



APPENDIX A

Education Component

Initial Consultation Report

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Executive Summary

Implementation of the nurse practitioner (NP) role in Canada has been sporadic and inconsistent across the country. The goal of the Canadian Nurse Practitioner Initiative (CNPI), a federally funded project managed by the Canadian Nurses Association, is to facilitate sustained integration of the NP role in the health system to improve Canadians' access to health services. The CNPI consists of five strategic components: change management, social marketing, and strategic communication; education; legislation and regulation; practice and evaluation; and health human resource planning. The objective of the CNPI education component is to make recommendations on five aspects of Canada-wide NP education: curriculum and programs; educational delivery methods; continuing education; prior learning assessment and recognition (PLAR); and re-entry to practice.

This report highlights information about the current state of NP education and vision for the future gathered from stakeholder consultations conducted across Canada. Between September 2004 and February 2005, consultations were held with representatives of every educational institution with NP programming across Canada and a wide variety of other stakeholder representatives from the provinces and territories with an NP educational program. (See Appendix A for the questions used to guide the consultations with educators, students, alumni, and employers.) The stakeholder groups included educators (46), students (60), alumni (23), employers (6), and representatives of provincial organizations (20). (See Appendix B for the distribution of interviews among stakeholder groups across Canada).

Interviewees in the CNPI Educational Component consultative process identified a significant number of issues that need to be addressed. They offered many perspectives on these issues, which are presented in this report for further consideration. NP educational programs will need to work collaboratively with practising NPs, students, employers, regulatory bodies and other stakeholders to address these complex and inter-related issues. Throughout the development of this report, emerging issues and opportunities were identified; these are listed below in the form of questions to help begin discussions and problem-solving sessions.

Opportunities

- NP students bring vision, commitment, and enthusiasm to their education and future practice. How can educational programs support students in a way that maintains and strengthens the characteristics they bring to the nursing profession and the health system overall?
- There is a cyclical connection between education, practice, and regulation. How can the expertise within each area be used to best advantage when developing a pan-Canadian framework?
- How can the commonalities and uniqueness within current NP educational programs be used as a foundation for curriculum development based upon best practices in both general and specialty NP programs?
- There is a general consensus that national core competencies are needed to increase consistency across Canada. What processes will be used to ensure that the current

core competencies are at an advanced nursing practice (ANP) level and acceptable to all provincial and territorial stakeholders?

- Interest was expressed in the development of centres of excellence for NP education. What role could centres of excellence play in the research, development, standardization, and delivery of NP educational programs across Canada and what steps need to be taken to make such centres a reality?
- There is a great deal of support for a master's degree as the desired exit credential. How will this support be solidified and the need clearly articulated in relation to the necessary knowledge and skills required by practising NPs?
- How can NP educational programs work together to share teaching of core course content between programs?
- How can the expertise of both PhD-prepared faculty and practising NPs be combined to provide students with the advantages of each of these resources?
- As more NP students enter practice the pool of available experienced preceptors will increase. How will NP programs work together to recruit, train, and reward practising NPs to be preceptors, thereby increasing the number of available preceptors as soon as possible?
- Working with physicians as preceptors reduces barriers and potentially increases collaborative skills for both preceptor and student. How will educational institutions work with physicians to ensure their availability as preceptors and provide appropriate support for the preceptor/student relationship to ensure that the NP student continues to work within a nursing paradigm?
- How can educational programs share innovative new practices, particularly related to acquiring appropriate clinical sites, to increase the ability of each program to meet the clinical practice needs of their students?
- How can distance learning-based NP educational programs increase sharing of resources and expertise to benefit students on a bigger scale?
- How will educational programs work together to develop collaborative partnerships or consortiums to reduce duplication and address some of the issues related to recruitment and retention of faculty?
- Currently, informal mentoring relationships support NPs in their transition to a new workplace or a new collaborative relationship. How can the number of mentoring opportunities between practising NPs and with physicians be increased? Is there a need for mentorship training?
- As other issues related to NP educational programming are discussed, how will issues related to re-entry to NP practice be considered?

Issues

- NP students face many challenges including: juggling the demands of working, family and studying; finances; adjusting to a student role; and lack of support from faculty or employers. How can NP educational programs ensure enough flexibility in their programs to meet the needs of all of their students?
- The profile of NP students is changing. How should NP educational programs adapt their curriculum to ensure that both experienced and inexperienced nurses leave their educational programs with the necessary clinical and theoretical skills?

- Is it possible to develop a consistent model or framework and a set of principles that can be used to guide the development of standardized NP educational programs in Canada?
- What is the ideal balance between theory and clinical courses and what is the best ordering of these classes within NP program curricula?
- A standardized NP educational curriculum would support more standardization of the profession overall. How can standardization be done in such a way as to provide the flexibility and responsiveness to student needs, community requirements, and faculty expertise and pedagogical preferences?
- How will NP educational programs work with other faculties to increase opportunities for inter-professional education for NP students?
- It will not be simple to move from the current system of varying exit credentials. How will the concerns expressed in relation to the need for graduate education in rural and remote NP practice be addressed?
- In a transition to an exit credential of a master's degree, students and practising NPs will require bridging processes and NP educational programs that will require transitional support. How will the bridging and transitional support be provided?
- How can the pool of qualified faculty members be increased?
- How will NP educational programs determine whether students or the educational program should find preceptors for the NP student clinical placements?
- How will educational programs work together to determine the number of clinical hours that should be provided to NP students as a standard in all Canadian programs?
- Distance learning provides increased accessibility to students. How will questions related to a possible need for face-to-face interaction and evaluation of clinical skills at a distance be answered?
- Development of national NP exams will improve standardization and credibility and ensure mobility for NPs across Canada. What is the right number and combination of exams? Is it possible to develop a two-tier exam with a general component that all NPs would write and then specialist components for each specialty?
- How will standardization of NP exams and testing be extended to include clinical skills? Is the Objective Structured Clinical Examinations (OSCE) format a reasonable and realistic option?
- How will currently practising NPs be evaluated prior to rostering? Will they be required to write a national exam or will they be grandfathered in some way?
- What are the advantages and disadvantages of combining regulatory approval and accreditation for NP educational programs into one process? Should this be considered to reduce the preparation time taken for each within an NP program?
- What is the responsibility of the educator and what is the responsibility of the employer in preparing the NP for practice? What are reasonable expectations for preparedness for practice on the part of the NP student and the employer?
- How will NP educational programs work together with employers to ensure that continuing education opportunities specifically relevant to NP practice are readily accessible to NPs across Canada?
- Should a specific amount of NP continuing education be required to maintain licensure?

- How will NP educational programs work together with provincial and territorial regulatory bodies to develop and implement consistent and fair PLAR processes that give credit for past knowledge and experience while ensuring that NPs have all the required knowledge and skills for licensure?

Throughout the CNPI Educational Component consultative process, the commitment and passion of the participants was clearly evident. They willingly contributed their time and energy to this valuable process. It is now important that their words be used as a basis for work toward further development, improvement and standardization of NP educational programs across Canada. An NP student summed it all up succinctly when she wrote, “Please listen!!!! I know that many before me have made similar suggestions which they feel have fallen on deaf ears. I really want the NP role to flourish – I believe in it and I think it is incredibly valuable!”

This consultative process has provided an important opportunity for stakeholders to share their perspectives and this report provides one additional piece to the larger puzzle. However, it needs to be put into context with the other documents of the CNPI Education Component Environmental Scan for the discussions related specifically to NP education. Similarly, education cannot be discussed in isolation from the other components of the CNPI project. The complexity of issues in all areas of the CNPI project will need to be interwoven and addressed together in order to reach the goal of facilitating sustained integration of the NP role in the health system to improve Canadians’ access to health services.

1. Introduction

Implementation of the nurse practitioner (NP) role in Canada has been sporadic and inconsistent across the country. The goal of the Canadian Nurse Practitioner Initiative (CNPI), a federally funded project managed by the Canadian Nurses Association, is to facilitate sustained integration of the NP role in the health system to improve Canadians' access to health services. The CNPI consists of five strategic components: change management, social marketing, and strategic communication; education; legislation and regulation; practice and evaluation; and health human resource planning. The objective of the CNPI education component is to make recommendations on five aspects of Canada-wide NP education: curriculum and programs; educational delivery methods; continuing education; prior learning assessment and recognition (PLAR); and re-entry to practice.

This report highlights information about the current state of NP education and vision for the future gathered from stakeholder consultations conducted across Canada between August 2004 and February 2005. Information included in this report is derived from the perspectives of those consulted and is reported as collected. For the most part the five aspects of the education component of CNPI provide the frame for this report and the findings from the stakeholder consultations are presented within this frame. This consultative data report is intended to be used as a discussion document along with other companion documents in the Education Component Environmental Scan such as the literature review and the charts comparing NP programs. It is hoped that together these documents will stimulate discussion and guide the future development of a framework for Pan-Canadian NP education.

The lack of consistency that has been evident in implementation of the NP role is also clearly evident in NP education. Canadian NP educational programs lack standardization, portability, and the resources necessary to develop and deliver their programs. Education of NPs is an integral piece of the larger NP picture. It is important that education be clearly linked to practice roles and to the needs of the emerging student. Therefore, issues and opportunities in NP education must be considered carefully in order to have sustained integration of NPs into the health system.

2. Consultative Data Process

Between September 2004 and February 2005, consultations were held with representatives of every educational institution with NP programming across Canada and a wide variety of other stakeholder representatives from the provinces and territories that have an NP educational program. (See Appendix A for the questions used to guide the consultations with educators, students, alumni, and employers.) The stakeholder groups included educators (46), students (60), alumni (23), employers (6), and representatives of provincial organizations (20). (See Appendix B for the distribution of interviews among stakeholder groups across Canada). The bulk of the interviews were completed in person supplemented by a small number completed by telephone. As well, access to NP student perspectives was increased through website questionnaires posted by two educational programs. At this point, responses have been received from 34 NP students (32 in English

and two in French). Some responses to the website questionnaires are being submitted anonymously due to the structure of the website process. It is unknown whether this is desired by the students or if it has influenced their responses in any way.

Written consultation notes were entered into an Excel database for sorting by data source and by theme. The consultative data was then summarized within the report outline with a concluding paragraph at the end of each section. The data summaries are followed by a listing of the emerging issues and opportunities in the findings section.

3. Profile of NP Students

During the sorting and summarizing of consultative data, it became clear that there were sufficient data to develop an additional section in this report related to the profile of the NP student stakeholder group. This section differs from the others in that it does not directly fit within one of the five aspects of the educational component of the CNPI project. However, it does provide insight into the reasons why nurses decide to enter an NP educational program and the challenges that they face while they are there. The data in this section was provided primarily by students. The data provided by other stakeholders is clearly identified as such. Additional data provided by students has been integrated into other sections in the report.

3.1 Why students entered NP programs

Students identified a variety of general reasons for entering an NP program. Students had a desire to advance their practice to a new level, to enhance their education and to upgrade their skills. They wanted to increase their leadership skills and they wanted to have increased decision-making ability and more autonomy. They stated a commitment to being well-educated and competent. They talked about being ready for a new challenge in their nursing careers.

Many students indicated that they had a strong belief in the role of the NP today and believed that becoming an NP would make them better nurses. Some had always wanted to be a primary health care (PHC) NP while others were simply looking for a new nursing role outside of acute care. “When I read up on the PHC NP role,” said one, “I knew that is what I wanted to do!” NP education provided an opportunity to stay in direct care; to take a master’s degree with a clinical focus. Students were looking for a way to have a more personal link with their patients and to know what happened after their patients left a hospital setting. NP education was also seen as allowing the students to work in a community setting at an advanced nursing practice (ANP) level and to combine the clinical role with advocacy, research, and policy development.

Students were looking for new ways to practise as a nurse, often to meet the health-care needs of an underserved population. Some were already working in NP-like roles and wanted to formalize their education or become safer practitioners, while others wanted to move from acute care into community-based primary health care. Students talked about wanting to work in a remote location or as a northern nurse, working in a rural practice, working in consultation/collaboration with a family physician, and filling gaps in the health-care system. One student spoke about wanting to use more than common sense as

a basis for practice. Another wanted to be prepared to help in her home reservation when her band got funding for a primary health care collaborative team. The students said they were preparing to move to a new level of nursing practice, often in a different setting.

From the comments provided by NP students, it is clear that these students bring vision, commitment, and enthusiasm to their education and future practice. They are ready for a new challenge that will lead them in new directions with their careers.

3.2 Challenges NP students face during their education

Students spoke about the many challenges they face while advancing their education. The most common challenge was balancing studying with either full-time or part-time work. They stated that NP programs are not easy to complete even while working part-time due to the high clinical time demands. Family life has expected and unexpected demands as well. The biggest challenge, then, was to find enough time to meet all of these demands. Students recommended having family, employer and other social supports in place prior to entering an NP program. Students also suggested that there needs to be enough flexibility in NP programs so they can maintain some sense of balance in their lives while completing their NP education.

Entering an NP program means huge financial sacrifice for many of the students. The students said that the costs of NP education can be prohibitive. There is the cost of the program itself as well as the cost of travel to and from campus, and the cost of books. Other stakeholders said that most students in a full-time NP program either have to quit their jobs or take a leave of absence during their studies. Students taking an NP program through distance education based in a province other than their own may have difficulty getting funding from their own province.

Other stakeholders also reported that some NP students are not eligible for student loans. Although “the Canadian Nursing Foundation has been phenomenal it is very hard to get scholarships.” NP students generally do not fit the criteria for scholarships because the programs are clinical rather than research-based. Stakeholders reported that funding for nurses to continue their education in nursing is sparse, although it can be available to particular groups of nurses. Some funding may be available for Aboriginal students through their bands, for example, and nurses in the military may be able to access funding from the Department of National Defence. In Quebec there is support for students in specialty NP programs including bursaries and half salary while studying. This funding comes from the education ministry and supports the number of credits required for a master’s degree (45) but not the number of credits in an NP program (68). Nurses in N.W.T. are paid 100 per cent salary while getting an NP education. There is some health board sponsorship for students in Newfoundland and Labrador as the Department of Health and Community Services offers \$5,000 bursaries.

Students said they most often must pay the complete cost of their education, which they feel is unfair when there is funding available for students studying medicine and dentistry, for example. Other stakeholders said that there is a need to advocate for more funding for NP students. Having funding for NP students would increase recruitment into NP programs, lower the costs of education, and improve accessibility to students.

Some students spoke about the difficulty of returning to school as an adult learner. Many found the application process difficult and some questioned the focus on previous grades as opposed to the 20 years of experience as a registered nurse (RN). For experienced nurses it was hard to go from being an expert in their practice to being a novice as an NP student. It can also be challenging for some to get back into learning if it has been a long time since they were students. There is a lot of information to learn in a short period of time and some said it is a steep learning curve. Learning the necessary computer skills can also be a big hurdle. Many students wrote about how they were finding their programs to be very challenging and a tremendous amount of work.

Some students raised issues about a lack of support and high failure rates in their program and wrote about these issues anonymously. One student wrote that it didn't feel like administrators and professors listened to feedback students gave about changes that needed to be made in the program. The same student expressed frustration about the amount of politics that is involved in NP education. Another student wrote that "I am encountering more challenges as I pursue this program than [I] have time for!" The respondent added that if NPs want to be taken seriously, then NP programs have to be taken seriously. She further stated that NP educational programs have to be about learning, providing opportunities for students to improve and master their learning needs, not simply to have students terminated if they have difficulty. A student made the suggestion that each student should be assigned an academic advisor that she/he can contact to discuss issues or difficulties. When students are dropping classes a week before exams, there is clearly a problem: "We should be investing in these students and doing everything we can to help them through and offer whatever support – tutoring, etc., that they may need!"

Other factors were noted that could cause challenges and stresses for students. Although one student had support from her employer enabling her to take classes while working full-time, another student worked for a head nurse in acute care who was very resistant to granting her requests for time off. One student had to use vacation and time off to complete her practica. For some students the initial application process was described as very complicated and stressful. A rural student said that the time and expense of commuting to write exams when the university had no accommodation for out-of-town students made NP programs less accessible for those who do not live close to the university. And finally, the uncertainty of job prospects can cause emotional stress. One student said she kept asking herself "why I'm putting myself through this stressful journey."

From the consultative data it is important to note that the profile of NP students may be changing. In the past, most nursing students entered NP programs with extensive practice skills and expertise – often having performed NP roles without legislative backing. These students had a number of years of experience on which they could draw to assist them to deal with the academic and emotional challenges of NP educational programs. Now, the enrolment criteria in some programs have changed from five years of experience to two years. More nursing students may be moving directly from baccalaureate programs into

NP programs, and they are often more able to return to an academic setting full-time than a more mature student. A current NP student said that if nurses entering NP programs do not have experience and maturity, the NP programs may need to be restructured to accommodate a different student profile. Student supervision will need to be adapted to fit the students' background, age, and experience.

Students recognized that many NP programs are relatively new and may still be experiencing “growing pains”. In spite of the number of challenges identified by the students, comments were also made about the excellence of the faculty and materials in some programs. As one student wrote, “It is a lot of work ... but it will be worth it”.

4. Curriculum and Programs

NP educational programs have, for the most part, developed to meet provincial and territorial needs. This has contributed to growth of the NP role but it also led to fragmentation and inconsistency in NP education. We now need to be prepared for the evolving NP role within the changing Canadian health-care system. This will require a higher degree of standardization and innovation within and between programs.

4.1 Key Educational Components

Consultations with stakeholders resulted in a comprehensive overview of NP educational components and raised many issues that will need to be examined more closely. The current variation in NP educational programming provides many different perspectives on key educational components and their staging within NP programs. These perspectives provide an excellent base for further discussion.

Standardization of NP programs was recommended by interviewees, particularly by the NP students. Common curriculum and equivalent number of clinical practice hours across programs would increase the portability of NP practice between provinces and territories and ensure resource mobility. Standardization would also help to clarify the roles and structure for those in advanced nursing practice, thereby defining their practice and increasing the value of their roles. Interviewees also said that curriculum needs to be connected to practice and regulation. One program reported that their program was developed with the help of NPs and continues to be guided by them. In a cyclical way, the practice of an NP needs to be articulated and become the foundation for educational development; practice would then develop through the NP's education. Curriculum should be developed around regulated acts such as diagnosis, testing, and pharmacy but it should also reflect the core competencies of advanced nursing practice that surround these regulated acts. At the same time, it is important for legislators and regulators to be familiar with the foundational courses required for advanced nursing practice to recognize the difference between NPs and “regular” nurses.

It will be important to view the NP curriculum in the context of other graduate education and in relation to other non-graduate NP programs. Some interviewees suggested that primary health care nurse practitioners (PHC NPs) have a different philosophy than acute care NPs and that the acute care NPs educated through the clinical nurse specialist fast track do not necessarily have an NP philosophy. This raises questions related to the

importance of recognizing the areas of commonality and uniqueness of curricula between NP specialties. Interviewees also suggested that there is a need for bridging between the curriculum in certificate and master's degree programs. One interviewee suggested that there should be flexibility within courses so that some students could do extra to get credit toward a master's while others completed the course at a certificate level.

Interviewees suggested that there is no literature regarding NP education to guide program development. NP educational programs across Canada follow different models and incorporate a variety of principles. A program may or may not ascribe to a particular vision or model. Some central principles and concepts identified within programs include primary health care, community development, critical thinking, collaboration, leadership, and evidence-based care. Knowledge-based practice and professional growth are also two new watch phrases associated with nursing education delivery. Some programs are life-stage developmentally-based to cover all conditions within age groupings such as pediatrics, mid-life, and older adult, while other programs are functionally-based within core courses such as health assessment, clinical decision making, pharmacotherapeutics, and research. Some programs start with a common core curriculum followed by specialization courses while other programs offer only a specialization stream. An employer interviewed suggested that NP education must be very comprehensive to begin with, and then move on to certification programs.

The balance between theory courses and clinical experience also varies between programs. Generally, student interviewees suggested “less reading and more talking” and more labs for practice. Students’ suggestions included: a course on teaching and learning; increased pharmacology with the possibility of independent study in specific areas; diagnostic tests, lab, bacteriology, computed tomography (CT), x-rays and how to interpret the results; basic procedures such as suturing and central lines. Some students would like to have more time in specialties such as a dermatology clinic, a congestive heart failure clinic, radiology, and a menopause clinic, while others would have liked more focus on general courses within their specialty curriculum. For instance, one alumnus said she would have liked an all ages program rather than just adults since she sees all ages in her work in a family medicine setting. Alumni interviewees said that NPs need knowledge about what to do for patients but they also need to learn how to be an NP.

Alumni recognized the value of “non-nursing” courses such as health research noting that these courses made the NPs more well-rounded, prepared them to be pioneers, and equipped them to do research and to take on leadership roles. Interviewees remarked that if there is not enough advanced nursing practice theory in a program there is a danger that an NP would think of oneself as a “mini-doctor”. They emphasized that it is important to stay within the nursing paradigm and to have pride of profession.

A variety of perspectives were offered on whether the NP clinical or the advanced nursing practice theory courses should be taken first. In one program, students previously took clinical courses first within an NP certificate program enabling them to practise right away with all courses taken credited towards a master's degree, and then took the

master's courses. The order has now been reversed and students take the general master's level courses first, then the clinical courses next. Another university has also experienced both perspectives: one year all the students came in with their master's level courses and another year they came directly to the NP program without the master's level courses. The interviewee noted it was much better when the students had their master's courses first because they need to have critical thinking and advanced nursing practice skills first. She suggested doing a master's with the first year as ANP foundation, then content the next year, based on the belief that if the certificate comes first and then the master's, students would miss out on the critical thinking skills. On the other hand, students also benefit from taking the advanced nursing practice core courses later because some of the core courses don't make any sense to a student until that student has learned to be more reflective and is more seasoned.

Students suggested that NP programs need to have flexibility so that programs can be adapted to meet NP student needs. A generic program is good but students should be able to build a program that is somewhat specialized to meet their needs. In one program, if there are no tailor made courses available, students and faculty can tailor make a course to meet the need of the student wanting to specialize. For some students, particularly older students who have very full lives, the curriculum can move along at a rate that is hard to assimilate. Part-time classroom studies work for students living in urban areas but not more distant locations. Rigidity in programs leads to difficulty aligning the needs of the potential NP students with the program requirements. Programs need to develop program delivery on the principle that students are adult learners. There may need to be more flexibility, particularly for part-time students, to be able to do both the clinical NP and the theoretical ANP courses together. In certificate programs, students suggested there should be an option to complete a certificate in a shorter time if a student already has a degree. In addition to meeting the needs of students through program development, attention also needs to be given to meeting the needs of the community/population, particularly in isolated, rural, and remote locations.

Interviewees suggested that program development might be directed by outside influences and needs at times. For instance, courses may need to be taught in an order that is dictated by availability of resources rather than by an overriding philosophy of which courses should be offered first. Program funding may be such that ANP theoretical and NP clinical courses are taught together. Courses may need to be made available to remote nurses to meet an immediate demand for increased knowledge and skills rather than waiting until a complete master's program is available. The students would not become NPs but they would have some courses that they could apply toward NP status and this would support nurses to be out in the field where they are needed.

A number of issues arising from this consultative data will need to be addressed. A variety of perspectives have been presented here on: standardization of programs; connection between education, regulation, and legislation; relationship between clinical and theoretical courses; and development of a guiding model and principles. An ongoing review of the commonalities and uniqueness between programs will provide a good foundation for further discussions.

4.2 Comments on Core Competencies

In 2004 the Canadian Nurses Association selectively released a draft NP core competency framework approved by the CNA Forum on NP Assessment (CNA, 2004). Stakeholders commented on the CNA Core Competencies during the consultations and a summary of these comments is included here showing general support for national core competencies with some concerns about the current content and language.

Overall, stakeholders saw the development of national core competencies as a positive move forward in improving consistency on a national basis and providing a framework to measure NP contribution to primary health care. Core competencies should be the foundation of the credentials earned in NP education. Canada should have national program standards, similar to the guidelines of the U.S. National Organization of Nurse Practitioner Faculties (NONPF), which are fairly specific but flexible. An NP educational standards framework needs to be developed in Canada to establish a gold standard with the proviso that there shouldn't be just one answer – we need to look at different models for transition to a gold standard.

When compared to provincial and territorial core competencies, many stakeholders said the CNA core competencies were very similar to their current core competencies. For instance, in British Columbia the national core competencies are very similar to those of the Registered Nurses Association of British Columbia (RNABC), other than application of the core competencies to the three streams of family/all ages, adult and pediatrics. In Saskatchewan, entry to NP practice is currently competency-based using the national core competencies versus credential-based. However, the Department of National Defence uses Ontario NP competencies across Canada, which one interviewee suggested are very restrictive. Some minor revisions may be necessary in some provinces and territories but it is expected that this will cause little change to the curricula in NP programs. However, an interviewee from one NP program said that using the CNA NP core competencies would mean changing their testing criteria and the exam items at their university.

There was a mixed response to the CNA core competencies developmental process and resulting document. Although some interviewees acknowledged that there was good stakeholder input, they commented that the survey of stakeholders was not set up in a way that provided opportunity for giving good feedback. Others questioned why the NP core competencies were developed before a common title and role definition. Some said the core competencies need to be made more understandable, possibly making them into “standards”, while others said they were wordy and “watered down”. The competencies need to be written in language that makes them measurable and unique to NPs, but not everyone agreed that they meet these criteria.

Stakeholders expressed concern that the core competencies are minimum standards only and it is problematic to base educational programs on these core competencies alone. If they are used for exam formulation, the exam process may be at risk. CNA core competencies could also be a problem in that some think they have been “dumbed down”

and are not indicative of an advanced nursing practice role. Rather, they are more like a RN working to full scope of practice in all but a few of the competencies. In addition, it is important to be clear on whether the national core competencies reflect only PHC NP competencies or those of all NPs.

Consultative data showed support for the development of national core competencies which need to be reflective of an advanced nursing practice role and acceptable to all provincial and territorial stakeholders.

4.3 Relationship of Educational Components to Core Competencies

What is the relationship between national core competencies and a standardized NP curriculum? A national core competency framework could lead to more standardized NP education across Canada. The question arising from the previous section, however, is whether the current CNA national core competencies provide the necessary framework for standardization of NP educational programs.

Many interviewees recommended a standardized NP educational curriculum across Canada leading to more standardization for the NP profession overall. This would be similar to the U.S. national framework for NP education. Stakeholders said that standardized NP educational programs would increase the credibility of NPs among other professional groups, particularly with physicians. A standardized curriculum should be based on “agreed-upon” national standards regarding NP education. Some said that the standardization should be limited to national standards or concepts with the development of curriculum left to the institutions. Others said that it would be fairly easy to determine and get agreement on the core curriculum elements across Canada. However, the delivery of the program would need to be flexible, leaving room for creativity between programs. This would be necessary due to the differences in paradigm among the institutions concerning how to teach course content, as well as the specific differences between students and communities.

One possible example of standardization of NP educational curriculum in Canada resides within the Council of Ontario University Programs in Nursing (COUPN) consortium. Interviewees explained that course changes are made in consultation with each university's curriculum advisory committee and then are reviewed by the deans or directors. Senates of the universities are also involved in approving the programs. Five professors are involved in the development and teaching of each course and each site has a tutor. The interviewees noted that the strength of the program is the consortium itself, providing a way to respond to the need for changes that ensures the program is responsive to learner and teacher evaluations. However, they also noted that getting consensus for decision-making can be difficult within the consortium and it can be very time-consuming to go through the different senates in the universities. Some interviewees recommended a national nurse practitioner curriculum committee that meets occasionally but communicates on a regular basis in order to develop a clear understanding of the preferred content of courses. It is possible that much can be learned from the COUPN experience in the formation of a national curriculum committee.

Another consideration is that NP educational programs must develop a curriculum that prepares NP students to meet registration and licensing criteria. Established national core competencies provide a standard for both licensure and NP curriculum development. However, stakeholders said that the curriculum must address a particular content area in both breadth and depth. For example, it is not enough to have six hours of research and six hours of leadership content in order to prepare students to meet the national core competencies. Core content must be mandatory in all programs. This would include clinical learning such as prescribing and dispensing as well as less technical skills such as autonomous practice, leadership, and collaboration. Educational programs need to allow students to have intellectual and philosophical debate about who they are and why they need to dictate their own practice.

Interviewees have said that a standardized NP educational curriculum would support standardization of the profession overall. However, delivery of the standardized programs will need to remain flexible and responsive to the needs of the students and communities as well as the expertise and pedagogical preferences of the faculty.

4.4 Identification of Gaps and Best Practices

In addition to the consultative data summarized previously in Section 4.0, other relevant themes related to curriculum and programs surfaced in stakeholder interview data. These themes are included below for further consideration and integration, possibly into other aspects of CNPI reports.

4.4.1 Interprofessional Education

Stakeholders identified a need to find funding to do a demonstration project for interprofessional education (physicians, nurses, social workers, etc). They suggested that if the various professionals knew each other, this would assist in breaking down barriers between professions and facilitate finding preceptors and clinical sites. Others suggested that it could be possible to do some courses as interprofessional courses but the difficulty is that professions don't have the same need or focus within the courses. Employers concurred with the need for interprofessional education saying that interdisciplinary practice was an essential element in their practice settings and they could not function without NPs. However, a significant barrier to interdisciplinary practice is that doctors do not have any training in collaborative practice and employers suggested that until it is part of accreditation, it will not become part of the training for physicians. Thus, interprofessional education issues must be addressed among a broad group of stakeholders including both educational institutions and regulatory bodies.

In Quebec, currently there is interest in team teaching between nursing, medical, pharmacy, physiotherapy, and social work faculties. This would help to increase the familiarity of other faculties with the NP role. There is also interest in having qualified physicians provide some of the NP educational content. Other examples of current or proposed interprofessional collaboration were identified during a round table consultation in Quebec. Laurentian University wants medical students to work with NPs to understand their role, and the Université de Montréal has planned a program intended for all health professionals with a shared core interdisciplinary curriculum, but it is unknown whether

it was implemented. However, collaboration can also lead to challenges regarding scope of practice. An example of difficulty within joint committee work involved the Collège des Médecins ordering the Université de Montréal NP faculty to stop letting the NP students prescribe drugs during their clinical placements. The students will be able to prescribe again once their program is completed.

Consultation with stakeholders has revealed an interest in and the need for interprofessional education between NPs, physicians and others to support their future collaborative practice. The development of increased interprofessional education opportunities will require collaboration with other faculties to define and reduce the current barriers to this type of education.

4.4.2 Research and Best Practices

Stakeholders suggested that there is a need to research and evaluate the effectiveness of the different NP educational programs and through a comparison of the programs, build on best practices. Current Canadian NP programs need to be reviewed and best practices determined in order to integrate these into a standardized curriculum.

4.4.3 Centres of Excellence and First Nations

Several stakeholders suggested that a Centre of Excellence for NP education could do much to advance NP education. Potential sites identified by stakeholders included: Toronto, Winnipeg, or Regina through a partnership between the Saskatchewan Institute of Applied Science and Technology (SIAST) and the First Nations University of Canada (FNUC). Stakeholders suggested that centres of excellence need to be developed where preceptorship could be available while others wondered how centres of excellence could be used to support NP education and practice. Stakeholders also reported that the First Nations and Inuit Health Branch of Health Canada (FNIHB) has commissioned a paper on this question. Stakeholders identified the need for a mandate to assist nurses in First Nations organizations to become NPs and to develop northern nurse practitioner skills courses.

Opportunities exist through the development of a centre of excellence for NP education. Such a centre could play a key role in research, development, standardization, and delivery of NP educational programs across Canada. However, many questions related to funding, leadership and geographical location remain.

4.5 Exit Credentials of NP Programs

The exit credential of a Master's of Nursing (MN) degree for NPs is widely supported among those who were interviewed. While there are many programs that already provide a master's credential, there are other programs that are transitioning to a master's degree within a few years and others are seeking partnerships to be able to do the same. However, some programs approved as non-master's NP programs may fear losing what they have now if they move toward becoming an NP master's program. Although no representatives of educational programs disagreed with a master's degree exit credential, it is clear from the consultative data that it will not be simple to move from the current

system to one where every NP educational program in Canada provides that level of education.

Interviewees indicated that it is very important to articulate clearly the reasons for a master's degree. If NP education is based on the belief that NP practice is advanced nursing practice and that advanced nursing practice requires graduate education, we need to be able to demonstrate the difference that graduate education makes to NP practice. Graduate education is more than skill-based learning: it is increased understanding of research and evidence-based care. It is the development of advanced nursing practice leadership skills, not only as clinicians but also as educators, regulators, researchers and employers. One way to determine the difference between what is unique to a master's degree compared to an undergraduate degree is to compare NP educational programs across Canada based on the foundational tenets of ANP. Some stakeholders reported that they had conducted a competency exam with "their" nurses, most of whom were not master's-prepared, and that the results were abysmal.

According to the stakeholders consulted, graduate education will increase credibility for the NP role among NPs and also among other professionals and the general public. There is a dichotomy between specialist NPs and PHC NPs – PHC NPs are sometimes prepared at the diploma or baccalaureate level, while specialist NPs are nearly all prepared at the master's level. NP students work very hard in their educational programs; there is a question as to whether it is ethical to have students work so hard, essentially getting master's level work done without a master's degree, and then to have them be looked down on by the other NPs with master's degrees. It is even possible that, because of the time and effort expended, students wanting a master's designation take an "acute care or specialized NP program" when they actually want a PHC NP role.

If part of the reason that physicians do not accept NPs as being credible is that they do not have enough education, a master's degree could serve to improve their credibility with physicians. From the perspective of the general public, there is a "disconnect" if a physician has five to seven years of education and a diploma-prepared nurse with three years of education can be an NP and then do 75 per cent of what a physician can do. Other professions are now mandating graduate education as entry-to-practice, (i.e., physiotherapy, occupational therapy, pharmacy). This is seen as another reason why it is time for NPs to move forward to a graduate degree.

Some interviewees used the term "credential creep" referring to the move to graduate education for NPs. In one jurisdiction there is a new legislative process in place to address credential creep issues. However, as other interviewees said, this move is not credential creep if it is seen as a realignment of NP education in order to match the competencies required by NPs in practice. If a baccalaureate degree is required as entry to practice for registered nurses, and more nurses are entering NP programs with a baccalaureate degree, then nurses want a master's exit credential from NP programs. Programs with non-master's NP programs are losing students to those programs that have master's NP programs. Interviewees noted that the arguments that were made when the movement was to baccalaureate as entry to practice are now the same ones being made

with the move to master's degrees for NPs. People are now no longer asking "How do we transition to a baccalaureate for entry to general nursing practice?" Instead, they simply seek out a baccalaureate education. A baccalaureate has now been accepted, the master's will be as well. As the movement toward a master's degree for NPs becomes reality, some asked how can we reconcile the NP role as advanced nursing practice and then have NPs leaving their education with less than graduate credentials. Interviewees also noted that resistance to the move may be presented by governments that need NP roles filled as quickly as possible.

Most of the challenges to master's degree as the exit credential were presented in relation to rural and remote NP practice. The main concern relates to whether employers in rural and remote areas will be able to fill all of their positions with master's-prepared NPs. Although the ideal might be master's level preparation for all NPs, the reality of recruitment and retention in northern Canada is that there may need to be different levels of entry preparation with exit credentials ranging from: certification; master's course credits in a baccalaureate level NP program; and master's level preparation for all NPs. There is a danger in requiring a master's degree for all NP practice. Some employers, including FNIB, may lose their ability to have nurses work in some of their work sites. The other side of the argument is that in rural and remote areas where there is little back-up support, even more education is needed than in urban areas. Some see it as insulting for a rural or remote area to have an NP with less education than their urban counterparts. At this point, 50 to 60 per cent of NPs in the Northwest Territories and Nunavut are diploma-prepared. It is problematic for experienced nurses to go back to get further education. At the same time, the reality is that there is a long adaptation period to working in the North making exit credentials only one of many factors that influences the selection of nurses in these areas.

Interviewees emphasized that a transition period for program development and bridging between programs for students will be essential in the move to a master's degree exit credential. There needs to be support for a transitional period before all provinces and territories adopt the national standards of master's-prepared entry level. Each area has its uniqueness based on the differences in location, population and access to resources. There must be a bridge between the need for diploma-prepared NPs to access education with the need for higher credentials to increase credibility for NPs. For instance, could there be a way that RNs working in NP roles could take a master's NP by challenging the baccalaureate elements resulting in an RN, MN progression rather than an RN, BScN, MN progression? Bridging could be done using prior learning assessment and recognition (PLAR) and streamlining courses for some individual students. Educational programs that graduate NPs with post-baccalaureate certificates should be set up in such a way that the NPs only require a few more classes for a master's degree. Programs need to be accessible and meet the needs of the students.

Although a master's degree is recommended as the desired exit credential for NPs, it will not be simple to move from the current system of NP education with varying exit credentials. The reasons for a master's degree need to be clearly articulated. Attention needs to be paid to the concerns expressed about the need for graduate education in

relation to rural and remote NP practice. Bridging for both students and practising NPs as well as transitional support for NP educational programs is essential.

5. Educational Delivery Methods

Stakeholders spoke at length about the successes and challenges related to NP educational program delivery. Their comments are summarized below under the headings of faculty, preceptors, clinical experience, distance learning, collaborative program delivery, and evaluation methods.

5.1 Faculty

Generally, stakeholders spoke about the difficulty recruiting and retaining faculty members with specialized skills for teaching NP students. Only a few of the university representatives noted that they did not require additional faculty. One interviewee noted that NP educators can make up to \$30,000 per year less than Nurse Practitioners. Recruiting faculty from another country is also a problem because the regulatory body will not grant licensure.

One of the most difficult aspects of recruitment was finding PhD-prepared faculty members who were also qualified NPs. Stakeholders noted that there is a need to develop these qualifications among faculty members to increase the sustainability of the programs. Faculty members with both PhD and NP preparation would be leaders in the field. In one university where there are faculty with both PhD and NP status, the workload for these faculty members is very heavy; without a reduction in their workload there is danger of burnout. Some students noted that although faculty members are knowledgeable resources, their workload means accessibility may not be adequate.

Stakeholders said that it is important to have practising NPs on faculty – people who know the role and the competencies of NPs and how to translate these into clinical courses. Students appreciate clinical practice experiences and supervision by NP-prepared faculty but NP faculty are hard to hire. It is especially difficult to find faculty for the primary health care focus with all of the academic and research credentials that are desired for this position. If faculty members are expected to maintain a certain number of practice hours, they need the support of administration. One interviewee noted that clinical hours are not counted towards promotion and tenure for most faculties, but they should be. At the same time, there is a financial issue for administrators if they have to replace faculty members who are working elsewhere to maintain practice hours.

Some stakeholders reported that it is difficult to project the need for faculty when there is variability in the number of active students in the program at any one time. One solution is to use sessional faculty who can be hired to meet demand. The distance learning NP program at Athabasca University benefits from hiring sessional faculty who are for the most part practising master's-prepared NPs from across Canada and the U.S. The U.S. practitioners are hired for the different perspectives that they bring. There is one clinical nurse specialist and one physician who fill sessional positions during some semesters. The physician teaches a pediatric course with a focus on interdisciplinary collaboration.

The full-time, PhD-prepared, advanced nursing practice program manager buddies with sessional staff to provide pedagogical guidance.

Another way to get around faculty recruitment difficulties and the lack of PhD-prepared NPs is to use team teaching: a PhD-prepared faculty member works with an NP with the necessary clinical skills. This is currently being done at a few universities. Other stakeholder suggestions included sharing of teaching resources between institutions and provinces/territories for courses such as health assessment and therapeutics where the courses are similar enough that they can be taught from anywhere. However, it was also noted that this would be problematic at the present time because of the differences in programs between institutions. As a first step toward dealing with these differences, an interviewee suggested the development of a faculty communication group that could be “warehoused” out of the Canadian Association of Schools of Nursing (CASN).

According to interviewees, NP programs need to have faculty members that include both PhD-prepared faculty and experienced NPs. However, qualified faculty members are generally difficult to recruit and retain. Some possible solutions include developing team teaching and collaborating between programs to share course content.

5.2 Preceptors

One of the most common difficulties in NP program delivery is accessing qualified NP-prepared preceptors. This is particularly true for newly developed NP programs where there has not been time to develop contacts within their communities. In many circumstances, newly hired NPs do not have enough experience to be preceptors. NP practicum placement is variable from region to region and it is expected that NP placement will be easier once there is a larger cohort of practising NPs. With the lack of willing preceptors, it is sometimes difficult to get enough clinical practice hours. Due to a lack of PHC NP preceptors, students are using physicians and acute care NPs in emergency departments and urgent care centres as preceptors. One stakeholder noted that these preceptor sites are not always the best places for students to learn. In particular there is a problem getting preceptors in small communities.

In some institutions preceptors are found by the faculty and in others preceptors are found by the students. One interviewee said that it is very time consuming to work with a health authority to find preceptors and has learned that it is easier to go directly to the preceptor whenever possible. At University of Northern British Columbia (UNBC), employers and nursing schools worked together to learn how to precept and be precepted and some faculty members are involved in the program only as preceptors. Whether the preceptor is found by faculty or by students, once preceptors are located – either physicians or nurse practitioners – the university needs to establish a contract with the organization (clinic, health centre, hospital, etc.) to provide liability protection for the student. In one NP program, a half-time clinical coordinator has been hired to work with preceptors.

In several NP educational programs, NP students must find their own preceptors. This is particularly difficult to do in small or remote communities where the NP student may be the most senior staff member in the community. It can also be difficult for students in an

NP certificate program to find preceptors because practising NPs might not take them because the program is below their own credential standards. A graduate from a distance learning program said, “The worst part of program is that you have to set up your own preceptors and clinical practicums and physicians are sometimes resistant, wanting to get paid or they are just not good teachers or very honestly, not good doctors. But if you are feeling lucky just to have found someone to be your preceptor, then you can't be choosy about them being good teachers / doctors. You end up not learning as much as you want to ... !” Several students concurred that finding their own preceptor was one of the most difficult aspects of their NP program.

One NP program uses a team approach to assist in finding preceptors in rural communities using doctors and nursing supervisors who may be travelling through the area on a regular basis. The UNBC is in the process of creating a databank called HSP.net that would list a number of preceptors from which to choose, currently listing physicians and NPs only. One stakeholder suggested that it is a good thing for students to set up their own preceptors because they then start to develop networks that serve them well after graduation.

With the growth of NP programs across the country, there is increasing competition among universities for qualified preceptors, particularly nurse practitioner preceptors. Finding a preceptor as a distance student from other than the local institution can also be difficult. As an example of the competition, a phone call was received by a distance learning program from a faculty member at another university who said that NP students enrolled in its programs should have first “dibs” on nurse practitioner preceptors in that province, over the distance learning students. On the other hand, a distance program may provide access to clinical preceptors who are graduates of that program from a wider geographical area.

Competition for preceptors extends into the medical field where NPs compete with medical students for physicians and preceptors. Some stakeholders noted that one difficulty in using physician preceptors is that physicians learn and teach differently, through questioning rather than through critical thinking and role learning. This raises the question as to whether NPs are forgetting they are nurses by being teamed with physicians. One NP program is using family physicians as preceptors because they cannot find NP preceptors. In that circumstance, the family medicine department is very supportive and provides the preceptors based on their skill in teaching and practice. They seem eager to learn about NPs and students can learn about their future partners. Getting physicians involved in NP education can reduce the barriers between these two professions.

Another difficulty in using physician preceptors is that physicians usually work fee-for-service and taking on a preceptor role reduces the number of patients that they can see. Family physicians have sometimes hinted that they would like to be paid. Unlike faculties of medicine, NP programs generally have no money to pay preceptors. Funds need to be available to reimburse preceptors. One stakeholder raised the idea of following a

midwifery proposal to “tithe” after graduation to contribute to preceptor pay. A university in California offers preceptors adjunct status as an incentive.

Some stakeholders said that NPs should have an obligation to do mentoring and precepting of other NPs. A community health centre in Ontario encourages their NPs to foster NP networks and to involve themselves as preceptors/mentors with students. At UNBC, where the employers and nursing schools have been working together, there has been a change of philosophy to the belief that health care providers have a professional obligation and responsibility to be preceptors. Currently there appears to be no formal structures in place that mandate people to take students, as there is in faculties of medicine. However, preceptors require training to fulfill this role effectively. One stakeholder wondered if there could be a “quid pro quo” whereby the university could provide continuing education and continuing competence in return for preceptorships.

It is clear from the consultative data that most programs have difficulty finding experienced NPs as preceptors. Some use physicians but then NP students are in competition with medical students. The issues that need to be discussed include: whether a student or the program should find the preceptors; whether and when physicians should be used as preceptors; and whether sources of funding need to be found to pay preceptors for their time. Physicians may or may not be appropriate preceptors because they learn and teach differently making it more difficult for NPs to maintain their unique nursing perspective. As graduating NPs gain experience, they should be expected to take on preceptorship and mentoring roles thus increasing the pool of available preceptors.

5.3 Clinical Experience

Hand in hand with the challenges related to finding qualified preceptors is the challenge of providing adequate quality clinical experience in the NP programs. However, the degree of difficulty in finding clinical placements varies from program to program. Clinical practice hours occur in private family physician practices/ walk-in clinics/ emergency room or urgent care/ community health centres and anywhere a PHC NP works. NPs often compete with physician assistants, clinical clerks, and medical residents for clinical practice space. In one program, rural placements may be used during summer practica. Stakeholder meetings in three locations around the province provided positive benefit regarding student opportunities for placement. In situations where students need to find their own clinical preceptor, the clinical placement is guaranteed. If an NP student is working part-time during her/his educational program, the student will be able to use and reinforce her/his new skills immediately in the workplace. An NP program alumnus queried why NP students shouldn't get paid for their practica if they are a replacement for regular employment.

The amount of clinical experience varies significantly between NP programs. Originally when NPs worked under medical delegation, fewer clinical hours of experience may have been required in NP programs. Now that NPs function independently, more clinical hours are needed. Some programs are currently in a transition phase of increasing their clinical hours accordingly. An NP graduate has the understanding that to work as an NP in the U.S., an NP needs over 600 hours of clinical practice time. She said it would have been

nice to be in line with that in order to increase her options for work. An employer said that even though the NP programs are very full and there is not necessarily time to fit in something else, there is a need for longer clinical placements and maybe residency with more experience in skills such as diagnosing. Alumni also said that even though their NP education gave them more knowledge, NP programs were lacking in hours of the types of clinical experience that utilizes full NP scope of practice. It was easy to lapse back into old “RN habits” in the workplace due to the demands of a heavy workload.

Stakeholders had thoughts on the timing and balance between theoretical knowledge and clinical experience. Some said there is a problem if course materials do not precede clinical because students lose credibility if they have not learned the content first. On the other hand, alumni said they needed concentrated practical placements early in their educational programs to reinforce the learning that was taking place. Some alumni also suggested that the focus on doing a scholarly project in the final practicum should be changed to decrease the pressure on the students.

A wide variety of practice sites are used for clinical placements for NP students. Finding appropriate sites for clinical experience remains a challenge for many NP programs. However, much can be learned from the programs that have developed innovative ways to secure more clinical sites. Additional clinical hours may be required now that NPs have legislative authority for more independent practice. The number of clinical hours varies considerably between programs and will need to be standardized.

5.4 Distance Learning

Distance learning makes NP education more accessible to students allowing them to take courses while living and working in their own communities. These nurses develop professional networks in their communities while taking the NP program and they tend to stay in their communities to practise after graduating. Distance learning can be used as a bridge into achieving a higher level of education reducing the need to travel long distances to attend classes. However, online learning is not for everyone. In one distance learning program there is a student attrition rate of about 10 per cent. One stakeholder wondered if this was due to the heavy workload. An NP student wrote anonymously that online learning should be complementary to the educational process of an NP program rather than the only option. The student clearly expressed concern that “You can’t learn medicine online!!!” stating that students need simulated labs and sharing of anecdotal experiences by knowledgeable and experienced professors. However, other students commented that classroom learning was outdated and that students at this point in their careers are more self-directed and need less direct guidance.

Distance learning uses a number of delivery methods. Students require technical supports to help them focus on learning rather than on the technology. Sometimes asynchronous conferencing is used, similar to chat rooms but involving a more thoughtful response to questions posed by the instructor. The online interaction among and between students and instructors allows for personalized learning. Newsgroups and teleconferencing as well as web-based learning are also used. Distance learning is sometimes supplemented with intensive weekend learning or infrequent face-to-face meetings during each semester.

Some programs, such as those within the Council of Ontario University Programs in Nursing, provide additional face-to-face support by holding an annual learner conference where over 300 students come together each year.

The amount of distance learning within each NP program varies from none to all of the courses offered. Some programs provide flexibility by offering courses at different times such as weekends, evenings, or spring courses with some web-based programming and compression of courses. Allowing students to adjust the timing of some courses to their schedule and offering students the opportunity to complete additional practicum time outside of designated courses (such as during the summer when advanced nursing practice courses are not offered) also provides flexibility to students within distance learning programs.

One of the challenges of distance learning is evaluation of clinical performance. There may be disagreements on whether students need to be “eyeballed” during their clinical courses as opposed to doing clinical courses at a distance. At one distance learning university, although faculty must rely on the expertise of preceptors to provide clinical teaching in the program, faculty members are still responsible for supervision of the learning in those settings. This can be challenging since faculty members have limited interaction with students and preceptors in the clinical setting. If a preceptor is not willing to attest to the competence of students and their ability to demonstrate the necessary skills, it is sometimes necessary to work more closely with the student and preceptor and an extension of clinical time may be granted.

Some stakeholders called for a needs assessment in relation to the current realities of virtual learning and whether it is possible to have a virtual NP university. Others asked whether it would be possible to get into a consortium where the general knowledge is taught at several places and then the specific knowledge is taught in single locations (i.e., neonatology in one place, mental health in another, etc.). However, an interviewee highlighted that it is important to remember it is not the method of delivery that is necessarily important but it is the support provided by faculty and preceptors and the breadth of the curriculum that is being taught. Learning how to learn, understanding what one needs to know and knowing where to find the information is very important.

Clearly, distance learning makes NP education more accessible to a larger number of students. The question of whether distance learning can be done alone or whether it needs to be combined with some face-to-face learning remains unanswered. Evaluation of clinical skills at a distance will continue to be a challenge. However, the advantages of distance learning appear to outweigh the challenges. As NP educational programs find ways to share distance learning resources and expertise, distance learning will become even more beneficial.

5.5 Collaborative Program Delivery

Increased collaboration in the delivery of NP programs would reduce duplication and overcome some of the difficulty related to recruiting and retaining qualified faculty. Stakeholders said that it is not necessary to have the same courses taught in every

university. There could be a cross-listing of faculty or the same faculty could be used for the core courses. For example, if there are 10 NP programs across Canada then there are 10 pathophysiology courses that are all essentially the same. One pathophysiology course could be available virtually. Parts of NP education programs could be delivered from different centres across Canada, i.e., pharmacy at one centre, therapeutics at another. Increased collaborative program delivery would support all the programs getting together to standardize NP education across Canada and reduce problems related to portability for students.

Stakeholders called for national resource-sharing and portability of specialized courses between institutions. Sharing instructors between universities would be beneficial to individual teaching skills and to the discipline of NP education overall in that it could contribute to building evidence related to this kind of educational programming. One interviewee said, “We are not fighting for students, there is not a finite market now and in the foreseeable future so we should be able to learn to share.”

Consortium building has huge benefits in economies of scale and also supports the development of a national or larger perspective in NP education. A consortium of faculty/programs could be developed across Canada bringing educators together to do program planning in consultation. On the other hand, because NP education is provincially funded, it may be better to build consortiums at a provincial level and possibly purchase resources from other provincial consortiums. An alumnus recommended the Council of Ontario University Programs in Nursing approach to NP education, which features: all same content through distance learning at the universities; a central bookstore; lots of clinical experience coordinated with and following in-class learning; and portable training across Canada if requested.

Interviewees identified current examples of NP programs that are seeking partnerships. The Saskatchewan Institute of Applied Science and Technology is not a degree-granting institution and therefore needs to partner with another institution – like the First Nations University of Canada (FNUC). FNUC would be an obvious choice because Aboriginal issues are huge in Regina and Saskatoon. Other possible partners include University of Saskatchewan, University of Regina, and Athabasca University. The First Nations and Inuit Health Branch has decided that all its remote nurses need to have three courses: health assessment, pathophysiology and pharmacotherapeutics. The Branch is asking universities across Canada about their interest in setting up these courses if they don't already exist. The Centre for Nursing Studies is in discussion with Memorial University of Newfoundland School of Nursing to have a BN NP option with the intention over three years to move to a master's level primary health care option.

Increased collaboration between NP programs will require more standardization between programs but will also reduce duplication and overcome some of the difficulty related to recruiting and retaining faculty for each program. Development of collaborative partnerships or consortiums of NP educational programs needs to be considered.

5.6 Evaluation Methods and Exams

Many stakeholders commented on the use and development of provincial and national exams. Based on stakeholders' comments it appears that the development of standardized examination for graduating NPs is a critical step in the establishment and validation of NP education and program development in Canada. Some of the challenges and dilemmas involved were presented by stakeholders and are summarized below.

5.6.1 National Exam

Interviewees said that a national exam could be a unifying force for programs across Canada. To be credible, NP education in Canada needs to have a national exam and have standard expectations for clinical practice and curriculum based on national core competencies. A national exam would be good for credibility and for creating common standards across the country similar to the benefits of the physicians' national exam. In particular, interviewees noted the importance of a national exam to ensure mobility and portability of licensure across Canada. A national NP exam would test what is different between RNs and NPs and provide a foundation for NP educational programs. A national exam would need to reflect the advanced nursing practice role of the NP along with evidence-based best practices. Interviewees from an NP certificate program thought a national exam would give their program credibility. They believe their graduates will be able to write and pass the Canadian Nurse Practitioner Exam. If they do pass, then it shows the program is at master's level already even though it does not have master's credential and this could be a boon when they are making a case to increase to a master's exit credential.

Some stakeholders said that the first draft of the CNA NP exam was disappointing because it was too easy – it is important that the exam not be “watered down” to cover all NP knowledge. It seems that the generic exam developed in 2003 failed to meet expectations. An interviewee said that it might be a problem if NPs graduating with master's degrees write an exam that does not test at a master's level. That being said, many stakeholders said they would be using a national exam, particularly if the calibre of the exam is good and it is testing at an advanced practitioner level.

Some of the questions and concerns raised about development of a national exam included the costs of development, the number of exams that should be developed and who will need to write the exams. One stakeholder group said that in 2003 the cost of development per exam was estimated to be \$175,000 and more recently the cost per exam was estimated at \$600,000. They wondered how much is too much. Others wondered how to group NPs together in such a way that generalist and specialist NP exams can be made to be inclusive of all of the programs without developing “dozens of exams that are not financially feasible.” Would it be possible to create a two-tiered exam – one that is based on the general commonalities in the core competencies and one that covers the specialties with discipline specific knowledge? The next question raised was, who will need to write the national exam? One regulatory body said that it will mandate all NPs eligible for the roster to write the national exam when it becomes available, but the organization is undecided about grandfathering NPs who practised before rostering. Decisions will need to be made about whether all NPs will be required to write the

national exam even if they graduated some time ago. An NP student wrote anonymously with concerns about a high failure rate for the RN (Extended Class) making it seem that the exam is unreasonable for “such an achievement oriented group.” Students will need a prep guide for the exam developed along with texts that are for Canadian NPs.

5.6.2 Provincial Exams

Several stakeholders spoke about the work that has been done provincially to develop NP exams. Some are looking at the U.S. National Organization of Nurse Practitioner Faculties (NONPF) guidelines and the U.S. national NP exam for direction. One regulatory body is changing the wording in its regulatory framework to accommodate the requirement to write an exam(s) after graduation from an NP program. In Quebec, clinical evaluation and exams are under the responsibility of the universities. In Ontario, the College of Nurses of Ontario have developed an NP provincial exam that is already being used but NP educational programs are not responsible for ensuring their students write the exams. Program graduates are under their own auspices however most of the Council of Ontario University Programs in Nursing graduates write the College of Nurses of Ontario exam.

Interviewees noted that we need to look at exam equivalencies from one regulatory body to another. An NP employed by the Department of National Defence outside of Ontario is required to be registered in Ontario and therefore must write the College’s exam. She questions whether she will also be required to write another provincial exam because she is practising in another province. Clearly, a national exam would establish transferability of credentials for practising NPs.

5.6.3 Three Streams and Specialty Exams

Stakeholders spoke about the difficulty in determining whether there should be three streams of NP exams within primary health care (family/all ages, adult and pediatric) or one “all ages” exam. They reported that conversation about three streams in the national exam got in the way during a previous exam planning process and national exam development was convoluted road and confusing. There appears to be consensus regarding the family/all ages exam but not on the adult and pediatric streams. One representative of a provincial regulatory body said that the three streams approach is “putting the cart before the horse” while another said they would develop the adult and pediatric streams provincially if these were not developed nationally. Several regulatory bodies said they would use the all ages exam first and possibly use the other two at a later date. One interviewee offered the opinion that adult and pediatric streams may go ahead even though this doesn’t make any fiscal or logical sense and attributed this to master’s-prepared nurses who are very noisy and demand exams for themselves. The question that arises is, which NPs would write which exam?

An interviewee raised concern that three streams of practice and three exams could be a problem because they may force an educational program into a pigeon hole that does not build on their own institutional strengths, such as the unique research backgrounds of faculty. Another interviewee suggested that the money that would be used to develop these other two streams should be used for research into whether we need these exams in

Canada or whether something else should be developed. We could look into the exam processes for other health care professions, such as physicians, to see how they do it. We can learn much from the U.S. experience of NP exam development. An interviewee suggested that we have two options – to develop our own system of exams in Canada or to exam the feasibility of partnering with U.S. NP organizations in some specialty areas of NP practice: “We do not want to have the plethora of specialties that exist in the U.S. with their plethora of exams but rather we should look at the specialties that have emerged to date because they are viable practice areas in Canada.” She believes it is critical to address competencies and exams for a small number of specialties saying that the key is not trying to merge many of the programs into one stream but rather, to find two or three. Some exams could share content in some areas but differ in the intervention area. For example, there could be parallel exams with a primary health care [PHC] orientation, for PHC NPs and Psych/Mental Health NPs up to a certain level. These exams would share content for family/all ages on advanced knowledge and skills, community assessment (general), leadership, collaboration and diagnostic reasoning. They would differ at the intervention level where the PHC NP would focus on treatment of illness and injury and where the Psych/Mental Health NP would focus on medication and counselling for mental health.

5.6.4 Objective Structured Clinical Examinations (OSCE)

Several stakeholders spoke about the option of using an Objective Structured Clinical Examination or OSCE type of clinical examination for NPs. An interviewee gave some history. OSCEs originated in medical schools and are based on a British model of testing. Currently other disciplines such as pharmacy, physiotherapy, midwifery and respiratory have introduced a national OSCE exam that originated in B.C. Quebec is the only province that has the OSCE as a requirement for nurses. Ontario previously used the OSCE but has not used it since 2002.

One of the drawbacks of the OSCE is the cost of development and use. An interviewee reported that currently nurses pay \$300 to write a national exam while all other allied health professionals pay up to \$2,000 suggesting we could do the same and cover the costs of an OSCE. An OSCE is being developed in B.C., which will mean increased costs for registration and exam writing in the range of \$1,000 to \$2,000. The OSCE is being developed through work with the UBC medical school that has a contract with a patient simulation group. There will be three separate OSCEs for three separate streams – family/all ages, adult, and child/pediatric.

Opinions among stakeholders differ on whether the OSCE should become a component of NP examination. Some say the OSCEs should be a component of the provincial and/or national NP exam while others said it is questionable whether the OSCE is necessary. However, an interviewee said that some form of clinical examination of students should be part of the evaluation methods of programs. Preceptored clinical experience is good but more objective methods are needed to evaluate students’ abilities to apply knowledge. A student suggested that if an OSCE is used, more in-class practice would be required to prepare the students for this type of exam.

Many important issues related to exam development were raised by the interviewees. In particular it will be essential to reach a national consensus on the number of exams that will need to be developed and how the exams will be structured to meet the need for both generalist and specialist content. In addition, it will be important to address how to standardize evaluation of the clinical component of NP education and whether an OSCE is the best format for this type of evaluation.

5.6.5 Program Accreditation and Regulatory Approval

Stakeholders reported that there are two processes used for evaluation of NP educational programs: regulatory approval through a provincial/territorial body and accreditation through the Canadian Association of Schools of Nursing (CASN). Regulatory approval is mandatory to ensure that the program will graduate safe and competent practitioners. CASN accreditation of educational programs is voluntary and relates more to excellence in teaching and programs.

The process of regulatory approval involves evaluation in areas such as curriculum, delivery methods, clinical placements, faculty, and programming. In B.C. the approval process is based on meeting outcome measurements not process measurements. The three criteria for program approval are: 1) curriculum – do the various courses meet the needs of the student to learn core competencies (this one is most germane to the regulatory body); 2) student process – availability of faculty, practicum placement, evaluation of students (the most important to students is counselling, policies around grades, etc.); and 3) graduate outcomes – how well NPs are practising after graduation. The approval process is dependent on the regulations of the university or of the school of nursing as well as on the core competencies of the provincial regulatory body. Examples of approval processes given by interviewees indicated that approval processes are overseen by a committee which may hire a consultant to do the review. Changes to NP educational programs can result from the regulatory body approval process.

Stakeholders reported that there is a lot of repetition between the two processes with accreditation through CASN on a seven-year cycle and regulatory approval on a three- to five-year cycle. Some recommended that the accreditation and approval processes should be done concurrently, blended, and done by one body rather than two. Again, an NP educational standards framework needs to be developed first to get a gold standard, with the proviso that there are multiple models for transition to that standard. However, a stakeholder noted that since a master's program accreditation process has not yet been developed, accreditation for NP programs will be a long way down the road.

Regulatory approval and accreditation serve two different purposes but each takes preparatory time on the part of the NP educational program. The possibility of combining and/or streamlining these processes will need to be examined.

6. Continuing Competency

NP education continues after graduation from orientation and mentoring in a new work setting through to ongoing continuing education. Practising NPs, NP program alumni, and employers shared their insights into these areas of NP education.

6.1 Orientation in the Workplace

There is no question that novice NPs require support in their work environment as they enter practice. Stakeholders suggested that NP expertise comes from experience more than from educational preparation, recognizing that no educational program can fully prepare someone for the NP role – an NP also needs to learn on the job. Experience takes the NP from beginner to expert. NPs spoke about the steep learning curve they experienced when they entered practice. Employers spoke about the amount of “work” it took at job entry for an NP to become practice-ready. The question then is, what is the responsibility of the educational institution and what is the responsibility of the employer and what type of education needs to be provided at these junctures?

An employer stated that NPs are not all minimally competent upon graduation: “You can’t even say that they are educationally prepared but not practice-ready – they are not educationally prepared.” Some employers stated that although educational programs may be preparing NP students well academically, there is too little attention paid to clinical experience and preparing NPs for their work role. This is particularly true since NP programs began accepting students with less experience, unlike earlier grads who entered NP programs with extensive skills from the field. Another employer believed that the way the NP is being trained is not conducive for emergency room or walk-in clinic work. They are being trained to do very comprehensive one-hour assessment / therapy and what is needed is more volume, the employer said. The training is not appropriate for the setting.

Practising NPs and alumni spoke about the length of time it took them to feel comfortable in their new role as an NP. The answers varied from feeling comfortable right away to getting a better sense of comfort after two years. Some worked in their new roles as a student and then moved into employment in the same setting so orientation, residency and mentoring were not issues. One alumna spoke about her work in a northern nursing station in the 1980s and how unprepared she was at the time, which instigated her return to further education. Another alumna said that when working in the North without an NP education as a new grad, it took a whole year to feel comfortable on the job. Learning to work in collaborative relationships is also a huge learning curve and it took one alumna at least a year to really meld into a collaborative practice and to establish trusting relationships. One NP who has been in practice in a community health clinic for three years is still not totally comfortable and the role is still evolving; however, she is becoming more independent in her practice relationship with the physician. A community health centre employer said that based on their experience it generally takes about one year for an NP to be comfortable but this is dependent on previous experience. Those who have worked in an extended role previously need less time to reach full scope of practice. Another employer stated that if six months to two years are needed for an NP to “come up to snuff”, educational programs should be better.

Orientation to a new workplace ranged in time from none to six months. An NP in a new position received no orientation because the position was just created while another received only an informal orientation by a nurse manager. Others received an on-the-job orientation paid for by the employer. Orientation content ranged from: an orientation to the organization and the organizational chart; an orientation to the philosophies, building, payroll, information technology and staff; and to observation time with others in the work setting. NPs sometimes had an orientation with a physician or buddied with another NP. In one circumstance, an NP said that she could have had more time for orientation if she wanted or if the clinic decided it was necessary. At a community health centre where collaborative practice is mandated, NPs are required to orient with their partners in a process that takes up to six months' time.

A few NPs spoke about the opportunities they had for learning during a probationary period. In one employment situation, all NPs were on probation for the first six months during which time they could not prescribe. During the six-month probationary period back-up physicians were available for consultation. In another workplace, an NP was more lightly booked for the first six weeks to allow for more learning on the job. An NP described the probation period as like a kind of residency period because it allowed for learning time that is "approved" and not frowned on. These NPs are paid during their probation period although one NP said that payment was less during that time.

Generally NPs did not have a residency period after employment. In Quebec, there has been talk of funding second-year NP students for a residency period and/or providing employers with a salary augmentation for the first two years of employment but this has not yet happened because the program is just now entering its second year for the first time. In another province, one NP experienced "something like a residency period" because she was hired into a position before she was finished her final practicum at that site. Another NP said she spent one year working in a paid position with physicians in a walk-in setting where the physicians were very supportive and it was like an internship. NPs said that there should be internships/residencies available for NPs set up in a way similar to physicians who get paid during internships. Family physicians go through a two-year residency and even though NPs have similar expectations put upon them in practice, they are quite often left on their own from the start. Employers recommended that NPs have a year of internship/residency or apprenticeship before writing a licensing exam stating, "the best place for nurses to become skilled in the field is in the field" and education has to be linked with mentoring and orientation/education programs by the employer.

It is without question that novice NPs require support in their work environment as they enter practice. The issues that need to be discussed, however, relate to the balance between educational institutions and employers in taking responsibility for preparing NPs for their practice roles. These parties will need to work together to determine their joint responsibility and best ways to assist NP students in their transition to an employment situation.

6.2 Mentoring

Practising NPs need to become formal mentors for new NPs. An alumnus said that mentorship for NPs new to practice would offer needed support for development of coping strategies and problem-solving of clinical issues. NPs at one community health centre are encouraged to build NP networks and often mentor NPs new to the setting. However, there are few NP role models at this time to act as mentors/teachers in most workplaces. Very few of the interviewees were involved in formal mentorship arrangements. A practising NP said, “I sure could have used a mentor.” In her employment situation informal mentoring happened on the volition of the new NP and it depended on the availability of the mentor.

Mentoring often happens informally while working and often through consultation with physicians or a physician team. Mentoring relationships between NPs and physicians can create opportunities to discuss viewpoints and perceptions resulting in healthy collaborative relationships. It also provides an opportunity for NPs to get validation for diagnoses and for physicians to review their methods. However, one interviewee noted that not all team members are meant to be mentors; they are the same as teachers, some are good and some are bad. One interviewee said that she has just started being formally mentored by one of the physicians in her workplace and this happens during work time. Mentoring also happened through peer support at staff meetings and at continuing education opportunities. One practising NP interviewed said that there are lots of mentoring opportunities in her work site at a community health centre and that she is now a mentor to two other NPs. There is no payment for mentoring.

Mentoring would increase the support provided to NPs in their transition to a new workplace. It will be important to look at ways of increasing the number of mentoring relationships between practising NPs and with physicians and to begin to formalize these relationships.

6.3 Continuing Education

Stakeholders said that continuing education should be mandatory as a component to maintain licensure, particularly since NPs must maintain their knowledge and skills to practise independently. One interviewee noted that continuing education and maintenance of competencies is missing in the CASN Task Force Strategies and another said that as a disadvantaged group, NPs should be a high priority for a national portal project to facilitate continuing education.

Continuing education can be seen as two different things: one as voluntary and one as a regulatory requirement to maintain registration. There needs to be a defined expectation for NP continuing education just as continuing medical education (CME) credits are required by physicians. One interviewee recommended a mandatory requirement of 30 hours every two years. With an expectation of continuing education there would be need for the CNA or the provincial licensing body to subsidize these courses (as the Canadian Medical Association does for physicians). Continuing education needs to be delivered in multiple ways at a cost that is not prohibitive so that it is easily accessible to all NPs.

Collaboration between work places, educational and professional facilities is needed to develop continuing education programs most efficiently.

NPs also need to take some responsibility for their ongoing learning. One interviewee noted that each NP needs to be very clear about his/her own skills, attributes and learning needs since the continuing education activities available are not necessarily linked to the skills an NP is expected to attain. Practising NPs said that it would be very beneficial to have more NP-focused continuing education opportunities with more primary care content. Interviewees would also like more continuing education opportunities related to “hands-on” skills.

Most NP educational programs noted that they did not have any continuing education programs for NPs. However, the Council of Ontario University Programs in Nursing has a continuing education program that was generally developed for rural/remote settings and is often accessed by former students in those settings. Interestingly, an interviewee from Alberta said she did not know about the COUPN continuing education courses. Continuing education at Dalhousie, the University of New Brunswick and the Centre for Nursing Studies provide opportunity for graduates and students to teleconference once a month for support and continuing education. Students and graduates can talk about issues in the workplace and offer case studies. Stakeholders emphasized that continuing education is an important component of programs and it is under-funded.

Some NPs have financial support for continuing education through their employers. The amount of financial support varies greatly. One alumnus said that she receives \$300 a year from her employer for continuing education but there is no formal program. An NP who works in a hospital setting is provided with an education fund of \$1,500 a year to cover the cost of tuition and travel expenses of conferences that she chooses to attend. Work time used to attend educational sessions is covered by the hospital. NPs working in community health centres received financial support that varied from five to ten paid education days per year, sometimes with assistance for registration or tuition. One community health centre expected that the educational activities selected be pertinent to the expertise or skills required in their clinical area and required each NP to take cardio-pulmonary resuscitation, crisis intervention training, and Workplace Hazardous Materials Information System (WHMIS) training. In a regional health authority, an interviewee noted that the budget for NP continuing education (two days per year) is much less than for physicians (eight days per year). Grants for continuing education may be available through provincial/territorial bodies. However, many other NPs fund their own continuing education to a large degree.

NPs sometimes access continuing education through avenues available to physicians. Some interviewees noted that they were invited to attend educational sessions offered to medical residents as well as to attend hospital rounds. Some NPs attend family physician CME events, conferences and workshops for continuing education. NP students suggested they could learn a lot from communicating with each other and accessing content on-line. Attending conferences is another avenue for continuing education but

interviewees said that the expense of conferences often prohibited attendance noting that physicians can write off conference expenses while NPs cannot.

NPs need to supplement continuing education with self-directed learning to maintain their competencies. They need to identify areas where a review is required and tailor their learning to meet that need. Interviewees suggested that NPs need to read a variety of journals (nursing, medical, and other interdisciplinary journals) and that continuing education can be done through paying for NP journal subscriptions.

NPs identified other ways of supporting their ongoing learning. One alumna maintains her clinical competencies through teaching in both theory and clinical in an undergraduate nursing program. Another is now taking nurse education through Executive Links. NPs said that they continue to learn through working with students and education sessions are sometimes offered as part of staff meetings. The NP Association of Manitoba is starting to organize educational sessions as part of monthly meetings. These are often funded by drug companies causing ethical dilemmas for some NPs. One interviewee commented that continuing education that takes place during noon-hour, drug company-sponsored lunches is not really a good educational opportunity.

Employers noted that after an initial comprehensive NP education, additional certification can happen through orientation/mentoring/ continuing education. However, an employer also noted that it is difficult to release people to go to education programs to get their education due to difficulties with staffing. The other side is employer fiscal support for the person advancing their education and backfill/support for those left behind. When the “best and the brightest” are encouraged to go back to school it leaves big gaps behind.

The consultative data has shown that there is a need for increased access to continuing education that is specific to the on-going learning needs of practising NPs. Consideration will need to be given to whether or not a specific amount of continuing education should be mandated as a component to maintain licensure. This is particularly relevant since NPs must maintain their knowledge and skills to practice independently.

7. Prior Learning Assessment and Recognition

Stakeholders said there are two different aspects to prior learning assessment and recognition (PLAR). In one aspect a student would challenge a whole program such as at the Royal Roads program in Victoria. In another aspect, students would challenge individual courses. The second aspect of PLAR is the usual definition. Stakeholders said that there needs to be more access to PLAR processes for nurses working in NP-like roles as part of entry into NP programs. PLAR is very important as a means to show knowledge to get equivalency and to get credit for experience. Flexibility with the PLAR process is essential so that NP education does not take as long. On the other hand, stakeholders said that we have to look at PLAR very cautiously as we integrate it into NP education. It is very difficult to integrate research and theory into clinical practice and students asking for PLAR often “don't understand what they don't know.” How to determine what they don't know needs to be studied carefully so that students don't reach

the end with gaps in their knowledge. Overall, PLAR processes need to be based upon a clear NP role delineation and a definition of an NP framework for practice.

Availability of PLAR processes varies greatly from program to program. Some programs have fully developed PLAR processes while others have none. Still other NP programs have PLAR processes under development. In Saskatchewan a Competency Assessment Process (CAP) similar to PLAR is available for northern nurses through the Saskatchewan Registered Nurses Association (SRNA). The general consensus among stakeholders, however, is that few students have pursued PLAR because it is a very arduous and time-consuming process. It is also expensive; costing in one circumstance half of the cost of actually taking the course. A few people who have challenged the PLAR process have failed and it appears that the PLAR process can be more difficult than taking the actual course.

Stakeholders from two institutions described their PLAR processes. At Athabasca University, students must apply for PLAR for an entire course; they are not permitted to seek PLAR only for specific course objectives (e.g., only the course objectives related to provision of extended health services or community health development). Students complete a self-assessment of competency based on the course objectives and they arrange to have an individual who meets the requirements of a preceptor (physician or nurse practitioner) sign the extended health skills record for the course to verify they are competent in the skills of the course. If review of the extended health skills record indicates the student is likely to be successful in PLAR, the student must then submit a portfolio for assessment. The PLAR portfolio is written as a scholarly paper, organized according to the course objectives, and including evidence of competence in the course objectives. In Saskatchewan, the SRNA determines equivalencies between the multiple "entry into northern practice" at universities and determines which are equivalent. Nurses must have worked in an expanded role (NP-like work such as prescribing / dispensing drugs, assessing and diagnosing patients, ordering and interpreting diagnostic tests, and performing minor surgical procedures). It doesn't matter where and it doesn't matter what educational criteria they have, but they have to be an RN to enter into this competency assessment process. The recommendation is that nurses doing competency assessment now need to take a foundations course, a community development course, and a pharmacotherapeutics course.

NP students and alumni commented on the accessibility of PLAR processes. Many said that there was no PLAR process available or offered to them. Some said that they needed the full amount of clinical time despite their years of experience, particularly when moving from one specialty to another, "There was no PLAR and to be honest, I needed all of the time I got in school. Transition from ICU to this head space was a hard one." Another alumnus was not pleased that she had to complete the full amount of clinical hours even though she had accomplished 90 per cent of the skills prior to entering an NP program. Students were allowed to challenge the theory, which the student wanted, but were not allowed to challenge the clinical. Another student found the PLAR process to be arduous.

Students also require assessment for transferability of courses between programs. Stakeholders from many NP programs said that courses from other programs can be transferred after faculty members evaluated the courses for equivalency although this process was not well described. In one instance, evaluation for equivalency meant comparing the course outlines and course objectives. In another, particular courses from one NP program were known to be similar to particular courses in another NP program and therefore they were easily transferable.

A process of educational equivalency also needs to be developed for transferability of licensure between provinces and territories. Currently in Saskatchewan, if an NP has graduated from an equivalent program and he or she has worked in an expanded role and can demonstrate the skills, the NP can be placed on the Saskatchewan NP licensure roster. In Manitoba, if a nurse has taken the Ontario exam and is on the extended class roster in Ontario, she/he may have reciprocal privileges to the Manitoba RN Extended Practice roster. However, it is likely that nurses from other jurisdictions with no reciprocal privileges will have to write the national exam to get on the Manitoba RN Extended Practice roster.

Stakeholders spoke about the possible implications of PLAR processes on their programs. For instance, one stakeholder said that to accommodate a diploma-prepared nurse into a master's program through PLAR would be huge work for the university and asked, "Who would do the reviewing"? This stakeholder suggested that institutional elitism is such that no one will agree to missing one layer of education. Plus, that student wouldn't necessarily learn how to learn as students do when going through a baccalaureate program. Other stakeholders wondered about the impact on their programs if students were required only to take specific courses and not be part of their overall programs.

From the consultative process, it is clear that PLAR is a complex area that will require careful study and implementation. PLAR is an important component of the transitional support that will be required to reach standardization of NP education and licensure across Canada. PLAR processes need to be based upon clearly defined NP roles and competencies. The best methods for ensuring that NP students are given credit for their past knowledge and experience will need to be determined at the same time as ensuring that NP student continue to receive all of the education required to meet NP practice standards. Educational institutions will need to work together with regulatory bodies to ensure consistent, fair, and coordinated processes are developed and available across Canada.

8. Re-entry to Practice

Very few comments were made related to re-entry to practice. A few stakeholders noted that re-entry processes are missing in CASN Task Force Strategies. Re-entry needs to be looked at because sometimes NPs graduate and can't get hired right away. They will need to be re-educated to ensure safe care for the public.

The lack of consultative data related to re-entry may be related to the number of other outstanding issues related to NP education at the moment. However, it will be important

to consider issues related to re-entry at the same time as other elements such as PLAR, continuing education, and evaluation methods.

9. Findings

Interviewees in the CNPI Educational Component consultative process have identified a significant number of issues that will need to be addressed. They have offered many perspectives on these issues: which were presented in this document for consideration. All of the issues are inter-related and each of the issues will need to be considered in conjunction with the others. Throughout the development of this report, emerging issues and opportunities were identified; these are listed below in the form of questions to help begin discussions and problem-solving sessions.

9.1 Opportunities

- NP students bring vision, commitment, and enthusiasm to their education and future practice. How can educational programs support students in a way that maintains and strengthens the characteristics they bring to the nursing profession and the health system overall?
- There is a cyclical connection between education, practice, and regulation. How can the expertise within each area be used to best advantage when developing a pan-Canadian framework?
- How can the commonalities and uniqueness within current NP educational programs be used as a foundation for curriculum development based upon best practices in both general and specialty NP programs?
- There is a general consensus that national core competencies are needed to increase consistency across Canada. What processes will be used to ensure that the current core competencies are at an advanced nursing practice level and acceptable to all provincial and territorial stakeholders?
- Interest was expressed in the development of centres of excellence for NP education. What role could centres of excellence play in the research, development, standardization, and delivery of NP educational programs across Canada and what steps need to be taken to make such centres a reality?
- There is a great deal of support for a master's degree as the desired exit credential. How will this support be solidified and the need clearly articulated in relation to the necessary knowledge and skills required by practising NPs?
- How can NP educational programs work together to share teaching of core course content between programs?
- How can the expertise of both PhD-prepared faculty and practising NPs be combined to provide students with the advantages of each of these resources?
- As more NP students enter practice the pool of available experienced preceptors will increase. How will NP programs work together to recruit, train, and reward practicing NPs to be preceptors, thereby increasing the number of available preceptors as soon as possible?
- Working with physicians as preceptors reduces barriers and potentially increases collaborative skills for both preceptor and student. How will educational institutions work with physicians to ensure their availability as preceptors and provide

appropriate support for the preceptor/student relationship to ensure that the NP student continues to work within a nursing paradigm?

- How can educational programs share innovative new practices, particularly related to acquiring appropriate clinical sites, to increase the ability of each program to meet the clinical practice needs of their students?
- How can distance learning-based NP educational programs increase sharing of resources and expertise to benefit students on a bigger scale?
- How will educational programs work together to develop collaborative partnerships or consortiums to reduce duplication and address some of the issues related to recruitment and retention of faculty?
- Currently informal mentoring relationships support NPs in their transition to a new workplace or a new collaborative relationship. How can the number of mentoring opportunities between practising NPs and with physicians be increased? Is there a need for mentorship training?
- As other issues related to NP educational programming are discussed, how will issues related to re-entry to NP practice be considered?

9.2 Issues

- NP students face many challenges including juggling the demands of working, family and studying; finances; adjusting to a student role; and lack of support from faculty or employers. How can NP educational programs ensure enough flexibility in their programs to meet the needs of all of their students?
- The profile of NP students is changing. How should NP educational programs adapt their curriculum to ensure that both experienced and inexperienced nurses leave their educational programs with the necessary clinical and theoretical skills?
- Is it possible to develop a consistent model or framework and a set of principles that can be used to guide the development of standardized NP educational programs in Canada?
- What is the ideal balance between theory and clinical courses and what is the best ordering of these classes within NP program curricula?
- A standardized NP educational curriculum would support more standardization of the profession overall. How can standardization be done in such a way as to provide the flexibility and responsiveness to student needs, community requirements, and faculty expertise and pedagogical preferences?
- How will NP educational programs work with other faculties to increase opportunities for interprofessional education for NP students?
- It will not be simple to move from the current system of varying exit credentials. How will the concerns expressed in relation to the need for graduate education in rural and remote NP practice be addressed?
- In a transition to an exit credential of a master's degree, students and practising NPs will require bridging processes and NP educational programs that will require transitional support. How will the bridging and transitional support be provided?
- How can the pool of qualified faculty members be increased?
- How will NP educational programs determine whether students or the educational program should find preceptors for the NP student clinical placements?

- How will educational programs work together to determine the number of clinical hours that should be provided to NP students as a standard in all Canadian programs?
- Distance learning provides increased accessibility to students. How will questions related to a possible need for face-to-face interaction and evaluation of clinical skills at a distance be answered?
- Development of national NP exams will increase standardization and credibility and ensure mobility for NPs across Canada. What is the right number and combination of exams? Is it possible to develop a two-tier exam with a general component that all NPs would write, and then specialist components for each specialty?
- How will standardization of NP exams and testing be extended to include clinical skills? Is the OSCE format a reasonable and realistic option?
- How will currently practising NPs be evaluated prior to rostering? Will they be required to write a national exam or will they be ‘grandfathered’ in some way?
- What are the advantages and disadvantages of combining regulatory approval and accreditation for NP educational programs into one process? Should this be considered to reduce the preparation time taken for each within an NP program?
- What is the responsibility of the educator and what is the responsibility of the employer in preparing the NP for practice? What are reasonable expectations for preparedness for practice on the part of the NP student and the employer?
- How will NP educational programs work together with employers to ensure that continuing education opportunities specifically relevant to NP practice are readily accessible to NPs across Canada?
- Should a specific amount of NP continuing education be required to maintain licensure?
- How will NP educational programs work together with provincial and territorial regulatory bodies to develop and implement consistent and fair PLAR processes that give credit for past knowledge and experience while ensuring that NPs have all the required knowledge and skills for licensure?

NP educational programs will need to work collaboratively with practising NPs, students, employers, regulatory bodies and other stakeholders to address these complex and inter-related issues.

10. Conclusion

Throughout the CNPI Educational Component consultative process, the commitment and passion of the participants was clearly evident. They willingly contributed their time and energy to this valuable process. It is now important that their words be used as a basis for work toward further development, improvement and standardization of NP educational programs across Canada. An NP student summed it all up succinctly when she wrote, “Please listen!!!! I know that many before me have made similar suggestions which they feel have fallen on deaf ears. I really want the NP role to flourish – I believe in it and I think it is incredibly valuable!”

This consultative process has provided an important opportunity for stakeholders to share their perspectives and this report provides one additional piece to the larger puzzle. However, it needs to be put into context with the other documents of the CNPI Education

Component Environmental Scan for the discussions related specifically to NP education. Similarly, education cannot be discussed in isolation from the other components of the CNPI project. The complexity of issues in all areas of the CNPI project will need to be interwoven and addressed together in order to reach the goal of facilitating sustained integration of the NP role in the health system to improve Canadians' access to health services.

Appendix A – Interview Questions

CANADIAN NURSE PRACTITIONER INITIATIVE **INITIAL CONSULTATION QUESTIONS – EDUCATION COMPONENT**

EDUCATORS

Name(s): _____

Date: _____

Location: _____

The Canadian Nurses Association (CNA) is a federation of 11 provincial and territorial nursing associations and colleges representing more than 120,000 registered nurses. CNA's mission is to advance the quality of nursing in the interest of the public.

In June 2004, CNA launched the Canadian Nurse Practitioner Initiative (CNPI) – an initiative that is funded through the Primary Health Care Transition Fund. The goal of the CNPI is to facilitate the sustained integration of the nurse practitioner (NP) role in the health system in order to improve Canadians' access to health services.

The initiative will address the lack of consistency in provincial and territorial approaches to the implementation of the nurse practitioner role by developing the foundation for a shared pan-Canadian understanding of nurse practitioners working in primary health care settings. This will involve developing recommendations and strategies in the following areas:

- education;
- practice;
- legislation and regulation;
- health human resource planning; and
- change management, social marketing, and strategic communication.

Education – Deliverables

One of the deliverables of the Education component of the CNPI is the development of a set of proposals regarding NP educational program curriculum and delivery methods, continuing education and Prior Learning Assessment Review (PLAR).

Thank you for providing your thoughts on the following questions. Your perspective is very important and will help inform the work of the CNPI.

1. NP educational program: ***(OBTAIN HARD COPY OF CURRICULUM / COURSE OUTLINES)***
 Name of program?
 - Part of which faculty?
 - Length of program?
 - How many credits / courses needed for completion?
 - History – when began / how did it evolve ***(OBTAIN ANY DOCUMENTS)?***
 - How many student seats are currently funded?
 - How many will be funded over the next five years?
 - Are the student seats currently fully subscribed?
 - What are your attrition rates?
 - What are the numbers of students applying to your program?
 - What are the demographics of the applicant pool (age, gender, level of experience, etc.)?
 - How many graduates overall?
 - What are the entrance criteria for students?
 - How long do students have to complete the program once started?
 - Any provision for prior learning assessment review?
 - Any possibility of transferring credits from another course or institution?
 - Are your students taught at the diploma, degree or Master level?
 - How are students educated (theory and clinical placements, FT/PT, distance / web-based learning, residency requirements, etc.)?
 - Where does the clinical practice take place?
 - Any difficulty in placing students into practicums?
 - Do you use preceptors / mentors in the process? If so, are they paid? Do they receive other incentives?
 - Are any other disciplines involved in the teaching / facilitation? Is there collaboration among nurses, physicians and other health care providers in the educational setting?
 - Any challenges with the numbers of prepared faculty to teach NP courses (i.e., numbers of qualified faculty, aging faculty, etc.)?
 - What is the faculty to student ratio in the program?
2. Where does program funding come from?
3. Are there incentives for nurses to study as NPs in your jurisdiction? If so, what are they? Do they work?
4. What are the strengths of your program?
5. What are the weaknesses, if any, of your program?

6. What program changes, if any, are being or should be considered?
7. Where do your graduates go to work? Do they stay in the jurisdiction? Do they move to other jurisdictions in Canada? Outside of Canada?
8. Have you developed any continuing education courses? If yes, please describe ***(OBTAIN HARD COPY OF COURSE OUTLINES)***.
9. What approach would you recommend for nurse practitioner education in Canada (including curriculum, delivery methods, PLAR, continuing education, re-entry processes, etc.)?
10. How will the recently approved CNA NP Core Competencies influence your curriculum planning and your ideas for NP education in Canada?
11. Who else do you recommend I should speak to in order to understand the challenges and opportunities regarding NP education in the country?
12. What should I be reading that would help me do my work?
13. Any other comments or suggestions?

CANADIAN NURSE PRACTITIONER INITIATIVE
INITIAL CONSULTATION QUESTIONS – EDUCATION

STUDENTS

Name(s): _____

Date: _____

Location: _____

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The initiative will address the lack of consistency in provincial and territorial approaches to the implementation of the nurse practitioner role by developing the foundation for a shared pan-Canadian understanding of nurse practitioners working in primary health care settings. This will involve developing recommendations and strategies in the following areas:

- education;
- practice;
- legislation and regulation;
- health human resource planning; and
- change management, social marketing, and strategic communication.

Education - Deliverables

One of the deliverables of the Education component of the CNPI is the development of a set of proposals regarding NP educational program curriculum and delivery methods, continuing education and Prior Learning Assessment Review (PLAR).

Thank you for providing your perspective on the following questions. Your perspective is very important and will help inform the work of the CNPI.

1. Where are you currently being educated?
2. What educational designation will you receive on completion of your program?
3. How long will you be in your program of study?
4. At what point in your program are you at now?
5. What credentials or pre-requisites did you need to enter the program?
6. What challenges, if any, did you experience, in getting into this program?
7. Are you encountering other challenges as you pursue this course?
8. Why did you decide to take the NP educational program?
9. What kind of job are you hoping to get when you graduate?
10. What approach would you recommend for nurse practitioner education in Canada?
11. Who else do you recommend I should speak to in order to understand the challenges and opportunities regarding NP education in the country?
12. What should I be reading that would help me do my work?
13. Any other comments or suggestions?

CANADIAN NURSE PRACTITIONER INITIATIVE
INITIAL CONSULTATION QUESTIONS – EDUCATION COMPONENT

ALUMNI

Name(s): _____

Date: _____

Location: _____

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In February 2004, the CNA's Proposal, "Helping to Sustain Canada's Health System: Nurse Practitioners in Primary Health Care" was funded by the Primary Health Care Transition Fund (PHCTF). The CNA established the Canadian Nurse Practitioner Initiative (CNPI) to develop and implement an Action Plan to achieve the Proposal's objectives.

The CNPI will address the lack of consistency in provincial and territorial approaches to the implementation of the nurse practitioner role by developing the foundation for a shared Canada-wide understanding of Nurse Practitioners working in primary health care settings. This will involve strategic activities in five areas:

- education;
- practice;
- legislation and regulation;
- health human resource planning;
- change management, social marketing, and strategic communication.

One of the deliverables of the Education Component of the CNPI is the development of a set of proposals regarding NP educational program curriculum and delivery methods, continuing education and Previous Learning Assessment Review.

Thank you for providing your perspective on the following questions. Your perspective is very important and will help inform the work of the CNPI.

1. Where were you educated?
2. What educational designation did you receive?
3. How long did you go to school?

4. Were there challenges to you attaining your education (either being accepted to the program or getting through the program)?
5. Was there any accounting for Previous Learning to you to gain entrance to this program?
6. Do you feel that your educational program prepared you for your work role?
7. If no, what was lacking?
8. If no, what would have been helpful to include in your educational program?
9. Are you working now? Where?
10. Do you consider yourself to be in a NP role?
11. Do you consider yourself to be working to full scope of practice?
12. How long after being hired did it take you to become comfortable in your role?
13. Did you receive an orientation to your job? Paid by whom? Describe it.
14. Any residency period? Paid by whom? Describe it.
15. Any structured or informal mentoring opportunities? Paid by whom? Describe them.
16. Any continuing education opportunities or how do you continue to maintain competencies? Paid by whom? Describe them.
17. What approach would you recommend for Nurse Practitioner education in Canada?
18. Who else should I be speaking to in order to understand the challenges and opportunities regarding NP education in the country?
19. What should I be reading that would help me do my work?
20. Any other comments or suggestions?

CANADIAN NURSE PRACTITIONER INITIATIVE
INITIAL CONSULTATION QUESTIONS – EDUCATION COMPONENT

EMPLOYERS

Name(s): _____

Date: _____

Location: _____

The Canadian Nurses Association (CNA) is a federation of 11 provincial and territorial nursing associations representing more than 120,000 registered nurses. CNA's mission is to advance the quality of nursing in the interest of the public.

In February 2004, the CNA's Proposal, "Helping to Sustain Canada's Health System: Nurse Practitioners in Primary Health Care" was funded by the Primary Health Care Transition Fund (PHCTF). The CNA established the Canadian Nurse Practitioner Initiative (CNPI) to develop and implement an Action Plan to achieve the Proposal's objectives.

The CNPI will address the lack of consistency in provincial and territorial approaches to the implementation of the nurse practitioner role by developing the foundation for a shared Canada-wide understanding of Nurse Practitioners working in primary health care settings. This will involve strategic activities in five areas:

- education
- practice
- legislation and regulation
- health human resource planning
- change management, social marketing, and strategic communication.

One of the deliverables of the Education Component of the CNPI is the development of a set of proposals regarding NP educational program curriculum and delivery methods, continuing education and Previous Learning Assessment Review.

Thank you for providing your thoughts on the following questions. Your perspective is very important and will help inform the work of the CNPI.

1. What kind of an orientation program do you provide for NPs?
2. Is this program paid for by the employer?
3. Any provision for mentoring programs / observing activities / internships?
4. If so, is this an activity paid by the employer?
5. In your experience, how long does it take for an NP to become comfortable in his / her role?
6. Do you have guidelines in place as to the skill set that the NP is expected to attain as part of his / her role?
7. How do you know when the NP has reached this skill set?
8. Do you have clinical practice guidelines in place?
9. Do you provide educational activities for NPs to learn these guidelines?
10. If so, paid for by whom?
11. Any continuing educational activities?
12. Paid for by whom?
13. Are these linked to the skill set that the NP is expected to attain?
14. Do you feel that the NP's educational program prepared him / her for the work that you are asking of him / her?
15. If no, what was lacking?
16. If no, what would be helpful to include in the educational program?
17. What approach would you recommend for Nurse Practitioner education in Canada?
18. Who else should I be speaking to in order to understand the challenges and opportunities regarding NP education in the country?
19. What should I be reading that would help me do my work?
20. Any other comments or suggestions?

Appendix B – Consultation Participant Distribution

	AB	BC	SK	MB	NS	NB	NL	NWT	ON	QC	Fed	Total
Alumni	6		1	1					5			13
Canadian Assn of Schools of Nursing											1	1
Education Institution	5	12	3	1	3	2	2	3	9	6		46
Employer								2	2	2		6
Nurse Practitioner	1			3	4			2				10
Other		3		1				1		2	1	8
Provincial Government (MOH)		1						3				4
Preceptor	1											1
Professional Organization (RNA)	2	3	1	1	2			1	10			20
Regional Health Authority				4								4
Student		15	1	1	7			5	31			60
Total	15	34	6	12	16	2	2	17	57	10	2	173