Nursing Education Council of British Columbia

Friday, January 20, 2012
Langara College, C509

Minutes of Meeting (BCCAT)

In Attendance:
Bernice Budz, BC Institute of Technology
Debbie Sargent (Vice Chair), Camosun College
Stephen Bishop, Camosun College (CRNBC Ed. Committee Rep)
Sandi Ollech (teleconference), College of New Caledonia
Pamela Cawley (teleconference), Douglas College
Jean Nicholson-Church, Kwantlen Polytechnic University
Janine Lennox (Secretary), Langara College
Jocelyne Van Neste-Kenny (Treasurer), North Island College
Jan Meiers, North Island College
Pam Burton, CAEN Coordinator
Teresa Petrick, Selkirk College
Hannah MacDonald (teleconference), University of the Fraser Valley
Noreen Frisch (Chair), University of Victoria
Kathy Fukuyama, Vancouver Community College
Colleen Varcoe, University of British Columbia (Vancouver)
Martha McLeod, University of Northern British Columbia
Barbara Patersen, Thompson Rivers University
Hannah McDonald, University of the Fraser Valley
Landa Terblanche (teleconference), Trinity Western University

Regrets:
Leslie Sundby, Vancouver Island University

Guests:
Brenda Canitz, Chief Nursing Executive and Executive Director Of Clinical Care and Patient Safety (MOH).
Laureen Styles, BCAHC
Leanne Currie, UBC, BC representative to Canadian Nursing Informatics Association (CNIA).
Laurel Brunke, CEO and Registrar CRNBC

1. Welcome and Introductions
The meeting was brought to order at 0905 hrs. by Noreen Frisch, Chair. Introductions were made around the table and from those participating by teleconference.

2. Approval of Agenda
Noreen reviewed the agenda.

2.1 Review of Previous Minutes (October 21, 2011)
Minutes were approved as distributed, by consensus with the following corrections.
- Pam Burton should be identified as the CAEN Coordinator
- Landa Terblanche had sent her regrets.
3. Business Arising from the Minutes

3.1 CLPNBC Issue related to new program status. (Noreen Frisch)
A letter was composed by Noreen Frisch and Debbie Sargent and sent on behalf of NECBC to the Ministry on Oct 24th in follow up to discussion from the meeting of October 21, 2011. Concerns addressed were related to information that the Ministry had not planned on an altered fee structure for the new program. College Presidents found this letter helpful in their meeting with the Ministry. Results were positive with fees based appropriately as per a new program at the diploma level. There was no additional grant funding but programs are now able to charge tuition which will allow institutions to run their programs without financial loss. Jocelynne Van Neste-Kenney thanked Pat Bawtinheimer for mobilizing the council.

3.2 Distribution of Revised NECBC Action Framework- Update on meetings with Ministry and others (Debbie Sargent)
Debbie identified that she has some remaining copies of the Framework and will mail Linda’s copies. The members were surveyed to see what had been done to distribute the document. Most have distributed to higher administration within their institutions and to their Program Advisory Committees/Boards. Several are still working through this process. Noreen shared the brochure with CASN at the November Council meeting in Ottawa and Cynthia Baker would like to meet with NECBC for further information. It is suggested that all members meet with their Health Authority representatives to see how they are portraying nursing and promoting nursing concerns at BCAHC as Barbara points out that the Health Authorities are advocates for nursing. Barbara will report from BCAHC as able each meeting. BCAHC has been dealing with urgent issues and is now able to turn to establishing a vision. Decisions related to allocation of resources are made at this table. Members expressed concern that there may a cut in seats or nursing programs without concern for the cyclical nature of supply and demand for Registered Nurses and without input from nursing leaders. There may also be an increase in some programs, with RCA programs particularly identified. Concerns as to whether the increase might come from publicly funded programs vs. private RCA programs was expressed by the membership as there is currently little regulation for this group. Jocelynne stated that Lynn Stevenson (Executive Vice President, People, Organizational Development, Practice and Chief Nurse at the VIHA) would now have a seat on the BCAHC and may prove to be valuable. Hannah stated that she spoke with Lori McKenzie (Research Universities and Health Programs Branch, Director of Health Programs) (also sits on BCAHC) and that she would be willing to meet with NECBC.

Action: A small delegation of NECBC representatives will approach the Ministries and request a 15 minute meeting to present the documents. Debbie Sargent will do a “cheat sheet” for everyone to use when speaking to the various stakeholders. We will seek advice on Lori MacKenzie on who to approach.

This is still an action item left from our October meeting I think.

Action:
All need to ensure that PAC/B and institutional higher administration are aware of and have copies of the Framework.

- Invite Cynthia Baker to March NECBC meeting
- Invite Lori McKenzie to an NECBC meeting

3.3 LMNCESC - Report on forum held in November, 2011. (Hannah McDonald).

Hannah offered thanks on behalf of LMNCESC for the financial contribution for food and refreshments at this meeting. She reported that it was a very successful day with participation from the Ministry of Health, Advanced Education (Lori McKenzie, Research Universities and Health Programs Branch, Director of Health Programs), Health Authorities (Gillian Harwood, Executive Director of Professional Practice and CNO, Fraser Health Authority, Lynn Stevenson, Executive Vice President, People, Organizational Development, Practice and Chief Nurse at the VIHA), public institutions, and two representatives from private colleges. LMNCESC presented an action framework with goals and strategies for clinical practice placements within the Lower Mainland. The action framework was reviewed and revised based on the information received. The feedback from the Ministry was positive and there will be consideration given to holding another forum. There were suggestions from Ministry representatives about funding opportunities as this work has been very time consuming for the members of LMNCESC. The work that Leanne Currie has done to quantify the workload to manage placements has been very helpful. The workload requires paid staff and we need to look at new structures and systems as well as roles and responsibilities to bring practice and education together in a better way. Pediatric and Maternity practice experiences for students are particularly difficult to provide under the current structure. Martha suggested this group improve ties with the BCAHC and their PEC. Hannah has agreed to send the LMNCES action framework to NECBC.

4.1 Treasurer’s Report (Jocelyne Van Neste-Kenny)

Jocelynne stated that there are still some outstanding debits for postage for the distribution of the Action Framework brochure and for catering for LMNCESC. An invoice for each of our programs for NECBC will be due for March 31, 2012. A request has been received from Leanne Currie for NECBC to sponsor translation services at the CNIA conference in Montreal this summer. No policy for these requests currently exists. The point was made that other resources may be available for translation services with governmental agencies and that proceeds of registration fees for the conference fees should fund the expense.

Motion: Moved by Bernice and seconded by Janine, that we allocate funds totalling $3,000.00 for translation services as requested by Leanne for the upcoming conference in Montreal put on by CNIA. Decision deferred until March.
4.2 Deans & Directors Updates
No report until March 2012.

3 New Business

5.1 Canadian Nursing Informatics Association (CNIA)- Guest Leanne Currie.
Leanne presented information related to informatics in nursing curricula. The association is assisting CASN to construct competencies for nursing students and they should be available in May in time for the CASN Research conference. These competencies will be focused on managing technology in the workplace. The competencies will exclude basic computer skills and focus on three categories of Knowledge: ability to use systems appropriately, device and system use, searches, telehealth. Attitudes: legal, ethical and privacy considerations. Participation: in the decision making regarding the use of information technologies. Noreen made the point that it is important that nurses are not passive recipients of technology and learn to access expert advice to support decisions related to systems purchased. NIC has been involved in researching the use of technology with students and faculty. They find that students push faculty and staff ahead in adoption of new technological practices. RNAO has developed competencies for RNs which may be useful for faculty use. A workshop and an educator track are possibilities for further development of faculty competencies. Issues around utilizing technology within Health Authorities were identified. Obtaining access for both faculty and students has been an issue in some HA. Barbara provided information that Apple provided faculty there with 40 ipads and she purchased 40 more in an effort to promote use of technology within class and clinical practice. There was some discussion beyond simulation to the use of Virtual labs. Humber College has developed clinical cases based on virtual reality for pediatric experiences. Leanne discussed the upcoming International Nursing Informatics Congress in Montreal in June, 2012. There will be 449 presentations with 62 from Canada and excellent representation from BC.

5.2 Discussion of administrative structures and roles in our Nursing programs (Hannah MacDonald).
UFV is developing a new structure within the new Faculty of Health Sciences. NECBC representatives were polled for information about their structures. There was much variation in the structures of our institutions. It was identified that this information might be helpful. Jean Nicholson-Church will distribute a spreadsheet for all to input information about institutional structures and circulate the results. Colleen suggested that we look at G13 or G21 for structuring the spreadsheet. Barbara has some reference literature on Chair positions and will share that report if deemed appropriate. It was suggested that this information be stored and updated when needed
Motion: Moved by Teresa and seconded by Stephen, that we allocate funds for travel for those attending the meeting(s) with the Ministry.

5.3 Clinical Practice Guideline in Nursing Curricula (Brenda Canitz, Chief Nurse Executive and Executive Director of clinical Care and Patient Safety, Ministry of Health and Laureen Styles, BCAHC via teleconference). Presentation by Brenda Canitz. Presentation Focused on BC MoH initiative on patient safety and inter-professional practice. Priorities and best practices described. The Sepsis guideline has now been accepted nationally (recognition and early treatment) and the Stroke guideline is now a National Stroke strategy. The Senior Care guideline is valuable in improving outcomes with emergency room visits. Schools of Nursing are requested to support and work with the MoH over these initiatives in order to promote a culture change. The MoH will meet January 27 with the Health Authorities to promote these initiatives. As of Jan 1, 2012 Interior Health surgeons must adhere to checklist guidelines or the surgery will be cancelled. VIHA will pilot a collaboration with Camosun and UVic as part of the promotion of culture change. Noreen asked if nursing faculty had been involved in the development of these guidelines. Brenda stated they were developed from previous national guidelines with advice from a varied group. Brenda stated she would send on the correct links to the guidelines. Brenda will request that leadership come from the BCAHC. Noreen suggested that nursing faculty members be involved at BCAHC in order to facilitate the plans for culture change. There will be a forum on March 8 and 9 in Vancouver to promote this initiative.

5.4 Computer Adaptive Test for Registration in Canada. (Laurel Brunke, CEO and Registrar for BC). Initial writing will be January 2015 Laurel reiterated that there was an issue with the current CRNE as there are limited forms of the exam (3) available for use and the regulatory bodies wanted a different methodology from multiple choice questions and the paper based system. As well, there was a feeling that some who shouldn’t, do pass the CRNE and some who shouldn’t fail it. The regulatory bodies in Canada searched for a new exam and sent out an RFP (Request for Proposal) which was answered by several companies including ASI. A U.S. company was chosen for the following reasons:

- She stated that there was a belief in the CAT format and that it was the best tool for protecting the public. It is believed to be better at differentiating between borderline candidates as the adaptive nature of asking questions built into the CAT allows it to generate questions as it goes in order to determine real knowledge.
- The exam would be available all year long at a permanent centre in Vancouver. Temporary centres would also be made available around the province at regular times. More days are therefore available for candidates to write but less people would write at the same time. There would be greater choice as to where candidates could write the exam. As well, there will be accommodation for those with a variety of disabilities to write in an adaptive environment. The vendor apparently will pay the expenses of the temporary writing centres as part of the negotiated contract.
- Results would be available to the regulator in 48 hours and then to the writers shortly after that. It is anticipated that the price to write the exam will be much less than the CRNE.
- There would be less cheating with less opportunity to sell questions as security is high. Data will be stored in Chicago.

Laurel described the process of how the exam would be constructed.
She stated it would be constructed with “significant input from Canadian nurses and nurse educators”. Questions must be “bias free” so that someone from any country can write the exam. She saw this as advantageous for IENs.

The CRNE blueprint will not be used but the areas for question development will come from analysis of information gathered through a survey of practicing nurses. A practice analysis has been done by the BC and Ontario regulatory bodies. Questions will now be based on required Knowledge, Skills, and Abilities. A practice analysis will be done every 3 years as opposed to the 5 year review of competencies currently done in BC. A group of Canadian nurses who will act as subject experts will examine the questions. Item writers will come from undergraduate nursing faculty, some from Canada and some form the US. The questions will be reviewed by reviewers who actually supervise new graduates and the regulatory bodies will also examine the questions. When the question was asked if any of the current questions would be used Laurel said “no”. She said that some of the current questions in use in the U.S. exam would continue to be used. At this point it first became evident that the exam would also be the U.S. exam and that there was an unknown percentage of Canadian nursing faculty who would participate in development of new questions. It is now seen as a “North American” exam.

Many questions were asked at this point.

When directly asked if CASN or other groups were consulted, Laurel said “no”. She stated that the determination about the exam was purely the job of the regulatory bodies and no other consultation was required. They need to decide what tool to use to protect the public.

Concern was expressed that the acute care focus of the U.S. model would not allow for examination of content that is required by our competencies. Laurel reiterated that Knowledge, Skills and Abilities was what would be examined. Many other concerns were expressed (cultural differences, a greater degree of simulation used in the U.S., the fact that the U.S. only requires a diploma to write the exam)

Particular concern was expressed about the storage of data within the U.S. The implications of the Patriot Act. Our own legislation which requires educational institutions not to use online bases which store data in the U.S. (UBC has ceased use of “Turn it in” because of this). Laurel did not feel this was a concern.

Is it possible to reverse this decision? The negotiations continue but are close to actual signing of the contract and it seemed unlikely.

Dissatisfaction with the process was expressed by many. Laurel promises updates regarding the negotiation process and will ensure that we get a copy of the RFP so we can see what they were asking for in the search. When Laurel left, the members of the council determined to find sources of support and to slow or stop the process so that greater consultation with Canadian nurses could take place.

Follow up.

**Action Items:**

Representatives from NECBC will have a teleconference with Judith Shamian to get her advice on how to proceed.

A delegation from NECBC will bring a proposal to halt the process to the CRNBC board meeting on Feb 10, 2012
There will be consultation with government sources regarding the Patriot Act and how this would affect this initiative.

A member of NECBC should run for the available Member at Large at CRNBC.

6. Announcements
   6.1 Debbie Sargent will become the new Dean for the School of Health Sciences at VCC.
       Congratulations to Debbie. She begins her new position on Monday, Jan 23, 2012.

7. Future Meeting

   March 23, 2012
   June 8, 2012
   October meeting is to be determined and based on date established for the fall Health Deans & Directors.