

**Practical Nursing Articulation Committee  
Spring 2012 Meeting- April 17, 2012**

**Attendees**

- Marian Anderson, LPNABC
- Aileen Barnes, VCC
- Laurie Bird, NIC, Secretary
- Cindy Broberg, NLC
- Diana Campbell, VIHA
- Sarina Corsi, Stenberg, Liaison for BCCA/private colleges
- Anita Dickson, Fraser Health
- Christi Garneau, BCCAT
- Carly Hall, Camosun, Rep for CAPNE
- Marilyn Heaps, VCC, Chair Articulation
- Baljit Lail, CLPNBC
- Sabine Lundman, NWCC
- Lynne MacFadgen, VIU
- Cheryl Mackie, COTR
- Rhonda McCreight, TRU
- Debbie Sargent, Dean VCC
- Jacquie Scobie, CNC
- Norma Stubbart, OC
- Dishy Banipal, UFV
- Jocelyne Van Neste-Kenny, NIC Dean Liaison

**Regrets:**

Chris Kincaid, HEU  
Denise Delane, VCH  
Fe Forteza, Eminata  
Laureen Duerksen, Seabird  
Marti Harder, NVIT  
Monica Adamack, Interior Health  
Nancy Edge, VCH

**Consideration of Agenda** - accepted

**Approval of Fall 2011 minutes** –

- Add Marilyn Heaps to attendee list,
- Otherwise approved and accepted by Jacquie Scobie and Marian Anderson

**Terms of Reference**

- Reviewed
- Commented that a rep from the biology articulation will be asked to attend the next meeting to discuss the articulation of the BIO pre-req for PN education. Christi (BCCAT) commented that the health educator stream of BIO are applying for

recognition as a separate articulation committee

### **Business arising from the minutes**

#### **CLPNBC Report**

- Education recognition process – results are posted on the website for those colleges who have been approved
- LPNs can now follow through with orders given by a NP educated in Canada. Working with CRNBC to develop statements about this process.
- Elaine Baxter and Pat MacDonald are no longer with CLPNBC. Carina Herman acting in dual role as executive director and director of practice. Baljit Lail is the Education Coordinator. Sarah Telford is Acting Deputy Registrar.

#### Discussion

- 27 old curriculum program starts between January and June – all at private colleges
- Stenberg College has started the new curriculum as has Okanagan College, North Island College, Vancouver Community College. Camosun College starting in May.

#### **LPNABC Report**

- AGM held yesterday. Had historical artifacts for the first registrant in BC - #1, Florence Wilson, graduated from Vancouver Vocational Institute. Worked until she was 85 yrs. Had gone back to school in her fifties and worked at the BC Cancer Agency.
- By the fall this material will be up on the BC Historical website. Report will be uploaded to LPNABC as well.
- Working on increasing their membership, students welcome with a decreased student fee. Will be putting a % of the fees towards a bursary for members pursuing their education.
- Lots of resources for PNs available on website

**CALPN Report** – this group is defunct at present

#### **CAPNE Report**

- Spring mtg. in a few weeks. National Conference will be in Victoria in October 1-3
- Will consider topics for presentation although the official abstract call has closed
- Event on Tues. night – bus tour and then going to Mungo Martin house on the BC museum site – dinner and cultural experience.
- Key note speaker Kay Barrington, NFLD and Katherine Murray, end-of-life care
- Question re: student entrance fee – Carly will bring this to the CAPNE committee

#### **HEU Report**

- No rep present
- BCNU has applied to the Labour Relations Board to have LPNs in their union. BCNU has to present that they have enough LPNs interested in moving – 50% (Marion Anderson). Then all registrants will vote.

### **Dean's Report**

- Met at the end of March, MADVED Paul Clarke there is another ministry reorganization, 3 divisions and 4 directorships will be regionalized – little information at present as in the midst of reorganization. Wanted to extend his thanks to those of us involved in and implementing the new curriculum – the ministry recognizes the workload.
- Call for one time funding. PN may no longer qualify for short term funding except perhaps Access. A concern for educational institutions who are wishing to meet the needs of their region. Not funding any extra seats in PN
- Funding for core programs maintained focus of the ministry on the collaboration between institutions. Collaboration issue an interesting one. While they speak of it they are unable to fund these because of the funding models, the educational institutions are penalized as the FTE model does not reflect the collaboration. Needs to be a way to do this that does not affect the funding
- Sheryl Steward developing an educational plan “think health BC” describing the link between population health needs
- Educational forecast
- Discussion in MOH re: HCA educational prep to work in healthcare – discussions ongoing to sort out the disparities that stakeholders
- MOH and MADVED
- Considerable discussion about simulation. Need to work collaboratively between educational institutions, and across education and health authorities to build resources. Discussion about simulation hours replacing practice hours – needs further research
- Rural realities vs. urban realities about FTE production. Discussion often urban based, now a commitment to look at rural delivery in remote regions

### **Continuing Studies Report**

- Handout of VCC CE publication - pp.33 start of Health Care section.
- VCC has IV theory course and an IV Medication Course for LPNs and numerous other courses, ‘Heightened Expectation” courses for acute and complex settings, lab values, foot care, etc. LPN to BSCN transition courses. Maternity/Pediatrics courses are under the transition courses but may be taken by practitioners interested in this area.
- Refresher course for LPNs needs to be rewritten. Internationally educated nurses and practitioners with lapsed memberships would be the population accessing this course. Difficult to teach these two populations together as they have different needs.
- Have discussed the need for a separate access course for Internationally Educated Nurses.

- VCC has done evaluation of practitioners on performance reviews with their employers, and have done assessments on IE nurses and for practitioners that have lost their license. Costs approx. \$2600 per person.
- Anita commented that A&P can be a weakness for practitioners transitioning from complex to acute care
- VCC, OK and Camosun Colleges have bridging programs for the LPN to BSN. NIC does PLA at present but is looking at a bridging model with VIU. All the BSN curriculums differ so there is not a smooth transferability/applicability of transition courses offered by VCC to other BSN program
- Stenburg has been doing Adv. Leadership and IV therapy; immunization workshops are on hold at present. Looking at adding the foot care courses.
- OK College interested in offering courses but instructor resources are slim

### **New curriculum-general overview and discussion**

- **NIC** delivery model includes frontloading the pre-req before the PN pgm. Content. Port Alberni offering 5 days per week started mid Feb. and will run til the end of August 2013 – then will take in a second intake in Sept. 2013 a 4 day per week model over 2 academic years. Campbell River will take
- **VIU** CLPNBC site tentative visit in June pending report submission success. Program offering 2 concurrent programs – Nanaimo and Cowichan.
  - See new pgm. as an opportunity for interprofessional interactions with the BSN program.
  - Faculty struggling with feeling overwhelmed; term faculty very involved in process.
  - A&P running through CE (decentralized CE model) – can be taken by any students across the province, is a face-to-face program. Offered over 8 weeks, may move to longer delivery.
  - Waitlist for program, 130 plus for 56 seats
- **COR** – written report submitted, CLPNBC site visit in June. A&P (87 hours) in January with 6 students and will offer again on-line at end of April. The latter offering of A&P will be open to other students. Program offering in Sept. at Cranbrook campus only over 2 years.
- **NWCC** – written report in the works and will be submitted to CLPNBC soon. Trying to plan workshops for faculty. Program start planned for Sept. College has budgetary issues, a number of layoffs and cutoffs happening. Planning on concurrent intake. A&P within the program – front loaded, will introduce Prof. Practice and Prof. Communications during the last 2 weeks of A&P. Will increase student numbers do address expected attrition.
- **TRU** – plan for 2 yr. academic program hopefully in Sept. working on educational process in the school. Have an on-line A&P equivalent – Health 1121 – open to anyone. Going to take International Students – increasing the seats to accommodate 8 seats for students from India, looking at students who have a nursing background. Plan on interdisciplinary teaching – offering Health Promotion to LPN, HCA and Human Services Workers. Struggling to fit language of curriculum with their internal

models in terms of academic expectations for pharmacy and CPE hours. Note that CPE can't be started until theory courses finished. Blended delivery of the curriculum – plan to offer material on-line.

- **NLC** on-line to have the site visit with expectations to start in Sept. Plan to be a 2 year model more or less following the academic calendar. A&P offered outside and upfront of the program. Want to know the minimum criteria for the A&P course – hours, means of evaluating outcomes – invigilated vs. not. Interested in the rigor of the exams – these are timed – are the online exams written in a supervised setting?
- **Camosun** – site visit completed. Starting an intake in May and another in Sept. Will go to just one intake in Sept. after this year. 20-month model with breaks interspersed rather than one large break. A&P face-to-face cost recovery basis via the department, have been offering it 6-8 times per year but suspect numbers will dwindle. Wait list has decreased a fair bit – students applying now have a chance to get into Sept. Working closely with their Aboriginal Dept. to build comfort with the increased Aboriginal content in the new curriculum – have a course directed at faculty around history, etc.
- **Okanagan** – started 2 intakes in Kelowna and Penticton in January. First level is finished. Some attrition in first level and continuing with prep. 17-month delivery with 5 weeks off in the summer. Intaking in Kelowna and Vernon in September. Have an upcoming site visit for Vernon. A&P is on-line open to all. Large number of applicants to PN program so they are reserving seats in the A&P for their own students.
- **CNC** – awaiting site visit date. Running A&P regularly. Hope to start in Sept. decreasing intake for the first time to 24 and then upping numbers to 32 for subsequent intakes. Will run over 20 months and take in every Sept. with a 3 month overlap, break at Thanksgiving, Xmas, and 6 week summer break.
- **Stenberg** – rec'd approval and starting in April. 12 students intake with 24 seats available – lots of competition with other privates offering old curriculum. Using a Moodle platform and blended delivery of courses with each having on-line components for each course using Elsevier resources. Tuition 26 thousand, up from approx. 20 thousand
- **VCC** – two intakes in March after site visit. Access and generic intakes, numbers dropped somewhat perhaps due to delayed delivery but anticipate numbers will rise. Teaching pharmacology on-line through Moodle. Students doing well with new delivery, finances an issue for students. Faculty development regarding the new curriculum has really helped with delivery of new curriculum – ongoing process. Faculty taking the Indigenous cultural competency course on-line available through health authorities. Introducing problem based learning for the INP course, as per the BSN. Research advises introducing PBL at the beginning of the program to promote success. Starting slowly, having a group of family scenarios and using family members as a focus for different levels and health issues. Identifying some of the key concepts across the curriculum and identifying faculty to ensure that the concepts are threaded throughout the curriculum adequately such as pain and end-of-life care. Good feedback from students about connection of content between courses.

### **Clinical Placements and Practice Issues**

- Question about IV theory/practice for PN students – advanced practice
- **Anita Dickson, Fraser HA**
  - Ongoing issue with role confusion – RN and LPN overlap, lap of clarity about scope
  - Acute care HCAs CE curriculums have material that indicates an advancing scope and role for these workers. With HA looking to save money this is an attractive thought. However, HCAs are unregulated and their scope of practice is under the RN's delegation.
  - Have written a framework and piloted a 5 day workshop and associated practice hours of an ER curriculum for LPNs – 149 LPNs working across FH in emergency. Will be offering this as a provincial document.
- **Dianna VIHA** –
  - Educ., regulatory, and practice stakeholders meeting on Vancouver Is. – what prep needs to be done with the existing staff around the curriculum changes. Work going forward is how to work with and prepare the staff?
  - Working group looking at workplace needs for LPNs. 1500 LPNs are employed in VIHA
  - Health authority are receiving requests for PN placements in places they have never had them before in acute care settings. Community placement requests are also additional types of requests
- HA struggling with clarity and perception about competencies
- Venue to discuss issues is also the advisory committee
- Level three mat/child to be taught in simulation scenarios
- Fraser Health still has education monies earmarked for LPN education.

### **NURS 1602 – A&P**

- **NOTE:** A&P not the pre-req for the entire program. A&P not a pre-requisite for Professional Communication and Professional Practice Level 1.
- This decision was made by the Steering Committee for the PN Curriculum-it did not come back to the curriculum committee and was not communicated to the colleges at large except in the final curriculum document.
- **CREATE template for A&P**
  - All schools to complete as to how they are offering how, when, hours, method of evaluation – are the on-line exams done in a supervised setting?

### **BCCAT**

- Reviewing and updating BCAAT articulation handbook
- Handout attached to the minutes
- Individual college registrar's responsibility to publish the PN course info – advise that PN courses need to be identified

### **Job Opportunities for new LPN's**

- Had been a slump in the lower mainland but many new VCC grads indicated they had jobs, many casual, some FT particularly the Access students who have HEU membership.
- CNC grads are getting jobs, mostly casual
- OK, slump in Okanagan, a number hired but some still waiting, some registering for Athabasca transition to BSN pgm
- Camosun most employed locally as casual
- NLC similar, an issue with casuals only being able to sign on to one employer
- TRU has students from outside of area, many are hired, in cmty., Aboriginal settings, mat/child
- NVT is the same, some in acute hospitals and some residential
- NWCC mostly casual hires, most hired, work across HCA/LPN roles. Skidegate getting a new hospital
- COR most hired casual
- VIU casual jobs, some working as HCAs also
- NIC casual jobs, 3 of 19 moving to AB, a number working as both HCA and LPNs

### **Date for the Fall 2012 PN Articulation Meetings**

- Invite the Ministry reps
- Articulation meeting this fall - Oct. 16, 2012