

**Canadian Association of Schools of Nursing
Graduate Studies Forum
November 20, 2017**

Welcoming Remarks

CASN President welcomed everyone to the 2017 Graduate Studies Forum and introduced the co-chairs Ann Rheaume, from the Université de Moncton, and Roger Pilon, from Laurentian University.

Adoption of Agenda

Moved by Nancy Carter

Seconded by Anne Bruce

The agenda of the Graduate Studies Forum, 2017 be approved as circulated.

CARRIED

Approval of Minutes, November 2016

Moved by Jennifer Medves

Seconded by Pat Seaman

The minutes of the November 2016 Graduate Studies Forum be approved as circulated.

CARRIED

Theme 1 Increasing the Next Generation of Nursing Faculty

1.1 Who Will Educate the Next Generation of Nurses?

Siobhan Bond, Manager of Communications and Data at CASN, provided the participants with contextual information culled from CASN'S student faculty survey in recent years. Siobhan presented the results of the 2014–2015 Student and Faculty Survey to further illustrate trends that have been emerging over the last four years.

1.2 Accessibility and Retention of New Staff

Panel members: Elizabeth Saewyc, Professor and Director of the School of Nursing at the University of British Columbia; Linda Johnston, Dean of the Lawrence S Bloomberg Faculty of Nursing at the University of Toronto; Linda Patrick, Tenured Associate Professor and Dean of the Faculty of Nursing at the University of Windsor.

The panel of experts will presented on a variety of issues affecting the accessibility and retention of new staff, including the recruitment of tenure-track faculty, timely completion strategies for graduate students, and the accessibility of graduate studies.

Comments from the floor:

- Termination of student registration is a possibility
- Full annual review of students' progress; follow-up offered if required
- New supervision guidelines for faculty
- Best practices workshop; full day orientation session for new students
- Maternal leave for students
- Challenges and opportunities in all 3 areas

- Strategies for funding ; many funding options give a time limit and many have to go back to work which prolongs the time it takes to complete the program
- Problem of being able to write – many entering have not had the experience of writing for their masters; opportunities for scholarship in writing is critical; writing exercises at beginning of masters programs
- Encourage publishing at the graduate student level makes their lives much easier once they're faculty
- Offer distance programs, offer flexibility requirements, increased success rates
- Accessibility leading to recruitment - Doctor of nursing practice
- IEN restriction, even when they are PhD prepared in USA
- International recruitment initiatives

Theme 2 Support for Graduate Nursing Studies

2.1 Canadian Nursing Research Priorities: Next Steps

Marilyn MacDonald, CASN's Research and Scholarship Committee presented the information collected at the 2016 Graduate Studies Forum, where participants undertook discussions to determine the major research priority areas for nursing. Marilyn identified the following themes and subthemes for research priorities:

- Nurse practice(s)
- Nursing and health system
- Nursing education

CASN then opened up the discussion to the floor. Some themes raised was the debate about language of vulnerable communities; Indigenous communities need to be separated not grouped together with other populations; the term elderly should not be used and shouldn't be limited to long term care, nurses have a responsibility to provide overall care not just long-term.; LGBTQ2S should be included; transitions of care and clinical nurse specialist should be included. Gap areas in leadership (need more nursing leadership), health care technology (digital health care doesn't capture the significance), and precision medicine and genomics (if not looked at nurses will provide inadequate health care). Patient engagement and ethical considerations.

Participants were encouraged to email Elise Guest, Planning Coordinator, if they had any additional thoughts.

2.2 Position Statement on Doctoral Education in Nursing in Canada

Linda Patrick, Chair of the CASN Education Committee, presented the 2017 updates to the CASN Position Statement on Doctoral Education in Nursing in Canada. Some highlights of the document Linda presented are as follows:

- The projected future faculty shortage due to the insufficient numbers of PhD graduates replacing the retiring professoriate has been addressed, emphasizing the need to increase the number of doctoral prepared nurses
- Critical priorities for doctoral education have been developed to suggest that building the number of PhD graduates will provide senior leadership in the health care system in terms of research, knowledge translation, and administration

- Increasing the number of PhD prepared nurses practitioners would be a valuable asset to the Canadian health-care system

Comments from the floor:

- CASN needs to have a clear position in terms of the domains and principles
- Pg. 1, a 5 year plan isn't long enough, need to commit to a long term plan
- Pg. 2 "Leadership", voices needed in transforming the health system should be front and centred
- Ethics should have a separate domain
- Pg. 4 "Going Forward", why are they waiting to the future and not looking at this right now?
- Pg. 4 "Practice and prof. Doctorates", isn't everything professional? Why are we using this terminology? This needs to be defined or removed.

Participants were encouraged to email Jodi Lachance, Education Projects Coordinator, if they had any additional thoughts.

Theme 3 Educating Nurses for Advanced Practice in Canada

3.1 Supporting the Education of Nurses for Advanced Practice Roles

Panel members: Rosemary Wilson, Devin Crockett, Roger Pilon

Recent publications and education tools have become available to support the education of nurses in advanced practice roles. Rosemary Wilson and Devin Crockett presented CASN's NP e Resource and Roger Pilon provided participants with a brief overview on recent publications available including "Canadian Perspectives on Advanced Practice Nursing Staples".

3.2 The Career Trajectory of a Nurse Practitioner in Academia: A Case Study

Jennifer Medves, Vice-Dean of Health Sciences, and Director of the School of Nursing at Queen's University, and Rosemary Wilson, Associate Professor at the School of Nursing and Department of Anesthesiology and Perioperative Medicine, Queen's University, provided insights on how nurse practitioners can work effectively in both the clinical and academic environments, and the supports their employers can provide to ensure their success.

Case Study: The school wanted to have closer ties with the clinical areas as they were often finding that they had to play catch up to learn about the new technology that was being used in the settings, e.g., omnicells. Faculty members wanted to use all their nursing knowledge and wanted to be in academia and to do clinical practice at the same time but to not take a pay cut. In order to bring her on board, they had to think about what a joint appointment would look like, and to purchase a service agreement to offset her salary. She had a challenge doing scholarly work and yet was able to negotiate "practice privileges" at a number of clinical settings. This was advantageous as patients in Kingston may be admitted at a number of institutions. The health care agencies involved in the agreements included acute care, continuing care, public health, community agencies, family health teams, home care, etc. The union needed to be spoken to at the outset. In this case, there were a number of unions involved. Note that the case had to be made that no one was taking away a job. Regarding evaluation of the position, Jennifer evaluated possibility of a promotion from a

scholarship perspective ensuring that she was maintaining a good balance of teaching/research/care giving.

Rosemary Wilson shared that she is now on sabbatical doing research on global pain management. She explained that this had been a dynamic tenure track process balancing clinical/teaching while building an independent research program. Now Rosemary does mostly clinical practice at 40% and other areas at 20%. This is a very stimulating role with lots of variety. Her main personal challenge was not having enough time, having diverse responsibilities and maintaining boundaries while creating relationships with other faculty. The school had problems with availability and scheduling. Based on this experience, recommendations would include: setting clear boundaries, remain flexible, remember that having privileges is not being an employee, communicate well, be realistic but innovative, and protect the faculty member from themselves.

3.3 Nurse Practitioner Education: Pooling Resources

Marilyn MacDonald and Ruth Martin-Misener presented the final report from the national education forum for a sustainable neonatal nurse practitioner workforce, including a world café-style discussion to advance the issue of resource pooling for NP programs. They also led a discussion among the participants on how to support one another and pool resources and experiences in order to secure advanced practice nursing education in the future.

Principle 1: National Neonatal Nurse practitioner

Principle 2: Specialized Education

Principle 3: Training with an eye to the future

Regulatory Considerations

- a) National NP Entry level Competencies
- b) NP program approval standards
- c) National Landscape
- d) CRNBC

Discussion Questions:

- 1) Is there a need for more specialization options in NP education than the population-based approach (e.g., neonatal, pediatrics, adult, family, all ages), and if so, in what areas?
 - Yes, neonatal, cardiology, chronic conditions and populations
 - No, only have encountered neonatal
 - Depends, mental health and neonatal can be stand-alone programs.
 - Yes, there is a need but should have more of a regional focus on what each territory is facing
 - Need a specialization in mental health and addiction
 - Should have generalist and specialization should come after
 - Neonatal, mental health but not wanting to go the rout of the U.S. that everything can be a specialization
 - Provinces need to assess what their needs are
 - Have to do it in a way that's collaborative amongst universities and provinces
 - Regional is more important, except in the case of neonatal

- No- need to understand the health human resources in nursing role and complimentary roles, those needs will differ across provinces (rural vs urban, etc.)
- 2) Should specialization options in NP education be incorporated during entry-level education or post licensure?
- Need to have some options, depends who's entering into program
 - More training and competency development but more employment
 - Both, needs to be a core group of classes that provides core concepts of NP practices but have a more specialized part
 - Licensure is very expensive
 - Value of broad base of knowledge important for any age after neonatal
 - Not feasible for provinces that don't have children's hospitals
 - There's a need for frail elderly, chronic conditions and populations
 - In Saskatchewan in should be incorporated in both
- 3) What are the barriers to preparing NPs with a specialization in a given area? How are these barriers similar to or different from the barriers to preparing Clinical Nurse Specialist with specialized education? What strategies can be used to overcome these barriers?
- How positions are funded
 - Small cohort programs that don't generate enough funding
 - Age of applicants
 - Practicing environment, what hospitals want, looking for a specific title
 - Quality of education
 - Cost
 - Lack of support all over
 - CNS isn't a protective title
 - Licensure exams
 - Will have to move to a collaborative model to get expertise
 - Clear pathways to employment and guaranteed work
 - Want to make sure to keep nursing perspective
 - How we're defining these roles
 - Having a national program, variations across the country with context.
 - Need for a holistic role rather than biomedical- need to have a graduate perspective

3.4 The Clinical Nurse Specialist

Denise Bryant-Lukosius, Associate Professor at the School of Nursing and the Department of Oncology, and the Co-Director for the Canadian Centre for Advanced Practice Nursing Research, McMaster University. Denise Bryant-Lukosius shared her understanding of the importance and role of the clinical nurse specialist to the Canadian health care system and nursing leadership.

Current status of Clinical Nurse Specialist roles in Canada and within a global context

- CNS advance practice clinical role
- Influences nursing and healthcare delivery at the client, practice setting and organizational/systems
- Competency Domains: 1) Clinical Care 2) System Leadership 3) Advancement of nursing practice 4) Research and evaluation
- Many CNS in British Columbia working with NPs. Ontario number of CNS's are increasing and working with NP's. Key is for health care decision-makers to have knowledge and know how to use CNS roles adequately and efficiently.
- There are somewhere between 800 and 2200 CNSs in Canada and a major issue is that the role cannot be sustained and supported unless one knows the number.
- There is work going on to delineate one role from another amongst (specialized non-advanced nurse, CNS and NP). Leadership is needed to support the CNS roles.
- There is a need for graduate education, guidelines, increased access and mentorship of CNS education. The challenges include resources including faculty with CNS experience.

4. Conclusion and wrap-up

The President announces the conclusion of the agenda for the 2017 Graduate Studies Forum and invites Cynthia Baker, Executive Director of CASN, to follow-up on a few items.

Cynthia Baker thanks Ann and Roger for co-chairing and planning the 2017 Graduate Studies Forum, as well as CASN staff for planning and staffing the meeting.

Acknowledgement of Pat Bailey's passing.

Ann's term on the graduate committee is coming to an end at the end of this year, and is thanked for her commitment on everyone's behalf.

Voting for new co-chair (2 year term) - Nominations to the floor:

Norma Ponzoni nominates Sonia Semenic from McGill University. By acclamation Sonia accepted as co-chair at 4:18pm.

Lastly, participants are reminded to fill out their evaluation forms found in their document package.

Meeting is adjourned.