

Chapter 2

Nursing Education in Canada



LEARNING OUTCOMES

After studying this chapter, you will be able to:

1. Describe the different types of nursing education programs.
2. Identify aspects of the baccalaureate level for entry to professional nursing practice.
3. Explain the importance of continuing nursing education.
4. Describe the role of national nursing associations in shaping nursing education in Canada.
5. Analyze issues influencing nursing education in Canada.

In the early twentieth century in Canada, nursing was viewed in a variety of ways depending on the religion, geographical location, class, status, race, and ethnicity of the people who practised the profession. Schools of nursing focused primarily on teaching students what they needed to know to work in a hospital setting. In fact, the need for student nurses to staff a particular hospital was the major reason for the existence of most nursing schools during this period (Pringle, Green, & Johnson, 2004). Although religious groups were important in developing nursing education in Canada, Cohen (2000) has argued that the Catholic Church, among other agents, also slowed the introduction of sciences into nursing schools. Nursing education has evolved a great deal over the last century and today prepares students to practise in a broad range of areas, to think critically, and to use the best scientific evidence available when providing care. Provincial and territorial nursing organizations and national accrediting bodies provide internal professional control of nursing education.

The General and Marine Hospital in St. Catharines, Ontario, offered the first training program for nurses in Canada in 1874. Following this, it soon became the norm for hospitals across the country to introduce their own schools of nursing. The hospital training programs of the 1920s, 1930s, and 1940s were characterized by limited coordination of classroom and clinical teaching, long hours, night duty without supervision, and numerous housekeeping chores (Baumgart & Larsen, 1992). The medical staff and nursing supervisors provided the instruction and were identified as clinical teachers.

In 1939, the Canadian Nurses Association (CNA) recommended that each province develop educational programs for practical nurses as a solution to a shortage of nurses that had increased as a result of World War II (Mussalem, 1960). In 1941, the Registered Nurses Association of Ontario (RNAO) implemented a demonstration program for Nursing Assistants. The St. Boniface School for Practical Nurses opened its doors in September 1943 with the approval of the Manitoba Association of Registered Nurses. Programs continued to be established for practical nurses as health care services expanded (Pringle, Green, & Johnson, 2004).

Today, as nursing responds to new scientific knowledge and technological innovation and to cultural, political, and socioeconomic changes, nursing education curricula are continually being updated to prepare students for very complex clinical situations and a rapidly evolving health care system. Programs of study for registered nurses and registered psychiatric nurses are based on a broad knowledge of biological, social, and physical sciences, as well as the liberal arts and humanities. There is a strong focus on critical thinking and on health prevention and promotion, as well as on health maintenance and health restoration. Educational programs for practical nurses have increased in length, depth, and breadth in response to an expansion of their scope of practice (Pringle, Green, & Johnson, 2004).

Nursing Education

Today, provincial and territorial laws and union regulations in Canada recognize five distinct groups within the profession of nursing. Not every province or territory, however, recognizes all five of the groups. Each province and territory recognizes the *registered nurse (RN)* and the *licensed practical nurse (LPN)*; called a *registered practical nurse* in Ontario only [*RPN*]. All jurisdictions except the Yukon recognize the *nurse practitioner (NP)*. Only the four Western provinces recognize the *registered psychiatric nurse (RPN)*. Quebec distinguishes RNs by type of education: diploma or baccalaureate. Responsibilities differ for the five groups. Definitions and roles for the RN, LPN or RPN, and RPN can be found in Box 1.2 in Chapter 1 (see page 11).

Currently, two *major* educational routes lead to RN licensure: diploma and baccalaureate programs. In most Canadian jurisdictions, however, the baccalaureate degree is required for entry-to-practice. University **baccalaureate nursing degrees** are offered by universities, university colleges, and polytechnic institutes. Many community colleges partner with universities to offer baccalaureate programs. In generic programs, students are admitted directly into the nursing program and graduate with a degree. Programs also exist for students with a previous degree (not in nursing), or credits toward a degree (usually about half the requirement for a degree) in which the nursing content has been reconfigured so that students can graduate with a nursing degree in approximately 24 months. These are variously called *generic master's*, *second entry*, *compressed*, or *accelerated programs*. A listing of the programs offered by members of the Canadian Association of Schools of Nursing (CASN) can be found in the Weblinks section of this chapter. In addition, colleges provide diploma education for nurses, although most of these are in Quebec. In some provinces and territories, such as Ontario, polytechnic institutes provide undergraduate degrees. Basic educational programs for practical nurses are generally offered in colleges. No national list exists for practical nursing programs; however, provincial or territorial lists can often be found on the provincial or territorial regulatory websites (see Table 1.1 in Chapter 1 [page 19]). Psychiatric nurses can complete their basic education at the diploma or degree level, depending on the province. A national listing of psychiatric nursing education programs can be found in the Weblinks section of this chapter.

Graduates of all programs take a **licensing examination** for their group (e.g., RN, LPN or RPN, RPN) provided by the appropriate regulatory authority and, if successful, are licensed within their group. The Canadian Registered Nurse Examination (CRNE) is a multiple-choice test that measures the applicant's ability to integrate the competencies expected of a new graduate nurse. The CRNE question format is the basis for the Assess Your Learning questions at the end of each chapter in this book. CRNE

results are reported to candidates as pass or fail. National examinations for all the groups of nurses are administered by the provincial or territorial regulatory authority. The successful candidate becomes licensed in that province or territory, even though the examinations are of national origin. To practise nursing in another province or territory, the nurse must receive reciprocal licensure by applying to that province's or territory's regulatory body. Both licensure and registration must be renewed each year to remain valid.

Students in all nursing groups are increasingly more diverse than they were in the past, as many first- and second-generation young Canadian immigrants enrol in nursing education programs. The nursing student body is, therefore, becoming more representative of the cultural diversity in Canadian communities (Anderson et al., 2003). In addition, the trend has been to provide nurses who have been educated in other countries, known as **internationally educated nurses**, or IENs, with educational bridging programs. Bridging programs for IENs include both classroom and clinical experience and are tailored to assist them to meet the educational gaps they may have so that they can obtain licensure in Canada. Bridging programs also provide opportunities to learn about Canadian cultural expectations and health care delivery in this country. IENs first apply to have their credentials assessed and are granted registration after successfully completing the appropriate licensing examinations. Bridging programs are completed before writing the Canadian examination. The legal right to practise within all the nursing groups requires not only a passing grade in licensing examinations but also verification that the graduate has completed a prescribed course of study from an approved program in nursing.

Minimum standards for basic nursing education are established in each province and territory and are monitored by the provincial or territorial nursing regulatory bodies. Schools that meet these minimum standards are granted provincial or territorial approval. In addition to approval in Canada for baccalaureate nursing education, the CASN grants accreditation that is focused on standards of excellence for nursing education.

Types of Educational Programs

Hospital Diploma Programs

Florence Nightingale developed a nursing program based on religious, military, and, what is called today, public health concerns and insisted on the moral superiority of her recruits (Cohen, 2000). After she established the first school of nursing—the Nightingale Training School for Nurses—at St. Thomas's Hospital in England in 1860,

the concept travelled quickly to North America. Hospital administrators welcomed the idea of training schools as a source of free or inexpensive staffing for the hospital. Nursing education in the early years largely took the form of apprenticeships. Along with minimal formal classroom instruction, students learned by doing, that is, by providing care to patients in hospitals. The curricula were not standardized and no accreditation was available at that time. Programs were designed to meet the service needs of the hospital, not the educational needs of the students.

Over the years, the curricula in nursing education programs has changed progressively with the development of the health care system, medical care, and knowledge base. New knowledge, new procedures, and new systems of delivery have influenced practice, and in turn, changes in practice have resulted in the development of new knowledge and the creation of new types of nursing groups. The overall goal is the health of Canadians.

In Chapter 1, we discussed the number of regulated nurses in Canada and their distribution by category. In this chapter, we examine the educational background of those nurses. The highest level of education in nursing reported by all regulated nurses in 2009 is given in Table 2.1. These statistics exclude education in disciplines other than nursing. For example, the Canadian Institute for Health Information (2008) lists 482 nurses with a doctoral degree in nursing in Canada in 2008. If doctoral degrees in other disciplines were included, the number would be higher, although still a very small percentage of the total nursing population.

Educational Programs Leading to, or Continuing from, Basic Registered Nursing Education

COLLEGE DIPLOMA PROGRAMS Mussalem (1960) identified problems in hospital-based nursing **diploma programs** caused by the hospital's control over education. Students were used as the primary service providers, and their education was controlled by the hospital. Community college nursing education programs began to appear in the 1960s, also offering diploma preparation, and by the 1970s, most diploma nursing programs had moved into community colleges (Baumgart &

Larsen, 1992). Today, the majority of nursing programs for registered nurses in community colleges are offered in a collaborative partnership with university schools which provide a common curriculum leading to a baccalaureate degree in nursing. Some colleges have been granted degree-granting privileges by their provincial legislation and offer a baccalaureate education in nursing independently. In Quebec, the DEC-BACC program (3 years in a *collège d'enseignement général et professionnel*, plus 2 years in a university) was introduced in 2004, with the first cohort graduating in 2006. A DEC-BACC refers to an integrated college diploma and baccalaureate degree program (*diplôme d'études collégiales – baccalauréat*).

BACCALAUREATE DEGREE PROGRAMS In 1919, the first baccalaureate degree program in nursing in English was established at the University of British Columbia in Vancouver, followed by the McGill School (Montreal) of Graduate Nurses in 1920 (Street, 1973). The first baccalaureate program in French was developed by Institut Marguerite d'Youville in 1938. With the establishment of these programs, nursing moved into the university sector.

In 1932, the CNA and the Canadian Medical Association (CMA) commissioned Dr. George Weir to conduct a study of nursing education in Canada. He found that education was secondary to hospital service as a priority in the schools. Weir (1932) recommended, in the *Survey of Nursing Education in Canada*, that nurses be given a liberal education in addition to a technical one and that university training programs award degrees.

The 1950s saw the greatest expansion of university schools of nursing. Students enrolled in the university for 1 year for non-nursing courses and then moved to a hospital-based model for practical experience. A fifth year at the university completed what was labelled a “sandwich” program. It was not until the 1960s that the number of students enrolled in these baccalaureate programs increased markedly. Currently, baccalaureate programs are offered by universities or colleges alone or in collaboration with other postsecondary institutions, depending on the province or territory. The curricula offer courses in the liberal arts, sciences, humanities, and nursing. The degree awarded is usually a bachelor of science in nursing (BScN, BSN) or a bachelor of nursing (BN).

TABLE 2.1 Educational Preparation of the Regulated Nursing Workforce (in percentages)

Education	Registered Nurse	Licensed (Registered) Practical Nurses	Registered Psychiatric Nurses
Diploma	57.7	97.6	88.9
Baccalaureate	38.8	—	10.7
Master's/doctorate	3.5	—	0.4

Source: From Canadian Institute for Health Information. (2012). *Regulated Nurses: Canadian Trends, 2005–2010*. Ottawa, ON: Author. Reprinted with permission.

Most baccalaureate programs also admit registered nurses who have diplomas. Some programs have specifically designed curricula to meet the needs of these students. Some universities offer nursing students the opportunity to pursue a self-paced or independent study program. Many programs offer some distance education and online courses that can be accessed by nursing students. Many accept transfer credits from other accredited colleges and universities and offer students the opportunity for prior learning assessment and recognition (PLAR) when the students believe they have acquired the required competency. These programs are referred to as BScN completion, BN transition, or postdiploma programs. In recent years, however, a downward trend has been seen in the enrollment of diploma nurses in degree programs because of the increase in nurses entering practice with a baccalaureate degree, a requirement in most jurisdictions in Canada.

The newest type of program is one in which the students come with all or part of a university degree in another discipline. These are variously called *second entry*, *second degree*, *accelerated*, or *compressed programs*. Usually 2 to 3 years long, they build on the courses already completed and may compress the structure of the nursing curriculum typically by including spring and summer sessions into the program.

Today, universities and colleges have control over all components of education, and nursing students receive a liberal education combined with a professional one. The majority of nursing programs are 4 academic years long, an academic year being approximately 8 calendar months. Many educational institutions offer students the opportunity for accelerated completion of the program. Requirements for university admission include a Grade 12 or a high-school diploma with specific prerequisites, such as chemistry and biology.

GRADUATE NURSING EDUCATION Most graduate programs are conducted by departments within the graduate school or faculty of a university, and the applicant must first meet requirements established by the graduate school. Although graduate schools differ, for Canadian students, common requirements for admission to graduate programs in nursing include the following:

- The applicant must be a registered nurse and licensed or eligible for licensure within the program's province or territory.
- The applicant generally must hold a baccalaureate degree in nursing from a recognized university.
- The applicant must give evidence of scholastic ability.
- Letters of recommendation from supervisors, nursing faculty, or nursing colleagues indicating the applicant's ability to do graduate study are required.

MASTER'S PROGRAMS The growth of university nursing programs encouraged the development of graduate study in nursing. In Canada, the first master's program

in nursing was established at the University of Western Ontario in London, Ontario, in 1959. This was followed by a program at McGill University in Montreal in 1961 and a French program at Université de Montréal in 1962. The most recent master's program has been established at Brandon University and is noted in the section on registered psychiatric nurses.

Master's programs may be course based or a combination of course work and thesis research. Programs generally take 1 to 2 years to complete. Degrees most frequently granted are master of nursing (MN), master of science in nursing (MScN), master of science (MS or MSc), and master of psychiatric nursing (MPN). Master's degree programs provide specialized knowledge and skills that enable nurses to assume advanced roles in practice, education, administration, and research.

NURSE PRACTITIONER PROGRAMS “A nurse practitioner (NP) is a registered nurse (RN) with additional education and experience in health assessment, diagnosis and management of illnesses and injuries, including ordering tests and prescribing drugs” (Canadian Nurses Association & Canadian Institute for Health Information [CNA & CIHI], 2005, p. 2). Originally aimed at preparing nurses to work in northern nursing stations, nurse practitioner programs were available as early as 1967 at Dalhousie University. However, these programs did not survive largely because of societal factors, such as a perceived oversupply of physicians, lack of corresponding legislation, and lack of support from policymakers in medicine and in nursing (CNA & CIHI, 2006). Currently, all provinces and territories, with the exception of Yukon, have legislation and regulations regarding NP status in place or in progress. Although NP programs in some provinces are offered at the postdiploma (RN) level, the majority are offered at the master's or post-master's level.

DOCTORAL PROGRAMS Nurses with doctoral and postdoctoral education are needed in both academic and practice settings for advanced clinical practice, administration, education, and research. As of 2011, there are 15 doctoral nursing programs in Canada. A major benefit of doctoral education is that it prepares nurses who are able to develop the nursing knowledge base through research and discover the evidence needed to provide high-quality patient care. As of 2009, approximately 0.2% of registered nurses reported being educated at the doctoral level in the discipline (CNA, 2011) and even fewer at the postdoctoral level. Until recently, nursing programs leading to a doctoral degree in Canada were limited, and many completed a doctor of philosophy (PhD) degree in other disciplines, such as sociology, psychology, or education. Doctoral programs in nursing, which award PhDs, began in the 1960s in the United States. The first formal Canadian program began at the University of Alberta in 1991.

PRACTICAL NURSING PROGRAMS Practical nurses are educated and licensed or registered in all the provinces and

territories. Programs for practical nurses were introduced in provinces across the country between 1939 and 1960. The first formal LPN training program was offered in 1945, in Manitoba (CIHI, 2010, p. 81). The last 2 decades has seen an expansion of the scope of practice of practical nurses and a corresponding increase in the length of educational programs. Although LPNs or RPNs have programs of varying lengths, the trend is moving to a 2-year program leading to a diploma in practical nursing. In 2010, 97.6% of practical nurses earned a certificate or diploma as entry to practice (CIHI, 2012). Entrance requirements vary across the provinces and territories but usually include a high-school diploma. Practical nursing educational programs have a tradition of being very innovative in providing education at multiple sites within each jurisdiction. Bridging programs for practical nurses who want to obtain their baccalaureate in nursing are becoming more formalized. One of the leaders in this effort is Ontario, where several programs have recently been initiated.

REGISTERED PSYCHIATRIC NURSING PROGRAMS

RPNs are educated and licensed in the four Western provinces. Educational programs specific to psychiatric nursing began in Canada in the 1920s. Application requirements generally include a high-school diploma. RPNs are educated at the diploma or baccalaureate level. A significant number of RPNs go on to complete graduate-level education. In January 2011, the first students were admitted to the Master of Psychiatric Nursing program at Brandon University, Manitoba, the first graduate program for psychiatric nurses in Canada.

Nursing Associations and Their Influence on Education

Several national nursing associations have influenced nursing education in Canada through their funding of research, pilot education projects, and policy development. These include the CNA, Practical Nurses Canada (although inactive at this time), Registered Psychiatric Nurses of Canada, and the CASN. Although the organizations for practical and psychiatric nurses tend to more strongly influence the education of their own constituents, the CNA and CASN have influenced registered nursing education at all levels. See the Reflect on Primary Health Care box.

REFLECT ON



PRIMARY HEALTH CARE

Schools of nursing in Canada generally use a conceptual framework as a guide for their curricula. Some schools of nursing have chosen to use primary health care as one of the foundations for their conceptual framework or their curricula.

Canadian Nurses Association

As early as 1895, a desire was expressed to create a group that would facilitate the integration of francophones and nurses from all provinces and that would represent the nurses of Canada. In 1908, the Canadian National Association of Trained Nurses (Cohen, 2000) became that organization. From this beginning, the CNA has become a federation of 11 provincial and territorial registered nurses' associations, representing more than 146 788 Canadian RNs (see Chapter 1). Quebec nurses do not belong to the CNA.

The CNA has influenced nursing education in Canada in several key areas. Its co-sponsorship of the Weir Report (1932) is one example. In addition, in 1948, the CNA, with financing from the Red Cross, established the Metropolitan School of Nursing in Windsor, Ontario (Jensen, 2007). This demonstration school was Canada's first independent school of nursing, separated financially and physically from the hospital. This pioneer project led to the establishment of the first nursing program in an educational setting in Canada at the Ryerson Institute of Technology in 1963. The growth of similar independent schools of nursing in Canada was delayed until the community college was developed in the 1970s and 1980s. As education is under provincial and territorial jurisdiction, it is through the provincial and territorial registered nurses associations that approval of basic nursing education programs occurs. Approval by the provincial or territorial body ensures that programs meet minimal standards and allows graduates from a specific program, on graduation, to write the CRNE (Canadian Registered Nurse Examination) or the Ordre des infirmières et infirmiers du Québec exams in Quebec. This approval must be renewed on a regular basis. Recently, the CNA, in conjunction with the provincial and territorial bodies, completed a project on entry-level competencies. From this project, each jurisdiction completed and endorsed a set of competencies for new RN graduates. Schools of nursing use these competencies as a basis for their curricula, and the CRNE is based on national competencies.

Another influence of the CNA on nursing education is *certification*, which is a voluntary and periodic process (recertification) by which an organized specialty group verifies that a registered nurse has demonstrated competence in a nursing specialty by having met identified standards of that specialty. Certification was initiated by a CNA membership request in June 1980 through a biennial resolution that directed the board of directors to study the feasibility of developing examinations for certification in major nursing specialties. In 1982, the board of directors adopted a policy of accreditation in nursing as well as a recommendation that the CNA promote the development of certification in nursing specialties (CNA, 1982). The first certification was offered in occupational health nursing. Currently, certification is offered

in 19 specialty areas: cardiovascular, community health, critical care, critical care pediatrics, emergency, enterostomal therapy, gastroenterology, gerontology, hospice palliative care, medical-surgical, nephrology, neuroscience, occupational health, oncology, orthopedics, perinatal, perioperative, psychiatric or mental health, and rehabilitation. In Quebec, the first two specialty certifications will be available in mental health and the prevention and control of infections.

The Canadian Association of Schools of Nursing

In 1942, the Provisional Council of University Schools and Departments was formed. The name of the organization was changed in 1971 to the Canadian Association of University Schools of Nursing, with a mandate in 1973 to provide accreditation to university nursing programs in Canada. In 2002, the colleges providing all or part of a baccalaureate degree programs in collaborative partnerships with a university joined the Canadian Association of Schools of Nursing (CASN) (CASN, 2006a). Today, the 91 member schools deliver all or part of a baccalaureate degree, a graduate degree, or both in nursing. The purpose of the CASN is *to lead nursing education and nursing scholarship in the interest of healthier Canadians*. To that end, the CASN (a) speaks for Canadian nursing education and scholarship; (b) establishes and promotes national standards of excellence for nursing education; (c) promotes the advancement of nursing knowledge; (d) facilitates the integration of theory, research, and practice; (e) contributes to public policy; and (f) provides a national forum for issues in nursing education and research (CASN, 2006b).

The CASN baccalaureate accreditation program provides national standards of excellence for programs of baccalaureate nursing education to use in self- and peer evaluation. Although accreditation is voluntary in most jurisdictions, some have mandated that CASN accreditation function as approval in that province or territory. Ontario was the first province to do so. The CASN has also published several position papers on nursing education topics, which schools use to plan curricula and shape new programs. The CASN is a founding member of the Global Alliance for Leadership in Nursing Education and Science (GANES), an organization that provides a global forum to discuss issues of concern for nursing education programs worldwide.

Canadian Nursing Students' Association

The Canadian Nursing Students' Association (CNSA) is a national organization. With more than 20 000 members, the CNSA is an affiliate member of the CNA and Practical Nurses Canada. The CNSA has a close working

relationship with the CASN and is a co-chair of the New Health Professionals Network (CNSA, 2004). The CNSA maintains an influence on nursing education through its partnership with other national and international organizations.

Issues Facing Nursing Education

Nursing education is facing a number of complex issues, partly because societal changes in Canada have implications for professional nursing practice. Nurses must have an understanding of the changes themselves and the issues facing education. They must be able to use critical thinking skills to talk about these issues so that they can actively engage in addressing them and in shaping the nursing profession.

Changes in Health Care Needs

Shifts are occurring within health care in Canada today. Whether or not a person agrees with the futuristic pictures painted in such documents as *Toward 2020* (Villeneuve & MacDonald, 2006), it is clear that nursing in the future will be different from what it is today. One anticipated change is the shift away from acute care services toward primary health care. The second is the shift toward community-based care, including home care services, for clients. Clients are being discharged from hospital with higher acuity levels and more complex care needs. Nurses need to work collaboratively and interprofessionally. A third shift is the aging of the Canadian population. Partly because of these shifts, nurses are involved in new roles, such as acting as case manager, program manager, or community developer. Besides new roles, many nurses are performing additional administrative functions, such as participating on boards, chairing committees, and preparing budgets. These shifts influence what is taught in nursing education programs as students require skills to carry out these roles and administrative functions.

Entry to Practice

In 1982, the CNA approved the following policy statement regarding the future educational requirements for RNs: "The Canadian Nurses Association believes that by the year 2000 the minimum educational requirement for entry into the practice of nursing should be the successful completion of a baccalaureate degree in nursing" (CNA, 1982).

The CNA's position was based on an examination of the future health needs of the country and the type of



Nursing and Canadian Society

Fact	Implications for Nursing Practice
The baccalaureate requirement as entry-to-practice for registered nurses has been adopted throughout Canada by the majority of provincial and territorial nurses' associations.	Students and RNs need to be aware that opportunities and graduate study will be open to those with a baccalaureate degree in nursing.
Nurses in Canada can obtain a PhD or a postdoctoral degree within their discipline at a number of Canadian universities.	PhD preparation supports nurses becoming educators and researchers by providing the theoretical knowledge and the practical experience for the roles.
Nursing specialty certification is offered through the CNA certification program.	Employment and personal satisfaction at work may be supported by certification.

nursing services that would be required to meet them. Nurses' associations in every province and territory supported this policy (see the Nursing and Canadian Society box). In 2004, the CASN and the CNA issued a joint statement supporting the baccalaureate degree as the **entry-to-practice** credential in Canada (CASN & CNA, 2004).

In 1991, Premier McKenna of New Brunswick became the first premier to commit his government to support the baccalaureate degree as the entry point into nursing by the year 2000. The following year, 1992, Prince Edward Island became the first province to achieve the goal of a baccalaureate degree as the minimal level of entry into nursing. However, in March 2000, Manitoba's government announced a 23-month diploma program as part of their five-point plan to address the nursing shortage. This move was in direct opposition to the CNA entry-to-practice position. A month earlier, Saskatchewan nurses saw a compromise reached among the provincial government, the Saskatchewan Registered Nurses' Association (SRNA), and the Nursing Education Program of Saskatchewan (NEPS), which protected the nursing degree but offered options regarding accelerated completion of the nursing program. RNs and nursing students had made strong protests over the provincial government's plan to restore diploma education as the entry-level requirement. Manitoba's diploma program admitted its final students in 2010 (CIHI, 2010). In a historic vote in October 2011, the Ordre des infirmières et infirmiers du Québec voted to work with government to ensure that new RNs will get their licence to practise only after a university education. When this is enacted, baccalaureate entry-to-practice will be uniform across Canada.

With the move to the baccalaureate degree as the entry-to-practice requirement for registered nurses, practical nurses have also adjusted their educational requirements in response to the changing skill mix. In Ontario, for example, a fourth semester was added to the diploma program to better prepare the students for the changing skill mix (Baumann et al., 2009).

Educational programs must develop the knowledge, attitudes, and skills a new graduate will need to provide safe and effective care. A National Nursing Competency project involved 26 provincial and territorial bodies that regulate nursing in a collaboration to develop the specific competencies that registered nurses, practical nurses, and psychiatric nurses require on entering the nursing workforce (Black et al., 2008). These competencies are based on a profile of the practice expectations for new graduates and a set of underpinning assumptions. They are used to guide the curricula in nursing education programs. One assumption for entry-to-practice RN competencies is that the new graduate is a beginning practitioner, whose level of practice autonomy and proficiency will grow best through collaboration, mentoring, and support from RN colleagues, managers, other health care team members, and employers. Similarly, an assumption for practical nurses identified in the *Canadian Practical Nurse Registration Examination* (Assessment Strategies Inc., 2012) is that the competencies represent the combined nursing knowledge, skills, behaviours, and clinical judgment that the entry-level practical nurse requires for safe, competent practice.

Ensuring the Appropriate Number of Regulated Nurses

It has proved difficult to accurately project how many new nurses will be needed and align admissions into nursing programs with future demands because of changes in the scope of practice and delivery of care. As a result, there have been both periods of nursing shortages in Canada when the number of graduates have been insufficient to meet the need for new nurses as well as periods of limited employment opportunities for nurses ready to enter the workforce.

After several decades of declining numbers of students enrolled in nursing programs following a peak

in the early 1970s, admissions to registered nursing programs began to increase steadily from 8947 in 1999 to 14 010 in 2008–2009 in response to a shortage. As a result, the number of new graduates rose from 4816 in 2003 to 10 074 in 2009–2010 (CNA & CASN, 2012). The numbers enrolled in practical nursing programs have also increased in recent years.

Changing Demographic in Nursing Programs

Student populations in nursing programs are changing. Aboriginal students, mature students, male students, international students, and students with disabilities are enrolling in increasing numbers. In addition, more students work part time while studying to obtain the funds they need for tuition and living expenses. These changes mean that nurse educators must take into account a variety of needs among learners, and nursing programs have changed to accommodate these trends. More options are being explored that permit part-time study and allow students to work while attending school. Many programs are now offering distributed learning courses as an alternative to traditional modes of learning.

Until recently, few Aboriginal people from Northern Canada entered the nursing profession. To provide for Inuit nurses, Nunavut Arctic College in Iqaluit and the School of Nursing at Dalhousie University collaborated on a 4-year baccalaureate program. The program admitted its first class of Inuit students in October 1999. Another solution has been to work within established programs, offering support to Aboriginal students. One such program is the Native Access Program to Nursing (NAPN) at the University of Saskatchewan, begun in 1986. This province has the highest population percentage of Aboriginal persons, and NAPN offered support to more than 500 Aboriginal baccalaureate nursing students (personal communication, Rhonda Goodtrack, October 2011).

The average age of nurse educators in Canada is moving toward retirement age, and active efforts to recruit more nurses are underway. Current initiatives include additional PhD programs in nursing. Where future faculty members will be recruited from and how these members will be prepared to teach are some of the serious questions being asked of nursing programs.

Technological Advancements

The growth of technology is influencing nursing education. Advances in web-based technology and computer-assisted instruction offer the potential for flexible, self-directed, interactive learning activities for students in on-site nursing programs. Computer-mediated distance

education also makes it possible for nursing programs to offer courses over a large geographical area through the use of a computer network or the Internet. This method is a relative newcomer to nursing education. By 2004, however, 41 programs were offered in full or part through distance technology (see the Evidence-Informed Practice box). Twenty of these were baccalaureate, 16 were master's programs, and five were PhD programs. Some programs may also include videoconferencing and other means of distance learning. For nurses who already hold a degree, computer-mediated instruction supports continuing education opportunities.

Another technological advance that has been important in nursing education is high-fidelity simulation. Considered an adjunct learning opportunity for students, these highly technical mannequins allow nursing students and graduates to practise specific skills in a safe environment. The use of additional virtual technology offers further opportunities to engage learners in realistic situations where critical thinking and problem-solving skills can be practised.

With the introduction of the electronic record, significant changes in the delivery of health care are underway. These changes are having an impact on health care education. Nursing students will need to learn new approaches to information management to provide care in technology-enabled environments (McBride, 2005).

EVIDENCE-INFORMED PRACTICE



How Can Students Overcome Barriers During Their Nursing Programs?

A 3-year study of 10 students was conducted as they moved through a BN online educational program following an LPN program. All students were interviewed at the beginning, middle, and end of their program. They were asked about the barriers they faced and the strategies they used to overcome these barriers. The analysis of the interview data identified three key themes: (a) workplace mentors who helped these students apply their learning; (b) personal learning goals that sustained their motivation; and (c) time-management strategies, which included ending full-time employment to focus on educational activities.

NURSING IMPLICATIONS: While this research was focused on the LPN-to-BN experience, other nursing students may find that some of the same barriers and strategies resonate with them with regard to their personal experience.

Source: Based on Melrose, S. & Gordon, K. (2011). Overcoming barriers to role transition during an online post LPN to BN program. *Nurse Education in Practice*, 11, 31–35.

Interprofessional Education

Nurses have long recognized that they need to work with other health care professionals to deliver quality care to their patients. More recently, however, health care professionals and other stakeholders, such as government, have argued that health care professionals who are educated together will work together more effectively in the health care workplace. Several health care educational programs have already pioneered work in this area, and Health Canada has initiated the Interprofessional Education for Collaborative Patient-Centred Practice (IECPCP) program. The IECPCP program funded 20 research programs at various sites in Canada to pilot, implement, and evaluate strategies to increase **interprofessional education (IPE)** and evaluate its effectiveness (Health Canada, 2007). Interprofessional education is supported by the Accreditation of Interprofessional Health Education (AIPHE) initiative. Eight organizations that accredit prelicensure education for six Canadian health care professions have collaborated in promoting the integration of IPE in their respective accreditation standards. They have developed a framework to assist health care professions to integrate IPE competencies in accreditation standards, and work by each of the accrediting bodies to do this is underway (AIPHE, 2011). With the increase in the scope of practice of LPNs or RPNs, intraprofessional education is important in nursing as is interprofessional education. It is important for nursing students to collaborate with each other for the changing skill mix in the clinical environment.

Continuing Education to Maintain Competency

To provide competent nursing care (see Box 2.1), all nurses, RNs, LPNs/RPNs, RPNs must continually enhance the knowledge, skills, and critical thinking required to meet client needs in a changing health care system. Each jurisdiction and each group of nurses have continuing competency requirements for licence or registration renewal. Continuing education or life-long learning is a strategy to achieve this goal. The CNA interprets **continuing nursing education** as consisting of planned learning experiences undertaken following a basic nursing education. Acknowledging the need to ensure safe practice, the CNA published *A National Framework for Continuing Competency Programs for Registered Nurses* in September 2000. The framework represents a consensus of nursing regulatory bodies in all provinces and territories, including Quebec.

BOX 2.1 EDUCATIONAL SUPPORT FOR COMPETENT NURSING PRACTICE

The competence of RNs is an essential element of safe and quality nursing practice. Competence is defined as a way to act with the necessary knowledge and skills in a certain context (Le Boterf, 2006; Tardif, 1997).

Competence is one of the main aspects to consider when evaluating quality of care. To practise safely and competently, RNs comply with professional standards, base their practice on relevant knowledge, and, in adherence with the *Code of Ethics for Registered Nurses*, acquire new skills and knowledge in their area of practice on a continuing basis.

Continuing education is the responsibility of each practising nurse and employer. The CNA advocates for the voluntary participation of nurses in continuing education in which they select learning activities based on their own experiences, learning styles, and practice requirements. Constant updating and growth are essential to keep on top of scientific and technological changes, as well as the changes within the nursing profession. A variety of educational and health care institutions conduct continuing education programs. They are usually designed to meet one or more of the following needs: (a) to keep nurses abreast of new techniques and competence; (b) to help nurses attain expertise in a specialized area of practice, such as intensive care nursing or community nursing; and (c) to provide nurses with information essential to nursing practice, for example, knowledge about the legal aspects of nursing.

Mandatory versus voluntary continuing education has been a topic of interest to practising nurses, educators, administrators, professional and regulatory associations, unions, and governments. Most registered, psychiatric, and licensed practical nursing jurisdictions in Canada view continuing education itself as voluntary and a strong link in a mandatory continuing competency or professional development program.

In-Service Education

An **in-service education** program is administered by an employer and is designed to upgrade the knowledge or skills of employees. For example, an employer might offer an in-service program to inform nurses about a new piece of equipment, about specific isolation practices, or about methods of implementing a nurse theorist's conceptual framework for nursing. Some in-service programs are mandatory, such as cardiopulmonary resuscitation (CPR) and fire safety programs.



Case Study 2

A friend, who knows that you are a nursing student, tells you that he or she is considering nursing school and wants your advice.

CRITICAL THINKING QUESTIONS

1. What questions would you ask before responding?
2. What did you consider when choosing your nursing educational program?

Check the eText in MyNursingLab for answers and explanations.

KEY TERMS

baccalaureate nursing degrees *p. 29*

continuing nursing education *p. 36*

diploma programs *p. 30*

entry-to-practice *p. 34*

in-service education *p. 36*

internationally educated nurses *p. 29*

interprofessional education (IPE) *p. 36*

licensing examination *p. 29*

master's programs *p. 31*

CHAPTER HIGHLIGHTS

- Nursing education has changed dramatically since the mid-nineteenth century. Early apprenticeship programs established in the nineteenth century were designed to meet the service needs of hospitals, not the educational needs of students. Today, nursing education is provided primarily in college and university settings independent of hospitals' needs.
- Although baccalaureate programs began in the early twentieth century, baccalaureate education began to take hold only after the release of the Weir Report in 1932. Master's and doctoral programs in nursing grew significantly in the latter part of the twentieth century. Admission requirements, lengths of programs, curricula, and costs for these programs vary considerably.
- Nursing education curricula are continually being revised in response to new scientific knowledge and technological, cultural, political, and socioeconomic changes in society.
- Continuing education is the responsibility of each practising nurse to keep abreast of scientific and technological changes, as well as changes within the nursing profession.

ASSESS YOUR LEARNING

1. Who is responsible for monitoring minimum standards for basic nursing education in Canada?
 - a. Provincial or territorial nursing regulatory bodies
 - b. The individual school of nursing
 - c. Canadian Association of Schools of Nursing (CASN)
 - d. Provincial or territorial governments
2. What was one of the greatest influences on the evolution of Canadian registered nursing education programs?
 - a. Requirements of the national regulatory bodies
 - b. Introduction of the nursing unions
 - c. Recommendations of the Weir Report
 - d. Creation of the Mack Training School
3. What would be the best example of continuing nursing education?
 - a. A course on leadership offered at a college or university
 - b. A course given by the employer on the new electronic charting
 - c. CPR (cardiopulmonary resuscitation) recertification offered by a community agency
 - d. A course in fitness offered through community services

4. The trend for practical nurse (LPN or RPN) programs to increase program length to a 2-year diploma is largely the result of what?
 - a. A shortage of qualified nurses in health care
 - b. An expansion in the scope of practice of practical nurses
 - c. The increasing cost of baccalaureate education
 - d. A decrease in entrance requirements for practical nurse programs
5. The term *entry to practice* refers to what?
 - a. The amount of time spent in preparing for professional practice
 - b. Courses required by the educational institution
 - c. The level of education required to achieve licensure
 - d. Curriculum required by the accreditation process
6. What is the purpose of certification?
 - a. To achieve advanced standing in a graduate nursing program
 - b. A requirement for a nursing leadership position
 - c. To acquire new technical skills in nursing practice
 - d. To gain competence in a specialized area of nursing
7. What is currently recognized as an important issue that has implications for nursing education in Canada?
 - a. The need to establish national competencies
 - b. Changing societal health care needs
 - c. The increasing cost of nursing education
 - d. An oversupply of nurse educators
8. A nurse who has a nurse practitioner designation has completed additional education to do what?
 - a. Prescribe common drugs and order common diagnostic tests
 - b. Serve as the principal investigator on a funded research project
 - c. Teach in graduate nursing programs
 - d. Provide high-level leadership in a practice setting
9. Which of the following has responsibility for continuing education?
 - a. The college or university
 - b. The employing agency
 - c. The practising nurse
 - d. The provincial or territorial regulating body
10. What was the major impetus for moving nursing education programs away from the hospital setting?
 - a. To demonstrate the value of apprenticeship models of education
 - b. To force physicians to come to the university to teach
 - c. To enable the profession to gain control over the educational process
 - d. To remove the influence of religious groups over nursing

Check the eText in MyNursingLab for answers and explanations.

WEBLINKS

Canadian Association of Schools of Nursing

<http://www.casn.ca/media.php?mid=200>

The Canadian Association of Schools of Nursing is a voluntary association representing all the universities and colleges that offer undergraduate and graduate programs in nursing. This site lists the programs offered by its members.

Canadian Nurses Association

<http://www.cna-aiic.ca>

This is the website for the national nursing association in Canada.

Canadian Nursing Students' Association

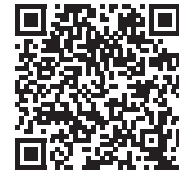
<http://www.cnsa.ca>

The site is host to the national association for nursing students in Canada.

Registered Psychiatric Nurses of Canada

<http://www.rpnc.ca/pages/education>

This site of the Registered Psychiatric Nurses of Canada has a national listing of psychiatric nursing education programs.

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