with support from SSCPR) to: <b><i>Develop in conjunction with local school districts non-cohort dual credit/entry level courses for Health Foundations.</i></b>	From ERT (p.1) SSCPR Reviewer #2 for ERR (p.2) <b>See Appendix B (p.1)</b>	<i>Worthwhile suggestion on strategy to decrease attrition in Health Foundations. Forwarded to Dean’s Office &amp; Coordinator of HF as it is outside the scope of BSN Faculty’s mandate. (Intakes into HF is currently closed as of FALL 2018, due to large volume of students declaring intent to enter BSN.)</i>
#7 g. by ERT <b><i>Students suggested that preceptorship should offer more clinical practice experiences such as pediatrics and time for this could be shifted away from community practicums and projects (ERR, p.5)</i></b>	ERR (p.5) <b>See Appendix B (p. 2)</b>	<i>Revised BSN students want more diverse clinical areas (such as Pediatrics) in CNP1. But specialty units like PEDS &amp; FBU do not accept CNP1 students. Plus all cohorts have now completed CNP1. These Units are available to select students for CNP2. Community practicums/projects are unrelated to preceptorships.</i>
#7 h. by ERT <b><i>Need to improve on available clinical placements. The Dean might persuade employers to view students as an asset during times of major</i></b>	ERR (p.11) <b>See Appendix B (p. 4)</b>	<i>Agree this is important. BSN’s Chair is an expert in placements and is actively involved, including Charing Inter-School. But the level of this suggestion by the ERT is beyond the scope of BSN faculty, requiring major support/action from the Dean’s Office.</i>



<b>Recommendations</b>	<b>Report (page number)</b>	<b>Rationale</b>
<b>change. The issue also needs to be addressed at a higher level in the health authorities</b>		
# 26 e. by ERT <b>Consider adding a pediatric high-fidelity simulator</b>	ERR (p. 9) <b>See Appendix B (p. 12)</b>	<i>Financial decision with implications and repercussions across FoH. Refer to Dean's Office.</i>
#27 by ERT (with support from SSCPR): <b>Dedicated on-site nursing student counselling services be provided for the Langley campus of KPU (i.e., full-time service available for all three semesters)</b>	From ERT (p.9) SSCPR Reviewer #1 on SSR SSCPR Reviewer #2 on ERR See Appendix B (p. 12)	<i>We appreciate the ERT &amp; SSCPR Reviewers' support for this vitally important/highly valued recommendation but it exceeds BSN faculty's mandate for PR's QA Plan. The SSR outlined the problem, stating that appropriate action by BSN faculty and Program Chair had already been taken. The Dean's Office is currently addressing the problem in conjunction with Student Services; the new Manager for Counselling has already attended FoH's Faculty Day to hear about concerns directly. We trust that FoH will manage this gap in resources.</i>
<b>All other Recommendations pertinent to New BSN over the next five years will be addressed in QA Plan for New BSN – Part B (submission date TBA)</b>		

## REVISED BSN's QUALITY ASSURANCE TWO-YEAR ACTION PLAN

MONTH/YEAR WHEN THE FIVE-YEAR ACTION PLAN BEGINS: **From JANUARY 2019 to DECEMBER 2023; Revised BSN's QA Plan will be complete by DECEMBER 2020.**

**STRATEGY 1: Continue to offer excellent quality 4<sup>th</sup> Year curriculum for the last two cohorts of students in Revised BSN (Graduates of March 2019 and July 2019), augmented by high-fidelity simulations to address concerns raised by students/alumni regarding preparation for NP8 Final Preceptorship.**

**GOAL(S) THIS STRATEGY SUPPORTS:**

**1) Theme A – Admissions and Progressions:**

**GOAL 1: The BSN Program aims to graduate 100% of the remaining two cohorts of Revised BSN (~ 60 Students) by July 2019, or in the event of failure/withdrawal by 2020.**

2) Theme B – Maintaining Quality/Integrity:

**GOAL 1: BSN aims to maintain the quality and integrity of the Revised BSN Program for each cohort as mandated by CRNBC/BCCNP’s 7-year recognition of the program (2012 to 2019), evidenced by formative evaluations at end-of semester (EOS) and summative evaluation at Program Completion, 1-Year Follow-up and feedback from Workplace/Discipline/Sector.**

3) Theme B – Maintaining Quality/Integrity:

**GOAL 2: Revised BSN aims to better utilize LAB/SIM LAB to help deliver experiential learning opportunities for SEM 7 and SEM 8 students (including Indigenous History, health problems and traditional healing practices) in accordance with KPU’s Mandate and Vision 2023 and per suggestions made by the ERT for 4<sup>th</sup> Year.**

Step(s) Required to Achieve this Strategy	To be Led by	To Begin on (M/YY)	To be Completed By (M/YY)	Notes
1. Maintain SEM 7 and SEM 8 in SPRING 2019 for Cohort # 9 + #8 and SEM 8 in SUMMER 2019 for Cohort #9	BSN Chair	FALL 2018	JULY/2019	Or March 2020 if student(s) either Fail or Withdraw
2. Maintain consistency of senior faculty teaching Nursing Practice 7 & SEM 8’s CNP2 (preceptorship)	Dean’s office	FALL 2018	JULY/2019	Workload was assigned in 2018 with senior faculty committed to lead each SEM team
3. Maintain or develop opportunities for students to build on prior learning about Indigenous History, health problems & healing practices throughout 4 <sup>th</sup> Year (via provision of experiences in SIM LAB)	BSN Chair to delegate	FALL 2018	JULY/2019	SEM 8 Faculty are aware as of NOV 2018 for implementation in JAN 2019
4. Provide high-fidelity Simulations in preparation for NP8’s final preceptorship (e.g., Code Blue, unit-specific high-acuity scenarios, such as Pediatric & Maternity for students going to PEDS, FBU, etc.)	BSN Chair to delegate	FALL 2018	May 2019	To be delegated to NP8 Faculty & LAB Coordinator in FALL of 2018 (for JAN 2019)
5. Include strategies for interdisciplinary communication to enhance confidence in role in Health Care Team (HCT)	BSN Chair to delegate	FALL 2018	July 2019	Delegated to NP8 Faculty & LAB Coordinator in FALL of 2018 (for JAN 2019)
6. Initiate follow-up discussion at NOV 2018 Faculty Meeting regarding student anxiety, faculty-student relationships and value of connecting students to multiple internal resources	BSN Chair & Revised BSN’s Chair of EVAL	FALL 2018	July 2019	On Faculty Agenda for NOV 5, 2018

<b>Resource Implications (if applicable)</b>
<b>What are the resources required to achieve this Strategy?</b> <i>Dean's office has assigned Senior faculty to support SEM 7 &amp; SEM 8 in 2019</i>
<b>When are these resources required?</b> <i>JAN 2019 through to JULY 2019</i>
<b>What Faculty and/or Institutional support is required?</b> <i>SIM LAB for NP8 requires delegation to and compliance from SEM 8 Faculty in conjunction with cooperation from LAB Coordinator &amp; LAB/SIM instructors</i>

**STRATEGY 2: Revised BSN will enhance efforts to help the last two cohorts in 4<sup>th</sup> Year to prepare to be successful in their first writing of the NCLEX-RN within their first year of practice.**

GOAL(S) THIS STRATEGY SUPPORTS:

**1) Theme B – Maintaining Quality/Integrity:**

**GOAL 3: Revised BSN aims to continue to improve on the success rates of graduates' passing the NCLEX at first writing, striving to achieve a program ranking of being amongst the top 5 of BC's Schools of Nursing and top 10 of 100 Canadian Schools of Nursing.**

<b>Step(s) Required to Achieve this Strategy</b>	<b>To be Led by</b>	<b>To Begin on (M/YY)</b>	<b>To be Completed By (M/YY)</b>	<b>Notes</b>
Continue to explore with BSN Alumni what helped them to be successful in the 1 <sup>st</sup> writing of NCLEX-RN via 1-Year Follow-up Surveys & Focus Groups	Revised BSN Chair EVAL	FALL 2018	DEC 2020	Questions were added to 1-Year Follow-up Surveys; Chair of EVAL speaks to Alumni at Convocation
Request help from IAP to analyze data on NCLEX-RN success from first five cohorts (Cohorts #1 through #5, i.e., Grads of JULY_2015-2017)	Revised BSN Chair EVAL	FALL 2018	JAN 2019	Data to be used to augment meetings with Library (i.e., adding views from BSN Alumni)
Arrange meeting with BSN's Chair, Chair of Revised BSN EVAL, Librarian, Learning Strategists, Student Counselling and SEM 7 & 8 student representatives to discuss ways KPU resources might support 4 <sup>th</sup> Year BSN students to prepare for successful writing of the NCLEX-RN	Revised BSN Chair EVAL	FALL 2018	JAN 2019	Follow-up on SSCPR Reviewers' suggestions that internal help might be available (Librarian & Learning Strategists)
Collaborate with SEM 7 & SEM 8 faculty to utilize their course Moodle sites to engage students in discussion forums &/or e-mail BSN's Chair of Program EVAL about what help they need/want and to offer internal KPU resources as planned in meeting (TBA as per above)	BSN Program Chair	JAN 2019	JULY 2019	Discussion forums, while not private, stimulate discussion. E-mails to trusted individual might elicit different responses
Utilize other technologies, such as Moodle sites for students, to help inform students of a variety of resources available to them, such as Librarian, Learning Strategists, Counselling, practice in LAB/SIM, etc.	BSN Program Chair	JAN 2019	JULY 2019	Students are familiar with (The BSN HUB) where policies, notices, etc. are housed.

Consider providing external resources, such as successful Alumni, to meet with/advise students on what worked for them	Revised BSN Chair EVAL	JAN 2019	JULY 2019	Alumni who attended Site Visit also attended SEM 6 Praxis for Cohort #8. Students reported their discussion was interesting & helpful
Engage with Cohort # 8 & #9 during SEM 7 to assess learning needs & provide further support (in addition to SEM 7's usual classes on NCLEX prep & practicing Mindfulness); Chair to forward e-mails from students	Revised BSN Chair EVAL	FALL 2018	APRIL 2019	Senior SEM 7 faculty routinely does session on NCLEX prep & promotes practicing Mindfulness
Discussion in Faculty meeting Nov 5, 2018 resulted in invitation for Chair of Revised BSN EVAL to work with SEM 7 faculty by a) attending SEM 7 Praxis (FALL 2018) to follow up on prior class related to preparing to write the NCLEX, and b) work together to offer NCLEX sessions for Cohort #9 in SPRING 2019	Revised BSN Chair EVAL	FALL 2018	APRIL 2019	Plan should cover both SEM 7 & SEM 8, hopefully accessing help from Librarians & Learning Strategist, plus potentially Counselling

<b>Resource Implications (if applicable)</b>
What are the resources required to achieve this Strategy? Time & dedication
When are these resources required? JAN 2019 & on-going as determined (TBA)
What Faculty and/or Institutional support is required? Collaboration between BSN Faculty & Librarian/Student Services; Support from Administration for KPU staff to dedicate time to helping BSN students prep for NCLEX-RN

**STRATEGY 3: Revised BSN will complete the Program Evaluation Plan for the last four (of nine) cohorts by from FALL 2018 to FALL 2020, including: EOS Formative Evaluation, Program Completion Surveys for 2019 Graduates, NCLEX Pass Rates/Program Ranking, Employment data, Workplace/Sector feedback and 1-Year Follow-up of 2019 Graduates.**

**GOAL(S) THIS STRATEGY SUPPORTS:**

**1) Theme C (a) - Formative/Summative Evaluation for Revised BSN:**

**Goal 1: Cohorts #8 and #9 meet or exceed the level of success enjoyed by prior cohorts in terms of: a) acceptance into highly specialized nursing units for NP8's final preceptorship, b) graduating in a timely manner, c) passing the NCLEX at first writing, d) securing employment in nursing, e) receiving positive feedback and mentorship in a clinical area of their choice to achieve 'job readiness' within their first year of practice.**

<b>Step(s) Required to Achieve this Strategy</b>	<b>To be Led by</b>	<b>To Begin on (M/YY)</b>	<b>To be Completed By (M/YY)</b>	<b>Notes</b>
Discuss flaws/potential improvements to Dashboard Data re: Admissions to BSN with Director of IAP	Revised BSN Chair EVAL	FALL 2018	JULY 2019	Discussion started in 2018 – Needs follow-up
Complete EOS Formative evaluations for SEM 7 & SEM 8 in SPRING + last running of SEM 8 in SUMMER 2019	BSN Chair	MAR 2019	JULY 2019	Per usual practice within Semester Teams.
Complete GRAD/ Program Completion On-Line Surveys for MARCH (Cohort #8) & JULY (Cohort #9) Graduates	Revised BSN Chair EVAL	MAR 2019	JULY 2019	Per usual practice in collaboration with IAP. This completes Revised BSN's summative evaluation at graduation
Track NCLEX Results and Revised BSN Program's Ranking compared to BC and Canadian Schools of Nursing for Last four cohorts (Cohort #6, #7, #8 and #9)	Revised BSN Chair EVAL	FALL 2018	MAR 2020	New BSN will be eligible to write NCLEX after graduating in MARCH 2020
Share data on NCLEX Results, Program Ranking & Employment of Alumni with BSN Faculty via e-mails, Faculty meeting &/or Lunch & Learn	Revised BSN Chair EVAL	JAN 2019	DEC 2020	Intermittent as data becomes available
Track Employment of Cohorts #6 thru #9 as Employed Student Nurses (ESNs), as Graduate Nurses (GNs) and newly-graduated RNs in first year of work	Revised BSN Chair EVAL	FALL 2018	DEC 2020	Per usual practice in collaboration with IAP.
Complete 1-Year Follow-up On-Line Survey & Focus Group for Cohorts #8 & #9	Revised BSN Chair EVAL	MAR 2020	DEC 2020	Per usual practice in collaboration with IAP.
Request feedback/workplace data from Preceptors, Managers and Employers for Revised BSN Alumni via Faculty teaching CNP2 and on-line surveys sent to workplace mentors selected by Alumni	Revised BSN Chair EVAL	FALL 2018	DEC 2020	Need help/collaboration from Revised BSN faculty doing evaluations of students in CNP2 & delegation by Chair
Request help from IAP to create an On-Line version of Revised BSN's Workplace Data to be circulated to workplace mentors by Alumni (as discussed with Advisors from CRNBC)	Revised BSN Chair EVAL	JAN 2019	DEC 2020	Need help from IAP & cooperation by Alumni

**Resource Implications (if applicable)**

**What are the resources required to achieve this Strategy?** *BSN Chair to organize EOS per usual; Chair of Program EVAL for Revised BSN to do Surveys & Follow-up of NCLEX, Program Rank, Workplace feedback, etc.; Appreciate help from IAP to ensure data is properly gathered & analyzed*

**When are these resources required?** *From JAN 2019 to DEC 2020*

**What Faculty and/or Institutional support is required?** *Ongoing support for work on Program Evaluation from Dean's Office and IAP staff; Help from faculty teaching preceptorships to gather "success stories" & other feedback from Preceptors, Clinical Educators &/or Managers*

**STRATEGY 4:** Continue working with FoH Chair of Admissions & Progressions (A&P), Dean's Office and Vice Chair of Senate to change BSN's Admissions criteria to further decrease attrition and increase student/graduate success.

**GOAL(S) THIS STRATEGY SUPPORTS:**

**Theme A - Admissions and Progressions:**

**GOAL 2:** The BSN Program aims to revise their admission process to select the best candidates for success in nursing as a means of supporting BSN's overall goal of graduating 95-100% of all New BSN students admitted into two 32-seat cohorts per year (i.e. graduate 60 to 64 successful alumni per year).

Step(s) Required to Achieve this Strategy	To be Led by	To Begin on (M/YY)	To be Completed By (M/YY)	Notes
1. Continue to hold "BSN Information Sessions" for potential candidates emphasizing realities of nursing as a career choice, including sharing CRNBC/NECBC's RSAs and characteristics of potential nurses	FoH Chair of A&P	In place for many years	On-going	Long-Term
2. Continue to explore ways to change BSN's Admission criteria to select best candidates (i.e., those most likely to succeed/excel in nursing), in accordance with Recommendation #4 (Appendix B, p. 2)	FoH Chair of A&P and Chair_BSN Curriculum & Chair_New BSN Eval	Started years prior to change to GPA for intake FALL 2015	DEC 2020	Medium-Term  <i>BSN faculty has been exploring a number of other criteria for admission to New BSN. This has included a review of the literature and exploration of several admission tools that have been used in other nursing programs. Issues include the cost and where the data is housed. We will continue to evaluate new tools and admissions practices as they arise.</i>

Step(s) Required to Achieve this Strategy	To be Led by	To Begin on (M/YY)	To be Completed By (M/YY)	Notes
3. Continue to collaborate with the Vice Chair of Senate and FoH Chair of A&P regarding potential ways to screen HF students for criteria determined to be "best candidates" for BSN program (including but not limited to use of Moodle)	Dean's Office and FoH Chair of A&P BSN Chair and Curriculum/Eval	2018	DEC 2020	Medium Term Chair of Revised EVAL Initiated discussion between Dean & Vice Chir of Senate in 2018; Potential 'Pilot Project.' Dean's Office followed up with Vice Chair of Senate
4. Continue to collaborate with FoH Chair of A&P to monitor Admissions/Progressions/Attrition data within New BSN, including: Admissions, Failures, Retention, Completion and Attrition (Leavers/Changers) as well as potential Transfers in/out of BSN program	BSN Chair and Chair_New BSN Program Eval	2018	On-going	Long-Term

Resource Implications (if applicable)
What are the resources required to achieve this Strategy? <i>At this time, just time &amp; commitment to change</i>
When are these resources required? <i>2018 onwards</i>
What Faculty and/or Institutional support is required? <i>TBD based on choice of strategies going forward</i>

PLAN SUPPORTED BY:

Dr. Salvador Ferreras

\_\_\_\_\_  
Provost's Name

\_\_\_\_\_  
Provost's Signature

April 11, 2019

\_\_\_\_\_  
Date

Dr. David Florkowski

\_\_\_\_\_  
Dean's Name

\_\_\_\_\_  
Dean's Signature

April 10, 2019

\_\_\_\_\_  
Date