A Survey about Specialty Areas of Focus in Entry-level Registered Nurse Education Programs in British Columbia

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For the Coalition on Entry-level Registered Nurse Education
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MAIN MESSAGES

1. The majority of entry-level registered nurse education programs in British Columbia offer some courses with specialty areas of focus to fourth year students.

   Specialty areas of focus refer to theory and practicum courses that provide students with the opportunity to gain theoretical knowledge and practical experience in a particular area of nursing practice. These opportunities range on a continuum from a **beginning introduction** to practice areas that have traditionally required education beyond the baccalaureate level (e.g., emergency and intensive care nursing) to a **more in-depth** focus on areas that are required practice areas in the entry-level curriculum (e.g., mental health, pediatrics, and obstetrical nursing).

2. There is a wide variety of approaches as to how educational institutions are currently including specialty areas of focus in entry-level programs.

3. The capacity of educational institutions to develop and implement courses with specialty areas of focus in entry-level programs is influenced by the availability of human resources, clinical placements, physical space, funding, and administrative supports.
EXECUTIVE SUMMARY

The purpose of this project was to survey educational institutions to examine the scope of the current initiatives regarding the inclusion of “specialty areas of focus” into entry-level registered nurse education programs in British Columbia (B.C.). Entry-level registered nurse education programs are those that prepare graduates for initial registration to practise as a registered nurse (RN). This term is used interchangeably with basic nursing education programs or baccalaureate programs. Specialty areas of focus refer to theory and practicum courses that provide students with the opportunity to gain theoretical knowledge and practical experience in a particular area of nursing practice. These opportunities range on a continuum from a beginning introduction to practice areas that have traditionally required education beyond the baccalaureate level (e.g., emergency and intensive care nursing) to a more in-depth focus in areas that are required practice areas in the entry-level curriculum (e.g., mental health, pediatrics, and obstetrical nursing). Such opportunities may foster nurses’ educational and career trajectory towards a particular area of nursing practice.

The project results presented in this report provides baseline information about the current approaches for incorporating specialty areas of focus in entry-level programs and provides insights into the ongoing feasibility and potential implications of such initiatives.

A quantitative methodology was used in this project to survey Directors of all entry-level registered nurse education programs in B.C. A total of 17 programs were eligible to participate. Fourteen programs (n = 14) located across British Columbia returned and completed the survey for a total response rate of 82%.

Based on the results of this survey, educational institutions have, and continue to, offer courses with a wide range of specialty areas of focus and have some capacity to support these initiatives. A significant number of nursing students in B.C. (approximately 378 to 667 per year) participated in some form of educational experiences with a specialty area of focus. Based on the fact that approximately 800 students per year graduate from entry-level programs, this means that 47% to 83% of new graduates are exposed to specialty areas of focus. All participants (100%) that offered four-year degree completion programs provided opportunities for fourth year nursing students to complete courses within a given specialty area of focus. More than three-quarters (79%) of these programs currently offered theory courses and almost all (91%) offered practicum courses. Theory and practicum course are being offered in a variety of practice areas. On average, each educational institution offered 9 and 15 specialty areas of focus for theory and practicum courses, respectively. Participants from educational institutions that did not offer specialty areas of focus were those that did not offer degree completion (i.e., only offer the year one and two of the degree program).

Most programs cited a combination of outcomes that they hoped to achieve by offering courses with a specialty focus, which were geared towards meeting both the needs of students and employers while at the same time achieve the entry-level competencies expected of new graduate registered nurses. A key student outcome was to provide supportive opportunities for students to make career choices, to find a career path of interest, and to work towards their career goals in a particular area of nursing practice. A key employer outcome identified by participants was to assist in the beginning preparation of
registered nurses to possibly meet the anticipated human resources needs of specialty areas of nursing practice.

There is a wide variety of approaches as to how educational institutions are currently incorporating specialty areas of focus in entry-level programs. As part of the survey, participants were asked to report on their experience of strategies for improving access to and delivery of courses with a specialty area of focus in entry-level programs. Having collaborative partnerships between education and practice in the planning and implementation of courses with a specialty area of focus was identified as a necessity for success. Reported by participants were also other strategies to improve access, delivery, and the administration of these initiatives.

Participants indicated that some resources were sufficient to sustain their current capacity for offering opportunities in a specialty area of focus. The resource most frequently reported as “adequate” was counseling for students (91%) and adequate student interest (73%). Slightly more than half (55%) of the participants indicated that they had sufficient space to plan for and deliver the theory courses; however, clinical laboratory space and faculty office space were insufficient (64%). With regards to clinical placements, almost two-thirds of programs (64%) reported that they had clinical agencies willing to take undergraduate nursing students for practicum courses (i.e., clinical placements); however, only half reported an adequate number of clinical placements available.

More than half of entry-level programs have insufficient resources for the number of students to which they currently offer a specialty focus. The insufficient resources most frequently selected by schools were human resource deficiencies: staff to coordinate a specialty focus (82%), faculty recruitment (82%), and back-up teachers to cover absences (73%), and the number of preceptors available (64%). Almost two-thirds (64%) of schools reported that the financial support for students was insufficient. Slightly more than half (55%) of schools reported insufficient administrative support staff, mentoring of novice teachers (administration), and scholarly development of faculty. A lack of funding and a less than positive acceptance of students and entry-level registered nurses in specialty settings were identified by participants as key administrative challenges faced when offering specialty areas of focus in entry-level programs. Financial challenges affected both the delivery of courses, as well as the ability of students to access and participate in these courses. Poor infrastructure within educational institutions and health care organizations were perceived by participants to be less of an administrative challenge to delivering these courses.
Recommendations

The purpose of this project was to survey educational institutions to examine the scope of the current initiatives regarding the inclusion of “specialty areas of focus” in entry-level nursing education programs in British Columbia. Based on the results of this survey, educational institutions in British Columbia are offering courses with a wide range of specialty areas of focus and have the capacity to support these initiatives. However, recognizing the need for more nurses in the traditional specialty areas of nursing practice, the variety of approaches for implementing these initiatives, and the lack of established best practices, we propose some recommendations.

1. Practice leaders and educators, as well as other key stakeholders, develop and implement a coordinated province-wide framework for incorporating specialty areas of focus in entry-level programs.

   1.1. Define the terms and concepts pertaining to specialty education (e.g., specialty areas of focus in entry-level programs and post-basic specialty programs) and nursing practice.

   1.2. Delineate what differentiates specialty practice from foundational areas of nursing practice to clearly identify educational and practice requirements necessary for competent registered nurse practice in highly complex clinical areas.

   1.3. Establish agreement about the assumptions underlying the inclusion of specialty areas of focus in entry-level programs (e.g., type and nature of the education and practice experience). A literature synthesis is necessary to determine whether these assumptions are warranted.

   1.4. Utilize best practices and evidence-based strategies for implementing specialty areas of focus and establish criteria to guide student enrolment in these educational initiatives.

   1.5. Clarify the unique and shared responsibilities of educators and practice leaders to ensure that graduates who are interested in a particular specialty area of nursing practice are deployed in the most effective way possible (e.g., RN employment in practice settings that complement courses taken during their entry-level education) and that the appropriate post-graduate education and experience is received to facilitate student and registered nurse success and ensure protection of the public.

   1.6. Examine the long-term and short-term implications of offering specialty areas of focus in entry-level programs.

   1.7. Establish stakeholder agreement about the optimal outcomes of these initiatives for organizations, students’ learning, nurses’ career, and patients.

   1.8. Specify the number of graduates needed per specialty area required to meet the nursing workforce needs and achieve the planned outcomes.

   1.9. Conduct short-term and long-term evaluation of offering specialty areas of focus in entry-level programs to assess the planned outcomes.
2. In the interim, establish short-term survival strategies to maintain, or possibly enhance, the current system for offering specialty areas of focus while planning for long-term changes that could occur.

   2.1. Maximize current use of clinical resources in the practice setting.

   2.2. Establish short-term benchmarks by which these initiatives are evaluated. To ensure efficient and cost-effective use of educational institution resources to achieve the specified benchmarks, the study of the cost of offering entry-level nursing education with specialty areas of focus (as opposed to post-basic specialty education) should be undertaken immediately.

   2.3. Identify the infrastructure for redesigning entry-level education to increase the numbers of students accessing courses with a specialty focus and identify educational institutions with the potential to expand.

   2.4. Make funds available to educational institutions to introduce or expand specialty focused opportunities available to students in entry-level programs.
1. INTRODUCTION

Nurse educators, nurse administrators and the nursing regulatory body, amongst others, have been working together for more than 20 years on issues related to entry-level nursing education. This includes a focus on ensuring registered nurses are educationally prepared to meet the health care needs of British Columbians. The relationship between educators, administrators, and the regulatory body was formalized through a coalition relationship with representatives from the Nursing Education Council of B.C., the Health Care Leaders Association of B.C. and the College of Registered Nurses of B.C. (referred to in this document as the Coalition on Entry-level Registered Nurse Education). The Coalition’s mandate is to support the achievement of the competencies required for entry-level practice as a registered nurse through baccalaureate nursing education.

In 2002, the British Columbia government announced that new nursing graduates will achieve the entry-level competencies through basic nursing education programs at the baccalaureate level. The move to baccalaureate nursing education as single entry-level preparation in British Columbia was supported in efforts to ensure registered nurses meet the changing and complex health care needs of the population served. After a transition process, the baccalaureate as entry-level preparation was accomplished at the end of 2005. The Coalition, in partnership with nurse leaders provincially and nationally, has identified three broad areas of focus related to entry-level nursing education that they will work together on during the next three years.

These broad areas of Coalition focus are:

1. Alignment of expectations and clearly delineated responsibilities among practice, education, and regulation regarding new graduate practice.
2. Dialogue amongst registered nurses to gain mutual understanding regarding the entry-level education requirements for registered nursing practice.
3. Education of the public regarding entry-level education requirements for registered nursing practice.

In 2006, the Coalition undertook the project reported in this document, which was designed to address the area of focus: Alignment of expectations and clearly delineated responsibilities among practice, education and regulation regarding new graduate practice.

The purpose of this project was to conduct a survey of current educational programs to examine the scope and capacity for offering “specialty areas of focus” in baccalaureate nursing education programs in British Columbia. Specialty areas of focus typically begin in the fourth year of the entry-level registered nurse education program and are distinct from the idea of “post-basic specialty education programs” which occurs after graduation from entry-level programs. The project results presented in this report provide baseline information about the current approaches for incorporating specialty areas of focus in entry-level programs and provide insights into the capacity of entry-level registered nurse education programs to offer these initiatives.
The specific aims of the survey were to:

a. Describe current approaches, resources, and structures for incorporating specialty areas of focus in entry-level registered nurse education programs in B.C.

b. Identify the extent to which entry-level programs in B.C. can accommodate specialty areas of focus.

c. Identify successes, challenges, and outcomes pertaining to a specialty focus in entry-level programs.

1.1 Definition of Specialty Focus

In this report the phrase “specialty areas of focus” (or specialty focus) refers to theory and practicum courses that provide students with the opportunity to gain theoretical knowledge and practical experience in a particular area of nursing practice. These opportunities range on a continuum from a beginning introduction to practice areas that have traditionally required education beyond the baccalaureate level (e.g., emergency and intensive care nursing) to a more in-depth focus on areas that are required practice areas in the entry-level curriculum (e.g., mental health, pediatrics, and obstetrical nursing). Such opportunities may foster nurses’ educational and career trajectory towards a particular area of nursing practice.

1.2 Project Context

This project was undertaken in a context of changing regulatory, educational, workplace, and societal influences that affect nursing practice in today’s health care system. During the last few decades nursing education has been transformed to align with changing health care trends. Nursing education has evolved from primarily an apprenticeship training model to a higher educative model. In 2005, the educational preparation in B.C. for entering RN practice was established as a baccalaureate degree. This move to baccalaureate education as the entry-level preparation for registered nurse practice was intended to ensure that registered nurses are educationally prepared to meet the health care needs of British Columbians. At the same time, Canada has faced escalating health care costs related to an aging population and an increased prevalence of chronic medical conditions and has experienced intense reform of the health care delivery system. Adoption of new models of health care delivery have been imperative with shorter hospital stays, discharge into the community of more acutely ill and recovering clients, and community treatment of clients with chronic medical conditions and illnesses. The pressures on the health care system are further stressed by nursing workforce shortages in Canada and worldwide. The rapid expansion of knowledge and implementation of advanced technologies have affected nursing, like other health disciplines. Many of these factors have elevated the importance of registered nurses arriving in the work setting with the ability to move seamlessly into a variety of entry-level practice settings, and more recently highly specialized areas of practice that are often technologically complex, require a unique knowledge base, and serve a select population group in terms of age and/or health condition. Together, these factors also create a sense that every person who enters into this care delivery system must be deployed in the most effective way possible.
The introduction of baccalaureate nursing education as entry-level preparation in B.C. is based on the need to prepare graduates for practice by creating a foundation for the development of nursing expertise that is transferable across diverse practice settings.1 Arising from discussions about new graduate readiness for employment have been issues of preparing nurses for specialty nursing practice. British Columbia, similar to other provinces, is challenged to maintain a sufficient supply of appropriately prepared registered nurses to deliver competent and safe care for all types of patients. With continued increases in the levels of patient complexity, this challenge is intensified, as higher levels of knowledge and skill focus are often required to meet patient needs. Educating nurses to practise in highly complex areas has traditionally been offered through post-basic specialty certificate programs. These programs are an important component within the broader career trajectory of RNs. Internationally, there are major challenges in providing an adequate nursing workforce to meet the health care needs of the population and the health care system, especially in the traditional specialty practice settings (e.g., operating room, critical care, emergency, perinatal, and neonatal).2 Some nurses hold the assumption that entry-level nurses may be less likely to enter a specialty area of nursing practice unless they have had some exposure to the specialty environment during their basic nursing education program.3 For new graduates prepared for entry-level settings, the transition from student nurse to new graduate RN can be very anxiety-provoking.4 In an attempt to meet the demands of the health care system, the career interests of students, and to ensure preparedness of new graduate RNs there has been growing interest in the notion of offering a specialty area of focus to students enrolled in entry-level RN education programs in B.C. Appendix A specifies several other factors that may further contribute to the growing interest in the notion of a specialty focus within entry-level RN education programs in B.C.5-7 This survey was undertaken in the context of a number of discussions about specialty education in B.C. during the last three years:

- A Joint Submission by the Nursing Education Council of British Columbia and the Chief Nursing Officer’s of B.C. (2004). Educating and Deploying Nurses Effectively.
- Nursing Education Council of British Columbia (September 16, 2005). Specialization in Nursing and Nursing Education. Strategic Planning Day, Richmond, B.C.
2. APPROACH

A survey was used in this project to collect information about the inclusion of specialty areas of focus in nursing education from key stakeholders who offer entry-level programs. The project time frame was seven months.

2.1 Target Group

Directors, or their designate, of all entry-level registered nurse education programs in British Columbia were asked to complete the survey with information about their current nursing education programs. Entry-level registered nurse education programs are those that prepare graduates for initial registration to practice as registered nurses. A total of 17 programs were eligible to participate, of which 13 were four-year degree completion programs and 4 were collaborative programs offering the first and second year of a four-year baccalaureate program.

A limitation of this project was its narrow scope in examining specialty focus initiatives from the perspective of educational institutions.

2.2 Questionnaire

Development of the survey was based on a review of the literature, discussions with key informants in education, and consultation with members of the Coalition on Entry-level RN Education. The 36-item survey (see Appendix A) included a combination of closed and open-ended questions. The survey took approximately 15 to 30 minutes to complete.

2.3 Data Collection and Recruitment

On behalf of the Coalition, potential participants were sent an introductory electronic letter asking them to complete an upcoming survey about incorporating courses with a specialty focus into their respective nursing education programs. Subsequently, an e-mail message describing the purpose of the survey and containing a hyperlink to the online survey was distributed.

The survey was posted in English during October 2006 using SurveyMonkey (www.surveymonkey.com). Several follow-up letters and e-mail notices were used to prompt response to the survey. The effort to obtain responses from all nursing education programs in B.C. spanned four weeks.

2.4 Participants

A total of 17 programs were asked to complete the survey. Fourteen educational institutions (n = 14) returned and completed the survey for a total response rate of 82%. Eleven educational institutions offered a four-year baccalaureate program and three institutions offered the first and second year of the four-year baccalaureate program. Geographical distribution of participants included representation from educational institutions in both rural and urban centres and in all health authorities.
3. FINDINGS FROM THE SURVEY

This section summarizes the findings from the survey. Fourteen educational institutions (n = 14) returned and completed the survey. Eleven educational institutions offered a four-year baccalaureate program and three institutions offered the first and second year of the four-year baccalaureate program.

3.1 Current Approaches and Guidelines for Including Specialty Areas of Focus into Entry-Level Programs

More than three-quarters (79%, n = 11) of participants provided students with the opportunity to enroll in courses with specialty areas of focus. Three participants (21%) indicated they did not offer a specialty focus because they were a collaborative nursing program that offered the first and second year of the four-year baccalaureate program.

There were various ways that entry-level nursing programs currently provided courses with specialty areas of focus. Many educational programs offered a combination of theory and/or practicum courses with a specialty focus. Of the 79% (n=11) that provided students with these opportunities, 3 programs (27%) offered only practicum courses, 7 programs (64%) offered both theory and practicum courses, and 1 program (9%) offered theory courses with the option to take a practicum course if certain conditions were achieved (see Figure 1, Appendix C). In total, 8 programs (73%) offered theory courses and 10 programs (91%) offered practicum courses.

3.1.1 Theory Courses with a Specialty Focus

This section reports findings about the theory courses offered in specialty areas of focus.

Theory courses were offered by 8 (73%) out of the 11 entry-level programs that provided students with the opportunity to select a specialty focus. Theory courses with a specialty focus provided students with the opportunity to gain theoretical knowledge in a particular area of nursing practice that ranged from a beginning introduction of practice areas that have traditionally required education beyond the baccalaureate level to a more in-depth focus in areas that are required practice areas in the entry-level curriculum.

Since many of the educational programs offered more than one specialty area of focus, the eight survey participants were asked to identify theory courses available to students (see Table 1, Appendix C).

- The most frequently cited theory courses with a specialty focus were psychiatric/mental health (acute care and community), public health, perinatal, high acuity, and gerontology.
- The least frequently cited theory courses were occupational health, nephrology, and palliative care.
- Theory courses in traditional specialty areas of nursing practice (e.g., critical care, emergency, and perioperative) were offered by some programs (25% to 38%).
Programs with theory courses, on average, offered 9 (range 1 to 12) optional areas from which students may select. Educational institutions were not asked to report whether all theory courses were offered each academic year. The total number of classroom hours per theory courses in fourth year ranged from 12 to 90 hours with 36 to 42 hours being the most common reported length of time.

The most common number of fourth year students in each nursing program taking advantage of theory courses with a specialty focus was 25 to 49 students and 100 to 124 students per year (see Table 2, Appendix C). Based on the numbers reported by participants (see Table 2), on an annual basis approximately 475 to 667 nursing students (of the 800 students that graduate each year) received theory courses with a specialty focus in B.C. However, the number of students selecting each area of focus is unknown.

Five of the eight programs (63%) allowed nursing students in other programs to take their theory courses. Only one of the eight programs (13%) collaborated with health care organizations to have students take theory courses with a specialty focus in conjunction with their final/fourth year preceptorship. In addition to fourth year students completing theory courses with a specialty focus, two programs (25%) offered specialty theory courses to students in the third year of their program.

### 3.1.2 Practicum Courses with a Specialty Focus

This section reports findings about the practicum courses offered in specialty areas of focus.

Ten (91%) of the 11 entry-level programs who responded provided a specialty focus offered practicum courses. Practicum courses with a specialty focus provided students with the opportunity to apply theoretical knowledge and gain practical experience in a certain area of nursing practice that ranged from a beginning introduction to practice areas that have traditionally required education beyond the baccalaureate level to a more in-depth focus in areas that are required practice areas in the entry-level curriculum.

Since many of the educational programs offered more than one specialty area of focus, the ten participants were asked to identify the practicum courses/practice areas available to students (see Table 3, Appendix C)

- The most frequently (100%) cited practicum areas offered were public health, perinatal, and psychiatric/mental health (acute care and community).
- More that three quarters (80%) of programs offered practicum courses in home care, emergency, gerontology, high acuity, operating room/perioperative, pediatric, and rural health.
- The least frequently cited specialty areas of focus offered was occupational health, nephrology, and pediatric critical care.

Educational institutions with practicum courses, on average, offered 15 (range 7 to 24) optional areas from which students may select. Some participants indicated that not all specialty areas were offered each year. The total number of hours per practicum course ranged from 180 to 600 hours with the most common being within the 225 to 300 hour range.
Forty percent (40%) of programs had about 1 to 24 fourth year students take advantage of practicum courses with a specialty focus each year (see Table 4, Appendix C). Based on the numbers reported by participants (see Table 4), on an annual basis approximately 378 to 615 nursing students (of the 800 students that graduate each year) received practicum courses with a specialty focus in B.C. The number of students selecting each area of focus is unknown.

Seven of the ten programs (70%) allowed nursing students from other B.C. nursing programs to take their practicum courses. Nine of the ten programs (90%) collaborated with health care organizations to have students take specialty practicum courses in conjunction with their final/fourth year preceptorship. The majority of participants (n=8, 80%) indicated that practicum courses with a specialty focus were only offered to fourth year students; however, two programs (20%) offered specialty practicum courses, in select circumstances, to a limited number of students in third year.

3.1.3 Program Guidelines for Including a Specialty Focus

Participants were asked how their educational institution included specialty areas of focus into their existing entry-level program. For most programs, students were provided with opportunities to select a specialty area of focus as a means to achieve the program requirements for graduation. Completion of courses with a specialty focus was not a mandatory requirement for graduation. Three (27%) of the 11 programs that offered a specialty focus in their entry-level programs did not offer theory courses to accompany the practicum courses and one (9%) offered the theory with “conditional” opportunities to complete a practicum. A total of 10 programs provided students with the optional opportunity to complete their final practicum(s) and/or preceptorship in an area that has traditionally considered a specialty area of practice. The majority of programs introduced specialty areas of focus at the beginning of the fourth year.

More than three-quarters (80%) of participants had some type of policies (i.e., formal or informal) or guidelines about offering a specialty focus. Each education program had its own policies, therefore a range of policies were reported. A consistent guideline followed by most schools was the manner by which students decided on an area of focus. Typically, most students selected an area of focus in conjunction with an academic advisor in the nursing program. Many programs had syllabi for theory courses available to assist students with their choice. As part of the decision-making process, enrolment of students in courses with a specialty focus was based on one or more of the following student factors:

- personal preferences,
- theoretical preparation (e.g., currently enrolled or completed a theory course such as the British Columbia Institute of Technology (or equivalent) post-basic specialty course in that area),
- previous practicum experiences in their entry-level education program and the nursing related employment experiences (e.g., Undergraduate Nursing Program),
- previous practicum evaluations (e.g., strength, weaknesses, overall past performance, and adequate progression towards meeting entry-level competencies).
The availability of clinical placements for practicum courses, human resources (e.g., preceptors and faculty), and other practice supports were taken into consideration as part of the decision-making process for student enrolment in courses with a specialty area of focus.

Most programs offered theory courses for specialty areas of focus as elective courses. Students enrolled in these courses often selected them to foster their learning during their corresponding practicum course in a traditional specialty area of nursing practice. Some programs developed elective theory courses with a practicum component that was specific to various specialty areas of focus whereas other programs only offered practicum courses. Some students completed theory courses by distance from an accredited post-secondary institution. All students in the final year of their program were required to complete preceptorship practicum(s) which may or may not be in a specialty area of focus.

3.2 The Capacity of Entry-level Registered Nurse Education Programs to Include a Specialty Focus

The following section provides a summary of the resources and structures influencing the capacity of entry-level nursing education programs in B.C. to include a specialty focus.

3.2.1 Challenges Affecting the Inclusion of a Specialty Focus

Survey participants were asked which, if any, administrative challenges were of concern for their program. Of the 11 programs that offered a specialty focus in fourth year, the administrative challenges most often reported by participants were (see Table 5, Appendix C):

- lack of funding (55%),
- negative attitudes (55%) (e.g., negative attitudes towards students and hiring entry-level practitioners into certain practice settings),
- poor infrastructure within the educational institutions (36%) (e.g., insufficient faculty to organize and teach courses with a specialty focus, lack of time),
- poor infrastructure within health care organizations (36%) (e.g., poor access to practice settings for practicum courses and a lack of experienced nurses to mentor/preceptor students in practicum courses), and
- lack of cooperation from key stakeholders (36%).

Educational programs reported support by their respective organizations in offering a specialty focus and geographical isolation was not a barrier to offering a specialty focus.

Participants who wrote additional comments reported the following administrative challenges:

- Two participants commented on the competition among schools in securing practicum placements in highly complex areas of nursing practice in the Lower Mainland, while another respondent from a rural area indicated that certain specialty areas do not exist in the area where the nursing program is located.
• Three commented on the expenses students incurred (e.g., travel and accommodation) when practicum placements require relocation, particularly in rural areas.

• Other participants also indicated that students found it difficult to choose a specialty area of focus and feared that they may limit their career opportunities by focusing on a specialty too early in their career.

3.2.2 Resources Available to Support a Specialty Focus

A set of questions were asked to those educational institutions offering a specialty focus (n = 11) about current resources and constraints to support these initiatives. All participants answered these questions. The resources were grouped into five categories: faculty, students, clinical placements, space, and administration.

There were some resources reported as “adequate” to sustain current enrolments and possibly allow for future expansion of incorporating a specialty focus in entry-level programs (see Table 6, Appendix C). The resource most frequently (91%) reported as adequate was counseling for students (91%) followed by adequate student interest (73%) (students). Slightly more than half (55%) of the participants indicated that they had sufficient space to plan for and deliver the theory courses (administration). Only half of the educational institutions (50%) had sufficient faculty to teach theory courses and supervise practicum courses (faculty).

There were a significant number of resources reported as “insufficient” to sustain current enrolments and possibly allow for future expansion (see Table 6, Appendix C).

• The insufficient resources most frequently selected by schools (82%) were staff to coordinate a specialty focus (administration/faculty) and recruitment of faculty (faculty) with preparation at the master’s and doctoral levels.

• This was followed by an insufficient number of back-up teachers to cover absences (faculty) (73%).

• Almost two-thirds (64%) of schools reported the following resources were insufficient: number of preceptors available (faculty), clinical laboratory space (space), faculty office space (space), and financial support for students (administration).

• Slightly more than half (55%) of schools reported insufficient administrative support staff (administration), mentoring of novice teachers (administration), and scholarly development of faculty (administration).

With regards to clinical placements, two-thirds of programs (64%) reported that clinical agencies were willing to take undergraduate nursing students for practicum courses (i.e., clinical placements); however, less than half (45%) reported an adequate number of clinical placements available. In other words, participants reported that clinical agencies may have been willing to take baccalaureate nursing students; however, for various reasons the clinical agency/placements were not always available (e.g., lack of preceptors and placement used for students enrolled in post-basic certification programs).
3.2.3 Structures Necessary for Supporting a Specialty Focus

In an effort to understand the capacity of entry-level programs, participants were asked to identify the current structures necessary to support the inclusion of specialty areas of focus in their programs and to facilitate student success. The following structures were reported:

- Recruiting and retaining nursing faculty who have expertise in specialty areas of nursing practice to advise students and to teach courses in specialty areas.

- Having resources and support from the health authorities to facilitate student completion of practicum courses in a specialty area of focus (e.g., unit managers to collaborate with the educational institutions and preceptors).

- Designing curricula that included theory courses with a specialty focus that provided foundational theoretical knowledge for students’ practicum experiences. For example, some programs offered theory courses in the last three terms of the fourth year of the nursing program which was followed with the option for students to complete a preceptorship with a specialty focus in the final term of fourth year (preceptorship) or after graduation. In other programs some students took a theory course concurrently with the practicum course.

- Availability of various modes of delivery (e.g., distance, online, or in-person) for theory courses.

- Establishing policies that indicate that completion of courses with a specialty focus in the entry-level program does not necessarily provide registered nurses with the qualifications to practise in a specialty area of focus. Additional education and experience in a highly specialized area of nursing practice may be required following graduation from an entry-level nursing program.

- Having a post-basic specialty education program established, which allowed greater access to entry-level students.

- Financial support for students and nurse education programs (e.g., B.C. Academic Health Council, Practice Education Innovation Fund).

3.2.4 Other Factors Affecting the Inclusion of a Specialty Focus

Two other factors influenced the inclusion of specialty areas of focus into entry-level programs, they were:

- A lack of agreement among key stakeholders about specialty nursing.

- Balancing the need for preparing nurses to achieve the program requirements while at the same time considering employer needs and student interests.

The lack of agreement about what is a specialty area of nursing practice influenced which areas of focus were selected and included into the curriculum. For example, some programs viewed community health, gerontology, and palliative care as a specialty area whereas others viewed these areas as part of the entry-level curriculum. Participants were asked to identify what constitutes specialty practice and how they named (or ideally preferred to name) the areas of nursing focus offered or may be offered. There was a lack of agreement about how to name specialty areas of focus.
Given the current complexity of the health care system, many participants thought that all areas of nursing practice could be considered specialty areas. Some specialty areas of focus were described in many ways including body systems (e.g., cardiology), diseases (e.g., mental health), service or settings (e.g., residential care and operating room), and interventions/therapy (e.g., palliative care).

The second factor influencing the incorporating of a specialty focus was the **balance between preparing nurses to achieve the entry-level competencies** established by the College of Registered Nurses of British Columbia and **offering specialty areas of focus to meet the needs of students and employers/health authorities**. To be a recognized RN education program in B.C., schools of nursing need to ensure that students are meeting the entry-level requirements at graduation. A variety of clinical experiences across contexts and age continuums are necessary to meet these requirements. Education programs’ need to meet the College requirements often poses challenges for the inclusion of a specialty focus. From a health employer perspective, this means there may be a limited number of new graduate RNs exposed to what has traditionally been considered a specialty area of nursing practice. This balance between achieving entry-level competencies and preparing nurses for specialty areas of focus may be achieved by providing some opportunities for student to enroll in theory and/or practicum course in a specialty area of focus.

### 3.3 Strategies for Including Courses with a Specialty Focus

Survey participants were asked to identify strategies for delivering a specialty focus in their entry-level program. The major themes include: (1) building collaborative partnerships, (2) approaches to improve access or delivery, (3) administration/policies, and (4) individual needs of students.

#### Building Collaborative Partnerships

- Involving key stakeholders (i.e., educators, health care facilities/health authorities, and students) in the planning and implementation of theory and practicum courses.
- Establishing positive working relationships with the facilities at which students were completing their practicum.

#### Approaches to Improve Access or Delivery

- Developing courses in specialty areas of focus that could be accessed by students across the province
- Building on the use of existing courses with a specialty area of focus.
- Developing partnerships with local facilities to offer condensed versions of specialty courses offered to RNs in traditional specialty areas (e.g., emergency, neonatal, and perinatal).

#### Administration/Policies

- Using a preceptorship model to effectively facilitate practicum experiences and enhance student learning. Sufficient role preparation of preceptor and mentors in the various practice settings was viewed as essential.
• Managing the logistics of balancing students’ interest in a specialty area of focus with the nursing program curriculum requirements and the availability of suitable clinical placements.

• Developing solid policies and guidelines of practice appropriate for the level of the student.

• Evaluating each practicum experience offered in new practice settings.

• Securing clinical venues for practice courses that were appropriate for students and that interface with theory courses.

**Individual Needs of Students**

• Providing guidance to students about their career interests in a specialty area while assessing their fit with the specialty area and the venue.

### 3.4 Outcomes Pertaining to a Specialty Focus in Entry-level Programs

Survey participants were asked to identify the key outcomes for incorporating specialty areas of focus in entry-level RN programs. Most programs cited a combination of both student and employer outcomes that they hoped to achieve by offering courses with a specialty focus.

**Career Needs of Students**

• Provide supportive opportunities for students to make career choices, find a career path of interest, and achieve their career goals by (a) exposing students to a specialty area of focus, (b) assisting students to gain an understanding about a particular specialty focus, (c) increasing the depth and breadth of students’ knowledge and skill in a chosen specialty area of focus, and (d) building students’ confidence and competence in a specialty area of focus.

**Employer Needs**

• Meet an identified need by health authority/employers who were facing a shortage of nurses/vacant RN positions in specialty areas of focus.

• Having students complete a fourth-year practicum in a specialty area of focus was seen as a strategy for recruiting new graduates into that particular area.

Participants spoke favorably about the outcomes of these initiatives to achieve student identified interest and increase the employability of new graduates while at the same time meeting and building upon the entry-level competencies expected of new graduate RNs.

When asked if these key outcomes for offering a specialty focus in entry-level programs had been achieved, almost all (88%) of participants indicated yes, or at least in part.

No specific data was collected on the exact number of new graduates that were hired and/or that continued their post-basic education. Anecdotally some educational institutions indicated that given the current nurse shortage, new graduate RNs were being hired into many areas of nursing practice where they previously were not hired. As such, most graduates seek out and often attain
employment in the specialty area of focus that was of interest to them during their entry-level education. According to participants, some new graduates entering their career in a specialty area of focus also continued their post-basic education in the chosen area of nursing practice.

### 3.5 Potential Implications of Offering a Specialty Focus in Entry-level Programs

Regarding opportunities to offer specialty areas of focus in entry-level programs, the following potential implications were drawn. This is not a comprehensive list of potential implications, but rather it reflects the voices of participants.

- **Student Outcomes:** Nursing program graduates will need to continue to meet the competencies required of entry-level practitioners to provide safe, competent, and ethical nursing care for people in a variety of practice settings.

- **Clinical Placement Capacity:** Clinical placements and preceptors for students in specialty areas of focus will be required to accommodate a specialty focus.

- **Curriculum Restructuring:** Changes to entry-level nursing curricula and current models of clinical education will be necessary to include specialty areas of focus in the current entry-level programs.

- **Nurse Resource Planning:** Faculty and agency-specific clinical resources (e.g., preceptors and clinical teaching unit personnel) with a background in a specialty area of practice will be needed.

- **Financial:** Consideration of administrative costs, resources, and student costs associated with entry-level education with a specialty focus will be necessary.

- **Career Trajectory:** Exposing students to opportunities in a particular specialty area of focus may enable students to pursue individual career interests prior to graduation. Such experiences may lead to planned lifelong learning opportunities and the development of a professional identity for a particular specialty area of focus.

- **Employer Responsibility:** New graduate RNs who complete courses within a particular specialty area of focus may require employer support for additional post-basic education and clinical experience/resources to achieve the competencies required.

- **Reserved Actions:** There may be conditions and limitations placed upon RNs and students with regards to what they are able to do under the reserved actions specified under the Health Professions Act that may limit their ability to be educated within a particular specialty area of focus.
4. CONCLUSIONS AND RECOMMENDATIONS

Currently, the majority of entry-level nursing programs in B.C. have some capacity to provide opportunities for students in a specialty area of focus. A significant number of nursing students in B.C. participate in some courses with a specialty focus during the fourth year of their entry-level registered nurse education program. All participants (100%) that offer four-year degree completion programs provide opportunities for fourth year nursing students to move into specialty areas of focus. More than three-quarters (79%) of these programs currently offer theory courses and almost all (91%) offer practicum courses. Theory and practicum courses are being offered in a variety of practice areas. On average, 9 and 15 specialty areas of focus per nursing program are being offered for theory and practicum courses, respectively. Programs that did not offer a specialty focus were those that did not offer degree completion (i.e., these programs only offer the first two years of the degree program).

Providing student opportunities to move into a specialty area of focus are offered as elective/optional courses. There is a wide variety of approaches as to how educational institutions are currently incorporating specialty areas of focus in entry-level programs. The primary outcomes for these initiatives are to satisfy the students’ career interests and fulfill the employers’ human resource needs. There is a need for greater coordination provincially and to establish best practices for offering courses with specialty areas of focus to further facilitate graduates’ deployment into the practice setting. Evaluation of programs offering a specialty focus is necessary with regards to outcomes and implications for nurses completing entry-level programs with a specialty focus, organizations employing graduates who concentrated on a specialty focus, and patients receiving care from these practitioners.

The capacity of educational institutions to develop and implement courses with specialty areas of focus in entry-level programs is influenced by the availability of human resources (e.g., faculty to coordinate a specialty focus, mentors for novice faculty, and the availability of preceptors or clinical teaching units), clinical placements, physical space, funding, and administrative supports. More than half of entry-level programs have insufficient resources for the number of students to which they currently offer a specialty focus. Ongoing changes to existing nursing education programs may be necessary to offer quality nursing education with a specialty focus and to increase the capacity of existing programs. Substantive investment of upfront and ongoing funding are required to move to a proactive model of offering courses with a specialty focus in entry-level programs. There is a need to situate entry-level with specialty areas of focus within a larger context of specialized nursing practice and post-basic specialized education programs.
Recommendations

The purpose of this project was to survey educational institutions to examine the scope of the current initiatives regarding the inclusion of “specialty areas of focus” in entry-level nursing education programs in British Columbia. Based on the results of this survey, educational institutions in British Columbia are offering courses with a wide range of specialty areas of focus and have the capacity to support these initiatives. However, recognizing the need for more nurses in the traditional specialty areas of nursing practice, the variety of approaches for implementing these initiatives, and the lack of established best practices, we propose some recommendations.

1. Practice leaders and educators, as well as other key stakeholders, develop and implement a coordinated province-wide framework for incorporating specialty areas of focus in entry-level programs.

   1.1. Define the terms and concepts pertaining to specialty education (e.g., specialty areas of focus in entry-level programs and post-basic specialty programs) and nursing practice.

   1.2. Delineate what differentiates specialty practice from foundational areas of nursing practice to clearly identify educational and practice requirements necessary for competent registered nurse practice in highly complex clinical areas.

   1.3. Establish agreement about the assumptions underlying the inclusion of specialty areas of focus in entry-level programs (e.g., type and nature of the education and practice experience). A literature synthesis is necessary to determine whether these assumptions are warranted.

   1.4. Utilize best practices and evidence-based strategies for implementing specialty areas of focus and establish criteria to guide student enrolment in these educational initiatives.

   1.5. Clarify the unique and shared responsibilities of educators and practice leaders to ensure that graduates who are interested in a particular specialty area of nursing practice are deployed in the most effective way possible (e.g., RN employment in practice settings that complement courses taken during their entry-level education) and that the appropriate post-graduate education and experience is received to facilitate student and registered nurse success and ensure protection of the public.

   1.6. Examine the long-term and short-term implications of offering specialty areas of focus in entry-level programs.

   1.7. Establish stakeholder agreement about the optimal outcomes of these initiaves for organizations, students’ learning, nurses’ career, and patients.

   1.8. Specify the number of graduates needed per specialty area required to meet the nursing workforce needs and achieve the planned outcomes.

   1.9. Conduct short-term and long-term evaluation of offering specialty areas of focus in entry-level programs to assess the planned outcomes.
2. In the interim, establish short-term survival strategies to maintain, or possibly enhance, the current system for offering specialty areas of focus while planning for long-term changes that could occur.

2.1. Maximize current use of clinical resources in the practice setting.

2.2. Establish short-term benchmarks by which these initiatives are evaluated. To ensure efficient and cost-effective use of educational institution resources to achieve the specified benchmarks, the study of the cost of offering entry-level nursing education with specialty areas of focus (as opposed to post-basic specialty education) should be undertaken immediately.

2.3. Identify the infrastructure for redesigning entry-level education to increase the numbers of students accessing courses with a specialty focus and identify educational institutions with the potential to expand.

2.4. Make funds available to educational institutions to introduce or expand specialty focused opportunities available to students in entry-level programs.
5. ADDITIONAL RESOURCES

The following resources discuss issues related to the inclusion of specialty areas of focus in entry-level nursing education programs.


6. REFERENCES


APPENDIX A:
Factors Influencing the Need for Specialty Areas of Focus in Entry-level Nursing Education

- Intense reform of the health care delivery system and the accelerating rates at which change is occurring in the workplace has resulted in greater complexity and diversity of the contexts within which we have to operate. All areas of nursing practice becoming highly specialized.
- Growing interdependence of health care personnel with specialist expertise.
- Differences in expectations and perceptions regarding the entry-to-practice, specialization, and career trajectory in nursing.
- A lack of understanding about the nursing profession and the competencies required to practise as a registered nurse.
- Evolving and changing health care needs of the population served, coupled with increasing complexity and acuity of patients.
- Immediate and future concerns about maintaining a sufficient supply of RNs working in specialty areas in B.C.
- Limited capacity of existing post-basic specialized nursing education programs to meet the needs of all B.C. healthcare centres.
- Limited availability of certain specialty areas in rural areas of B.C.
- Desire to provide specialty education in a cost-effective manner and in a manner which supports system sustainability.
- Lack of consensus among nurses about the core foundations necessary for entry-to-practice.
- Adoption of a business model (neo-liberalism) to health care and education, which encourages fragmentation.
- Questioning whether entry-level education is sufficient to provide the foundation necessary for nurses to work in a highly fragmented health care delivery system.
- Growing interest by policy and decision maker in rapid cycle implementation of specialty education.
- The need to increase exposure of students to specialty nursing to create capacity in the long-term.
- Student interest in starting their careers in highly focused areas of nursing practice.
- Nurses currently entering the profession see specialty areas of nursing practice as one of many areas available to work without consideration of the level of expertise required to practise in such an area. New generation of nurses see traditional specialty areas simply as one of many areas to practise as opposed to being experts or specialists.
APPENDIX B:  
Nursing Education Program Survey

Instructions

This information is being collected by the Coalition for Entry-level Nursing Education (includes representatives from the regulatory body (CRNBC), the Nurse Educators (NECBC) and Chief Nursing Officers (CNO’s) of this province) to describe the capacity of education programs to accommodate a specialty focus. A specialty focus begins in the fourth year of the entry-level registered nurse education program and is distinct from the idea of “specialty practice” which occurs after graduation through additional/continuing education. The Coalition would like to know more about the current approaches for incorporating a specialty focus in entry-level programs and the factors within the healthcare environment driving this interest.

The results of this survey will provide data for a final report and recommendations to the British Columbia Ministry of Health.

The survey should take about 15 to 30 minutes of your time to complete. After completing the survey, respondents will be allowed to enter an additional response and edit previous responses. As you click on the “next” button for each section of the survey, the survey page saves. You can leave the survey and then resume it later (you need to use the same computer). You will be taken to the point where you left off.

The identity of individual respondents or education programs will not be shared with anyone. All responses are sent over a secure encrypted connection. The responses will be aggregated electronically as they are returned so that no one will view individual replies. The aggregated results will be summarized with no identifying information. It will be assumed that by filling out the questionnaire, you have given your consent to participate.

It is important for all entry-level registered nurse education programs in British Columbia to respond to the survey to increase the value of the findings and provide an accurate representation of programs. In answering the survey, feel free to obtain input from other key faculty members, program heads, and program directors.

Please return the completed form by October 27, 2006.

This questionnaire contains several sections and is designed to allow you to respond quickly. When you have completed the survey click “done” and your responses will be submitted electronically.

Please feel free to contact Angela Wolff at phone number if you have questions or need more information. The final results of this survey will be available through the Coalition. Please contact Barb Pesut at phone number.
Section 1: Specialty Areas of Focus

Note: In the following questions the phrase “specialty focus” refers to opportunities within the fourth year of entry-level registered nurse education programs for students to move into areas of focus that may lead to specialization. In other words, students may focus on a particular area of nursing practice that allows for an educational and career trajectory towards specialization. It is important to recognize that a specialty focus is distinct from the idea of specialty practice, which is specialization in practice that occurs after graduation and through additional/continuing education.

1. Does your entry-level program currently provide students with the opportunity to focus in the fourth year on particular areas of nursing practice that may lead to specialization? (check all that apply)
   - No (if no, proceed to Question 32, Section 5)
   - Yes

Section 2: Theory Courses for a Specialty Focus

The following questions are about theory courses offered in the fourth year of your program in areas that may lead to specialization. This means theory courses beyond the generic entry-level requirements/competences.

2. Does your entry-level program currently offer theory courses in areas that may lead to specialization? (check one)
   - No (if no, proceed to Question 11, Section 3)
   - Yes
3. In what specialty areas of focus are theory courses offered? (check all that apply)

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4. If you checked “Other” in Question 3, please specify the other theory courses offered for a specialty focus in your program.

5. For the theory courses with a specialty focus offered in fourth year, please indicate the total number of classroom hours? (Note: You must specify a number in the space provided, if you do not offer it indicates “0”).

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6. In the fourth year, approximately how many students per year take advantage of theory courses with a specialty focus?

☐ 1-24
☐ 25-49
☐ 50-74
☐ 75-99
☐ 100-124
☐ 125-149
☐ 150+

7. Are the theory courses with a specialty focus a mandatory requirement for completion of your entry-level program (as opposed to elective courses)?

☐ No
☐ Yes

8. Are the theory courses with a specialty focus open to nursing students in other entry-level registered nurse education programs (i.e., to be taken for credit transfer)?

☐ No
☐ Yes

9. Does your education program collaborate with health care organizations to have students take specialty theory courses in conjunction with their final/fourth year preceptorship?

☐ No
☐ Yes

10. In what other years of your entry-level program do you offer theory courses with a specialty focus? (check all that apply)

☐ Year 1
☐ Year 2
☐ Year 3
☐ None of the above
Section 3: Practicum Courses for a Specialty Focus

The following questions are about practicum courses with a specialty focus offered in the fourth year of your program in areas that may lead to specialization. This means practicum courses beyond the generic entry-level requirements/competences.

11. Does your entry-level program currently offer practicum courses in areas that may lead to specialization? (check one)
   - ☐ No (if no, proceed to Question 20, Section 4)
   - ☐ Yes

12. In what specialty areas of focus are practicum courses offered? (check all that apply)

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13. If you checked “Other” in Question 12, please specify the other practicum courses offered for a specialty focus in your program.
14. For the **practicum courses** with a specialty focus offered in fourth year, please indicate the total number of practicum hours? (you must specify a number in the space provided, if you do not offer it indicates “0”)

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15. In the fourth year, approximately **how many students per year** take advantage of **practicum courses** for a specialty focus?

- [ ] 1-24
- [ ] 25-49
- [ ] 50-74
- [ ] 75-99
- [ ] 100-124
- [ ] 125-149
- [ ] 150+

16. Are the **practicum courses** with a specialty focus a **mandatory requirement** for completion of your entry-level program (as opposed to elective courses)?

- [ ] No
- [ ] Yes

17. Are the **practicum courses** with a specialty focus open to nursing students in other entry-level registered nurse education programs (i.e., to be taken for transfer credit)?

- [ ] No
- [ ] Yes

18. Does your education program collaborate with health care organizations to have students take specialty **practicum courses** in conjunction with their final/fourth year preceptorship?

- [ ] No
- [ ] Yes
19. In what other years of your entry-level program do you offer practicum courses with a specialty focus? (check all that apply)

- Year 1
- Year 2
- Year 3
- None of the above

Section 4: Best Practices, Challenges, and Outcomes

This section contains specific questions about offering a specialty focus and implementing a specialty focus in the fourth year of your entry-level program.

20. Can students select more than one specialty focus?

- No
- Yes

21. How do students select their specialty area(s) of focus?

22. Does your school of nursing have policies, guidelines, or other documentation (e.g., student handbook) about offering a specialty focus?

- No, please specify any unwritten policies/guidelines/factors to counsel students about a specialty focus
- Yes, please explain (or e-mail a copy of the policy/guidelines/documentation to e-mail address or fax to phone number)

23. In your school of nursing, what are some examples of “best practices” for delivering a specialty focus?

24. What strategies have been the most successful in implementing a specialty focus in your entry-level program?

25. What strategies have been the least successful in implementing a specialty focus in your entry-level program?

26. What are the challenges your school of nursing has faced in implementing a specialty focus? (check all that apply)

- Students lack a solid foundation necessary for a specialty focus
- Not a priority
- Geographic isolation
- Poor infrastructure within the educational institution
- Poor infrastructure within the health care organizations
Lack of cooperation from key stakeholders
Negative attitudes, please specify
Lack of funding
Lack of management support
Too expensive
Other, please describe

27. What key outcomes do you hope to achieve by offering a specialty focus in the entry-level program?

28. Have the key outcomes specified in Question 29 been achieved? (check one)
   - No
   - Yes, please explain

29. After graduation, does your school of nursing expect students to be employed soon after graduation in the specialty area(s) for which they completed courses? (check one)
   - No
   - Yes
   - Other, please specify

30. With regards to a specialty focus in the fourth year, what resources are available to your school of nursing to support current enrolments and what resources would be required to allow for expansion? (check all that apply)

   Student interest
   Number of clinical placements available for practicum courses
   Number of clinical agencies willing to take undergraduate nursing students for practicum courses
   Number of preceptors available
   Faculty to teach theory courses
   Faculty to supervise clinical practicum courses
   Adjunct faculty positions
   Classroom space for theory courses
   Clinical laboratory space
   Faculty office space
   Meeting rooms for planning
   Financial support for students
   Administrative support staff
   Back-up teachers to cover absences
   Mentoring of novice teachers
   Counseling for students
SPECIALTY AREAS OF FOCUS IN ENTRY-LEVEL RN EDUCATION PROGRAMS

Adequate  Insufficient  Excess  Unknown

Staff to coordinate specialty focus  
Scholarly development of faculty  
Recruitment of faculty

31. What structures have supported the implementation of offering a specialty focus in your entry-level program? Please explain.

Section 5: No Specialty Focus Offered

Note: If you answered Question 31 please proceed to Question 33, otherwise please answer to Question 32 and then continue with the remaining questions.

32. Please identify why your school of nursing does not provide students in fourth year with the opportunity to move into areas of focus that may lead to specialization. (check those that apply)

☐ Students lack a solid foundation necessary for a specialty focus
☐ Geographic isolation
☐ Poor infrastructure within the educational institution
☐ Poor infrastructure within the health care organizations
☐ Negative attitudes, please specify
☐ Lack of funding
☐ Lack of management support
☐ Not a priority
☐ Too expensive
☐ Other, please describe
Section 6: Concluding Questions

This section contains questions regarding the implications of offering a specialty focus in the fourth year of your entry-level program.

33. From the perspective of your school of nursing, what are the implications of offering a specialty focus in the fourth year of entry-level programs on education, practice, and regulation?

   Education:
   
   Practice:
   
   Regulation:

34. The specialty areas of focus identified in this survey use medical terminology for the most part. How do you name (or ideally prefer to name) the areas of nursing focus that you offer/may offer?

35. In your opinion, what constitutes specialty practice? Or in other words, what are the areas of practice that required education beyond entry-level registered nurse education?

36. Do you have any other comments about further initiatives in providing students with the opportunity to move into an area of focus, in entry-level RN education programs, that may lead to specialization?

Section 7: Contact Information

We would appreciate your contact information for clarification of information reported on this survey. Only the Project Director will have access to this information. This information will not be used for reporting purposes.

37. Name of person to contact:

38. Phone number (with area code):

39. E-mail address:

40. In what health authority is your education program? (Check one)
   - Vancouver Coastal
   - Fraser
   - Interior
   - Northern
   - Vancouver Island
APPENDIX C:
Figures and Tables

Figure 1. Percentage of Programs with a Specialty Focus
**Table 1. Number of Programs Offering Theory Courses for Each Specialty Area of Focus**

<table>
<thead>
<tr>
<th>Specialty Area of Focus</th>
<th>Ranking of Areas Most Frequently Offered</th>
<th>Areas Offered</th>
<th>% of Programs</th>
<th>Areas Not Offered</th>
<th>% of Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Health Nursing</td>
<td>2</td>
<td>5</td>
<td>63%</td>
<td>3</td>
<td>38%</td>
</tr>
<tr>
<td>Home Care</td>
<td>5</td>
<td>2</td>
<td>25%</td>
<td>6</td>
<td>75%</td>
</tr>
<tr>
<td>Critical Care</td>
<td>4</td>
<td>3</td>
<td>38%</td>
<td>5</td>
<td>63%</td>
</tr>
<tr>
<td>Emergency</td>
<td>5</td>
<td>2</td>
<td>25%</td>
<td>6</td>
<td>75%</td>
</tr>
<tr>
<td>Gerontology</td>
<td>3</td>
<td>4</td>
<td>50%</td>
<td>4</td>
<td>50%</td>
</tr>
<tr>
<td>High Acuity</td>
<td>3</td>
<td>4</td>
<td>50%</td>
<td>4</td>
<td>50%</td>
</tr>
<tr>
<td>Hospice Palliative Care</td>
<td>6</td>
<td>1</td>
<td>13%</td>
<td>7</td>
<td>88%</td>
</tr>
<tr>
<td>Neonatal</td>
<td>5</td>
<td>2</td>
<td>25%</td>
<td>6</td>
<td>75%</td>
</tr>
<tr>
<td>Nephrology</td>
<td>6</td>
<td>1</td>
<td>13%</td>
<td>7</td>
<td>88%</td>
</tr>
<tr>
<td>Occupational Health</td>
<td>6</td>
<td>1</td>
<td>13%</td>
<td>7</td>
<td>88%</td>
</tr>
<tr>
<td>Operating Room/ Perioperative</td>
<td>4</td>
<td>3</td>
<td>38%</td>
<td>5</td>
<td>63%</td>
</tr>
<tr>
<td>Pediatric</td>
<td>4</td>
<td>3</td>
<td>38%</td>
<td>5</td>
<td>63%</td>
</tr>
<tr>
<td>Pediatric Critical Care</td>
<td>5</td>
<td>2</td>
<td>25%</td>
<td>6</td>
<td>75%</td>
</tr>
<tr>
<td>Perinatal</td>
<td>2</td>
<td>5</td>
<td>63%</td>
<td>3</td>
<td>38%</td>
</tr>
<tr>
<td>Psychiatric/Mental Health – Acute Care</td>
<td>1</td>
<td>6</td>
<td>75%</td>
<td>2</td>
<td>25%</td>
</tr>
<tr>
<td>Psychiatric/Mental Health – Community</td>
<td>2</td>
<td>5</td>
<td>63%</td>
<td>3</td>
<td>38%</td>
</tr>
<tr>
<td>Rehabilitation</td>
<td>6</td>
<td>1</td>
<td>13%</td>
<td>7</td>
<td>88%</td>
</tr>
<tr>
<td>Rural Health</td>
<td>4</td>
<td>3</td>
<td>38%</td>
<td>5</td>
<td>63%</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>4</td>
<td>50%</td>
<td>4</td>
<td>50%</td>
</tr>
</tbody>
</table>

Other Topics Included:

- 4 programs offered Aboriginal Health/ First Nations Health
- 2 programs offered Integrated Healing/Complementary Health
- Substance Use
- Teaching And Learning
- Intercultural Teaching And Learning (Under Development)
- Advanced Psychology
- Health Care Law
- Women's Health
- Palliative (through Athabasca University)
- VIHA Perioperative Course
- Culture And Health

*Note: These topics are offered by one program unless otherwise specified.*

Note: Total Number of Participants = 8 (100%)
Table 2. Number of Students Per Year that Enrol in Theory Courses in Each Nursing Program

<table>
<thead>
<tr>
<th>Number of Students Per Year</th>
<th>No. of Programs</th>
<th>% of Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 to 24</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>25 to 49</td>
<td>3</td>
<td>37.5%</td>
</tr>
<tr>
<td>50 to 74</td>
<td>2</td>
<td>25%</td>
</tr>
<tr>
<td>75 to 99</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>100 to 124</td>
<td>3</td>
<td>37.5%</td>
</tr>
<tr>
<td>125 to 150</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>150 or more</td>
<td>0</td>
<td>0%</td>
</tr>
</tbody>
</table>

Note: Total Number of Participants = 8 (100%)
Table 3. Number of Programs Offering Practicum Courses for Each Specialty Area of Focus

<table>
<thead>
<tr>
<th>Specialty Area of Focus</th>
<th>Ranking of Areas Most Frequently Offered</th>
<th>Areas Offered</th>
<th>Areas Not Offered</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>No. of Programs</td>
<td>% of Programs</td>
</tr>
<tr>
<td>Public Health Nursing</td>
<td>1</td>
<td>10</td>
<td>100%</td>
</tr>
<tr>
<td>Home Care</td>
<td>3</td>
<td>8</td>
<td>80%</td>
</tr>
<tr>
<td>Critical Care</td>
<td>4</td>
<td>7</td>
<td>70%</td>
</tr>
<tr>
<td>Emergency</td>
<td>3</td>
<td>8</td>
<td>80%</td>
</tr>
<tr>
<td>Gerontology</td>
<td>3</td>
<td>8</td>
<td>80%</td>
</tr>
<tr>
<td>High Acuity</td>
<td>3</td>
<td>8</td>
<td>80%</td>
</tr>
<tr>
<td>Hospice Palliative Care</td>
<td>4</td>
<td>7</td>
<td>70%</td>
</tr>
<tr>
<td>Neonatal</td>
<td>6</td>
<td>5</td>
<td>50%</td>
</tr>
<tr>
<td>Nephrology</td>
<td>7</td>
<td>4</td>
<td>40%</td>
</tr>
<tr>
<td>Occupational Health</td>
<td>8</td>
<td>3</td>
<td>30%</td>
</tr>
<tr>
<td>Operating Room/Perioperative</td>
<td>3</td>
<td>8</td>
<td>80%</td>
</tr>
<tr>
<td>Pediatric</td>
<td>3</td>
<td>8</td>
<td>80%</td>
</tr>
<tr>
<td>Pediatric Critical Care</td>
<td>7</td>
<td>4</td>
<td>40%</td>
</tr>
<tr>
<td>Perinatal</td>
<td>1</td>
<td>10</td>
<td>100%</td>
</tr>
<tr>
<td>Psychiatric/Mental Health – Acute Care</td>
<td>1</td>
<td>10</td>
<td>100%</td>
</tr>
<tr>
<td>Psychiatric/Mental Health – Community</td>
<td>2</td>
<td>9</td>
<td>90%</td>
</tr>
<tr>
<td>Rehabilitation</td>
<td>5</td>
<td>6</td>
<td>60%</td>
</tr>
<tr>
<td>Rural Health</td>
<td>3</td>
<td>8</td>
<td>80%</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
<td>4</td>
<td>40%</td>
</tr>
</tbody>
</table>

Other Topics Included:
- 2 programs offered First Nations Health
- International/Global Health
- Neurology
- Geriatric Psychiatry (Mental Health and Older Adults)
- HIV/AIDS
- School Health
- Bone Marrow Transplant
- Ambulatory Clinics
- Rural Placement (interprofessional)
- Oncology
- Street Nursing

*Note: These topics are offered by one program unless otherwise specified.

Note: Total Number of Participants = 10 (100%)
Table 4. Number of Students Per Year that Enrol in Practicum Courses in Each Nursing Program

<table>
<thead>
<tr>
<th>Number of Students Per Year</th>
<th>No. of Programs</th>
<th>% of Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 to 24</td>
<td>4</td>
<td>40%</td>
</tr>
<tr>
<td>25 to 49</td>
<td>1</td>
<td>10%</td>
</tr>
<tr>
<td>50 to 74</td>
<td>2</td>
<td>20%</td>
</tr>
<tr>
<td>75 to 99</td>
<td>2</td>
<td>20%</td>
</tr>
<tr>
<td>100 to 124</td>
<td>1</td>
<td>10%</td>
</tr>
<tr>
<td>125 to 150</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>150 or more</td>
<td>0</td>
<td>0%</td>
</tr>
</tbody>
</table>

Note: Total Number of Participants = 10 (100%)

Table 5. Administrative Challenges Reported by Programs Implementing a Specialty Focus

<table>
<thead>
<tr>
<th>List of Administrative Challenges</th>
<th>No. of programs</th>
<th>% of Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not a priority</td>
<td>3</td>
<td>27%</td>
</tr>
<tr>
<td>Geographic isolation</td>
<td>2</td>
<td>18%</td>
</tr>
<tr>
<td>Poor infrastructure within the educational institution</td>
<td>4</td>
<td>36%</td>
</tr>
<tr>
<td>Poor infrastructure within the health care organizations</td>
<td>4</td>
<td>36%</td>
</tr>
<tr>
<td>Lack of cooperation from key stakeholders</td>
<td>4</td>
<td>36%</td>
</tr>
<tr>
<td>Negative attitudes</td>
<td>6</td>
<td>55%</td>
</tr>
<tr>
<td>Lack of funding</td>
<td>6</td>
<td>55%</td>
</tr>
<tr>
<td>Lack of management support</td>
<td>1</td>
<td>9%</td>
</tr>
<tr>
<td>Too expensive</td>
<td>2</td>
<td>18%</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>9</td>
<td>82%</td>
</tr>
</tbody>
</table>

Note: Total Number of Participants = 11 (100%)
### Table 6. Resources to Support Current Enrolment and Future Expansion

<table>
<thead>
<tr>
<th>Type of Resource</th>
<th>Insufficient %</th>
<th>Adequate %</th>
<th>Excess %</th>
<th>Unknown %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student interest</td>
<td>0%</td>
<td>73%</td>
<td>18%</td>
<td>9%</td>
</tr>
<tr>
<td>Number of clinical placements available for practicum courses</td>
<td>45%</td>
<td>45%</td>
<td>0%</td>
<td>9%</td>
</tr>
<tr>
<td>Number of clinical agencies willing to take undergraduate nursing students for practicum courses</td>
<td>27%</td>
<td>55%</td>
<td>9%</td>
<td>9%</td>
</tr>
<tr>
<td>Number of preceptors available</td>
<td>64%</td>
<td>27%</td>
<td>0%</td>
<td>9%</td>
</tr>
<tr>
<td>Faculty to teach theory courses</td>
<td>45%</td>
<td>45%</td>
<td>0%</td>
<td>9%</td>
</tr>
<tr>
<td>Faculty to supervise clinical practicum courses</td>
<td>45%</td>
<td>45%</td>
<td>0%</td>
<td>9%</td>
</tr>
<tr>
<td>Adjunct faculty positions</td>
<td>45%</td>
<td>27%</td>
<td>0%</td>
<td>27%</td>
</tr>
<tr>
<td>Classroom space for theory courses</td>
<td>45%</td>
<td>55%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Clinical laboratory space</td>
<td>64%</td>
<td>36%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Faculty office space</td>
<td>64%</td>
<td>36%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Meeting rooms for planning</td>
<td>45%</td>
<td>55%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Financial support for students</td>
<td>64%</td>
<td>18%</td>
<td>0%</td>
<td>18%</td>
</tr>
<tr>
<td>Administrative support staff</td>
<td>55%</td>
<td>36%</td>
<td>0%</td>
<td>9%</td>
</tr>
<tr>
<td>Back-up teachers to cover absences</td>
<td>73%</td>
<td>18%</td>
<td>0%</td>
<td>9%</td>
</tr>
<tr>
<td>Mentoring of novice teachers</td>
<td>55%</td>
<td>45%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Counseling for students</td>
<td>9%</td>
<td>91%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Staff to coordinate specialty focus</td>
<td>82%</td>
<td>9%</td>
<td>0%</td>
<td>9%</td>
</tr>
<tr>
<td>Scholarly development of faculty</td>
<td>55%</td>
<td>36%</td>
<td>0%</td>
<td>9%</td>
</tr>
<tr>
<td>Recruitment of faculty</td>
<td>82%</td>
<td>18%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Note: Total Number of Participants = 11 (100%). The criteria used to bold the figures were those in the top 3 and above 55%.