



## Senate Standing Committee on Academic Planning & Priorities

Friday, November 13, 2015

9am - Noon

Surrey Campus, Cedar 2110

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### AGENDA

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1. Call to Order ..... Jennifer Au
2. Confirmation of Agenda
3. Approval of Minutes - October 2, 2015
4. Pending Business
5. Chair's Report ..... Jennifer Au
6. Full Program Proposal: Certificate in Health Foundations ..... Tru Freeman
7. Full Program Proposal: Bachelor of Science in Nursing ..... Tru Freeman
8. Full Program Proposal: Bachelor of Psychiatric Nursing ..... Tru Freeman
9. Full Program Proposal: Traditional Chinese Medicine - Acupuncture Diploma..... Tru Freeman
10. Request for Institutional Recognition - Surrey Community College ..... Romy Kozak
11. GV9: Establishment and/or Discontinuance of Faculties and  
Departments Policy and Procedures..... Salvador Ferreras
12. AC10: Establishment, Revision, Suspension and/or Discontinuance  
of Programs Policy and Procedures ..... Salvador Ferreras
13. Items for Discussion
14. Adjournment

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#### Next Meeting

**Friday, December 11, 2015**

**9am - Noon**

**Surrey Campus, Cedar 2110**



## MINUTES

### Senate Standing Committee on Academic Planning and Priorities (SSCAPP)

Friday, October 2, 2015, 9 am

Surrey Campus, Cedar Building, Room 2110

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#### Present:

Jennifer Au, Chair  
Chamkaur Cheema  
Tru Freeman  
Romy Kozak  
Don Mathewson  
Jerry Murphy  
Jan Penhorwood  
Gillian Welton

#### Ex-Officio / Non-voting

Arthur Fallick  
Jane Fee  
Thomas Westgate

#### Regrets:

Amandeep Cheema  
Bruce Ferguson  
Salvador Ferreras  
Lori McElroy  
Carolyn Robertson

#### Guests:

Josephine Chan

#### Recorder

Lori Scanlan, University Secretariat

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#### 1. Call to Order

The meeting was called to order at 9:02 am.

#### 2. Confirmation of Agenda

**Moved by Jan Penhorwood; seconded by Tru Freeman:**  
**THAT the agenda be confirmed.**

**Motion Carried**

#### 3. Approval of Minutes of September 11, 2015

**Moved by Gillian Welton; seconded by Tru Freeman:**  
**THAT the minutes of September 11, 2015 be approved.**

**Motion Carried**

#### 4. Pending Business

No business pending.

#### 5. Chair's Report

No report.

#### 6. Quality Assurance Framework

The Chair presented the Quality Assurance Framework and explained that KPU is required to provide evidence that we are consistently and appropriately assessing the quality of our programs and learning outcomes. She explained that this framework was presented for review at other relevant Senate Standing Committees and has now returned to SSCAPP for recommendation to Senate.

**Moved by Gillian Welton; seconded by Romy Kozak:**

**THAT the Senate Standing Committee on Academic Planning and Priorities recommend to Senate approval of the Quality Assurance Framework.** **Motion Carried**

**7. Program Concept and FPP: Minor in Indigenous Community Justice**

Romy Kozak, Associate Dean, Faculty of Arts, presented the Program Concept and Full Program Proposal for a Minor in Indigenous Community Justice. Dr. Kozak explained that extensive consultation had been completed and that the Minor fits within the structure of the Faculty of Arts as well as other Faculties. She informed the committee that additional courses need not be developed in order for students to graduate with the addition of the Minor immediately upon implementation. Dr. Kozak reviewed the budget for the program and explained that the request for an additional faculty member would be based on enrollments.

Feedback from the committee included:

- Include a strong reflection on research and scholarship
- Ensure that the new faculty member hired to teach linguistics in the Minor is both First Nations and local
- Ensure that transfer students have a route to access the minor as a value added attractor for their degree

**Moved by Jan Penhorwood; seconded by Tru Freeman:**

**THAT the Senate Standing Committee on Academic Planning and Priorities endorse the Program Concept and FPP for a Minor in Indigenous Community Justice.**

**Motion Carried**

**8. AC10: Establishment, Revision, suspension and/or Discontinuance of Programs Policy and Procedures**

Policy and Procedure AC10 was received by the committee. The Chair explained the revisions to AC10 and the attached Program Development and Approval Process flowchart. The committee discussed the approval process and were informed that it has been tested and revised in accordance with feedback received. Jane Fee, Deputy Provost, clarified that one of the differences between past practice and the proposed flowchart is that the flowchart is an integrated piece that speaks to both degree and non-degree approvals. SSCAPP was informed that AC10 would be reviewed at Faculty Councils and other committees and then, after the posting period is complete and the Provost has responded to the feedback, it will be presented to SSCAPP and the Senate Standing Committee on Curriculum for their endorsement.

**9. GV9: Establishment and/or discontinuance of Faculties and Departments Policy and Procedures**

Policy and Procedure GV9 was received.

## **10. SSCAPP Mandate and Membership Review**

The Chair presented the revised SSCAPP membership and mandate. The committee noted that item 7 of the SSCAPP Mandate was confusing in its wording and asked for an amendment. After a fulsome discussion regarding the wording of its preamble the following resolutions were made.

**Moved by Tru Freeman; seconded by Gillian Welton:**

**THAT SSCAPP approve the revisions to its Mandate and Membership and recommend them to the Senate Governance Committee.**

**Moved by Chamkaur Cheema, seconded by Jan Penhorwood:**

**THAT SSCAPP amend Item 7 of its mandate to read: "Following consultation with the Senate Standing Committee on Curriculum and the Senate Standing Committee on the University Budget, advise Senate on the Strategic Enrolment Management plan, policies for enrolment management and the admission of students, and the integration of these with the Academic Plan."**

**Amendment Carried**

**Moved by Jan Penhorwood; seconded by Chamkaur Cheema:**

**THAT the SSCAPP Mandate and Membership be amended by removing the preamble in its entirety.**

**Amendment Carried**

**Amended Motion Carried**

Upon completion of its mandate and membership review, the committee discussed how significant debates regarding research & scholarship and teaching & learning have failed to result in any formal establishment of either a sub-committee, standing committee or other mechanism that would allow for issues in these areas to be brought to Senate's attention. Arthur Fallick, Associate Vice President, Research, explained that since both the Academic Plan and the Strategic Enrolment Management plan are becoming main parts of the SSCAPP mandate it would make sense that SSCAPP be seen as the Senate body where decisions such as the creation and dissolution of research centres be addressed. The committee discussed various options where communication/resolution mechanism for research & scholarship, and teaching & learning initiatives could be brought to Senate.

## **11. Items for Discussion**

The committee continued the discussion regarding research & scholarship and teaching & learning from item 10 and moved the following resolutions:

**Moved by Tru Freeman; seconded by Gillian Welton:**

**THAT SSCAPP recommend to the Senate Governance Committee that a Senate Standing Committee on Research and Scholarship be established.**

**Amendment Moved by Romy Kozak; seconded by Jerry Murphy:**

**THAT the motion be amended to replace the word "established" with "explored".**

**Amendment Carried**

**The amended motion now reads:**

**THAT SSCAPP recommend to the Senate Governance Committee that a Senate Standing Committee on Research and Scholarship be explored.**

**Amended Motion Carried**

## **12. Adjournment**

The meeting adjourned at 10:45 am.



## MEMORANDUM

**To:** Senate Committee on Curriculum (SCC)  
Senate Standing Committee on Curriculum (SSCC)  
Senate Standing Committee on Academic Planning and Priorities (SSCAPP)

**From:** Tru Freeman, Dean, Faculty of Health (FoH)  
Jean Nicolson-Church, Associate Dean (FoH)

**CC:** Deborah Dunn, Chair, BSN Curriculum Committee  
Jacoqollyne Keath, Chair, BPN Curriculum Committee  
Leeann Ring, Chair, FoH Curriculum Committee

**Date:** November 4, 2015

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**RE:** (1) Approval of the Certificate in Health Foundations Non-Degree Program  
(2) Approval of Faculty of Health Foundation Courses: HEAL 1100, HEAL 1150,  
HEAL 1180  
**Implementation:** September, 2016

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These documents were reviewed and approved by the Faculty of Health (FoH) Curriculum Committee and FoH Faculty Council electronically on November 4, 2015.

### **Background:**

The Bachelor of Science in Nursing (BSN) program and the Bachelor of Psychiatric Nursing (BPN) program currently consist of four years of study across eight semesters. Students enter directly into year one of these programs in a full-time cohort. With the proposed Certificate in Health Foundations (HF), students will be admitted into the FoH by satisfying the Faculty's undergraduate admission requirement, which consists of KPU's undergraduate English Proficiency requirement. Students will not be admitted directly into the BSN or BPN program. Rather, they will be admitted to the FoH and take courses in the proposed certificate program. This HF year is a suite of ten required courses which comprise the first year of study in the two nursing programs. These courses may be taken part-time or full-time. A number of the HF courses have prerequisites which may be attained through upgrading courses for students who do not have them upon entry to the FoH.

Upon successful completion of the HF courses, students will be eligible to declare into the BSN or BPN program. As there will likely be many more students in the HF than available spaces in the BSN or BPN programs, the process for declaration will be competitive. Declaration requirements will be assessed and students will be selected for the available seats. Selected students will proceed through Semesters Three to Eight in a full-time cohort and their HF courses will be credited as the first year of their respective nursing degree. All students who have

completed the HF will be eligible to apply for graduation to receive a Certificate in HF. With this certificate, they may transfer to another faculty/program at KPU, or transfer to another institution.

The BSN and BPN programs will continue to offer a four year degree as recognized by the College of Registered Nurses of British Columbia (CRNBC) or the College of Psychiatric Nurses of British Columbia (CRPNBC). The Degree Quality Assessment Board (DQAB) has recently reviewed proposed revisions to the BSN and BPN programs and has deemed them as having significant enough changes to be reviewed as new programs. This means a Full Program Proposal (FPP) document is required for each. These FPP's are being submitted simultaneously with the Certificate in HF proposal as they are all interconnected.

### **Rationale:**

In order to align with KPU admission criteria and allow students to begin taking courses in the FoH an intake option was needed. These foundational courses will also address attrition rates in the nursing programs. It has been noted that the most frequent cause of attrition is academic failure in Biology and/or English. Attrition is also a result of students not understanding the scope and responsibilities of a nurse prior to entering the two nursing programs. Part or full- time options during the HF year will facilitate success in courses such as Biology, and hopefully, decrease attrition in the Nursing programs where we are trying to ensure a full cohort of graduates. Most importantly, students will make an informed career choice and proceed into the nursing program of their choosing.

### **Proposed Changes:**

Students currently take Biology and English during Semester One and Two of the Nursing program. They also take liberal arts throughout the program.

The ten HF courses, totaling 32 credits, have been selected to provide students with a solid foundation of preparatory courses, exposing them to healthcare roles and aspects of the healthcare system, and encouraging a multidisciplinary learning environment, which addresses competencies required by each regulatory body.

### **HF Courses include:**

Course	Course Name	Credit Value
ANTH 1100	Social and Cultural Anthropology	3 credits
BIOL 1160	Anatomy and Physiology I	4 credits
BIOL 1260	Anatomy and Physiology II	4 credits
ENGL 1100	Introduction to University Writing	3 credits

<a href="#"><u>HEAL 1100</u></a> *New Course*	Mental Wellness and Communication	3 credits
<a href="#"><u>HEAL 1150</u></a> *New Course*	Personal Care Skills – Lab I	3 credits
<a href="#"><u>HEAL 1180</u></a> *New Course*	Introduction to Health Research	3 credits
HSCI 1115	Introduction to Health Sciences	3 credits
PSYC 1100	Introduction to Psychology: Basic Processes	3 credits
SOCI 1125	Introduction to Society: Processes and Structures	3 credits
<b>Total:</b>		<b>32 credits</b>

### **Admission Requirements:**

Students will be admitted into the FoH by satisfying the Faculty's undergraduate admission requirement, which consists of KPU's undergraduate English Proficiency requirement. This allows students to take the HF suite of courses on a part-time or full-time basis. A number of the HF courses have prerequisites which may be attained through upgrading courses for students who do not meet them on entry to the FoH.

Students coming to KPU to enter the HF year from other institutions can apply for transfer credit to be applied to the liberal arts and science courses.

### **Implementation:**

September 2016

### **Summary:**

We are requesting Senate approval of the Certificate in HF Non-Degree Program Proposal and course outlines for the three FoH HF courses.

<b>Name of Institution:</b> Kwantlen Polytechnic University
<b>Title of Program:</b> Certificate
<b>Credential to be awarded to graduates:</b> Certificate
<b>Length of Program:</b> 1 year

<b>Institutional Contact:</b> Jean Nicolson-Church	<b>Title:</b> Associate Dean, Faculty of Health (FoH)
<b>Phone:</b> 604-599-2266	<b>Email:</b> jean.nicolson- church@kpu.ca
<b>Date:</b> November 2015	

### A. Executive Summary:

#### *A1. Summarize the purpose of the proposal*

The purpose of this certificate is to provide foundational health courses which will prepare students with knowledge and skills necessary to enter the second year of a KPU nursing degree program. Upon application to the Health Foundation (HF), students will indicate one of three streams: pre-nursing, pre-psychiatric nursing or health general. Students who complete the proposed program successfully may choose to graduate with a Certificate in Health Foundations. Through a competitive declaration process they may continue through three years of the Bachelor of Science in Nursing (BSN) or Bachelor of Psychiatric Nursing (BPN) degree, or they may transfer to another program/faculty at KPU or transfer elsewhere.

#### *A2. Outline the key objectives and outcomes of the proposed program in one or two pages*

The primary objective of this certificate is to promote options for students and success for those that choose nursing programs. The suite of courses selected is identical for the BSN and BPN programs. The courses were selected to provide students a solid foundation of preparatory knowledge and skills, and to expose them to healthcare roles and the healthcare system. It will also encourage a multidisciplinary learning environment, which addresses competencies required by each regulatory body.

## **Program Rationale:**

### ***A3. Provide rationale for the credential***

In order to align with KPU admission criteria and allow students to begin taking courses in the Faculty of Health (FoH) an intake option was needed. It is expected that these foundation courses will also address attrition rates in the nursing programs. It has been noted that the most frequent cause of attrition is academic failure in Biology and/or English. Attrition is also a result of students not understanding the scope and responsibilities of a nurse prior to entering the nursing program.

Advantages of this certificate include options for students who are undecided on their career path. Part or full-time study during the HF year will facilitate success in courses such as Biology and decrease attrition in the nursing programs where we are trying ensure a full cohort of graduates. Most importantly, students will make an informed career choice and proceed into the nursing program of their choosing.

KPU will continue to offer a four year BSN and BPN degree. The Certificate in HF will constitute the first year of study in these programs. A competitive process of declaration will determine which students will be offered a seat in the nursing cohorts and proceed to the second year of study for nursing or psychiatric nursing. The nursing curricula needed revision to align with this process and at the direction of the Ministry of Advanced Education, full program proposals for these programs are being submitted simultaneously.

## **B. Program Description:**

### ***B1. State the goals and objectives of the new program***

The program goals are to:

- expose students to a variety of world views through entry level courses in Anthropology, Psychology, Sociology and Health Sciences
- establish university-level writing skills
- prepare a solid Biology foundation prior to entering nursing curriculum
- develop basic level of communication skills essential for success in healthcare careers
- introduce students to basic care-giving skills to expose them to the role of a nurse
- explore research and the role of evidence in health care
- expose students to a multi-disciplinary learning environment

### ***B2. Identify the target student audience(s) for this program***

The target student audience includes any individuals who wish to explore foundational concepts related to a career in nursing. They may be of any age, gender or background and enter directly from post-secondary or as mature students.

***B3. State how the institution satisfied itself that there is not unnecessary duplication in the system***

There are 24 nursing programs and 3 psychiatric nursing programs across the province. Despite this, there continues to be a high demand for nursing program seats. This certificate approach ensures students have the knowledge and skills to make an informed decision about a career in nursing and have the foundation to be successful in their program of choice.

***B4. Provide evidence of labour market demand***

The current nursing shortage is well documented. According to a report by the Canadian Association of Schools of Nursing (CASN) and the Canadian Nursing Association (CNA), research suggests that 12,000 graduates per year are required to address the projected nursing shortage in Canada (2008). To reach this, the number of Entry to Practice (ETP) graduates will have to increase by a further 27%. In 2006, Ontario and British Columbia had the lowest RN-to-population ratio. BC was 1:3,869 and Ontario was 1:4,527 as compared to Alberta which was 1:2,784 and Quebec which was 1:2,887. In 2007, these two provinces also had the fewest graduates relative to population. The Fraser Health Authority (2006) had predicted that there will be a regular RN shortfall of 510 positions by 2011. One hundred more grads per year need to be recruited out of BC's post-secondary system. Fifty more nurses with specialty education are also required per year (CNA 2009).

The most recent CNA report predicts that a staggering 60,000 nurses will be needed by 2022 in order to fill labor shortages both in rural and urban areas in Canada (2009). The consequences of this nursing shortage have produced long and frustrating wait times in clinics and hospitals, adverse events for patients and untenable work situations for RNs and other healthcare workers (CNA 2009). The number of graduates from ETP programs continued to increase in 2012-2013 as a result of the expansion of seats and program delivery models in the last decade (12,068 in 2013, a 2.4% increase compared with 2012). The CNA (2009) states that although registered nurse graduates increased, admissions declined slightly for the third time in ten years. 14,863 students entered ETP programs, a decrease of 1.8% (from 15,128 the previous year).

The province of BC has undertaken a study of the labour market and published a market outlook document regarding employment sectors (April 2014). The document entitled *British Columbia 2022 labour market outlook* projects labour market demand and supply trends to 2022. Nursing specifically projects "25,300 job openings to 2022" and is predicted as the number one growth industry of any occupational group. Further, the report states that regionally "two thirds of the total job openings in BC are expected in the Lower Mainland/Southwest region alone." Graduates of the KPU BSN program are eligible to work anywhere in the province with a CRNBC practicing membership. Graduates of the KPU BPN program are eligible to work anywhere in the province with a CRPNBC practicing membership. In reference to *BC's skills for jobs blueprint: Re-engineering education and training*, the high demand occupations are targeted for the province's redistribution of operating grants. Nursing is identified as a high-demand occupation and is included in the directive stating "By 2017-18 twenty-five percent of provincial operating grants to public

post-secondary institutions (\$270M) will be aligned to training that matches with high-demand occupations and jobs.” (*Province of BC, 2014.*)

### C. Curriculum:

***C1. Describe the skills, knowledge, or other attributes students will develop from the program***

Students will acquire university writing skills, exposure to a variety of liberal arts courses, communication skills, and knowledge about the health care system.

Course	Learning Outcomes
<b>ANTH 1100 Social and Cultural Anthropology</b>	<p>Explain the concept of culture and its impact on human behavior.</p> <p>Recognize and explain cross cultural diversity.</p> <p>Explain the relationships among culture, society, and the individual.</p> <p>Apply the concepts of social and cultural anthropology to ethnographic case studies.</p>
<b>BIOL 1160 Anatomy and Physiology I</b>	<p>Acquire the information to develop a basic understanding of the structural organization and specified functions of the body as an integrated whole.</p> <p>Describe the basic structure and function of cells and tissues and relate this information to the structure and function of the organs and organ systems of the body.</p> <p>Describe the location, structural components and function of the following systems: integumentary system, nervous system, endocrine system, muscular system, skeletal system, circulatory system, respiratory system, and digestive system.</p> <p>Describe the body fluid compartments and fluid components and relate these to selected physiological events, for example, nerve impulse and fluid balance.</p> <p>Explain the interrelationship between the respiratory system and circulatory system in terms of the maintenance of cellular respiration in all tissues.</p> <p>Explain the interrelationship between the digestive system and circulatory system in terms of the tissue demand for nutrients.</p> <p>Explain how the nervous and endocrine systems control selected activities of the other organ systems through feedback activities.</p>

	<p>Provide examples, within selected organ systems, of the mechanism(s) for growth and development and the impact of aging.</p> <p>Relate nutrient requirements to proper functioning and development of selected organ systems.</p> <p>Define and explain the symbiotic relationship between the human body and normal body flora.</p> <p>Define and describe the action(s) and effect(s) of selected drug groups associated with the integumentary, endocrine, muscular, circulatory, respiratory and digestive systems.</p>
<b>BIOL 1260 Anatomy and Physiology II</b>	<p>Acquire the information to develop a basic understanding of the structural organization and specified functions of the body as an integrated whole.</p> <p>Describe the basic structure and function of cells and tissues and relate this information to the structure and function of the organs and organ systems of the body.</p> <p>Describe the location, structural components and function of the following systems: excretory system, immune system, nervous system and reproductive system.</p> <p>Describe the mechanisms of the renal, respiratory and circulatory systems which contribute to maintaining fluid balance and electrolyte balance in the body fluid compartments.</p> <p>Distinguish between sensory and motor pathways in the somatic and autonomic nervous systems and relate these to body movement and to physiological homeostasis.</p> <p>Outline the defensive responses of the body to injury and to microbial invasion.</p> <p>Define and explain the pathogenic relationship (between the human body and microorganisms) which is established during an 'illness' (to include bacterial and viral infections).</p> <p>Describe the process of gamete production in the male and female, focusing on hormonal control and its impact on reproductive and non-reproductive body tissues.</p> <p>Describe fertilization and the early stages of embryonic development, including development of the extra-embryonic membranes.</p> <p>Explain how the nervous and endocrine systems control selected</p>



	<p>activities of the other organ systems through feedback activities.</p> <p>Provide examples, within selected organ systems, of the mechanism(s) for growth and development and the impact of aging.</p> <p>Relate nutrient requirements to proper functioning and development of selected organ systems.</p> <p>Define and describe the action(s) and effect(s) of selected drug groups associated with the excretory, nervous, immune and reproductive systems.</p>
<p><b>ENGL 1100</b> <b>Introduction to</b> <b>University Writing</b></p>	<p>Develop and use critical thinking skills.</p> <p>Generate, organize and synthesize ideas, individually and in groups.</p> <p>Apply various pre-writing strategies and demonstrate an understanding of the writing process.</p> <p>Apply principles of unity, coherence, and emphasis in their own writing.</p> <p>Identify and use different strategies for developing ideas (e.g. cause and effect, compare and contrast, analysis, persuasion).</p> <p>Use a writing handbook as necessary.</p> <p>Be aware of the conventions of documentation in a recognized format.</p> <p>Respond critically to selected readings, primarily non-fiction.</p> <p>Plan, analyze, revise and edit their own writing.</p>
<p><b>HEAL 1100</b> <b>Mental Wellness</b> <b>and Communication</b></p> <p><b>*NEW COURSE*</b></p>	<p>Describe dimensions and factors of mental health and well-being.</p> <p>Examine relevant theoretical frameworks for mental health and well-being.</p> <p>Differentiate actual and perceived barriers to mental health and well-being.</p> <p>Appreciate effective management of stress, emotions and life circumstances impacting motivation and successful achievement of learning outcomes.</p> <p>Develop strategies toward enhancing continued mental health and well-being.</p> <p>Describe major factors which facilitate effective interpersonal communication.</p> <p>Apply effective basic communication skills.</p> <p>Contrast and compare cultural practices, including aboriginal, related to communication.</p> <p>Differentiate therapeutic and professional communication.</p> <p>Communicate effectively, orally and in writing.</p>

	<p>Articulate individual world view, personal beliefs and values in relation to family, community and culture.</p>
<p><b>HEAL 1150</b>  <b>Personal Care</b>  <b>Skills: Lab I</b>    <b>*NEW COURSE*</b></p>	<p>Apply a basic problem-solving process in the lab setting.</p> <p>Communicate planned care with client and identify expected outcomes in the lab setting.</p> <p>Explain principles and rationale underlying basic care giving skills.</p> <p>Document interventions on appropriate forms.</p> <p>Engage with client in a professional and caring manner in the lab setting.</p> <p>Acknowledge cultural sensitivity when interacting with clients in the lab setting.</p> <p>Recognize the importance of promoting client independence.</p> <p>Maintain a safe environment for self and others.</p> <p>Promote safety through the use of body mechanics, medical asepsis, and safe use of equipment.</p> <p>Identify potential risks in providing care.</p> <p>Identify concerns regarding client care and report appropriately.</p> <p>Perform care giving skills in an organized manner, ensuring client safety and comfort.</p> <p>Perform select psychomotor skills.</p>
<p><b>HEAL 1180</b>  <b>Introduction to Health</b>  <b>Research</b>    <b>*NEW COURSE*</b></p>	<p>The philosophy and traditions in both quantitative (e.g. descriptive statistics, correlation, comparing means and measures of association) and qualitative (e.g. phenomenology, ethnography, grounded theory and interpretive inquiry) research.</p> <p>The development phase of the research process including questions, hypotheses, and literature review.</p> <p>Overview of research methodologies and sampling techniques.</p> <p>Various data collection methods.</p> <p>The critical appraisal of research reports.</p> <p>Ethical research practices.</p> <p>Use of research evidence to inform best practices in the health professions.</p>
<p><b>HSCI 1115</b>  <b>Introduction to Health</b>  <b>Sciences</b></p>	<p>Describe concepts of health and wellness from a range of perspectives</p> <p>Define the core terminology and strategies used to measure health</p> <p>Describe the determinants of health and their impacts on individual and</p>

	<p>population health.</p> <p>Analyze how various social attributes (e.g. gender, race, class, neighborhoods) interact and contribute to health, illness, and disability.</p> <p>Describe prevalent health conditions and how they may be prevented and treated.</p> <p>Describe Canada's health system and how the different health care careers contribute to Canadian health.</p>
<p><b>PSYC 1100</b>  <b>Introduction to</b>  <b>Psychology:</b>  <b>Basic Processes</b></p>	<p>Explain and critically evaluate current topics and research in the field of psychology.</p> <p>Describe basic psychological processes.</p> <p>Describe and apply rudimentary research and statistical methods.</p> <p>Access and comprehend current research.</p> <p>Utilize effective writing skills in assignments and examinations.</p> <p>Use critical thinking skills through discussion and analysis of psychological issues.</p>
<p><b>SOCI 1125</b>  <b>Introduction to</b>  <b>Society:</b>  <b>Processes and</b>  <b>Structures</b></p>	<p>Describe and apply the "sociological imagination."</p> <p>Describe the basic elements of social structure at the macro-sociological level.</p> <p>Explain social processes that occur at the micro-sociological level.</p> <p>Analyze the dynamics between macro level structures and micro level social processes.</p> <p>Apply fundamental sociological concepts and major theoretical orientations to a critical analysis of various social phenomena and issues.</p> <p>Evaluate social issues in terms of their relevance to their own social context and the larger society.</p> <p>Compare culture, groups, organizations, and social institutions in Canada and in the global arena.</p> <p>Analyze social inequalities in Canada and in the global arena.</p>

## ***C2. Describe the program/course structure***

Students can take a partial or full course load depending on course availability and their personal work/life balance. There are two courses that have prerequisites within the HF year and need to be taken before the others; the remaining eight courses can be taken in order of preference and availability. If students do not meet the course prerequisites our advisors will work with them, suggesting upgrading courses to move them forward in their studies. Course descriptions and prerequisites are detailed in **Appendix A**.

***C3. Identify the provincial, national and/or international certifications and standards achieved in the new program, if applicable***

This is a preparatory certificate for nursing and psychiatric nursing intended students. It provides the first year of study for the BSN and BPN programs which adhere to provincial regulatory standards.

**D. Program Consultations and Evaluation:**

***D1. List the other provincial post-secondary institutions consulted about the proposed program***

Externally, the Associate Dean in the FoH sits on the Executive for the Nursing Education Council of British Columbia (NECBC) which recently met on Friday, October 30, 2015. All of the nursing programs in BC were represented at this meeting. Many of the current nursing programs in the province have adopted this same structure and are supportive of this approach. The HF or pre-nursing year was also discussed with Kevin Perrault, Ministry of Advanced Education, who attended the meeting by phone. The College of Registered Nurses of British Columbia (CRNBC) supported this approach and their letter of program recognition is in the BSN program proposal appendix C.

**Provide a list and summary of the nature of all other consultations**

Following is the consultation directly related to this certificate. Additional consultation related to the full BSN and BPN programs are included in those Full Program Proposals.

2015 Dates	Consultation with:	Summary
September	Office of the Registrar	Numerous consultations with the University Registrar and Associate Registrars for composition of the certificate, course names, acronyms and numbers as well as admission and registration processes.
September and October	Student Financial Services	Consultations began in September with review of the BSN and BPN Full Program Proposals when it was identified that the HF courses needed to become a credential to ensure student access to financial aid.
Ongoing	Liberal Arts and Science Departments	Discussions have occurred between the Deans of the FoH and the liberal education faculties (Faculty of Arts, Faculty of Science and Horticulture) that will be providing foundational courses to ensure adequate resources. Internally, this was discussed at a meeting with the FoH Program Curriculum Coordinators and a number of representatives from the Faculty of Science and Horticulture and Faculty of Arts. Block transfer into degrees is a future consideration, however, currently this is not available. At present, individual courses

		will be considered for credit into the Health Sciences degree program and Faculty of Arts degree programs.
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***D2. State whether or not the program meets the program eligibility requirements as outlined at [www.bcsap.bc.ca](http://www.bcsap.bc.ca)***

If the student chooses to complete the proposed Certificate in HF program in two full-time semesters, this would be an intensive full-time program.

***D3. Indicate what policies/procedures are planned for ensuring adequate depth and breadth of ongoing review and evaluation once the program has been implemented***

This certificate will be evaluated by the BSN and BPN programs as a component of their full program evaluation processes (internal and external).

***D4. Indicate whether safety and other risk management factors have been addressed where appropriate***

There are no clinical components to the certificate. In the HEAL 1150 (Personal Care Skills: Lab I) lab safety will be continuously monitored by the FoH.

**E. Admissions and Transfer:**

***E1. Indicate how the institution plans to ensure students' ability to access the program through transfer***

With the proposed changes students will be admitted into the FoH by satisfying the Faculty's undergraduate admission requirement, which consists of KPU's undergraduate English Proficiency requirement. This allows students to take the HF courses on a part-time or full-time basis. A number of the HF courses have prerequisites which may be attained through upgrading courses for students who do not meet them on entry to the FoH.

Students coming to KPU to enter the HF from other institutions can apply for transfer credit to be applied to the liberal arts and science courses.

***E2. Describe how students will be able to transfer out of the proposed program into other programs within the same institution or at another institution***

At any point students can choose to apply to another faculty and apply completed course credits to other programs or other institutions.

Students who have completed the Certificate in HF program but are unsuccessful in declaration to their nursing program of choice, may apply to articulate to the Health Care Assistant program in the FoH, or use the 32 credits towards the 60 credit prerequisite for the Traditional Chinese Medicine Acupuncture Diploma program, slated to begin in September 2016. They may also apply to other KPU programs. If they are transferring to another institution they would request transfer credit for the completed courses.

***E3. Indicate how students will be able to transfer into related degree-level programs, if applicable***

This certificate is the first year of study for the BSN and BPN degree programs. Students will also be able to transfer credit toward other health programs at KPU and other institutions.

**F. Other:**

***F1. Include any additional information not addressed in the sections above that may be helpful in better understanding the major components of the proposal***

Program costs and revenues are outlined in Appendix B.

# Appendix A

## Health Foundation Non-Degree Program Proposal Program Structure

**KWANTLEN POLYTECHNIC UNIVERSITY**  
**Faculty of Health**  
**Non-Degree Program Proposal**  
**Certificate in Health Foundations**

November 2015

## APPENDIX A Program Structure

Course No. / Name No. of Credits Prerequisites	Course Description
<b>ANTH 1100</b> Social and Cultural Anthropology 3 credits  <b>Prerequisites</b> None	Students will study the interrelationships among culture, community and well-being. They will examine the diversity of human thought and behaviour in cross-cultural perspective. Students will focus on topics such as ethnography, gender, marriage and kinship, culture and adaptive strategies, social and political organization, religion and world view, and globalization.
<b>BIOL 1160</b> Anatomy and Physiology 1 4 credits  <b>Prerequisites</b> BIOL 1110 or ([CHEM 1094 or CHEQ 1094 or Chemistry 11 with a grade of C+]) and (ABEB 0012 or BIOP 1012 or BIOQ 1099 or Biology 12 with a grade of C+)	Students will study the major organ systems of the human body responsible for support, movement, circulation, respiration and digestion. They will also overview nervous and endocrine control, microbiology, and examples of drug actions and effects. Students will study these topics using a self-directed modular format.
<b>BIOL 1260</b> Anatomy and Physiology 2 4 credits  <b>Prerequisites</b> Biology 1160	Students will continue to study the major organ systems of the human body, focusing on the Excretory, nervous, immune and reproductive systems. Examination of these systems will include related, basic concepts in microbiology, and examples of drug actions and effects. Students will study these topics using a self-directed modular format.
<b>ENGL 1100</b> Introduction to University Writing 3 credits  <b>Prerequisites</b> English 12 (B) or English 12 First Peoples (B) or ENGQ 1099 or ABEE 0091 or ENGP 1091 or ABEE 0092 or ABEE 0097 or ENGP 1097 or successful placement in ENGL 1100 by Kwantlen English Placement Test or an LPI Essay score of 30–Level 5 or IELTS 6.5 with no band less than 6.0 or iBT 86 with minimum writing sub-score 24 or PBT 570 with TWE 5.5 or ELST 0381 (B) & ELST 0383 (B) or ELST 0381 (B) & KIST score of 50 or higher	Students will learn to apply principles of rhetoric and critical analysis in response to selected readings, which will include examples of scholarly writing and academic argument. They will develop their writing skills through exploratory writing, academic argument, and critical analyses of material from a variety of contexts.



## APPENDIX A

### Program Structure

<p><b>HEAL 1100</b> Mental Wellness and Communication 3 credits</p> <p><b>*NEW COURSE*</b></p>	<p>Students will explore relevant mental health and wellness concepts. They will discuss barriers to mental health and well-being from personal, interpersonal, and organizational perspectives. Students will appreciate the significance of adaptive coping with respect to stress, emotions and life circumstances for enhanced mental health, motivation and achievement of learning outcomes. Students will also learn basic therapeutic communication skills essential for healthy relationships.</p>
<p><b>HEAL 1150</b> Personal Care Skills-Lab 1 3 credits</p> <p><b>*NEW COURSE*</b></p>	<p>This Lab course is a foundational health course for all FoH students to take for the Sept 2017 intake. This lab course is intended to give all FoH students exposure to the intricacies and intimacies of providing care to clients to help them make a decision that a Nursing career is right for them.</p>
<p><b>HEAL 1180</b> Introduction to Health Research 3 credits</p> <p><b>*NEW COURSE*</b></p> <p><b>Prerequisites</b> ENGL 1100 and Math 11 Pre-Calculus or Math Foundations or equivalent with a B</p>	<p>Students will understand, use and critique health care research. They will learn how to conduct literature reviews, explore various research designs and methods for both qualitative and quantitative research, and critically appraise several research studies. Students will also examine ways to apply research findings to promote evidence informed practice in the health professions. Students will work in class and/or online.</p>
<p><b>HSCI 1115</b> Introduction to Health Science 3 credits</p> <p><b>Prerequisites</b> English 12 (B) or English 12 First Peoples (B) or ENGQ 1099 or ABEE 0091 or ENGP 1091 or ABEE 0092 or ABEE 0097 or ENGP 1097 or Kwantlen English Placement Test or an LPI Essay score of 30 – Level 5 or IELTS 6.5 with no band less than 6.0 or iBT 86 with minimum writing sub-score 24 or PBT 570 with TWE 5.5 or ELST 0381 (B) &amp; ELST 0383 (B) or ELST 0381 (B) &amp; KIST score of 50 or higher AND (MATQ 1093 or MATH 1117) or (ABEM 0011 or MATP 1011 or MATQ 1099 with a B-) or Pre-calculus 12 with a C; or Principles of Mathematics 12 with a C; or Pre-calculus 11 with a B; or Principles of Mathematics 11 with a B; or Pre-calculus 11 with a C plus Mathematics Placement Test; or Principles of Mathematics 11 with a C plus Mathematics Placement Test; or Pre-calculus 12 with a P plus Mathematics Placement Test; or Principles of Mathematics 12 with a P plus Mathematics Placement Test; or Applications of Mathematics 12 with a C plus Mathematics Placement Test; or Applications of Mathematics 11 with a C plus Mathematics Placement Test</p>	<p>Students will be introduced to the multifaceted field of health science and the foundations of promoting health and wellness. Students will explore concepts of health, science and health science from a variety of perspectives including biological, clinical, cultural, environmental, political and socioeconomic. Students will be introduced to the variety of health care careers that contribute to the effective delivery of health care and the promotion of health and wellness in the community. Students will learn the benefits of well-organized cross-functional teams in generation of innovation, productivity and effective service.</p>

## APPENDIX A Program Structure

<p><b>PSYC 1100</b> Introduction to Psychology 3 credits</p>	<p>Students will be introduced to topics related to basic psychological processes, such as the following: the biological basis of behaviour, sensation, perception, states of consciousness, learning and memory. Students will also examine the historical and philosophical contexts behind the development of psychology and the research methods used by psychologists.</p>
<p><b>SOCI 1125</b> Introduction to Society: Processes and Structures 3 credits</p>	<p>Students will learn essential concepts, theoretical perspectives, and methods used in the discipline of sociology. They will explore sociological analysis on topics such as culture, socialization and social interaction, deviance, social inequality, gender and sexuality, race and ethnicity, aging, health, dis (abilities), mass media, family, education, work, religion, economy, polity, population and demography, social change, and globalization. Students will critically examine assumptions we make about social life and will develop informed views on social issues that are important in their own lives and the lives of others in local, national, and global communities.</p>

# Appendix B

## Program Costs and Revenues

**KWANTLEN POLYTECHNIC UNIVERSITY**  
**Faculty of Health**  
**Non-Degree Program Proposal**  
**Certificate in Health Foundations**

November 2015

## **Appendix B**

### **Costs and Revenue**

Budgetary requirements are provided for information purposes only. Program approval does not ensure budgetary support.

### **Costs and Revenues - On-Going Costs**

#### **Operating Costs**

Item	No. of items	Yr 1	Yr 2	Yr 3	Yr 4	Total
Faculty		\$215,195	219,499	223,889	228,367	\$886,950
Required service courses*		\$605,445	617,553	629,905	642,503	\$2,495,406
Administrative Support		Incl	Incl	Incl	Incl	Incl
Advisor		Incl	Incl	Incl	Incl	Incl
Specialized IET		n/a	n/a	n/a	n/a	n/a
Specialized IT Support		n/a	n/a	n/a	n/a	n/a
Library		Incl	Incl	Incl	Incl	Incl
Lab operating costs - Salary		Incl	Incl	Incl	Incl	Incl
Lab operating costs – Non-Salary		Incl	Incl	Incl	Incl	Incl
Ongoing research costs		Incl	Incl	Incl	Incl	Incl
Other						
<b>Grand Totals</b>		<b>\$820,640</b>	<b>\$837,053</b>	<b>\$853,794</b>	<b>\$870,869</b>	<b>\$3,382,356</b>

#### **\*Explain required service courses**

Refer to Appendix A – Program Structure. The Faculties of Arts and Science were consulted in relations to capacity in current sections to support the HF year. Above costs and revenues below includes the three (3) health related courses.

#### **Revenue**

Item	No. of Courses	Yr 1	Yr 2	Yr 3	Yr 4	Total
Tuition	10	\$739,733	\$754,527	\$769,618	\$785,010	<b>\$ 3,048,888</b>

Revenues listed above estimates 150 students to support the first year of the BSN and BPN programs, in addition to including a percentage for student attrition. Tuition above assumes the pre-existing service courses at \$133.65 /per credit, with the assumption of tier 2.a.4 at \$206.40 /per credit for the new health-related courses. Above revenues does not reflect AVED operational grant funding for Health FTEs.

## MEMORANDUM

**To:** Senate Standing Committee on Curriculum (SSCC)  
Senate Standing Committee on Academic Planning and Priorities (SSCAPP)

**From:** Tru Freeman, Dean, Faculty of Health (FoH)  
Jean Nicolson-Church, Associate Dean, FoH

**CC:** Deborah Dunn, Chair, BSN Curriculum Committee  
Leeann Ring, Chair, FoH Curriculum Committee

**Date:** October 30, 2015

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**RE:** Revisions to the Bachelor of Science in Nursing (BSN) program for the 2016/17 intake  
**Implementation:** For Semester Three BSN courses, September 2017

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### Background:

The Bachelor of Science in Nursing (BSN) program currently consists of four years of study across eight semesters. Students enter directly into year one of the BSN program. With the proposed changes, students will be admitted into the Faculty of Health (FoH) by satisfying the Faculty's undergraduate admission requirement, which consists of KPU's undergraduate English Proficiency requirement. Students will not be admitted directly into the BSN. Rather, they will be admitted to the Health Foundation (HF) year (pre-nursing), which is a suite of required courses for the first year of the BSN program. These courses may be taken part-time or full-time. A number of the HF courses have prerequisites which may be attained through upgrading courses for students who do not have them on entry to the FoH. All students who complete the 32 credits are eligible to apply for graduation with a Certificate in HF.

Upon successful completion of the HF courses, students will be eligible to declare into the BSN. As there will likely be many more students in the HF than available spaces in the BSN, the selection process for declaration will be competitive. Declaration requirements will be assessed and students will be selected for the available BSN seats. Selected students will proceed through Semesters Three to Eight as a full-time cohort and their HF courses will apply towards completion of the BSN degree. All students who have completed the HF year will be eligible to apply for graduation to receive a Certificate in HF. With this certificate, they have the option of declaring into the BSN or the Bachelor of Psychiatric Nursing (BPN) within the FoH (space permitting), or they may transfer to another program at KPU, or transfer to another institution.

The BSN program will continue to offer a four year degree as recognized by the College of Registered Nurses of British Columbia (CRNBC). The Degree Quality Assessment Board (DQAB) has recently reviewed the BSN proposed revised program and deemed the changes

significant enough to call it a new program. This means a Full Program Proposal (FPP) document is required. The FPP must be posted on the Post-Secondary Institution Proposal System (PSIPS) for a 30-day peer review period, the feedback addressed, and then, forwarded to the Minister of Advanced Education for approval. Articulation will continue to be completed on a case-by-case basis. There are no articulation agreements in place that would be impacted by the proposed changes. Simultaneously a Non-Degree Program Proposal is being submitted for the Certificate in HF.

### **Rationale:**

The implementation of HF courses is significantly changing how the BSN program is delivered. The program adjusts and modifies the courses across the remaining six semesters to enable students to meet the professional standards and competencies required to graduate as a Registered Nurse and pass the National Council Licensure Examination (NCLEX). Completion of the HF courses will help curb attrition in the BSN program as it gives students a chance to assess if nursing is the right choice for them. In addition, it will enable them to complete required courses such as English and Biology. These courses often prove challenging and cause students to leave the program due to academic failure. The BSN program will also be consistent with the Kwantlen Polytechnic University (KPU) Strategic Vision 2018 and Academic Plan 2018. Total required credits in the BSN program have been decreased from 141 to 125, making the program more affordable for students and similar to the credit structure of other BSN programs throughout the province. The revision will improve quality through planned and implemented efficiencies.

### **Proposed Changes:**

The FoH HF courses are being developed for implementation in September 2016 and beyond. Please see page 4 for the overview of the BSN program to be published in the KPU University Calendar. Course titles with credit estimates for Semesters Three through Eight are also identified. The course titles being proposed are broad to allow the faculty to identify essential concepts and the subsequent learning outcomes associated with each course. There are some repeated course types in multiple semesters which include Practice courses in the clinical environment, Labs, Nursing Applications, Nursing Sciences (e.g. Pathophysiology and Pharmacology) and Professional Identity. These threads have been identified as key areas of focus in the BSN program. The existing BSN program, course acronyms, numbers and credits are also included to facilitate comparison of the current and proposed programs.

### **Admission Requirements and Selection Process:**

Applicants to undergraduate studies in the FoH must satisfy the Faculty's undergraduate admission requirement, which consists of KPU's undergraduate English proficiency requirement.

Declaration into the BSN program will be through a selection process after the student has successfully completed the HF courses with a GPA of 2.33 or higher and no single HF course with a grade less than C. They will also be required to have 30 hours of volunteer work with adults or children, evidenced by a written reference reflecting the length and nature of the volunteer experience. Volunteer experience is a requirement of the declaration process as the FoH feels it

supports the students' understanding of the nursing profession and commitment to community. Selection will be based on GPA of the HF courses.

**Implementation:**

The BSN program will continue to have two intakes of 32 students per year, (September and January). In September 2016 the HF courses will be available to all FoH students intended for the BSN program. Students who complete the HF courses successfully by May, 2017 will be eligible to declare into the BSN program and continue as a cohort into Semester Three in September, 2017.

**Summary:**

We are requesting Senate approval of the BSN Full Program Proposal. These documents were reviewed and approved by the FoH Curriculum Committee and Faculty Council on October 16, 2015.

### BSN Program Overview: Proposed and Current

Proposed BSN Program by Semester				Current BSN program by Semester			
	Course #	Course Name	Credits		Course #	Course Name	Credits
<b>Year 1</b>							
<b>Health Foundation (HF)</b>  <b>32 credits</b>	ANTH 1100	Social and Cultural Anthropology	3	<b>Semester 1: Personal Meaning of Health</b>	BIOL 1160	Anatomy and Physiology 1	4
	BIOL 1160	Anatomy and Physiology I	4		ENGL 11XX	Introduction to University Writing	3
	ENGL 1100	Introduction to University Writing	3		NRSG 1122	Professional Growth 1: Introduction to the Profession of Nursing	3
	HSCI 1115	Introduction to Health Sciences	3		NRSG 1131	Self and Others 1: Self-Awareness and Interpersonal Communication	3
	PSYC 1100	Introduction to Psychology: Basic Process	3		NRSG 1142	Nursing Practice 1	5
	SOCI 1125	Introduction to Society: Processes and Structures	3	<b>Semester 2: Chronic Health Challenges</b>	BIOL 1260	Anatomy and Physiology 2	4
	BIOL 1260	Anatomy and Physiology 2	4		ENGL 12XX	English Literature	3
	HEAL 1100 New Course	Mental Wellness and Communication	3		NRSG 1211	Health : Societal Perspectives, Health and Healing	3
	HEAL 1150 New Course	Personal Care Skills: Lab I	3		NRSG 1243	Nursing Practice 2	11
	HEAL 1180 New Course	Introduction to Health Research (Research 1)	3				



### BSN Program Overview: Proposed and Current

Proposed BSN Program by Semester				Current BSN program by Semester			
	Course #	Course Name	Credits		Course #	Course Name	Credits
<b>Year 2</b>							
<b>Semester 3</b>	HEAL 2150 New Course	Lab Practice 2	3	<b>Semester 3: Episodic Health Challenges</b>	NRSG 2112	Nursing Applications 1: Complex Health Challenges	2
	NRSG 2121 New Course	Professional Identity 1	3		NRSG 2142	Nursing Practice 3	12
	NRSG 2135	Relational Practice 2: Advanced Communications	3		NRSG 2160	Health Science 3: Pathophysiology 1	2
	NRSG 2145	Nursing Practice 1	6			Elective	3
	NRSG 2175 New Course	Nursing Applications 1	3		ENGL 11XX level and 12XX level pre-requisites are required prior to entering Semester 4.		
<b>Semester 4</b>	NRSG 2245	Nursing Practice 2	6	<b>Semester 4: Complex Episodic Health Challenges</b>	NRSG 2212	Nursing Applications 2: Complex Health Challenges	2
	NRSG 2265	Nursing Science 1 (Pathophysiology 1)	3		NRSG 2220	Professional Growth 2: The Nursing Profession	2
	NRSG 2266 New Course	Nursing Science 2 (Pharmacology)	3		NRSG 2242	Nursing Practice 4	12
	NRSG 2275 New Course	Nursing Applications 2	3				

### BSN Program Overview: Proposed and Current

Proposed BSN Program by Semester				Current BSN program by Semester			
	Course #	Course Name	Credits		Course #	Course Name	Credits
Year 3							
Semester 5	HEAL 2250 New Course	Lab Practice 3	3	Semester 5: Prevention	NRSG 3130	Self and Others 2: Advanced Interpersonal Communication and Reflection on Practice	3
	NRSG 3121 New Course	Professional Identity 2	3		NRSG 3142	Nursing Practice 5: Mental Health	4
	NRSG 3145	Nursing Practice 3	6		NRSG 3143	Nursing Practice 5: Child & Family Health	4
	NRSG 3165	Nursing Science 3 (Pathophysiology 2)	3		NRSG 3161	Health Science 5: Health Challenges for Children and Mental Health Challenges Across the Lifespan	3
	NRSG 3175 New Course	Nursing Applications 3	3		PHIL 3010	Healthcare Ethics	3
Semester 6	HEAL 3180 New Course	Nursing Science 4: Health Research for Evidenced Informed Practice	3	Semester 6: Health Promotion & community Empowerment	NRSG 3212	Health 2: Health Promotion and Community Empowerment	3
	NRSG 3245	Nursing Practice 4	6		NRSG 3213	Health 3: Public Health & Maternity Nursing Theory	3
	NRSG 3275 New Course	Nursing Applications 4	3		NRSG 3242	Nursing Practice 6: Public Health	2
	PHIL 3010	Healthcare Ethics	3		NRSG 3243	Nursing Practice 6: Maternal Child	3
					NRSG 3244	Nursing Practice 6: Community Development	6

### BSN Program Overview: Proposed and Current

Proposed BSN Program by Semester				Current BSN program by Semester			
	Course #	Course Name	Credits		Course #	Course Name	Credits
				After the End of Semester 6	NRSG 3350	Consolidated Nursing Practice (CNP) 1	4.5
<b>Year 4</b>							
<b>Semester 7</b>	NRSG 4145	Nursing Practice 5	8	<b>Semester 7: Societal Health &amp; Nurses Influencing Change</b>	NRSG 4111	Health 4: Influencing Change	3
	NRSG 4165 New Course	Nursing Science 5: Complex Client Care	3		NRSG 4121	Professional Growth 3: Inquiry and Research Methods	3
	NRSG 4175 New Course	Nursing Applications 5	3		NRSG 4122	Professional Growth 4: Qualitative and Quantitative Analysis	3
	Elective	Suggest one of the following: PSYC 3920, SOCI 2250, 2280	3		NRSG 4142	Nursing Practice 7	6
						Elective	3
<b>Semester 8</b>	NRSG 4245	Nursing Practice 6	10	<b>Semester 8: Transitions</b>	NRSG 4242	Consolidated Nursing Practice (CNP) 2	8.5
<b>Credential Awarded:</b>		<b>BSN (no change)</b>	<b>125</b>	<b>Credential Awarded:</b>		<b>BSN</b>	<b>141</b>
Annually, KPU BSN has two intakes of 32 students into Semester Three. The intakes occurs in January and September.				Annually, KPU BSN has two intakes of 32 students into Semester One. The intakes occurs in January and September.			



Full Program Proposal

*Bachelor of Science  
In Nursing (BSN)*

Faculty of Health

October 2015



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## Part 1 - Executive Summary

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*The Executive Summary must present, in a succinct manner, the purpose of the proposal and a summary of the key objectives and outcomes of the proposed degree program and must include the following information:*

**a) *An overview of the organization's history, mission and academic goals***

Founded as a community college for the South Fraser Region in 1981, subsequently granted university college status in 1995, and university status in 2008, Kwantlen Polytechnic University (KPU) has provided outstanding undergraduate education for more than twenty-five years. Undergraduate degrees have been offered at Kwantlen since 1996, along with a wide variety of diplomas, associate degrees, certificates and citations in different fields of study. Designated Kwantlen Polytechnic University in 2008, the institution continues to prepare its students for successful careers as well as helping them develop the skills and critical awareness to be responsible global citizens and community leaders. Today, KPU serves approximately 17,500 students each year and is the fourth largest university in British Columbia.

Across its four main campuses in Cloverdale, Langley, Richmond and Surrey, KPU takes up its role as B.C.'s polytechnic university by offering in excess of 130 programs spanning diverse educational areas: trades, vocational, preparatory, professional, and academic. As a leader in innovative education, KPU creates relevant and engaging programs that integrate a broad-based university education, community service opportunities, undergraduate and applied research experience, and essential skills practice. The learning culture at KPU is learner-focused, academically rigorous, innovative, interdisciplinary and socially responsible.

Arising from its commitment to serve the Fraser Region, Kwantlen offers all learners, regardless of background and preparation, and from across the country and abroad, opportunities to achieve the highest standards of academic performance. Access and support services, multiple entry points, and bridging programs are examples of this commitment. Transition programs, international education, workplace experiences and continuing education are also part of KPU's commitment to lifelong learning across a broad range of educational options.

Our university culture is based on critical inquiry, collegial debate, knowledge generation, freedom of expression, diversity, and environmental stewardship and sustainability (Appendix A: KPU Mission and Mandate).

**b) *Proposed credential to be awarded, including the level and category of the degree and the specific discipline or field of study***

Bachelor of Science in Nursing (BSN).

**c) *Location***

The BSN program will continue to be offered at the KPU Langley campus.

**d) Faculty(ies) or school(s) offering the proposed new degree program**

The Faculty of Health (FoH), will be offering the proposed BSN degree.

**e) Anticipated program start date**

The anticipated start date of the program is September 2016.

**f) Anticipated completion time in years or semesters**

Students engaged in full-time study will be able to complete the BSN Program in eight semesters.

**g) A summary of the proposed program**

Key features of the BSN include the following:

The proposed program is a four year degree which includes a year of Health Foundation (HF) courses, derived from the Faculty of Science and Horticulture (Biology), Faculty of Arts (Anthropology, Sociology and Psychology) and the FoH (Mental Wellness and Communication, labs, and research). These courses may be taken part-time or in two full-time semesters. Following successful completion of the HF, students may request declaration into the BSN program. The declaration process will be competitive as the number of students declaring to move forward is expected to continue to exceed the number of seats available.

The new curriculum is designed to build on HF knowledge as well as introduce nursing content and skills using a concept-based approach. The guiding concepts include *health promotion, therapeutic communication, professionalism and leadership*. The introduction of Nursing Applications courses in each semester, aligned with the corresponding practice courses, is designed to intentionally integrate concepts across the program. The BSN program will enable students to meet the educational requirements of the College of Registered Nurses of British Columbia (CRNBC) which include professional standards and competencies required for eligibility to seek membership with this regulatory body and write the National Council Licensure Examination (NCLEX).

- *Aims, goals, objectives of the proposed program*

The goal of the new program is to educate nurses to work with individuals, families, groups and communities from a health promotion perspective and with an ethic of caring; to develop students' critical thinking skills enabling them to become healthcare systems thinkers and leaders; to develop professional nurses dedicated to lifelong learning; and to prepare, compassionate, ethical and safe entry level nurses who are ready to practice.

- *Anticipated contribution of the proposed program to KPU's mandate and strategic plan*

The proposed BSN program is informed by a philosophical framework that is consistent with the KPU and FoH Strategic Plans, Visions and Missions. The program offers learners theoretical and practical experiences to learn how to critically think and ethically practice as nurses locally, nationally, and globally. This program fosters the capacity of learners to be leaders and system thinkers in order to assume various nursing roles in the healthcare system.



- *Linkages between learning outcomes and the curriculum design, an indication whether a work experience/work place term is required for degree completion, and if so a description of the purpose and role of the work experience within the program*

As required by the CRNBC, the BSN curriculum prepares students to meet graduate nurse Entry Level Competencies (Appendix B: CRNBC Entry Level Competencies) and Standards of Practice, while learning to provide nursing care directly with clients and collaborating with inter-disciplinary team members. The learning outcomes are written to ensure students apply the Practice Standards, Professional Standards and Competencies, Scope of Practice, and the Code of Ethics in all aspects of learning including low, medium and high fidelity lab simulations, and all practice related activities. Practice experiences are provided throughout the program to ensure students have ample opportunity to apply theoretical knowledge in a variety of hands-on client care settings.

- *Potential areas/sectors of employment for graduates, opportunities for further study*

The employment opportunities for registered nurses continue to expand in all sectors of the healthcare system. Demand for nurses in education, research, administration and practice continues to grow. Students may choose to continue their education with specialty nursing programs, a related second degree or advanced preparation at the masters or PhD level.

- *Delivery methods*

Theory, in class or online, and lab course work is delivered on campus in Langley. Clinical placements occur across the Lower Mainland and Fraser Valley, in a wide variety of settings in community and acute care facilities and agencies.

- *Program strengths*

The curriculum intentionally increases the complexity of concepts and learning outcomes to ensure that students develop comprehensive knowledge and effective clinical reasoning. A variety of settings and teaching modalities are used to meet the needs of varied learning styles building student confidence and competence.

- *An overview of the level of support and recognition from other post-secondary institutions, and relevant regulatory or professional bodies, where applicable, and plans for admissions and transfer within the British Columbia post-secondary education system*

The CRNBC has recognized the proposed program for five years through a formal program review (Appendix C: CRNBC Letters of Support). The Ministry of Advanced Education (AVED) was consulted and, as a result, the proposed program revisions were designated a “new program.” Completion of the 32 credit HF year enables students to transfer to other programs within KPU or other BC post-secondary institutions.

- *Related programs in the institution or other British Columbia post-secondary institutions. Indicate rationale for duplication, if any.*

There are multiple nursing programs across the province. Despite this, there are not enough graduating nurses to meet the health sector needs (more data is discussed in the expansive

section of this report). KPU also offers an accelerated BSN degree for those who already have a bachelor's degree in a non-nursing field: BSN-Post-Baccalaureate (BSN-PB). In addition, KPU offers a Bachelor of Psychiatric Nursing (BPN), and Graduate Nurse Internationally Educated Re-Entry (GNIE) program.

**h) Name, title, phone number and e-mail address of the institutional contact person in case more information is required.**

Jean Nicolson-Church, Associate Dean, Faculty of Health  
jean.nicolson-church@kpu.ca  
604-599-2266

## Part 2 – Degree Content

---

(Expand on each of the following :)

- *Aims, goals, and or objectives of the proposed program*

Nine goals comprehensively address the CRNBC Standards of Practice. The goals are intended to prepare students to be professionally responsible and accountable, to practice with sound clinical reasoning and evidence based knowledge, and to provide safe, ethical, compassionate client care.

At the completion of the program the graduate will:

1. Practice nursing competently, safely, ethically, and compassionately
2. Use knowledge from a wide variety of disciplines to achieve positive health outcomes for clients
3. Engage in effective interpersonal and therapeutic relationships with clients
4. Collaborate within an interpersonal and therapeutic relationship with clients
5. Develop a professional identity that incorporates a culturally aware and socially just approach to caring for clients in a variety of contexts
6. Apply leadership skills for the provision and coordination of nursing practice that is client centered
7. Apply sound reasoning and critical thinking skills to promote a sustainable and effective healthcare system
8. Advocate for and participate in changes for safe, informed nursing practice in a constantly changing healthcare environment
9. Be prepared to write the national exam for licensure

**Note:** Client is defined as the healthcare participant and may be an individual, family, group, community, resident, patient, or population needing nursing services.

- *Anticipated contribution of the proposed program to the mandate and strategic plan of the institution*

The *KPU Strategic Plan Vision 2018*, identifies three themes of quality, relevance and reputation. KPU's mission is to *"offer learners opportunities to achieve success in a diverse range of programs that blend theory and practice, critical understanding, and social and ethical awareness necessary for good citizenship and rewarding careers."*

The mission statement referenced in *The FoH Academic Plan 2018* states the mission is to *"foster student success and contribution in local, national and international communities as transformational leaders in health and education through quality programming, service, and scholarship blending theory and practice, critical understanding and social and ethical awareness."*

The BSN program is aligned with both the *KPU Strategic Vision 2018* and *The FoH Academic Plan 2018* by enhancing the ability of BSN students to enter the workforce ready to assume the functions of an entry level nurse. This program fosters students' capacity to be critical thinkers, engaged leaders and socially astute citizens dedicated to lifelong learning. Additionally it strives to ensure our students adapt successfully to changing trends in the healthcare delivery system at local, provincial, national and global levels.

- *Linkages between the learning outcomes and the curriculum design, an indication whether a work experience/work place term is required for degree completion, and if so a description of the purpose and role of the work experience within the program*

Learning outcomes throughout the program are intentionally increased in complexity to ensure progressive development of knowledge and application to client care. They encompass health and illness concepts, professionalism, communication skills, evidence based practice, safety, ethics and psychomotor skill mastery.

Practice placements are organized throughout Semesters Three to Eight for students to apply theory to practice within appropriate clinical settings. They will progress from managing clients with stable and predictable conditions to managing more unstable or unpredictable conditions, enabling students to build upon previous learning and expand their clinical reasoning skills. Semester Eight provides the opportunity for students to refine and integrate previous learning, develop proficiency and advance their leadership skills in a specific area of practice, working full time with a Registered Nurse preceptor to consolidate their the theory and practice education..

- *Potential areas/sectors of employment for graduates and/or opportunities for further study*

Registered Nurses work in a broad variety of settings providing direct care, conducting research, educating clients, peers and students, and managing healthcare environments. According to the Canadian Nurses Association (CNA), changes in the healthcare system continue to broaden the opportunities for RNs including working with children, scientific procedures, high-tech equipment, teaching and promoting healthy practices, and management positions (2015). Most RNs work in Canada's publicly funded healthcare system in hospitals with a minority working in the private sector and a small number of nurses are self-employed.

Canada has 32 Masters of Nursing programs available across Canada and a total of 15 doctoral programs.

- *Delivery methods*

A variety of learning modalities will be used in the classroom, lab and clinical areas. These will include individual and group work, case study development and analysis, reflection, role play, supervised practice opportunities and simulated integration of affective, cognitive and psychomotor skills. A learner centered approach is used to ensure that students master the ability to identify gaps in their knowledge and use resources that support them to meet their learning needs in a timely manner, to provide effective care and promote lifelong learning.

- *Program strengths*

The development of the nursing related courses across the semesters will enable students to progress systematically through the program. Students will be supported to consistently apply the CRNBC Standards of Practice towards fostering competent entry level practice. The pairing of theory and practice throughout the program facilitates student application of knowledge using multiple learning modalities. Simulation is utilized as a strategy for students to safely rehearse and role play all the elements required to provide comprehensive client care. In addition, concepts that are complex and foundational are introduced early and deliberately integrated in subsequent courses. Students are encouraged to question and critically analyze their experience, encouraging them to build depth and breadth of knowledge.

- *An overview of the level of support and recognition from other post-secondary institutions, and relevant regulatory or professional bodies, where applicable, and plans for admissions and transfer within the British Columbia post-secondary education system*

External consultation has occurred through the Integrated Program Advisory Committee (IPAC), where representatives from Health Authorities, consultants, public representatives and other stakeholders, including employers, are kept up to date about changes in the FoH and the BSN program and, similarly, advises the FoH on changes in the practice environment. Appendix D provides additional information about the IPAC Committee Structure.

- *Related programs in the institution or other British Columbia post-secondary institutions. Indicate rationale for duplication, if any.*

The current nursing shortage is well documented. According to a report by the Canadian Association of Schools of Nursing and the CNA, (2008) research suggests that 12,000 graduates per year are required to address the projected nursing shortage in Canada. To reach this number, the number of Entry to Practice (ETP) graduates will have to increase by a further 27%. In 2006, Ontario and British Columbia had the lowest RN-to-population ratio. BC was 1: 3869 and Ontario was 1: 4527 as compared to Alberta which was 1: 2784 and Quebec which was 1: 2887. In 2007, these two provinces also had the fewest graduates relative to population. The Fraser Health Authority (2006) predicted that there will be a regular RN shortfall of 510 positions by 2011. One

hundred more grads per year need to be recruited out of BC's post-secondary system. Fifty more nurses with specialty education are also required per year. (CNA 2009)

The most recent CNA report predicts that a staggering 60, 000 nurses will be needed by 2022 in order to fill labor shortages both in rural and urban areas in Canada (2009). The consequences of this nursing shortage have produced long and frustrating wait times in clinics and hospitals, adverse events for patients and untenable work situations for RNs and other healthcare workers (CNA, 2009). The number of graduates from entry-to-practice (ETP) programs continued to increase in 2012-2013 as a result of the expansion of seats and program delivery models in the last decade (12,068 in 2013, a 2.4% increase compared with 2012). The CNA (2009) states that, although registered nurse graduates increased, admissions declined slightly for the third time in ten years. 14,863 students entered ETP programs, a decrease of 1.8% (from 15,128 the previous year).

The province of BC has undertaken a study of the labour market and published a market outlook document regarding employment sectors (April 2014). The document entitled *British Columbia 2022 labour market outlook* projects labour market demand and supply trends to 2022. Nursing specifically projects "25,300 job openings to 2022" and is predicted as the number one growth industry of any occupational group. Further, the report states that regionally "two thirds of the total job openings in BC are expected in the Lower Mainland/Southwest region alone". Graduates of the KPU BSN program are eligible to work anywhere in the province with CRNBC practicing membership. In reference to *BC's skills for jobs blueprint: Re-engineering education and training*, the high demand occupations are targeted for the province's redistribution of operating grants. Nursing is identified as a high-demand occupation and is included in the directive stating "By 2017-18 twenty-five percent of provincial operating grants to public post-secondary institutions (\$270M) will be aligned to training that matches with high-demand occupations and jobs." (Province of BC, 2014.)

## Curriculum Design

---

a) List the required courses, and indicate which courses are new/to be developed.

Content from previous courses has been reorganized to fit a concept-based curriculum approach. In order to do this many of the courses have been assigned new course numbers to facilitate the offering of old program and new program simultaneously and to allow the movement of content between courses.

**TABLE 1: Proposed BSN Semester Sequencing**

<b>Health Foundation (HF) 32 credits</b>		
ANTH 1100	Social and Cultural Anthropology	3 credits
BIOL 1160	Anatomy and Physiology 1	4 credits
BIOL 1260	Anatomy and Physiology 2	4 credits
ENGL 1100	Introduction to University Writing	3 credits
HEAL 1100	Mental Wellness and Communication	3 credits (New)
HEAL 1150	Personal Care Skills: Lab 1	3 credits (New)
HEAL 1180	Introduction to Health Research (Research I)	3 credits (New)
HSCI 1115	Introduction to Health Science	3 credits
PSYC 1100	Introduction to Psychology: Basic Process	3 credits
SOCI 1125	Introduction to Society: Processes & Structures	3 credits
<b>Year 2 Semester 3 (18 credits)</b>		
HEAL 2150	Lab Practice 2	3 credits (New)
NRSRG 2121	Professional Identity 1	3 credits (New)
NRSRG 2135	Relational Practice 2: Advanced Communication	3 credits
NRSRG 2145	Nursing Practice 1	6 credits
NRSRG 2175	Nursing Applications 1	3 credits (New)
<b>Semester 4 (15 credits)</b>		
NRSRG 2245	Nursing Practice 2	6 credits
NRSRG 2265	Nursing Science 1 (Pathophysiology 1)	3 credits
NRSRG 2266	Nursing Science 2 (Pharmacology)	3 credits (New)
NRSRG 2275	Nursing Applications 2	3 credits (New)
<b>Year 3 Semester 5 (18 credits)</b>		
HEAL 2250	Lab Practice 3	3 credits (New)
NRSRG 3121	Professional Identity 2	3 credits (New)
NRSRG 3145	Nursing Practice 3	6 credits
NRSRG 3165	Nursing Science 3 (Pathophysiology 2)	3 credits
NRSRG 3175	Nursing Applications 3	3 credits (New)
<b>Semester 6 (15 credits)</b>		
HEAL 3180	Nursing Science 4: Health Research for Evidenced Informed Practice (Research 2)	3 credits (New)
NRSRG 3245	Nursing Practice 4	6 credits
NRSRG 3275	Nursing Applications 4	3 credits (New)
PHIL 3010	Bioethics	3 credits
<b>Year 4 Semester 7 (17 credits)</b>		
NRSRG 4145	Nursing Practice 5	8 credits
NRSRG 4165	Nursing Science 5 : Complex Client Care	3 credits (New)
NRSRG 4175	Nursing Applications 5	3 credits (New)
ELECTIVE	Elective	3 credits
<b>Semester 8 (10 credits)</b>		
NRSRG 4245	Nursing Practice 6	10 credits
<b>TOTAL PROGRAM</b>		<b>125 credits</b>

*b) In an appendix, list the courses along with their calendar description and prerequisites.*

Appendix E: Course Descriptions and Prerequisites.

## Program Delivery

---

*a) Explain the learning methodology/methodologies to be used.*

The program is currently offered in the classroom, lab and clinical settings. There may be opportunities in the revised and new courses for online and/or blended learning in addition to traditional classroom and lab settings.

High Fidelity Simulation Labs (HFS) are a critical component of the FoH. These technologically enhanced labs provide concrete, “realistic” practice of nursing skills and techniques in safe lab setting environments. The labs in the FoH are designed to mimic hospital care as well as home and community based healthcare experiences. These settings and spaces provide authentic learning environments that support reflection, critical thinking, confidence development and hands- on care while often diminishing student anxiety and promoting confidence and competence.

In addition, theory and practice courses are designed, with outcomes-based learning, to align directly with the CRNBC Standards and Competencies and form the basis for a growing and expanding professional practice. This new curriculum framework also supports and guides each student to develop their professional identity. The program’s guided constructivist approach has at its core the belief that by encouraging and honoring the learner’s experiences, knowledge, and perspectives with clearly defined expectations and learning outcomes, our graduates will be well prepared to assume the Nursing role competently, safely, ethically and compassionately.

## Admission Requirements

---

*a) Describe the admission requirements for this program.*

With the proposed changes, students will be admitted into the FoH by satisfying the Faculty’s undergraduate admission requirement, which consists of KPU’s undergraduate English Proficiency requirement. This allows students to take the HF suite of courses, on a part-time or full-time basis. A number of the HF courses have prerequisites which may be attained through upgrading courses for students who do not meet them on entry to the FoH.

### **Declaration**

Declaration into the BSN program will be through a competitive selection process after the student has completed all of the HF courses with a cumulative GPA of 2.33 or higher and no single course with a grade less than C. They will also be required to have 30 hours of volunteer work with adults or children, evidenced by a written reference reflecting the length and nature of the volunteer experience. Volunteer experience is a requirement of the declaration process as FoH feels it supports the students’ understanding of the nursing profession and commitment to community. Selection will be based on GPA of the HF courses.

### **Additional Requirements:**

Once students have been offered a seat in the BSN cohort, they must submit the following before declaration is granted:

- CPR level C certificate (Healthcare Provider level C certificate)

- Current standard first aid certificate
- Criminal record check through the BC Ministry of Justice, Criminal Records Review Program
- Applicants who have lived outside of Canada as an adult are required to secure a Criminal Records search with the Vulnerable Sector from their country of origin.

## Faculty

---

a) *List the faculty and their areas of specialization.*

Current faculty include 29 regular faculty, nine of whom work part-time or are shared between programs. Contract faculty fill the remaining course workload. Of the regular faculty, 23 are prepared at the Masters level, and six at the doctoral level. This faculty will continue to meet the needs of the proposed program.

b) *In an appendix, provide the list of faculty along with a brief curriculum vitae for each.*

Appendix F: BSN Faculty Qualifications and Specializations.

## Program Resources

---

a) *Describe the resources that will be required to mount this program including*

- *Library resources*  
The existing library resources are meeting the needs of the current BSN program. We do not anticipate significant changes for the proposed program. The liaison librarian for the FoH is aware of the impending program changes and has a plan to address any gaps as they become evident.
- *Computer and computer access*  
No change needed
- *Classrooms, laboratories and equipment*  
No change needed

*Existing and shared resources at the institution or at other institutions that will be used to offer the program*

Discussions have occurred between the Deans of the FoH and the liberal education faculties (Faculty of Arts; Faculty of Science and Horticulture) that will be providing foundation and elective courses, to ensure adequate resources.

- *Additional resources that will be required to offer this program.*

None.

b) *Provide the intended implementation schedule for the new program and evidence of the appropriateness of the schedule, given the timing of the proposal and readiness of the institution to offer the program.*



The HF suite of courses will be offered in September 2016. The new BSN program will see its first cohort of Semester Three students in September 2017 and first graduates in March 2020. We will closely monitor all cohorts of the new BSN program. This includes feedback from end-of-semester faculty reviews and online focus groups. Data will be shared with faculty and administration as appropriate and reflected in curricular/administrative decisions.

## Program Consultation

---

- a) *Provide a list and brief explanation of the nature of the consultations that have occurred in the development of the degree program (Appendix G: Consultations).*

The FoH Curriculum Committee includes representation from advising, and other health programs ensuring ongoing consultation. In addition, purposeful connections were made with the partnering programs providing liberal education courses including English, Science, and Sociology. Consultation has included IET, advising, counselling, learner support, financial aid, and the Office of the Registrar.

Externally, the AVED was consulted and as a result designated the program revisions as substantive enough to be deemed a “new program” and a full program proposal was initiated.

The Health Authorities and CRNBC are aware and supportive of the curriculum changes and have written letters of support to indicate they will continue to support KPU students in the health practice environment.

- b) *Attach all written comments, both positive and negative from:*

- *Relevant employers;*

Employers are represented on the IPAC, Letters of Support from Fraser Health Authority (FHA) and Vancouver Coastal Health (VCHA) (Appendix H: Letters of Support).

- *Relevant professional associations;*

We have been working closely with the Education Program Review Committee at the CRNBC throughout a formal recognition process and have received five (5) years recognition for the proposed program (Appendix C: CRNBC Education Program Review Letter of Support).

- *Program advisory committees;*

External consultation has occurred through the FoH IPAC, where representatives from Health Authorities, consultants, public representatives and other stakeholders, including employers, are kept up to date about changes in the FoH and the BSN program and, similarly, advise the FoH on changes in the practice environment. The IPAC meets twice per year. The results of discussions continue to provide evidence in support of the KPU BSN program. Recent meeting dates include March 12/2013, September 25/2013, March 26/2014, September 24/2014, March 25/2015 and September 23/2015.

- *Other British Columbia institutions (this will include comments provided through the peer review process on the Post-Secondary Institution Proposal System);*

PSIPS posting will occur following the KPU internal review process.

- *Institutions outside British Columbia; N/A*
- *Experts in the proposed field of study; and, N/A*

- *External academic consultants.*

KPU representatives attend external nursing educational committees that include other BC nursing programs and stakeholders. Program and curriculum updates are shared and discussed with Nurse Educators Council of BC, Deans and Directors, Lower Mainland Nursing Clinical Education Steering Committee, and the Fraser Health Community of Practice. Faculty have engaged in scholarly activities to update curricular changes in nursing education and continue to be experts in this field of study.

Program costs and revenues are outlined in Appendix I.

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# Appendix A

## KPU Mission and Mandate

**KWANTLEN POLYTECHNIC UNIVERSITY**  
**FACULTY OF HEALTH**  
**Bachelor of Science in Nursing (BSN)**  
**Full Program Proposal**

October 2015



## Appendix A

# KPU Mission & Mandate

KPU offers all learners opportunities to achieve success in a diverse range of programs that blend theory and practice, critical understanding, and social and ethical awareness necessary for good citizenship and rewarding careers.

## WHO WE ARE

As British Columbia's Polytechnic University, KPU is a leader in innovative and interdisciplinary education. Our programs provide applied learning and a broad-based university education through relevant, engaging, and inclusive environments which facilitate personal and professional development.

Our faculty demonstrates an authentic spirit of inquiry as a model for learners. In turn, learners engage with a teaching environment that is collaborative, innovative, creative, and respectful. Our University culture is based on critical inquiry, collegial debate, knowledge generation, freedom of expression, diversity, and environmental stewardship and sustainability. Yet, we go further by recognizing the necessary integration of these principles as our foundation and our purpose. We support multiple approaches to research and innovation, and work collaboratively to address community, industry, and market needs.

## WHAT WE DO

We support a dynamic educational community. At KPU, we create a culture that is learner-focused, academically rigorous, innovative, interdisciplinary, and socially responsible. We support our students throughout their entire academic journey, and respect the academic freedom of learners, faculty, and staff.

### Access

KPU's history and purpose as a polytechnic institution integrates traditional academics and applied hands-on learning, into the university experience. We respond to community, regional, industry, and market needs through a distinctive variety of programs, research initiatives, and community partnerships. Transition programs, multiple entry points, international education, and bridging opportunities demonstrate our commitment to accessible lifelong learning across a broad range of educational options.

### Scholarship

We encourage faculty and learners to participate in many forms of knowledge generation and research, including those focused on discovery, creativity, application, and teaching. We honour and reward scholarship, including research design, development, and dissemination, that involves learners and the broader community.

### Community

We recognize and respond to challenges and opportunities within the dynamic communities of the Fraser region of British Columbia. We promote leadership by developing and supporting community-based initiatives that address economic, social, and cultural issues within an increasingly global context.

### Mentorship

We provide and promote a learning environment in which learners examine and develop their values, goals, and character through the integration of personal, academic, and professional inquiry.

We expose learners to workplace experiences, offer programs in continuing education, and provide educational opportunities for those seeking career change or development. We encourage lifelong learning and an ongoing relationship with the University.

# Appendix B


## CRNBC Entry Level Competencies

**KWANTLEN POLYTECHNIC UNIVERSITY  
FACULTY OF HEALTH  
Bachelor of Science in Nursing (BSN)  
Full Program Proposal**

October 2015



COLLEGE OF  
REGISTERED NURSES  
OF BRITISH COLUMBIA

A horizontal bar composed of several colored segments: blue, green, orange, and a small blue and red segment.

# **Competencies in the Context of Entry Level Registered Nurse Practice in British Columbia**



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## Introduction

From a regulatory perspective in British Columbia, graduates of registered nurse education programs recognized by CRNBC are expected to achieve the CRNBC entry-level competencies and the Standards of Practice and, therefore, be eligible to proceed in the CRNBC registration process. The CRNBC Education Program Review Committee uses the competencies during the review and recognition process for entry-level and re-entry registered nurse education programs. The entry-level competencies are also used to assess the eligibility of internationally educated applicants for registration, in particular the assessment of substantially equivalent competence.

The *Competencies in the Context of Entry-level Registered Nurse Practice in British Columbia* (2013) replaces the CRNBC 2009 publication by the same name. CRNBC regularly reviews and updates entry level registered nurse competencies to reflect developments in nursing practice and health care delivery. Since 2004, the review occurs at two levels: cross-jurisdictional and provincial (Black, et al., 2008). The purpose of the cross-jurisdictional review is to harmonize the jurisdictional revision cycles for entry-level competencies by participating jurisdictions, thereby supporting the workforce mobility requirements of the Federal Agreement on Internal Trade. The regulatory body in each jurisdiction validates, approves, and uses the Jurisdictional Collaborative Process (JCP) document consistent with their policies, priorities, and legislated regulatory authority.

### Cross-jurisdictional Review

During 2011-12, JCP used simultaneous input from the ten participating jurisdictions to revise the registered nurses entry-level competencies (see Acknowledgements). The methods included environmental scanning, literature reviews, and simultaneous stakeholder consultations within each jurisdiction.

### Provincial Input and Validation

An Ad Hoc Advisory Group of eight CRNBC registrants provided ongoing input based on knowledge of all consultation processes and results at the cross-jurisdictional and provincial levels. The group consisted of four registrants employed in different practice settings and four registrants employed in different entry-level registered nurse education programs (see Acknowledgements). Collectively, these registrants contributed their nursing practice experience with different age groups in a variety of settings and geographic locations across the province.

Following a review of the JCP 2012 competencies by the Ad Hoc Advisory Group, CRNBC reorganized the competencies into four categories to be consistent with the CRNBC *Professional Standards for Registered Nurses and Nurse Practitioners* (2012). This change involved moving the Self-Regulation competencies developed by JCP to become a sub-group of the competencies under Professional Responsibility and Accountability.

CRNBC completed an on-line validation survey of the revised competencies with CRNBC registrants and other stakeholders in May 2013. The results indicated that a large majority of respondents agreed that the revised competencies reflect nursing practice expectations for entry-level RN's in B.C. and will be applicable for up to five years.

## Assumptions

The following assumptions are made about the preparation and practice of entry-level registered nurses:

1. Requisite skills and abilities are required to attain the entry-level registered nurse competencies.
2. Entry-level registered nurses are prepared as generalists to enter into practice safely, competently and ethically:
  - in situations of health and illness
  - with people of all genders across the lifespan
  - with the following possible recipients of care: individuals, families, groups, communities and populations
  - across diverse practice settings
3. The practice setting of entry-level registered nurses can be any environment or circumstance where nursing is practised. It includes the site where nursing care is provided and programs are designed to meet health care needs.
4. Entry-level registered nurses enter into practice with competencies that are transferable across diverse practice settings.
5. Entry-level registered nurses' experience in practising the competencies during their nursing education program can vary and may be limited in some practice environments and with some clients.
6. Entry-level registered nurses have a strong foundation in nursing theory, concepts and knowledge, health and sciences, humanities, research, and ethics.
7. Entry-level registered nurses are prepared to engage in inter-professional collaborative practice, essential for improvement in client health outcomes.
8. Entry-level registered nurses are beginning practitioners whose level of practice, autonomy, and proficiency will grow best through collaboration, mentoring, and support from registered nurse colleagues, managers, the health care team, and employers.

## Profile of Entry-Level Registered Nurse Practice

Entry-level registered nurses are at the point of initial registration or licensure, following graduation from an approved nursing education program. Their beginning practice draws on a unique experiential knowledge base that has been shaped by specific practice experiences during their education program. They are health care team members who accept responsibility and demonstrate accountability for their practice and in particular, recognize their limitations, ask questions, exercise professional judgment, and seek consultation as required.

Entry-level registered nurses realize the importance of identifying what they know and do not know, what their learning gaps are, and know how and where to access available resources. They display initiative, a

beginning confidence, and self-awareness in taking responsibility for their decisions in the care they provide.

Research demonstrates that during the first 12 months of employment, entry-level registered nurses experience a complex but relatively predictable array of emotional, intellectual, physical, sociocultural, and developmental issues that, in turn, feed a progressive and sequential pattern of personal and professional evolution (Duchscher, 2008). This role acquisition occurs in part by observing other registered nurses in practice and within the social network of their workplace.

Time is required to establish professional relationships, learn practice norms and consolidate nursing practice knowledge and judgment. As confidence develops in their new role, entry-level registered nurses assume higher levels of responsibility and manage increasingly complex clinical situations. Their proficiency and efficiency with respect to workload management and technical skills will improve with support and experience.

## Application of the Competencies Expected During Nursing Education

Approved nursing education programs are required to provide opportunities for students to apply the entry-level competencies for registered nurses in direct practice learning experiences. Nursing education programs must ensure that student practice learning experiences reflect national and jurisdictional expectations and prepare graduates to achieve the competencies. To fulfill the practice learning experience requirements, nursing education programs and health care settings work in partnership to ensure that students have access to quality practice learning experiences. While the primary responsibility for educational preparation rests with educational institutions, the ability to provide quality experiences necessitates collaboration with managers, preceptors, employers, other professions and key stakeholders. Education programs and employers are responsible for providing the organizational supports and resources necessary for nurses to provide regulatory supervision of nursing student activities safely and according to [CRNBC standard](#).

Innovative arrangements developed by nursing education programs to provide practice learning experiences are encouraged, provided they are structured with learning outcomes that are evaluated. Student practice learning experiences might include practice with children in schools, daycares, or community centres, or with older adults in a variety of settings, including public and community living (Harwood, Reimer-Kirkham, Sawatzky, Terblanche & Van Hofwegen, 2009). Such experiences augment, rather than replace, other required practice learning experiences with clients in acute care and other traditional health care settings.

Students benefit from multiple learning opportunities including practice in laboratory settings where they can begin to apply the entry-level competencies in a controlled, safe environment without risk to clients. The latter augment rather than replace practice learning experiences where students provide nursing care directly with clients. The literature reports increased use of simulation to promote learning and help ensure client safety by preparing students for practice learning experiences (Harder, 2010; Norman, 2012; Weaver, 2011). Notwithstanding the value of simulated learning, nursing education program approval reviews, conducted by Canadian RN regulators, require evidence that students are prepared as generalists and have practice learning experiences directly with clients across the lifespan and in a variety of acute care and community settings to achieve the entry-level competencies.

## Context of the Practice Environment

Entry-level registered nurses are employed in diverse practice environments (e.g., hospital, community, home, clinic, school, residential, and correctional facilities) that range from large urban to remote rural settings. Employers create and maintain practice environments that support competent registered nurses in providing safe, ethical, and quality health care. The practice environment also influences the consolidation of entry-level registered nurse practice and the development of further competence.

It is unrealistic to expect entry-level registered nurses to function at the level of practice of experienced registered nurses. Entry-level registered nurses require a reasonable period of time to adjust to work life as employees (Duchscher, 2008). Supportive practice environments that encourage entry-level registered nurses to feel welcome, safe, valued, respected, and nurtured ease their transition into practice and help reduce stress, increase competence, and support safe, ethical, and quality health care.

Creating quality practice environments is the shared responsibility of governments, employers, registered nurses, nursing regulatory bodies, professional organizations, and post-secondary educational institutions. The following indicators, derived from a variety of sources (CRNBC, 2010; CRNNS, 2007; Curtis, de Vries, & Sheerin, 2011; Downey, Parslow, & Smart, 2011; Saintsing, Gibson, & Pennington, 2011), are vital to support entry-level registered nurses to practise safely, competently, and ethically:

- Provide initial experiences working in a practice setting that support entry-level registered nurses in consolidating their knowledge application and skills.
- Identify and inform entry-level registered nurses of the resources available to support the consolidation and development of their practice. Resources could include registered nurse leaders (e.g., clinical educators, clinical managers, advanced practitioners); policy and protocol documents (online or hard copy); and reference materials (including online reference resources).
- Provide position-specific education and professional development through orientation, in-service education, and mentorship programs.
- Encourage and support experienced registered nurses to mentor entry-level registered nurses (e.g., provide education and recognition for registered nurse mentors).
- Provide opportunities to strengthen leadership skills through the integration of experiences, support, and mentoring.
- Consider workload and staff scheduling that address the transitional needs of entry-level registered nurses (e.g., they need sufficient time to discuss and plan care with colleagues and those clients receiving care; they benefit from matching new registered nurses with experienced ones).
- Identify the competencies required in a particular setting, position, or situation of added responsibility and provide opportunities for entry-level registered nurses to demonstrate their competencies before assuming these responsibilities.
- Provide clarity about responsibility and accountability, ongoing constructive feedback, and formal evaluation processes, which are essential for the development of the practice of entry-level registered nurses.
- Promote an environment that encourages entry-level registered nurses to pose questions, engage in reflective practice, and request assistance without being criticized.

## Entry-Level Registered Nurse Competencies

The following overarching competency statements apply to all categories of competencies:

All registered nurses practise in a manner consistent with:

- The regulatory body's professional nursing practice standards for registered nurses;
- Nursing code of ethics;
- Scope of registered nursing practice applicable in the jurisdiction; and
- Federal and provincial/territorial legislation and common law that directs practice.

The above statement is placed at the outset because of its essential and overriding importance. It highlights the multiple professional, ethical, and legal sources of knowledge required for safe, competent, compassionate, ethical registered nursing practice.

The entry-level competency statements are organized using the same framework as the CRNBC Professional Standards (2012) which highlights their regulatory purpose:

1. Professional Responsibility and Accountability; Self-Regulation
2. Knowledge-Based Practice
3. Client-focused Provision of Service
4. Ethical Practice

The CRNBC Professional Standards are available at

<http://www.crnbc.ca/Standards/ProfessionalStandards/Pages/Default.aspx>

It is recognized that safe, competent, compassionate, ethical registered nursing practice requires the integration and performance of many competencies at the same time. Hence, the number of competencies and the order in which they are presented is not an indication of importance; instead, the organization simply provides a means of presentation. Although many competencies may be suitably placed in more than one location, they are stated in one location only for the sake of clarity and convenience.

Please note that anywhere in the document where examples are provided, they are intended to mean "including, but not limited to" the examples stated, i.e., the examples are not an exhaustive list.

## CATEGORY 1. PROFESSIONAL RESPONSIBILITY AND ACCOUNTABILITY; SELF-REGULATION

*Professional Responsibility and Accountability: Demonstrates professional conduct and that the primary duty is to the client to ensure safe, competent, compassionate, ethical care.*

1. Is accountable and accepts responsibility for own actions, decisions, and professional conduct.
2. Recognizes individual competence within legislated scope of practice and seeks support and assistance as necessary.
3. Articulates the role and responsibilities of a registered nurse as a member of the nursing and health care team.
4. Demonstrates a professional presence and models professional behaviour.
5. Demonstrates leadership in client care by promoting healthy and culturally safe practice environments.
6. Displays initiative, a beginning confidence and self-awareness in collaborative interactions within the health care team.
7. Demonstrates critical inquiry in relation to new knowledge and technologies that change, enhance, or support nursing practice.
8. Exercises professional judgment when using agency policies and procedures, or when practising in the absence of agency policies and procedures.
9. Organizes and prioritizes own work and develops time-management skills for meeting responsibilities.
10. Demonstrates responsibility in completing assigned work and communicates about work completed and not completed.
11. Uses conflict resolution strategies to achieve healthier interpersonal interactions.
12. Questions unclear orders, decisions, or actions that are inconsistent with positive client outcomes, best practices, and health safety standards, and client wishes.
13. Protects clients through recognizing and reporting near misses and errors (the RN's own and others) and takes action to stop and minimize harm arising from adverse events.
14. Takes action on recognized unsafe health care practices and workplace safety risks to clients and staff.
15. Seeks out and critiques nursing and health-related research reports to inform practice.
16. Supports the integration of quality improvement initiatives in nursing practice.

### Sub-Group on Self-Regulation

Self-Regulation: Understands the requirements of self-regulation in the interest of public protection.
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17. Distinguishes among the mandates of regulatory bodies, professional associations, and unions.
18. Demonstrates understanding of the registered nurse profession as a self-regulating profession mandated by provincial/territorial legislation to protect the public.
19. Distinguishes between the legislated scope of practice and the registered nurse's individual competence
20. Understands the significance of professional activities of a regulatory nature about the practice of registered nurses (e.g., attending annual general meetings, participating in surveys related to review of practice standards, and membership on regulatory committees, boards, or councils)
21. Adheres to the duty to report unsafe practice in regulatory legislation for public protection.
22. Understands the significance of fitness to practice in the context of nursing practice, self-regulation, and public protection.
23. Identifies and implements activities that maintain one's fitness to practice.
24. Understands the significance of quality assurance/continuing competence requirements within professional self-regulation.
25. Demonstrates quality assurance activities for continuing competence and preparedness to meet regulatory requirements by:
  - assessing own practice and level of competence to identify learning needs;
  - developing a learning plan using a variety of sources (e.g., self-assessment, literature, peer and client feedback);
  - seeking and using new knowledge that may enhance, support, or influence competence in practice; and
  - implementing and evaluating the effectiveness of own learning plan and developing own future learning/professional development plans to maintain and enhance own competence as a registered nurse

## CATEGORY 2. KNOWLEDGE-BASED PRACTICE

This category has two sections: Specialized Body of Knowledge and Competent Application of Knowledge.

### Specialized Body of Knowledge

*Specialized Body of Knowledge: Has knowledge from nursing and other sciences, humanities, research, ethics, spirituality, relational practice, and critical inquiry.*

26. Has a knowledge base about the contribution of registered nurse practice to the achievement of positive client health outcomes.
27. Has a knowledge base from nursing and other disciplines concerning current and emerging health care issues (e.g., the health care needs of older adults, vulnerable and/or marginalized populations, health promotion, obesity, pain prevention and pain management, end-of-life care, problematic substance use, and mental health).
28. Has a knowledge base about human growth and development, including the determinants of health and their impact on population health.
29. Has a knowledge base in the health sciences, including anatomy, physiology, pathophysiology, psychopathology, pharmacology, microbiology, epidemiology, genetics, immunology, and nutrition.
30. Has a knowledge base in nursing science, social sciences, humanities, and health-related research (e.g., culture, power relations, spirituality, philosophical, and ethical reasoning).
31. Has a knowledge base about workplace health and safety, including ergonomics, safe work practices, prevention and management of disruptive behaviour, including horizontal violence, aggressive, or violent behaviour.
32. Has theoretical and practical knowledge of relational practice and understands that relational practice is the foundation for all nursing practice.
33. Has knowledge about emerging community and global health issues, population health issues and research (e.g., pandemic, mass immunizations, emergency/disaster planning, and food and water safety).
34. Knows how to find evidence to support the provision of safe, competent, compassionate, and ethical nursing care, and to ensure the personal safety and safety of other health care workers.
35. Understands the role of primary health care and the determinants of health in health delivery systems and its significance for population health.
36. Understands the appropriate use of nursing informatics and other information and communication technologies used in health care.



## Competent Application of Knowledge

*Competent Application of Knowledge: Demonstrates competence in the provision of nursing care. The competency statements in this section are grouped into four areas about the provision of nursing care: ongoing comprehensive assessment, health care planning, providing nursing care, and evaluation. The provision of nursing care is an iterative process of critical inquiry and is not linear in nature.*

Area (i) Ongoing Comprehensive Assessment: Incorporates critical inquiry and relational practice to conduct a client-focused assessment that emphasizes client input and the determinants of health.

### Competencies: Ongoing Comprehensive Assessment

37. Uses appropriate assessment tools and techniques in consultation with clients and the health care team, including individuals, families, groups, communities and populations.
38. Engages clients in an assessment of their physical, emotional, spiritual, cultural, cognitive, developmental, environmental, and social needs.
39. Collects information on individual client status using assessment skills of observation, interview, history taking, and interpretation of laboratory data, mental status assessment, and physical assessment.
40. Uses information and communication technologies to support information collection and synthesis.
41. Uses anticipatory planning to guide an ongoing assessment of client health status and health care needs (e.g., prenatal/postnatal, children, adolescents, older adults, and reaction to changes in health status and or/diagnosis).
42. Analyzes and interprets data obtained in client assessments to draw conclusions about client health status.
43. Incorporates knowledge of the origins of the health disparities and inequities of Aboriginal Peoples and the contributions of nursing practice to achieve positive health outcomes for Aboriginal Peoples.
44. Incorporates knowledge of the health disparities and inequities of vulnerable populations (e.g., persons with disabilities, persons requiring gender complex care, ethnic minorities, poor, homeless, racial minorities, language minorities) and the contributions of nursing practice to achieve positive health outcomes.
45. Collaborates with clients and the health care team to identify actual and potential client health care needs, strengths, capacities, and goals.
46. Completes assessments in a timely manner, and in accordance with evidence-informed practice, agency policies, and protocols.

Area (ii) Health Care Planning: Within the context of critical inquiry and relational practice, plans nursing care with clients which integrates knowledge from nursing, health sciences and other related disciplines, as well as knowledge from practice experiences, clients' knowledge and preferences, and factors within the health care setting.

### Competencies: Health Care Planning

47. Uses critical inquiry to support professional judgment and reasoned decision-making to develop health care plans.
48. Uses principles of primary health care in developing health care plans.
49. Facilitates the appropriate involvement of clients in identifying their preferred health outcomes.
50. Negotiates priorities of care and desired outcomes with clients, demonstrating cultural safety, and considering the influence of positional power relationships.
51. Initiates appropriate planning for clients' anticipated health problems or issues and their consequences (e.g., childbearing, childrearing, adolescent health, and senior well-being).
52. Explores and develops a range of possible alternatives and approaches for care with clients.
53. Facilitates client ownership of direction and outcomes of care developed in their health care plans.
54. Collaborates with the health care team to develop health care plans that promote continuity for clients as they receive conventional, complementary and alternative health care.
55. Determines, with the health care team or health-related sectors, when consultation is required to assist clients in accessing available resources.
56. Consults with the health care team as needed to analyze and organize complex health challenges into manageable components for health care planning.

Area (iii) Providing Nursing Care: Provides client-centred care in situations related to:

- health promotion, prevention, and population health;
- maternal/child health;
- altered health status, including acute and chronic physical and mental health conditions and rehabilitative care; and
- palliative care and end-of-life care

### Competencies: Providing Nursing Care

57. Provides nursing care across the lifespan that is informed by a variety of theories relevant to health and healing (e.g., nursing; family; communication and learning; crisis intervention; loss, grief, and bereavement; systems; culture; community development; and population health theories).
58. Prioritizes and provides timely nursing care and consult as necessary for any client with comorbidities, and a complex and rapidly changing health status.
59. Provides nursing care to clients with chronic and persistent health challenges (e.g., mental illness, problematic substance use, dementia, cardiovascular conditions, strokes, asthma, arthritis, complex pain, and diabetes).

60. Incorporates current evidence from research, clinical practice, client perspective, client and staff safety, and other available resources to make decisions about client care.
61. Supports clients through developmental stages and role transitions across the lifespan (e.g., pregnancy, infant nutrition, well-baby care, child development stages, family planning and relations).
62. Recognizes, seeks immediate assistance, and helps others in a rapidly changing client condition affecting health or patient safety (e.g., myocardial infarction, surgical complications, acute neurological event, acute respiratory event, cardiopulmonary arrest, perinatal crisis, pain crisis, diabetes crisis, mental health crisis, premature birth, shock, and trauma).
63. Applies principles of population health to implement strategies to promote health as well as prevent illness and injury and reduce harm (e.g., promoting hand washing, immunization, helmet safety, and safe sex).
64. Assists clients to understand how lifestyle factors impact health (e.g., physical activity and exercise, sleep, nutrition, stress management, personal and community hygiene practices, family planning, and high risk behaviours).
65. Develops and implements learning plans to meet identified client learning needs.
66. Assists clients to identify and access health and other resources in their communities (e.g., other health disciplines, community health services, rehabilitation services, support groups, home care, relaxation therapy, meditation, and information resources).
67. Applies knowledge when providing nursing care to prevent development of complications (e.g., optimal ventilation and respiration, circulation, fluid and electrolyte balance, medication interactions, nutrition, urinary elimination, bowel elimination, body alignment, mobility, tissue integrity, comfort, and sensory stimulation).
68. Applies bio-hazard and safety principles, evidence-informed practices, infection prevention and control practices, and appropriate protective devices when providing nursing care to prevent injury to clients, self, other health care workers, and the public.
69. Implements strategies related to the safe and appropriate administration and use of medication.
70. Recognizes and takes initiative to support environmentally-responsible practice (e.g., observing safe waste disposal methods, using energy as efficiently as possible, and recycling plastic containers and other recyclable materials).
71. Performs therapeutic interventions safely (e.g., positioning, skin and wound care, management of intravenous therapy and drainage tubes, and psychosocial interaction).
72. Implements evidence-informed practices of pain prevention and pain management with clients using pharmacological and non-pharmacological measures.
73. Prepares the client for diagnostic procedures and treatments; provides post-diagnostic care; performs procedures; interprets findings, and provides follow-up care as appropriate.
74. Provides nursing care to meet palliative care or end-of-life care needs (e.g., pain and symptom management, psychosocial and spiritual support, and support for significant others).

Area (iv) Evaluation: Monitors the effectiveness of client care to inform future care planning.

### Competencies: Evaluation

75. Uses critical inquiry to monitor and evaluate client care in a timely manner.
76. Collaborates with others to support involvement in research and the use of research findings in practice.
77. Collaborates with clients to modify and individualize care based on the emerging priorities of the health situation.
78. Verifies that clients have an understanding of essential information and skills to be active participants in their own care.
79. Reports and documents client care in a clear, concise, accurate, and timely manner.

### CATEGORY 3. CLIENT-FOCUSED PROVISION OF SERVICE

*Client-Focused Provision of Service: Demonstrates an understanding of the concept of public protection, including the duty to provide nursing services and work with others in the best interest of clients.*

### Competencies: Client-Focused Provision of Service

80. Enacts the principle that the primary purpose of the registered nurse is to practise in the best interest of clients and the public and to protect them from harm.
81. Demonstrates knowledge about the structure of the health care system at the:
  - national/international level;
  - provincial/territorial level;
  - regional/municipal level;
  - agency level; and
  - practice setting or program level
82. Recognizes the impact of organizational culture on the provision of health care and acts to enhance the quality of a professional and safe practice environment.
83. Demonstrates leadership in the coordination of health care by:
  - assigning client care;
  - delegating nursing activities to selected health care team members while ensuring that the delegated nursing activities are safely and competently performed; and
  - facilitating continuity of client care
84. Participates and contributes to nursing and health care team development by:

- recognizing that one's values, assumptions, and positional power affects team interactions, and uses this self-awareness to facilitate team interactions;
  - building partnerships based on respect for the unique and shared competencies of each team member;
  - promoting inter-professional collaboration through application of principles of decision-making, problem solving, and conflict resolution;
  - contributing nursing perspectives on issues being addressed by the health care team;
  - knowing and supporting the scope of practice of team members; and
  - providing and encouraging constructive feedback
85. Collaborates with the health care team to respond to changes in the health care system by:
- recognizing and analysing changes that affect one's practice and client care;
  - developing strategies to manage changes affecting one's practice and client care;
  - implementing changes when appropriate; and
  - evaluating effectiveness of strategies implemented to change nursing practice
86. Uses established communication policies and protocols within and across health care agencies, and with other service sectors.
87. Uses resources under one's control in a fiscally-responsible manner to provide safe, appropriate and ethical care.
88. Advocates for and supports healthy public policy and principles of social justice.

#### **CATEGORY 4: ETHICAL PRACTICE**

*Ethical Practice: Demonstrates competence in professional judgment and practice decisions guided by the values and ethical responsibilities in codes of ethics for registered nurses. Engages in critical inquiry to inform clinical decision-making, and establishes therapeutic, caring, and culturally safe relationships with clients and the health care team.*

#### **Competencies: Ethical Practice**

89. Demonstrates honesty, integrity, and respect in all professional interactions.
90. Clearly and accurately represents self with respect to name, title and role.
91. Takes action to minimize the potential influence of own personal values, beliefs, and positional power on client assessment and care.
92. Establishes and maintains appropriate professional boundaries with clients and the health care team, including the distinction between social interaction and therapeutic relationships.

93. Engages in relational practice through a variety of approaches that demonstrate caring behaviours appropriate for clients.
94. Promotes a safe environment for clients, self, health care workers, and the public that addresses the unique needs of clients within the context of care.
95. Demonstrates consideration of the values, beliefs and practices of clients, e.g., spiritual, religious, cultural, and health.
96. Demonstrates knowledge of the distinction between ethical responsibilities and legal obligations and their relevance when providing nursing care.
97. Respects and preserves clients' rights based on the ethical standards of the nursing profession.
98. Demonstrates an understanding of informed consent as it applies in multiple contexts (e.g., consent for care, refusal of treatment, advance care plans, release of health information, and consent for participation in research).
99. Uses an ethical reasoning and decision-making process to address ethical dilemmas and situations of ethical or moral distress.
100. Accepts and provides care for all clients, regardless of ethnicity, gender, age, health status, lifestyle, beliefs, and health practices.
101. Demonstrates support for clients in making informed decisions about their health care, and respects those decisions.
102. Advocates for safe, appropriate and ethical care for clients and their representatives, especially when they are unable to advocate for themselves.
103. Demonstrates ethical responsibilities and legal obligations related to maintaining client privacy, confidentiality and security in all forms of communication, including social media.
104. Engages in relational practice and uses ethical principles with the health care team to maximize collaborative client care.

## Glossary of Terms

**ACCOUNTABILITY:** The obligation to acknowledge the professional, ethical, and legal aspects of one's activities and duties, and to answer for the consequences and outcomes of one's actions. Accountability resides in a role and can never be shared or delegated (CRNNS, 2012).

**ADVERSE EVENTS:** Events that result in unintended harm to the patient, and are related to the care and/or services provided to the patient rather than to the patient's underlying medical condition (CPSI, 2008, Revised 2009).

**CLIENT:** An individual, family, group, population or entire community who requires nursing expertise. In some clinical settings, the client may be referred to as a patient or a resident. In research, the client may be referred to as a participant.

**COMPASSIONATE:** The ability to convey in speech and body language the hope and intent to relieve the suffering of another. Compassion, which must coexist with competence, is a "relational process that

involves noticing another person's pain, experiencing an emotional reaction to his or her pain, and acting in some way to help ease or alleviate the pain." Compassionate care is described as skilled, competent, value-based care that respects individual dignity (CNA, 2008; Straughair, 2012).

**COMPETENCIES:** Statements about the knowledge, skills, attitudes and judgments required to perform safely and ethically within and individual's nursing practice or in a designated role or setting.

**COMPLEMENTARY AND ALTERNATIVE HEALTH CARE:** Modalities or interventions utilized to address client's health needs across the continuum of health care, but which are not considered at this time to be a part of mainstream health care practices in B.C. "Complementary" practices are practices that are used alongside the mainstream health care system, while "alternative" practices are used in place of mainstream health care practices.

**CONFLICT RESOLUTION:** The various ways in which individuals or institutions address conflict (e.g., interpersonal, work) in order to move toward positive change and growth. Effective conflict resolution requires critical reflection, diplomacy, and respect for diverse perspectives, interests, skills, and abilities (CRNNS, 2012).

**CRITICAL INQUIRY:** This term expands on the meaning of critical thinking to encompass critical reflection on actions. Critical inquiry means a process of purposive thinking and reflective reasoning where practitioners examine ideas, assumptions, principles, conclusions, beliefs, and actions in the context of nursing practice. The critical inquiry process is associated with a spirit of inquiry, discernment, logical reasoning, and application of standards (Brunt, 2005).

**CULTURE:** A dynamic lived process inclusive of beliefs, practices, and values, and comprising multiple variables which are inseparable from historical, economic, political, gender, religious, psychological, and biological conditions (ANAC, CASN & CNA, 2009).

**CULTURAL SAFETY:** Cultural safety addresses power differences inherent in health service delivery and affirms, respects, and fosters the cultural expression of clients. This requires nurses to reflect critically on issues of racialization, institutionalized discrimination, culturalism, and health and health care inequities and practise in a way that affirms the culture of clients and nurses (ANAC, CASN & CNA, 2009; Browne et al., 2009; CASN & ANAC, 2013; IPAC & AFMC, 2008; Stanfield & Browne, 2012).

**DETERMINANTS OF HEALTH:** Health of individuals is determined by a person's social and economic factors, the physical environment, and the person's individual characteristics and behaviour. The determinants are income and social status; social support networks; education and literacy; employment/working conditions; social environments; physical environments; personal health practices and coping skills; healthy child development; biology and genetic endowment; health services; gender; and culture (PHAC, 2012a).

**ENTRY-LEVEL REGISTERED NURSE:** The registered nurse at the point of initial registration is a generalist and a graduate from a recognized nursing education program or equivalent.

**ENVIRONMENTALLY-RESPONSIBLE PRACTICE:** Minimizing the impact on the environment as a priority for individuals and organizations within the health care system in day-to-day practice and all levels of decision-making (CNA & CMA, 2009).

**EVIDENCE-INFORMED PRACTICE:** The ongoing process that incorporates evidence from research, clinical expertise, client preferences, and other available resources to make nursing decisions with clients (CNA, 2010).

**FAMILY:** A set of relationships that each client identifies as family or as a network of individuals who influence each other's lives regardless of whether actual biological or legal ties exist. Each person has an individual definition of whom or what constitutes a family (Potter, Perry, Ross Kerr, & Wood, 2010).

**FITNESS TO PRACTICE:** All the qualities and capabilities of an individual relevant to his or her capacity to practise as a nurse, including, but not limited to, any cognitive, physical, psychological or emotional condition, or a dependence on alcohol or drugs, that impairs his or her ability to practise nursing.

**GENERALISTS:** Registered nurses prepared to practise safely, competently, compassionately, and ethically, and in situations of health and illness, with people of all genders, across the lifespan, in a variety of settings, with individuals, families, groups, communities, and populations.

**GLOBAL HEALTH:** The optimal well-being of all humans from the individual and the collective perspective and is considered a fundamental human right, which should be accessible to all (CNA, 2009).

**HEALTH CARE TEAM:** Clients, health care professionals, unregulated care providers, students and others who may be involved in providing care.

**HEALTH DISPARITIES:** Differences in health outcomes among segments of the population, based on the determinants of health (Adapted from Truman, et al., 2011).

**HEALTH INEQUITIES:** Lack of equitable access and opportunity for all people to meet their health needs and potential (Adapted from CNA, 2008).

**HUMANITIES:** The study of history, literature, languages, philosophy, and art concerned with human thought and culture that shape our understanding of the human experience and ways of thinking about the world.

**INDIVIDUAL COMPETENCE:** The ability of a registered nurse to integrate and apply the knowledge, skills, judgments, and personal attributes to practise safely and ethically in a designated role or setting. Personal attributes include, but are not limited to: attitudes, values, and beliefs (NANB, 2012).

**INFORMATION AND COMMUNICATION TECHNOLOGIES:** Encompasses all digital and analogue technologies that facilitate the capturing, processing, storage, and exchange of information via electronic communication (CASN, Canada Health Infoway, 2012).

**INTERPROFESSIONAL COLLABORATION:** A partnership between a team of health providers and a client in a participatory, collaborative and coordinated approach to shared decision-making around health and social issues (Orchard, Curran, & Kabene, as cited in the Canadian Interprofessional Health Collaborative, 2010).

**LEADERSHIP:** A process of influencing and inspiring others toward a common goal, whether formally (through a set role) or informally.

**NEAR MISSES (also called close calls):** Events with the potential for harm that did not result in harm because they did not reach the patient due to timely intervention or good fortune. The term "good catch" is a common colloquialism to indicate the just-in-time detection of a potential adverse event (CPSI, 2008, Revised 2009).

**NURSING INFORMATICS:** A science and practice which integrates nursing, its information and knowledge, and their management, with information and communication technologies to promote the health of people, families, and communities worldwide (CASN, Canada Health Infoway, 2012).



**PALLIATIVE CARE:** An approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment, and treatment of pain and other problems (e.g., physical, psychosocial and spiritual) (WHO, 2012).

**PATIENT SAFETY:** The pursuit of the reduction and mitigation of unsafe acts within the health care system, as well as the use of best practices shown to lead to optimal patient outcomes (CPSI, 2008, Revised 2009).

**POPULATION HEALTH:** An approach to health that aims to improve the health of the entire population and to reduce health inequities among population groups. In order to reach these objectives, it looks at and acts upon the broad range of factors and conditions that have a strong influence on our health (PHAC, 2012b).

**PRIMARY HEALTH CARE:** Essential health care (promotive, preventive, curative, rehabilitative, and supportive) that focuses on preventing illness and promoting health with optimal individual and community involvement. It is both a philosophy and an approach that provides a framework for health care delivery systems. The five principles of primary health care are accessibility, public participation, health promotion, appropriate technology and intersectoral collaboration.

**PROFESSIONAL BOUNDARIES:** The defining lines which separate the therapeutic behaviour of a registered nurse from any behaviour which, well intentioned or not, could reduce the benefit of nursing care to clients. Professional boundaries set limits to the nurse-client relationship, which establishes a safe therapeutic connection between the professional and the person who seeks care (CARNA 2011; CRNNS 2012).

**PROFESSIONAL PRESENCE:** The professional behaviour of registered nurses, how they carry themselves and their verbal and non-verbal behaviours; respect, transparency, authenticity, honesty, empathy, integrity, and confidence are some of the characteristics that demonstrate professional presence. In addition, it is demonstrated by the way nurses use language, particularly how they refer to their own professional status and that of others by using first and last name and title in their communications (Adapted from Ponte, et al., 2007).

**PROTECTED TITLE:** Protected titles are enshrined in legislation and are used only by individuals who have met the requirements for registration/licensure within their jurisdiction. Protected titles are used by health professionals to indicate their professional designation to clients and the public (Adapted from The Council for Healthcare Regulatory Excellence, 2010).

**RELATIONAL PRACTICE:** An inquiry that is guided by conscious participation with clients using a number of relational skills including listening, questioning, empathy, mutuality, reciprocity, self-observation, reflection, and a sensitivity to emotional contexts. Relational practice encompasses therapeutic nurse-client relationships and relationships among health care providers (Doane & Varcoe, 2007; Sansfield & Browne, 2013).

**REQUISITE SKILLS AND ABILITIES:** Certain basic skills and abilities that are required for a student to attain the entry level competencies required for initial registration.

**SAFETY:** Freedom from the occurrence or risk of injury, danger, or loss (Canadian Patient Safety Institute, 2008, Revised 2009).

**SCOPE OF PRACTICE:** The activities nurses are educated and authorized to perform as set out in the Nurses (Registered) and Nurse Practitioners Regulation under the Health Professions Act and complemented by standards, limits and conditions established by CRNBC.

**SOCIAL JUSTICE:** Ideas and actions towards creating a society or institution that is based on the principles of equality and solidarity. Proponents of social justice understand and value individual and collective human rights, recognize the dignity of every individual and group, identify the root causes of disparities and what can be done to eliminate them (Adapted from Alberta Health Services, 2011).

**SOCIAL MEDIA:** A continually changing set of tools that facilitate online relationships which enable users to participate in online networking (Golden, 2011).

**THERAPEUTIC RELATIONSHIPS:** Planned, goal-directed, interpersonal processes occurring between nurses and clients that are established for the advancement of client values, interests, and ultimately, for promotion of client health and well-being.

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- Elizabeth Karunaratne, Staff Nurse, Home Care Society of British Columbia, Courteney
- Janice Muir, Clinical Nurse Specialist, Pain Management Providence Health Care, St. Paul's Hospital, Vancouver
- Edith Pletzer, Mental Health Program, Correctional Health Services (KRCC), Kamloops
- Lela Zimmer, Associate Professor, School of Nursing University of Northern British Columbia, Prince George
- Kathy Quee, Nursing Instructor, School of Health Sciences British Columbia Institute of Technology, Burnaby

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3. College and Association of Registered Nurses of Alberta (CARNA). Debra Allen, RN, Policy and Practice Consultant
4. College of Nurses of Ontario (CNO). Erin Bruce, RN, Entry-to-Practice
5. College of Registered Nurses of British Columbia (CRNBC). Joyce Black, RN, Education Consultant
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8. Nurses Association of New Brunswick (NANB). Odette Comeau Lavoie, RN, Senior Regulatory Consultant
9. Registered Nurses Association of the Northwest Territories and Nunavut (RNANT/NU). Sheila Humphrey, RN, Director of Regulatory Services and Policy
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JCP and CRNBC extend special thanks to Sonia Acorn, RN, Project Assistant whose enthusiastic, tireless efforts contributed extensively to both the detailed work required by JCP and the consultations within B.C.

# Appendix C

## CRNBC Education Program Review Letter of Support

**KWANTLEN POLYTECHNIC UNIVERSITY  
FACULTY OF HEALTH  
Bachelor of Science in Nursing (BSN)  
Full Program Proposal**

October 2015

**APPENDIX C**

COLLEGE OF  
REGISTERED NURSES  
OF BRITISH COLUMBIA



**From:** Joyce Black [<mailto:Black@crnbc.ca>]  
**Sent:** Thursday, October 22, 2015 9:48 AM  
**To:** Tru Freeman; Jean Nicolson-Church  
**Cc:** Deborah Dunn; Joyce MacKenzie  
**Subject:** EPRC Recommendation to the CRNBC Board

Thank you for attending the CRNBC Education Program Review Committee (EPRC) meeting on October 20, 2015 to discuss the assessment of the evidence you submitted about the newly designed baccalaureate registered nurse program. I am pleased to confirm the EPRC final recommendation to the CRNBC Board:

*Recognize the newly designed Baccalaureate Registered Nurse Program proposed by Kwantlen Polytechnic University until December 31, 2020 without terms or conditions attached. A phase two review with site visit is to be completed before December 31, 2020.*

CRNBC Board Policy Section 18 provides for the Registrar/CEO, Cynthia Johansen, to recognize the program on behalf of the Board, when the recommendation is favorable, and then report her action to the Board at the next opportunity. Therefore, Cynthia will act on the EPRC recommendation, in a cover letter with the EPRC report of the review, to the KPU President with copies to you within the next few weeks. Cynthia will report her action to the Board at its December 4, 2015 and so asks that any media announcements be held until she has done so.

The EPRC commended the new program design in several areas that will be identified in the Committee report. Of note, is the health foundation year of courses that include the introduction of research and nursing laboratory learning. The EPRC found that the redesign demonstrated responsiveness to feedback obtained from various stakeholders. Congratulations on this significant achievement.

Please contact me if you have questions either before or after you receive the EPRC report.

**Joyce Black**

*Education Consultant, Registration, Inquiry and Discipline*



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*Protecting the public by effectively regulating registered nurses and nurse practitioners*

This e-mail and any attachment(s) may be confidential or privileged. If you are not the intended recipient please notify me immediately by return e-mail, delete this e-mail and do not copy, use or disclose it.



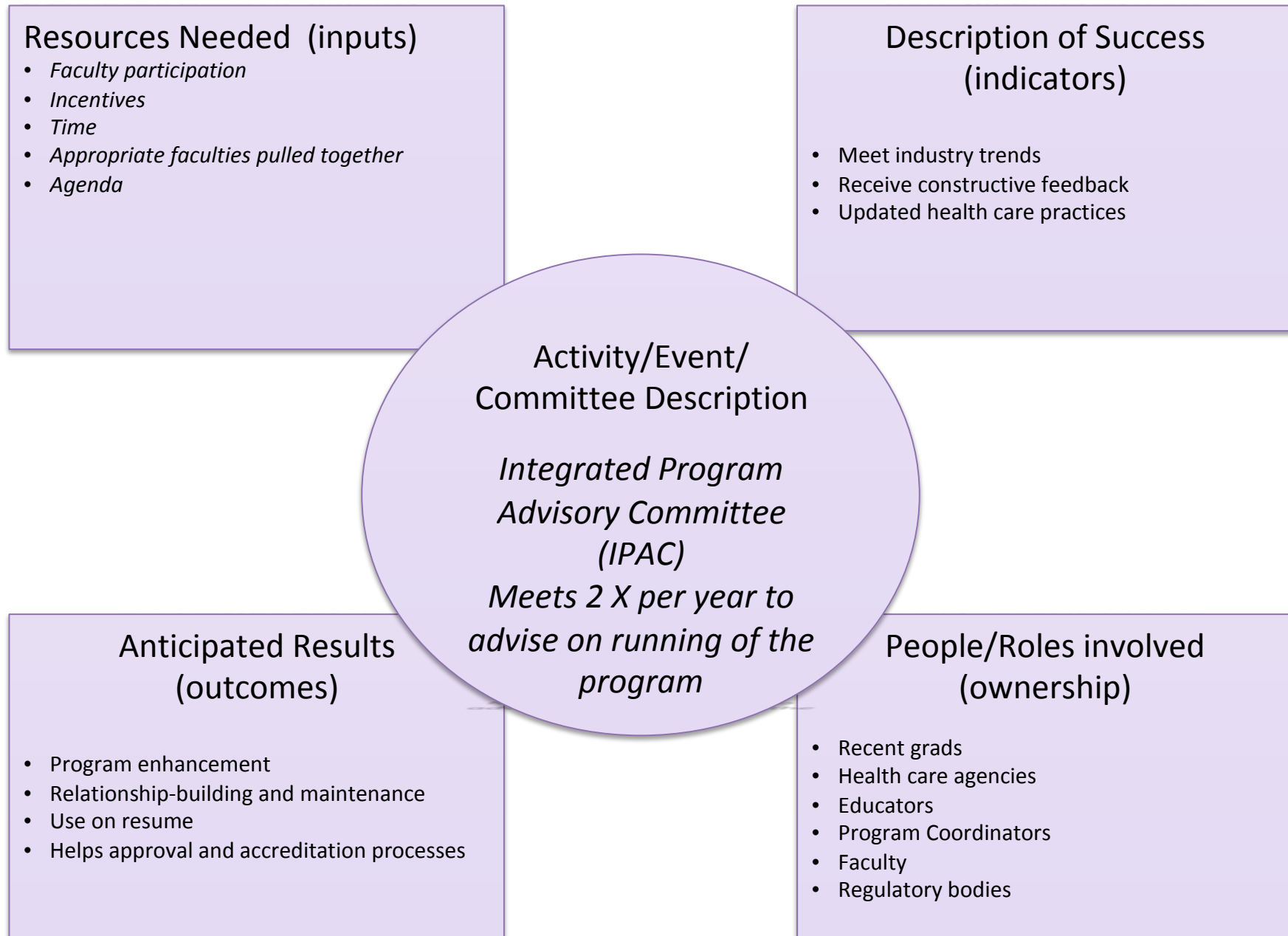
# Appendix D

## FoH IPAC Committee Structure

**KWANTLEN POLYTECHNIC UNIVERSITY**  
**FACULTY OF HEALTH**  
**Bachelor of Science in Nursing (BSN)**  
**Full Program Proposal**

October 2015

**APPENDIX D**  
**IPAC Committee Structure**



# Appendix E

## Course Descriptions and Prerequisites

**KWANTLEN POLYTECHNIC UNIVERSITY**  
**FACULTY OF HEALTH**  
**Bachelor of Science in Nursing (BSN)**  
**Full Program Proposal**

October 2015

## APPENDIX E

### Course Descriptions and Prerequisites

	Course No. / Name No. of Credits Pre-requisites	Course Description
<b>Health Foundation (HF 32 credits)</b>	<b>ANTH 1100</b> Social and Cultural Anthropology 3 credits	Students will study the interrelationships among culture, community and well-being. They will examine the diversity of human thought and behaviour in cross-cultural perspective. Students will focus on topics such as ethnography, gender, marriage and kinship, culture and adaptive strategies, social and political organization, religion and world view, and globalization.
	<b>BIOL 1160</b> Anatomy and Physiology 1 4 credits  <b>Prerequisites</b> BIOL 1110 or ([CHEM 1094 or CHEQ 1094 or Chemistry 11 with a grade of C+]) and (ABEB 0012 or BIOP 1012 or BIOQ 1099 or Biology 12 with a grade of C+))	Students will study the major organ systems of the human body responsible for support, movement, circulation, respiration and digestion. They will also overview nervous and endocrine control, microbiology, and examples of drug actions and effects. Students will study these topics using a self-directed modular format.
	<b>BIOL 1260</b> Anatomy and Physiology 2 4 credits  <b>Prerequisites</b> BIOL 1160	Students will continue to study the major organ systems of the human body, focusing on the Excretory, nervous, immune and reproductive systems. Examination of these systems will include related, basic concepts in microbiology, and examples of drug actions and effects. Students will study these topics using a self-directed modular format.
	<b>ENGL 1100</b> Introduction to University Writing 3 credits  <b>Prerequisites</b> English 12 (B) or English 12 First Peoples (B) or ENGQ 1099 or ABEE 0091 or ENGP 1091 or ABEE 0092 or ABEE 0097 or ENGP 1097 or successful placement in ENGL 1100 by Kwantlen English Placement Test or an LPI Essay score of 30–Level 5 or IELTS 6.5 with no band less than 6.0 or iBT 86	Students will learn to apply principles of rhetoric and critical analysis in response to selected readings, which will include examples of scholarly writing and academic argument. They will develop their writing skills through exploratory writing, academic argument, and critical analyses of material from a variety of contexts.

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### Course Descriptions and Prerequisites

	with minimum writing sub-score 24 or PBT 570 with TWE 5.5 or ELST 0381 (B) & ELST 0383 (B) or ELST 0381 (B) & KIST score of 50 or higher	
	<b>HEAL 1100</b> Mental Wellness and Communication 3 credits  <b>*NEW COURSE*</b>	Students will explore relevant mental health and wellness concepts. They will discuss barriers to mental health and well-being from personal, interpersonal, and organizational perspectives. Students will appreciate the significance of adaptive coping with respect to stress, emotions and life circumstances for enhanced mental health, motivation and achievement of learning outcomes. Students will also learn basic therapeutic communication skills essential for healthy relationships.
	<b>HEAL 1150</b> Personal Care Skills – Lab 1 3 credits  <b>*NEW COURSE*</b>	This Lab course is a foundational health course for all Faculty of Health (FoH) students to take for the Sept 2017 intake. This lab course is intended to give all FoH students exposure to the intricacies and intimacies of providing care to clients to help them make a decision that a Nursing career is right for them.
	<b>HEAL 1180</b> Introduction to Health Research 3 credits  <b>*NEW COURSE*</b>  <b>Prerequisites</b> ENGL 1100 and Math 11 Pre-Calculus or Math Foundations or equivalent with a B	Students will understand, use and critique health care research. They will learn how to conduct literature reviews, explore various research designs and methods for both qualitative and quantitative research, and critically appraise several research studies. Students will also examine ways to apply research findings to promote evidence informed practice in the health professions. Students will work in class and/or online.
	<b>HSCI 1115</b> Introduction to Health Science 3 credits  <b>Prerequisites</b> English 12 (B) or English 12 First Peoples (B) or ENGQ 1099 or ABEE 0091 or ENGP 1091 or ABEE 0092 or ABEE 0097 or ENGP 1097 or Kwantlen English Placement Test or an LPI Essay score of 30 – Level 5 or	Students will be introduced to the multifaceted field of health science and the foundations of promoting health and wellness. Students will explore concepts of health, science and health science from a variety of perspectives including biological, clinical, cultural, environmental, political and socioeconomic. Students will be introduced to the variety of health care careers that contribute to the effective delivery of health care and the promotion of health and wellness in the community. Students will learn the benefits of well-organized

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### Course Descriptions and Prerequisites

	<p>IELTS 6.5 with no band less than 6.0 or iBT 86 with minimum writing sub-score 24 or PBT 570 with TWE 5.5 or ELST 0381 (B) &amp; ELST 0383 (B) or ELST 0381 (B) &amp; KIST score of 50 or higher AND (MATQ 1093 or MATH 1117) or (ABEM 0011 or MATP 1011 or MATQ 1099 with a B-) or Pre-calculus 12 with a C; or Principles of Mathematics 12 with a C; or Pre-calculus 11 with a B; or Principles of Mathematics 11 with a B; or Pre-calculus 11 with a C plus Mathematics Placement Test; or Principles of Mathematics 11 with a C plus Mathematics Placement Test; or Pre-calculus 12 with a P plus Mathematics Placement Test; or Principles of Mathematics 12 with a P plus Mathematics Placement Test; or Applications of Mathematics 12 with a C plus Mathematics Placement Test; or Applications of Mathematics 11 with a C plus Mathematics Placement Test</p>	<p>cross-functional teams in generation of innovation, productivity and effective service.</p>
	<p><b>PSYC 1100</b> Introduction to Psychology: Basic Process 3 credits</p>	<p>Students will be introduced to topics related to basic psychological processes, such as the following: the biological basis of behaviour, sensation, perception, states of consciousness, learning and memory. Students will also examine the historical and philosophical contexts behind the development of psychology and the research methods used by psychologists.</p>
	<p><b>SOCI 1125</b> Introduction to Society: Processes and Structures 3 credits</p>	<p>Students will learn essential concepts, theoretical perspectives, and methods used in the discipline of sociology. They will explore sociological analysis on topics such as culture, socialization and social interaction, deviance, social inequality, gender and sexuality, race and ethnicity, aging, health, dis(abilities), mass media, family, education, work, religion, economy, polity, population and demography, social change, and globalization. Students will critically examine assumptions we make about social life and will develop informed views on social issues that are important in their</p>

## APPENDIX E

### Course Descriptions and Prerequisites

		own lives and the lives of others in local, national, and global communities.
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Year 2	Required	
<b>Semester 3</b>	<b>HEAL 2150</b> Lab Practice 2 3 credits  <b>*NEW COURSE*</b>  <b>Prerequisites</b> Health Foundation (32 credits)	Students will continue to expand and refine their psychomotor and relational practice skills and practice assessing, planning, providing and evaluating nursing care. In this re-designed program, lab skills will be introduced and practiced comprehensively right at the beginning of the program to maximize opportunities for students to practice in simulated or reality settings.
	<b>NRSB 2121</b> Professional Identity 1 3 credits  <b>*NEW COURSE*</b>  <b>Pre-requisites</b> Health Foundation (32 credits)	This course is new and is developed to provide students with comprehensive introduction to and development of professional identity as a nurse. Students will explore the profession of nursing and distinguish how nurses embody and project a professional presence. They will recognize how nurses fulfill various roles and how all nursing is guided by Professional Standards and a Code of Ethics. Students will also begin to describe ethical responsibilities and legal obligations related to maintaining the Standards of Practice and relevant legislation.
	<b>NRSB 2135</b> Relational Practice 2: Advanced Communications 3 credits  <b>Prerequisites</b> Health Foundation (32 credits)	Development currently being completed.
	<b>NRSB 2145</b> Nursing Practice 1 6 credits  <b>Pre-requisites</b> Health Foundation (32 credits)	Using the HF as the first year of study creates a change in how the BSN program must be delivered. The order of when students will be placed in certain settings or contexts such as medical/surgical units, or home health depends on how those experiences provide opportunities for students to meet expected learning outcomes in the corresponding semester. When students are expected to manage multiple events and solve more complex problems, certain settings provide more or varied opportunity compared to others. For example, long term care facilities offer different learning opportunities compared to public health units, schools and maternity units. Once course outlines are completed in detail, final decisions will be made regarding placements to promote achievement

## APPENDIX E

### Course Descriptions and Prerequisites

		of learning outcomes. This re-designed program has a nursing practice course in every semester.
	<b>NRSG 2175</b> Nursing Applications 1 3 credits  <b>*NEW COURSE*</b>  <b>Pre-requisites</b> Health Foundation (32 credits)	Each Nursing Applications course in semesters 3-8 is intended to be the complimentary or “sister” course to the Nursing Practice Courses from semesters 3-8. These courses will prepare the student to maximize learning in various settings with various populations of clients focusing in on specific foundational concepts or content required to practice nursing within this area. Some concepts will be introduced for the first time while others will be integrated from previous or concurrent courses if related, for example, pharmacological knowledge. For example, when students are expected to meet learning outcomes related to the care of child bearing families, this course will focus on theory and practice in assessing post-partum mothers and newborns and students will learn how to promote breast feeding. When students are expected to meet learning outcomes related to care of adults undergoing surgery or managing chronic illness, this course will focus on the theory and practices of pre-and post-operative nursing care and pain management.

Year 2	Required	
<b>Semester 4</b>	<b>NRSG 2245</b> Nursing Practice 2 6 credits  <b>Prerequisites</b> HEAL 2150, NRSG 2121, NRSG 2135, NRSG 2145, NRSG 2175	See notes from Nursing Practice 1.
	<b>NRSG 2265</b> Nursing Science 1 (Pathophysiology 1) 3 credits  <b>Prerequisites</b> HEAL 2150, NRSG 2121, NRSG 2135, NRSG 2145, NRSG 2175	Students will explore pathophysiology in relation to homeostasis, pathogenesis, and the effects of dysfunction of normal homeostatic processes. They will draw on existing knowledge of human anatomy and physiology by examining selected disease processes related to body systems. Students will explore interdisciplinary care including diagnostics and collaborative management.
	<b>NRSG 2266</b> Nursing Science 2 (Pharmacology) 3 credits  <b>*NEW COURSE*</b> <b>Prerequisites</b> HEAL 2150, NRSG 2121, NRSG 2135, NRSG 2145, NRSG 2175	A new pharmacology course will be written fashioned after a pharmacology course offered in a different FoH Program.



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### Course Descriptions and Prerequisites

	<b>NRSB 2275</b> Nursing Applications 2 3 credits  <b>*NEW COURSE*</b>  <b>Prerequisites</b> HEAL 2150, NRSB 2121, NRSB 2135, NRSB 2145, NRSB 2175	See notes from Nursing Applications 1.
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Year 3	Required	
Semester 5	<b>HEAL 2250</b> Lab Practice 3 3 credits  <b>*NEW COURSE*</b>  <b>Prerequisites</b> HEAL 2150, NRSB 2121, NRSB 2135, NRSB 2145, NRSB 2175	Students will continue to expand and refine their psychomotor and relational practice skills and practice assessing, planning, providing and evaluating nursing care.
	<b>NRSB 3121</b> Professional Identity 2 3 credits  <b>*NEW COURSE*</b>  <b>Prerequisites</b> HEAL 2250, NRSB 2245, NRSB 2265, NRSB 2266, NRSB 2275	This is a new course and continuation of Professional Identity 1. Students continue their exploration of the nursing profession and examine how nurses influence the health of Canadians and the evolution of the health care system. They will formulate their perspective on issues being addressed by the profession and health care system in a theoretical context related to economic, political, cultural and social influences. Students will also distinguish between ethical responsibility and legal obligations and their relevance in healthcare.
	<b>NRSB 3145</b> Nursing Practice 3 6 credits  <b>Pre-Requisites</b> HEAL 2250, NRSB 2245, NRSB 2265, NRSB 2266, NRSB 2275, PSYC 1100, SOCI 1125	See notes from Nursing Practice 1.
	<b>NRSB 3165</b> Nursing Science 3 (Pathophysiology 2) 3 credits  <b>Prerequisites</b> HEAL 2250, NRSB 2245, NRSB 2265, NRSB 2266, NRSB 2275	Students will continue to explore pathophysiology in relation to homeostasis, pathogenesis, and the effects of dysfunction of normal homeostatic processes. They will draw on existing knowledge of human anatomy and physiology by examining selected disease processes related to body systems. Students will explore interdisciplinary care, including diagnostics and collaborative management.

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### Course Descriptions and Prerequisites

	<b>NRS 3175</b> Nursing Applications 3 3 credits  <b>*NEW COURSE*</b>  <b>Prerequisites</b> HEAL 2250, NRS 2245, NRS 2265, NRS 2266, NRS 2275	See notes from Nursing Applications 1.
<b>Year 3</b>	<b>Required</b>	
<b>Semester 6</b>	<b>HEAL 3180</b> Nursing Science 4: Health Research for Evidence Informed Practice 2 3 credits  <b>*NEW COURSE*</b>  <b>Prerequisites</b> NRS 3121, NRS 3145, NRS 3165, NRS 3175	This is a new course. Students will perform various quantitative and qualitative methods of data analysis so that they can critically examine and incorporate health care research into their practice. This will include understanding and performing select descriptive and inferential statistics in quantitative research along with text analysis methods in ethnographic, phenomenological, interpretive inquiry and grounded theory qualitative research. Data analysis will be performed using computer assisted methods where possible.
	<b>NRS 3245</b> Nursing Practice 4 6 credits  <b>Prerequisites</b> HEAL 3180, NRS 3245, NRS 3275	See notes from Nursing Practice 1.
	<b>NRS 3275</b> Nursing Applications 4 3 credits  <b>Prerequisites</b> NRS 3121, NRS 3145, NRS 3165, NRS 3175	See notes from Nursing Applications 1.
	<b>PHIL 3010</b> Healthcare Ethics 3 credits  <b>Prerequisites</b> 45 credits of 1100-level courses or higher	Students will study various ethical and meta-ethical theories and will apply them to moral dilemmas in health care at the clinical, professional, and organizational levels. They will analyze various case studies that will help them develop competence in moral reasoning as it relates to personal, professional, and societal values — including (but not restricted to) the abortion and euthanasia debates, patient autonomy and the right to refuse treatment, two-tier health care, allocation of scarce resources, patient abuse and management of patient behaviour, alternative therapies, and the patient-caregiver relationship.

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### Course Descriptions and Prerequisites

Year 4	Required	
<b>Semester 7</b>	<b>NRSB 4145</b> Nursing Practice 5 8 credits  <b>Prerequisites</b> HEAL 3180, NRSB 3245, NRSB 3275	See notes from Nursing Practice 1.
	<b>NRSB 4165</b> Nursing Science 4: Complex Client Care 3 credits  <b>*NEW COURSE*</b>  <b>Prerequisites</b> HEAL 3180, NRSB 3245, NRSB 3275	This is a new course. Students will continue to study nursing science in relation to clients with complex health challenges and care needs.
	<b>NRSB 4175</b> Nursing Applications 5 3 credits  <b>*NEW COURSE*</b>  <b>Prerequisites</b> HEAL 3180, NRSB 3245, NRSB 3275	See notes from Nursing Applications 1.
	<b>ELECTIVE:</b> Choose one of the following: ANTH 2163, SOCI 2250, SOCI 2280, PSYC 3920 (4 options)	Part of this re-design is to recommend that the upper level elective be selected from a list of courses from the social sciences and humanities that are very applicable to Nursing. In the past we have accepted any upper level elective.

Year 4	Required	
<b>Semester 8</b>	<b>NRSB 4245</b> Nursing Practice 6 10 credits  <b>Prerequisites</b> NRSB 4145, NRSB 4165, NRSB 4175	NP6 Students will integrate learning from throughout the program and advance their professional nursing practice in a specific practice setting. They will increase competence and confidence across the professional and practice standards of nursing in preparation for their role as a beginning Registered Nurse.

# Appendix F

## BSN Faculty Qualifications & Specializations

**KWANTLEN POLYTECHNIC UNIVERSITY**  
**FACULTY OF HEALTH**  
**Bachelor of Science in Nursing (BSN)**  
**Full Program Proposal**

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## APPENDIX F

### BSN Faculty Qualifications and Specializations

Faculty	Highest Nursing Credential	Highest Credential	Internal Committees	External Committees	Scholarly Activities & Research Interests	Expertise / Specialty
Jackie BARON	B.S.N.	M.S.N. Ph.D. Student	Chairs and Coordinators Committee BSN Faculty Committee FoH Curriculum Committee Admissions Committee Progressions Committee	Sigma Theta Tau Nursing Honour Society Xi Eta Chapter		
Arleigh BELL	M.N.	M.N. M.A. Ed. National League of Nursing Leadership for Simulation Education Certificate 2013	Chairs and Coordinators Committee Curriculum Committee BSN-PB Faculty Committee Search Committee Chair, On the Move Committee Chair Lab Committee FoH Research & Scholarship FoH Nominations & Awards	Sigma Theta Tau Nursing Honour Society Xi Eta Chapter	Simulated Learning Conflict Resolution Lacrosse Victim Assistance	Simulated Learning Medical – Oncology Radiation Clinical Trials Palliative Care
Lida BLIZARD	B.Sc.N.	M.A. Ed. D. Leadership and Training Doctorally prepared	BSN Faculty Committee		Impact of Critical Incidents on OB Nurses (presented at PPESO CRNBC) Perinatal Update-VCHA Nursing in War Recovery: Kosovo Project	Obstetrics Critical Care Leadership/Conflict/ Change Bullying in the Workplace

## APPENDIX F

### BSN Faculty Qualifications and Specializations

Faculty	Highest Nursing Credential	Highest Credential	Internal Committees	External Committees	Scholarly Activities & Research Interests	Expertise / Specialty
Catherine BOCK	B.S.N.	M.Ad.Ed.	Curriculum Committee BSN Faculty Committee	National League for Care of the Elderly	Preceptorship Development New Graduate Competencies	Pathophysiology Operating Room Global Health
Joan BOYCE	Ph.D.	Ph.D.	Workload Committee Chair, Philosophy Committee BSN Faculty Committee BSN Curriculum Committee	Youth Educational Services	Constructivism Imagination & Pedagogy Women's Health Knowledge Power Relations Women in Film	Relational Engagement Caring Practices and Education ICU Oncology Community
Cheryl BURNSTEIN	M.S.N.	M.S.N.	BSN-PB Faculty Committee BSN Faculty Committee BSN Curriculum Committee Faculty Day Committee	CRNBC Awards Committee	Reducing Student Anxiety in Clinical Leadership Activities related to clinical processes when students are not achieving Mastery in clinical settings	Clinical Teaching Units (CTUs) Preceptorship Teaching in clinical settings

## APPENDIX F

### BSN Faculty Qualifications and Specializations

Faculty	Highest Nursing Credential	Highest Credential	Internal Committees	External Committees	Scholarly Activities & Research Interests	Expertise / Specialty
Donna CATO	B.S.N.	M.S.N.	Chair, Program Evaluation Sub-Committee BSN Faculty Committee		Program Evaluation	Public Health
Deborah DUNN	M.S.N.	M.S.N.	Chair, BSN Curriculum Committee BSN Faculty Committee FoH Curriculum Committee FoH Senate (SCC Representative)		Clinical Teaching Unit Development Mentorship and Preceptorship Development	Tobacco Cessation Leadership Cardio-Vascular Thoracic Med/Surg Gerontology
Balbir GURM	B.Sc.N.	Ed.D. Doctorally prepared	Chair, International Global Committee Transformative Dialogue: Teaching and Learning Journal Editor BSN Philosophy Committee BSN-PB Faculty Committee	Canada India Education Society Alliance Against Youth Violence (VIRSA) Creekside Elementary School Parent Advisory Committee	Diversity	Community Development Adult Learning Domestic Violence Scholarship in Teaching & Learning International Education
Judy HAZEL	B.N.	M. Ad. Ed.	Program Evaluation Curriculum Committee BSN Faculty Committee	CRNBC Registration	Life- long learning	Med/Surgical Cardiac Surgery

## APPENDIX F

### BSN Faculty Qualifications and Specializations

Faculty	Highest Nursing Credential	Highest Credential	Internal Committees	External Committees	Scholarly Activities & Research Interests	Expertise / Specialty
Gail HILLS	B.S.N.	M. Ed.	BSN Faculty Committee			Family Health Environmental Health
Amandah HOOGBRUIN	Ph.D.	Ph.D.	International Committee Admissions Committee Workload Committee BSN Faculty Committee Educational Leave Committee Senate	Xi Eta Sigma Theta Tau Global Health & Research Committee UCSF International Nursing Network for HIV/AIDS Research	HIV/AIDS Family Care Complimentary & Alternative Therapies Indigenous Health	HIV/AIDS Nursing Care Energy-Based Healing (Reiki & Gi Gong, Spirituality) Remote Nursing Pediatrics Community Health Nursing
Stephanie HOWES	B.S.N.	M.Ed.	BSN-PB Faculty Committee FoH Curriculum Committee Chair	Consultant/Manager, Health Promotion Service Delivery	Health Promotion Cardiac Health Obesity Feminism Social Justice	Public Health Adult Education



## APPENDIX F

### BSN Faculty Qualifications and Specializations

Faculty	Highest Nursing Credential	Highest Credential	Internal Committees	External Committees	Scholarly Activities & Research Interests	Expertise / Specialty
June KAMINSKI	M.S.N.	Curriculum & Pedagogy Studies, Completing research for Ph.D.	Chair, Learning Innovation in Teaching Education (LITE) Committee FoH Curriculum Committee BSN-PB Faculty Committee BSN-PB Program & Curriculum Coordinators Aboriginal Advisory Committee CRNBC Report Writer 2015 Chair, FoH Professional Development Committee Learning Tech Steering Committee	President, Canadian Nurses for Health & Environment Web Site Editor Editor in Chief, Online Journal of Nursing Informatics (OJNI) Sigma Theta Tau Nursing, Honour Society Xi Eta Chapter, Past President, Director Editor in Chief, Canadian Journal of Nursing Informatics	Technology Education Curriculum Studies Learning Styles Virtual Nursing Practice Culture Web Site Development Indigenous Knowledge, Education and Sustainability Environmental Advocacy & Nursing Nursing Activism Global Health	Nursing Informatics Web Site Development &Technology Consultant First Nations Pedagogy, Health, & Self Governance Music & Healing Expressive Art & Healing Environmental Health Virtual Communities of Practice Curriculum & Pedagogy Design eLearning Obstetrics
Connie KLIMEK	M.S.N.	M.S.N.	Curriculum Committee BSN Faculty Committee	Promoting Community through Kids in Sport (PuCKS) James Kennedy Elementary School Parent Advisory Committee (PAC) Langley Minor Hockey Association Executive Committee	Community Development Health Promotion Service Learning Community-Campus Partnerships Community Empowerment Palliative Care	Community Health Practice Health Promotion (some Awards) Community Development Refugee Health and Literacy

## APPENDIX F

### BSN Faculty Qualifications and Specializations

Faculty	Highest Nursing Credential	Highest Credential	Internal Committees	External Committees	Scholarly Activities & Research Interests	Expertise / Specialty
Judy LEE	B.Sc.N.	M.A. Sc.	Chairs/Coordinators Committee Curriculum Committee BSN Program Coordinator BSN Faculty Committee Senate Subcommittee Library KPU Timetable Advisory Committee		Maternal/Childcare Evaluation of Prenatal Education Breastfeeding International Nursing Practice Placement Nursing Ethics	Practice Placements Child and Family Health Youth Violence Breastfeeding Challenges Capacity Building
Sue LIPTROTT	M.S.N. Post Masters Gerontology Post Masters In Marriage & Family	Ph.D. Human Development	Workload Committee BSN Faculty Committee Program Evaluation Chair, Rank & Advancement Committee		Nursing shortage Sexuality Successful Aging	Rehab Sexuality and Health Issues Case Management Legal Nurse Consultant Geriatric Care Management
Joyce MacKENZIE	B.N.	M.Ed.	BSN-PB Faculty Committee BSN Curriculum Committee BSN Faculty Committee FoH Academic Planning, Priorities and Budget Committee	Board Member, WR/SS Hospice Society	Inter-Professional Education & Health Care Delivery Models Teaching & Learning Strategies Community Development	Health Care Accreditation Senior's Care & Facilities Planning OD & Change Community Development

## APPENDIX F

### BSN Faculty Qualifications and Specializations

Faculty	Highest Nursing Credential	Highest Credential	Internal Committees	External Committees	Scholarly Activities & Research Interests	Expertise / Specialty
Donna MALYON	M.Sc. N.	M.Sc. N.	Chair, Progressions and Admissions Committee BSN Faculty Committee FoH Academic Planning, Priorities and Budget Committee		Family	Family Pediatrics
Shawn MASON	B.S.N.	M.Ed.	Senator Senate Subcommittee Tributes	ARNBC volunteer CRNBC volunteer	Critical Care Nurse Emergency Nursing Leadership Clinical Teacher Lab/Sim across all levels	Inter-Professional Collaboration / Education
Shelley McLAY	M.S.N.	M.S.N.	BSN Progressions & Admissions Committee FOH Nominations BSN-PB Faculty Committee	Sigma Theta Tau Nursing Honor Society, Phi Nu Chapter Canadian Medical Surgical Nursing Association	Palliative Care	Pain Management Orthopedic Nursing

## APPENDIX F

### BSN Faculty Qualifications and Specializations

Faculty	Highest Nursing Credential	Highest Credential	Internal Committees	External Committees	Scholarly Activities & Research Interests	Expertise / Specialty
Gurjeet MINHAS	M.S.N.	M.S.N.	Program Evaluation BSN Faculty Committee BSN Curriculum Committee			
Corrie NICHOLS	B.Sc.N.	M.S.N.	BSN-PB Faculty Committee Progressions & Admissions Committee		Care of the Brain Dead in the ICU/ER Provincial Instructor Diploma	ICU/ER Preceptorships
Connie ORDISH	M.S.N.	M.S.N.	BSN-PB Faculty Committee			International Placements Complementary Healing
Leeann RING	B.S.N.	M.S.	BSN-PB Faculty Committee FoH Curriculum Coordinator		Renal Cardiac CCU Emergency Management in Med/Surg	Patient Safety Just Culture Teamwork Leadership Curriculum Development
Leigh RITCHIE	B.S.N.	M.A.	Admissions and Progressions Committee BSN, BSN-PB Faculty Committee			Mental Health

## APPENDIX F

### BSN Faculty Qualifications and Specializations

Faculty	Highest Nursing Credential	Highest Credential	Internal Committees	External Committees	Scholarly Activities & Research Interests	Expertise / Specialty
Dianne SYMONDS	M.Sc. N.	Ph.D. Counselling Psychology	Curriculum Committee Workload Committee Philosophy Committee BSN-PB Faculty Committee FoH Research Committee, Vice Chair	Fraser Health, Falls and Fractures Research Committee	Therapeutic Relationships (6 publications) Youth Gang Violence International Nursing Education	Mental Health Research Community Health
Joyce THIBODEAU	M.S.N.	M.S.N.	Admissions Committee Progressions Committee BSN Faculty Committee		Partnerships and Relationships between Nursing Students and Instructors	Med/Surg Nursing Critical Care
Laurel TIEN	B.S.N.	M.A. Curriculum and Pedagogy	Chair, Admissions and Progressions Committee Faculty Council BSN-PB Faculty Committee Learning Innovation in Teaching Education (LITE) Committee Faculty of Health Faculty Day Planning Committee	Association of Neighborhood Houses of BC Alexandra Neighbourhood House Semiahmoo Arts Council	Experiential Knowing, Intentional Blended and Flex Learning, Community Development and Philanthropy	Community Development Mental Health Philanthropy Critical Thinking and Intentional Learning

# Appendix G

## Consultations

**KWANTLEN POLYTECHNIC UNIVERSITY**  
**FACULTY OF HEALTH**  
**Bachelor of Science in Nursing (BSN)**  
**Full Program Proposal**

October 2015

## APPENDIX G Consultations

Consultation	Nature of Consultation	Outcome
KPU English Department	Advised of Program Proposal and discussed potential impact for number of section offerings and timelines (June 30)	Supportive and await updates
KPU Anthropology Department	Advised of Program Proposal and discussed potential impact for number of section offerings and timelines (June 30)	Supportive and await updates
KPU Sociology Department	Advised of Program Proposal and discussed potential impact for number of section offerings and timelines (June 30)	Supportive and await updates
Bachelor of Science in Nursing Program Advisory Committee	The advisory committee will be apprised of the proposed program in the form that it will be sent through the internal university process	During a bulk of the work for the program proposal, the advisory committee did not have a scheduled meeting. They will be formally apprised and their contributions updated and considered at the first opportunity.
Faculty of Health Deans meetings with Faculty of Science/Horticulture and Faculty of Arts	Reviewed Foundation Year plan and discussed potential impacts for number of section offerings and timelines (August 28)	Anticipate Faculty of Health students can be accommodated in currently offered sections.

# Appendix H

## Letters of Support

**KWANTLEN POLYTECHNIC UNIVERSITY  
FACULTY OF HEALTH  
Bachelor of Science in Nursing (BSN)  
Full Program Proposal**

October 2015





May 28, 2015

Jean Nicolson-Church PhD, RN  
Associate Dean, Faculty of Health  
Kwantlen Polytechnic University

Email: [jean.nicolson-church@kpu.ca](mailto:jean.nicolson-church@kpu.ca)

**RE: Letter of Support for Kwantlen Polytechnic University Nursing Programs**

To Whom It May Concern:

As you may be aware, Kwantlen Polytechnic University is currently undergoing substantial curricular review and revision for their four year Bachelor of Science in Nursing (BSN) and Bachelor of Psychiatric Nursing (BPN) programs. One significant change includes a core Health Foundation (HF) year as prerequisite for nursing-specific courses. It is my understanding that the programs will still consist of four years of study across eight semesters in a cohort model. As well, both programs will continue to offer a degree as recognized by the College of Registered Nurses of British Columbia (CRNBC) or the College of Registered Psychiatric Nurses of British Columbia (CRPNBC). Due to the implementation of a core HF year, all other courses must be adjusted and modified across the remaining six semesters.

Despite these changes, it is my understanding that the numbers of students enrolled in the programs will not change. Annually, the BSN program will continue to take in two cohorts of 32 students each (January and September) and the BPN program will continue to have one cohort of 40 students (May). The total number of students is 104 students per year that are supported in each of the three years that have practice education experiences (312 students in the entire program). We anticipate that the Fraser Health Authority will continue to partially support the clinical practice component of the Kwantlen Polytechnic University nursing programs as it has always done. The core aspects of this support include an Affiliation agreement, the use of the Health Sciences Placement Network, the Provincial Practice Education Guidelines, and the Fraser Health Authority policies.

The Fraser Health Authority appreciates the opportunity to support student practice education. We look forward to our continued partnership with Kwantlen Polytechnic University. If you require additional information I can be reached at [angela.wolff@fraserhealth.ca](mailto:angela.wolff@fraserhealth.ca) or 604-897-9207.

Sincerely,

A handwritten signature in dark ink that reads "Angela Wolff". The signature is fluid and cursive, with the first name "Angela" and last name "Wolff" clearly distinguishable.

Angela Wolff, PhD, MSN, RN  
Director, Clinical Professional Development  
Professional Practice



Fraser Health  
Suite 400, 13450 102<sup>nd</sup> Avenue  
Surrey, BC V3T 0H1

To Whom It May Concern:

As you may be aware, Kwantlen Polytechnic University (KPU) is currently undergoing substantial curricular review and revision for our four year Bachelor of Science in Nursing (BSN) and Bachelor of Psychiatric Nursing (BPN) programs. One significant change is to include a core Health Foundation (HF) year as prerequisite for nursing-specific courses.

Currently, both the BSN and BPN programs consist of four years of study across eight semesters in a cohort model. Students enter directly into year one of each respective program. With the redevelopment of the curricula, students will enter the Faculty of Health (FoH), taking HF courses; both programs will continue to offer a four year degree as recognized by the College of Registered Nurses of British Columbia (CRNBC) or the College of Registered Psychiatric Nurses of British Columbia (CRPNBC), respectively.

The implementation of the HF year will change how both programs are delivered. The programs must adjust and modify all courses across the remaining six semesters to enable students to progress from semester two of the HF into semester three, year two of the BSN or BPN program, meet the professional competencies required to graduate as a nurse or psychiatric nurse and pass the respective national licensing exam. This HF year will not only give students a chance to decide if nursing is really for them, but it will also enable them to complete Biology, a course that often proves extremely challenging and creates attrition in the program.

The remaining courses in both programs will be revised to continue to educate nurses to work with individuals, families, groups and communities from a health promotion/wellness perspective to develop students' critical thinking and leadership skills.

Annually, the BSN program will continue to take in two semesters of 32 students each (in January and September) and the BPN program will continue to have one intake of 40 students each May.



**EMPLOYEE ENGAGEMENT  
CLINICAL EDUCATION**  
601 W. Broadway, 10<sup>th</sup> Floor  
Vancouver, BC V5Z 4C2  
Direct: 604-875-5459  
Fax: 604-875-4761  
Email: [heather.straight@vch.ca](mailto:heather.straight@vch.ca)

In the future, the Vancouver Coastal Health Authority will continue to support the clinical practice component of the KPU nursing programs as it has always done, via the Health Service Provider network (HSPnet) and within the context of our Affiliation Agreement with KPU.

Sincerely,

A handwritten signature in black ink, appearing to read 'H. Straight', with a long horizontal flourish extending to the right.

Heather Straight  
Interim Executive Director  
Clinical Education

# Appendix I

## Program Costs and Revenues

**KWANTLEN POLYTECHNIC UNIVERSITY**  
**Faculty of Health**  
**Bachelor of Science in Nursing (BSN)**  
**Full Program Proposal**

November 2015

## **Appendix J**

### **Costs and Revenue**

Budgetary requirements are provided for information purposes only. Program approval does not ensure budgetary support.

### **Costs and Revenues - On-Going Costs**

#### **Operating Costs**

Item	No. of items	Yr 1	Yr 2	Yr 3	Yr 4	Total
Faculty		882,685	1,706,618	2,245,536	2,290,447	\$7,125,286
Required service courses*		See below				
Administrative Support		Incl	Incl	Incl	Incl	Incl
Advisor		Incl	Incl	Incl	Incl	Incl
Specialized IET		n/a	n/a	n/a	n/a	n/a
Specialized IT Support		n/a	n/a	n/a	n/a	n/a
Library		Incl	Incl	Incl	Incl	Incl
Lab operating costs - Salary		Incl	Incl	Incl	Incl	Incl
Lab operating costs – Non-Salary		Incl	Incl	Incl	Incl	Incl
Ongoing research costs		Incl	Incl	Incl	Incl	Incl
Other		40,600	40,600	40,600	40,600	162,400
<b>Grand Totals</b>		\$3,415,400 (Current base funding – Figures do not include other centralized administrative/faculty support positions)				

#### **\*Explain required service courses**

The service courses are pre-existing at KPU, supporting the current version of the Bachelor of Science in Nursing (BSN) program. Other support courses have been included in the Health Foundations (HF) certificate program. Current financial data in relations to operational costs is reported as current base funding from the AVED operating grant for targeted Health FTEs.

#### **Revenue**

Item	No. of Courses	Yr 1	Yr 2	Yr 3	Yr 4	Total
<b>Tuition</b>	23	\$ 435,917	\$ 888,158	\$ 1,275,690	\$ 1,301,204	<b>\$ 3,900,969</b>

Number of courses do not include the Health Foundations (HF) first year, supporting entry into the BSN program. Year one above represents the first year in the BSN program. The revenues are assumed with a tuition differential, tier structure 2.a.4 for the BSN program, being \$206.40/per credit, in line with other BSN PB nursing program offered by the Faculty of Health. Confirmation of the tuition differential pending AVED discussions and final approval.

## MEMORANDUM

To: Senate Standing Committee on Curriculum (SSCC)  
Senate Standing Committee on Academic Planning and Priorities (SSCAPP)

From: Tru Freeman, Dean, Faculty of Health (FoH)  
Jean Nicolson-Church, Associate Dean, FoH

CC: Jacqollyne Keath, Chair, BPN Curriculum Committee  
Leeann Ring, Chair, FoH Curriculum Committee

Date: October 29 2015

---

**Re:** Revisions to the Bachelor of Psychiatric Nursing (BPN) program for the 2016 intake  
**Implementation:** For Semester Three BPN courses, May 2017 (2016/17 academic year)

---

### Background:

The Bachelor of Psychiatric (BPN) program currently consists of four years of study across eight semesters. Students enter directly into year one of the BPN Program. With the proposed changes, students will be admitted into the Faculty of Health (FoH), by satisfying the Faculty's undergraduate admission requirement, which consists of KPU's undergraduate English proficiency requirement. Students will not be admitted directly into the BPN. Rather, they will be admitted to the Health Foundation (HF) year (pre-psychiatric nursing), which is a suite of required courses for the first year of the BPN program. These courses may be taken part-time or full-time. A number of the HF courses have prerequisites which may be attained through upgrading courses for students who do not have them on entry to the FoH. All students who complete the 32 credits are eligible to apply for graduation with a Certificate in HF.

Upon successful completion of the HF courses, students will be eligible to declare into the BPN. As there will likely be many more students in the HF than available spaces in the BPN, the selection process for declaration will be competitive. Declaration requirements will be assessed and students will be selected for the available BPN seats. Selected students will proceed through Semesters Three to Eight as a full-time cohort and their HF courses will apply towards completion of the BPN degree. All students who have completed the HF will be eligible to apply for a Certificate in HF. With this certificate, they have the option of declaring into the BPN or Bachelor of Science in Nursing (BSN) within the FoH (space permitting) or they may transfer to another program at KPU, or transfer to another institution.

The BPN Program will continue to offer a four year degree as recognized by the College of Registered Psychiatric Nurses of British Columbia (CRPNBC). The Degree Quality Assessment Board (DQAB) has recently reviewed the BPN proposed revised program and has deemed the changes significant enough to call it a new program. This means a Full Program Proposal (FPP) document is required. The FPP must be posted on the Post-Secondary Institution Proposal System (PSIPS) for a 30-day peer review period, the feedback



addressed and then forwarded to the Minister of Advanced Education for approval. Simultaneously a Non-Degree Program Proposal is being submitted for the Certificate in HF.

### **Rationale:**

The implementation of HF courses is significantly changing how the BPN program is delivered. The program adjusts and modifies the courses across the remaining six semesters to enable students to meet the professional standards and competencies required to graduate as a Psychiatric Nurse and pass the National licensing exam. Completion of the HF will help curb attrition in the BPN program as it gives students a chance to assess if psychiatric nursing is the right choice for them. In addition, it will enable them to complete required courses such as English and Biology. These courses often prove challenging and cause students to leave the program due to academic failure. The proposed BPN program is also consistent with the Kwantlen Polytechnic University (KPU) Strategic Vision 2018 and Academic Plan 2018. Total required credits in the BPN program will be 123.

### **Proposed Changes:**

The FoH HF courses are being developed for implementation in September 2016. Please see page 4 for the overview of the BPN program to be published in the KPU University Calendar. Course titles with credit estimates for Semesters Three through Eight are also identified. The course titles being proposed are broad to facilitate the faculty to identify essential concepts and the subsequent learning outcomes associated with each course. There are some repeated course types in multiple semesters which include practice courses in the clinical environment, labs, psychiatric/mental health nursing theory, and a selection of concept specific focused courses. The program is 40% liberal arts concentrated. The guiding principles of the program are therapeutic relationships, diversity and health promotion. The existing BPN program, course acronyms, numbers and credits are also included to facilitate comparison of the current and proposed programs.

### **Admission Requirements and Selections Process:**

Applicants to undergraduate studies in the FoH must satisfy the Faculty's undergraduate admission requirement, which consists of KPU's undergraduate English proficiency requirement.

Declaration into the BPN program will be through a selections process after the student has successfully completed the HF courses with a GPA of 2.33 or higher and no single course with a grade less than C. They will also be required to have 30 hours of volunteer work with adults or children, evidenced by a written reference reflecting the length and nature of the volunteer experience. Volunteer experience is a requirement of the declaration process as the FoH feels it supports the students' understanding of the nursing profession and commitment to community. Selection will be based on GPA of the HF courses.

### **Implementation:**

Annually the BPN program has one intake of 40 students into Semester One. This intake occurs each May. This proposed program design will be in place for May 2016 using a cohort model for admission into the first intake only.



**Summary:**

We are requesting Senate approval of the BPN Full Program Proposal .These documents were reviewed and approved by the FoH Curriculum Committee and Faculty Council on October 16, 2015.

Note: highlighted courses are no longer in the BPN program in order for required new content to be covered. Also, the larger PSYN credit courses which included Lab, Theory and Practice, have now been split into individual courses.

Proposed BPN Program by Semester				Current BPN program by Semester			
	Course #	Course Name	Credits		Course #	Course Name	Credits
<b>Year 1</b>							
<b>Health Foundation</b> (32 credits)	BIOL 1160	Anatomy and Physiology I	4	<b>Semester 1: Personal Meaning of Health</b> (15 credits)	BIOL 1160	Anatomy and Physiology 1	4
	ENGL 1100	Introduction to University Writing	3		ENGL 1100	Introduction to University Writing	3
	HEAL 1100	Mental Wellness and Communication <b>NEW COURSE</b>	3		PSYC 1100	Introduction to Psychology	3
	PSYC 1100	Introduction to Psychology: Basic Process	3		PSYN 1100	Individuals and their Health	5
	SOCI 1125	Introduction to Society: Processes and Structures	3				
	ANTH 1100	Social & Cultural Anthropology	3	<b>Semester 2: Families and Their Health: Psychiatric/Mental Health Nursing</b> (15 credits)	ANTH 1100	Social & Cultural Anthropology	3
	BIOL 1260	Anatomy and Physiology 2	4		BIOL 1260	Anatomy and Physiology 2	4
	HEAL 1150	Personal Care Skills: Lab I <b>NEW COURSE</b>	3		ENGL 1204	Reading and Writing about Genre: An Introduction to Literature	3
	HEAL 1180	Introduction to Health Research (Research 1) <b>NEW COURSE</b>	3		PSYN 1200	Families and their Health: Psychiatric/Mental Health Nursing	5
	HSCI 1115	Introduction to Health Sciences	3				

Proposed BPN Program by Semester				Current BPN program by Semester			
	Course #	Course Name	Credits		Course #	Course Name	Credits
Year 2							
Semester 3 Psychosocial Rehabilitation (17 credits)	HEAL 2150	Lab Practice 2 NEW COURSE	3	Semester 3: Groups and Their Health (21 credits)	PSYN 2101	Groups and Their Health: Psychiatric/Mental Health Nursing	9
	PSYN 2110	Essentials of Psychiatric Nursing NEW COURSE	2		PSYN 2120	Pharmacology and Other Therapeutics	3
	PSYN 2125	Pharmacology and Other Therapeutics	3		SOCI 1125	Introduction to Society: Processes and Structures	3
	PSYN 2130	Psychiatric/Mental Health Nursing: Communication NEW COURSE	3		ONE OF:	FINA 1170 Introduction to Film Photography  FINA 2270 Digital Photography	3
	PSYN 2145	Psychiatric/Mental Health Nursing : Practice I NEW COURSE	3		ONE OF:	ANTH 2142 First Nations Cultures of Canada	3
	PSYN 2160	Psychiatric/Mental Health Nursing : Psychosocial Rehabilitation NEW COURSE	3			CRIM 2330 Psychological Explanations of Criminal Behaviour	
Semester 4 Health and Healing I (16 credits)	ANTH 2163	Culture, Health and Well- being	3	Semester 4: Acute Care (14 credits)	ANTH 2163	Culture, Health and Well-being	3
	HEAL 2110	First Nations Health NEW COURSE	3		PSYN 2201	Psychiatric/Mental Health Nursing: Acute as Community	8
	HEAL 2250	Lab Practice 3 NEW COURSE	3		WOMN 2200	Footsteps of the Crone: Creative Teaching & Learning	3
	PSYN 2230	Psychiatric/Mental Health Nursing: Health and Healing I NEW COURSE	3				
	PSYN 2245	Psychiatric/Mental Health Nursing: Practice 2 NEW COURSE	4				

Proposed BPN Program by Semester				Current BPN program by Semester			
	Course #	Course Name	Credits		Course #	Course Name	Credits
<b>Year 3</b>							
<b>Semester 5 Health and Healing II</b> (16 credits)	PSYC 3920	Aging	3	<b>Semester 5: Community Health</b> (16 Credits)	PSYC 3920	Aging	3
	PSYN 3130	Psychiatric/Mental Health Nursing : Health and Healing 2 <b>NEW COURSE</b>	3		PSYN 3100	Community Health: Psychiatric/Mental Health Nursing	7
	PSYN 3145	Psychiatric/Mental Health Nursing : Practice 3 <b>NEW COURSE</b>	4		PSYN 3120	Psychiatric/Mental Health Nursing: Health Care Economics, Leadership and Management	3
	PSYN 3146	Consolidated Practice : Medical/Surgical Nursing	3		WOMN 3100	Conceptual Traps & Health Care	3
	WOMN 3101	Conceptual Paradigms: A Feminist Perspective <b>NEW COURSE</b>	3				
<b>Semester 6 Global Health</b> (16 credits)	PSYN 3225	Psychiatric/Mental Health Nursing: Leadership and Management	3	<b>Semester 6: Environment, Global Problems and Health</b> (15 credits)	PSYN 3200	Global Problems and Health	7
	PSYN 3211	Psychiatric /Mental Health Nursing: Issues and Trends in Psychiatric Mental Health Nursing	3		PSYN 3220	Issues in Mental Health Nursing	2
	HEAL 3180	Nursing Science 4: Health Research for Evidence Informed Practice <b>NEW COURSE</b>	3		PSYN 3230	Psychiatric/Mental Health: Nursing Research	3
	PSYN 3210	Psychiatric/Mental Health Nursing: Global Health	3		PSYN 3240	Qualitative and Quantitative Analysis	3
	PSYN 3245	Psychiatric/Mental Health Nursing: Practice IV <b>NEW COURSE</b>	4				

Proposed BPN Program by Semester				Current BPN program by Semester			
	Course #	Course Name	Credits		Course #	Course Name	Credits
<b>Year 4</b>							
<b>Semester 7 Consolidation</b> (16 credits)	PHIL 3010	Healthcare Ethics	3	<b>Semester 7: Capstone Consolidation</b> (19 credits)	PHIL 3010	Healthcare Ethics	3
	PSYN 4110	Psychiatric/Mental Health Nursing : Child & Adolescent <b>NEW COURSE</b>	3		PSYN 4100	Capstone Course: Psychiatric/Mental Health Nursing	7
	PSYN 4145	Psychiatric/Mental Health Nursing : Consolidation	7		SOCI 3345	Social Policy in Context	3
	SOCI 3345	Social Policy in Context	3			2 electives	6
<b>Semester 8 Preceptorship</b> (10 credits)	PSYN 4245	Psychiatric/Mental Health Nursing: Preceptorship	10	<b>Semester 8: Preceptorship</b> (10 credits)	PSYN 4200	Psychiatric/Mental Health Nursing: Preceptorship	10
<b>Credential Awarded:</b>		<b>BPN (no change)</b>	<b>123</b>	<b>Credential Awarded:</b>		<b>BPN</b>	<b>125</b>
Annually, KPU BPN has one intake of 40 student into Semester 3 following successful completion of the Health Foundation courses and meeting program entrance requirements. The intake occurs in May.				Annually, KPU BPN has one intake of 40 students into Semester 1. The intake occurs in May.			

**Note:**

The Stenberg College program articulation with KPU BPN program will require some work to ensure the continued availability for this group of diploma graduates to finish their degree in Psychiatric Nursing. There are very few changes that would be required and some of these courses already exist in the new Health Foundation year.

On April 9, 2015 a follow up consultation with Stenberg College's Curriculum Manager took place to discuss the needed changes which are minor to the Stenberg stream. These include course re-numbering for PSYN 3120, 3200, 4100 and 4200. In addition the FINA course will be replaced with an elective and the CRIM 2330 will be replaced with the new HEAL 2110 First Nations Health course. As Stenberg has 6 credits of First Nations courses they could use three of these credits for this new course and the other three towards the elective.



Full Program Proposal

*Bachelor of Psychiatric  
Nursing (BPN)*

Faculty of Health

October 2015



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## Part 1 - Executive Summary

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*The Executive Summary must present, in a succinct manner, the purpose of the proposal and a summary of the key objectives and outcomes of the proposed degree program and must include the following information:*

**a) *An overview of the organization's history, mission and academic goals***

Founded as a community college for the South Fraser Region in 1981, subsequently granted university college status in 1995, and university status in 2008, Kwantlen Polytechnic University (KPU) has provided outstanding undergraduate education for more than twenty-five years. Undergraduate degrees have been offered at Kwantlen since 1996, along with a wide area of diplomas, associate degrees, certificates and citations in different fields of study. Designated as KPU in 2008, the institution continues to prepare its students for successful careers as well as helping them develop the skills and critical awareness to be responsible citizens and community leaders. Today, KPU serves approximately 17,500 students each year and is the fourth largest university in British Columbia.

Across its four main campuses in Cloverdale, Langley, Richmond and Surrey, KPU takes up its role as B.C.'s polytechnic university by offering in excess of 130 programs spanning diverse educational areas: Trades, Vocational, Preparatory, Professional, and Academic. As a leader in innovative education, KPU creates relevant and engaging programs that integrate a broad-based university education, community service opportunities, undergraduate and applied research experience, and essential skills practice. The learning culture at KPU is learner-focused, academically rigorous, innovative, interdisciplinary and socially responsible.

Arising from its commitment to serve the Fraser Region, KPU offers all learners, regardless of background and preparation, opportunities to achieve the highest standards of academic performance. Access and support services, multiple entry points, and bridging programs are examples of this commitment. Transition programs, international education, workplace experiences and continuing education are also part of KPU's commitment to lifelong learning across a broad range of educational options.

Our university culture is based on critical inquiry, collegial debate, knowledge generation, freedom of expression, diversity, and environmental stewardship and sustainability.

Appendix A: KPU Mission and Mandate

**b) *Proposed credential to be awarded, including the level and category of the degree and the specific discipline or field of study***

Bachelor of Psychiatric Nursing (BPN).

**c) *Location***

The BPN program will continue to be offered at the KPU Langley Campus.

**d) Faculty(ies) or school(s) offering the proposed new degree program**

The Faculty of Health (FoH) will be offering the proposed BPN degree.

**e) Anticipated program start date**

The anticipated start date of the proposed program is May 2016.

**f) Anticipated completion time in years or semesters**

Students engaged in full-time study will be able to complete the BPN program in eight academic semesters.

**g) A summary of the proposed program**

Key features of the BPN program include the following:

The BPN offered at KPU prepares the learner to function effectively as an independent mental health practitioner or as a member of a multi-disciplinary treatment team. The rigorous BPN curriculum has been revised and is based on the major guiding principles of health promotion, diversity, and therapeutic relationships. The proposed KPU BPN program is a four year degree which includes a year of Health Foundation (HF) courses, derived from the Faculty of Science and Horticulture, (Biology), the Faculty of Arts (Anthropology, Sociology and Psychology) and the Faculty of Health (Mental Health and Communication, labs, and research). These courses may be taken part-time or in two full-time semesters. Following successful completion of the HF courses, students may request declaration into the BPN program and continue Semesters Three to Eight in a full-time cohort.

The new curriculum is designed to build on HF knowledge as well as introduce psychiatric nursing content and skills using a concept-based approach. The guiding concepts include health promotion, diversity, and therapeutic use of self (which includes increasing levels of communication theory and practice). The introduction of psychiatric/mental health nursing theoretical courses in each semester, aligned with the corresponding practice courses, is intended to intentionally integrate concepts across the program. The BPN program will enable students to meet the educational requirements of the College of Registered Psychiatric Nurses of British Columbia (CRPNBC) which include professional standards and competencies required for eligibility to seek membership with this regulatory body and write the Registered Psychiatric Nurses of Canada Examination (RPNCE). See Appendix B for the College of Registered Psychiatric Nurses of BC's Entry Level Competencies.

The program includes a strong Liberal Arts component with 32 of 123 credits from courses that complement psychiatric nursing theory and practice.

- *Aims, goals, objectives of the proposed program*

The BPN program ascribes to psychiatric nursing best practices, emphasizing the importance of health promotion, equality, diversity, and therapeutic use of self in interpersonal relationships. A shift in focus from illness to health represents a deliberative move away from a medical model to an understanding of psychiatric nurses' work as focusing on people and their experiences with health and healing. Inherent in this orientation is the use of a feminist approach and teaching methodologies, which encourage the development of critical thinking based on reflective praxis, and the discovery of personal meaning and personal power.

- *Anticipated contribution of the proposed program to KPU's mandate and strategic plan*

The program is informed by a philosophical framework that is consistent with the KPU and FoH Strategic Plans, Visions, and Missions, as well as contemporary mental healthcare issues from a local, provincial and national level. KPU is involved in key stakeholder initiatives as a contributor in government policy development, research and practice consultation. The BPN team has worked diligently with other KPU departments and external stakeholders to develop a program which addresses current and future labor market and client mental health needs.

The BPN program provides education that supports and contributes to healthy communities by focusing on health. It is the BPN's mission to foster student success and contribution in local, national and international communities as transformational leaders in health and education through quality programming, service, and scholarship, blending theory and practice, critical understanding, and social and ethical awareness.

- *Linkages between learning outcomes and the curriculum design, an indication whether a work experience/work place term is required for degree completion, and if so a description of the purpose and role of the work experience within the program*

The curriculum is designed to meet the goals of the program and the competencies required by the regulatory body. The competencies for the profession of Psychiatric Nursing must be clearly articulated within and throughout the program curriculum. In the simplest of terms, the program must provide 1000 hours of relevant theory and 1000 hours of relevant direct care practice as required by the Psychiatric Nurses of Canada.

- *Potential areas/sectors of employment for graduates, opportunities for further study*

The settings and sectors in which psychiatric nurses are employed is continually expanding. This is due to the increased skill set of graduates and the intuitive foundations of inquiry, analysis, problem solving and goal setting skills established within the program structure. A more exhaustive list of employment sectors is found in the expansive section of this report (Appendix C.)

- *Delivery methods*

The program is delivered in hybrid modes. Face-to-face classroom based and online courses are available. Lab experiences use low, medium and high fidelity simulation to support development of clinical reasoning and psychomotor skills. Practice courses are delivered in acute care and community settings.

- *Program strengths*

Graduates of the program are prepared for entry to practice. KPU has a high success rate of graduates writing the RPNCE in order to complete the eligibility requirements for registration as a Registered Psychiatric Nurse (RPN). The BPN program has a strong foundation in Liberal Arts. As

a result, students bring knowledge from Psychiatric Nursing, Science, Sociology, Psychology, and Anthropology to practice with greater insight into the social determinants of health.

- *An overview of the level of support and recognition from other post-secondary institutions, and relevant regulatory or professional bodies, where applicable, and plans for admissions and transfer within the British Columbia post-secondary education system*

The College of Registered Psychiatric Nurses of British Columbia (CRPNBC) recognizes the program through a formal Program Review. This was completed in 2014 with the recognition of program operation for a four-year period (Appendix D.)

The program is also recognized by the Registered Psychiatric Nurse Regulators of Canada (RPNRC), as well as the Association of Registered Psychiatric Nurses of British Columbia (ARPNBC).

- *Related programs in the institution or other British Columbia post-secondary institutions. Indicate rationale for duplication, if any.*

Douglas College currently offers a diploma in psychiatric nursing and a Bachelor of Science in Psychiatric Nursing. Stenberg College also offers a diploma program for Psychiatric Nursing, and their graduates are eligible to articulate into the BPN program at KPU.

KPU offers a Bachelor of Science in Nursing (BSN) program, a BSN-Post Baccalaureate program and a Graduate Nurse Internationally Educated Re-Entry program.

**h) Name, title, phone number and e-mail address of the institutional contact person in case more information is required.**

Jean Nicolson-Church, Associate Dean, Faculty of Health  
Jean.Nicolson-Church@kpu.ca  
604-599-2266

## Part 2 – Degree Content

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(Expand on each of the following :)

- *Aims, goals, and or objectives of the proposed program*

The proposed BPN program is a testament to the commitment to offer relevant, safe, accountable and ethical psychiatric nursing practice to clients, within the span of mental health services. In addition to the changing needs of clients, the changing needs of stakeholders and individuals supporting clients are also addressed. KPU's BPN program is committed to providing learners with the tools and skills necessary to assist clients and stakeholders within the context of evolving settings and healthcare issues prevalent in today's mental health services.

The goal of the program is to educate students to be competent, ethical, creative, and caring practitioners of psychiatric mental health nursing with a focus on health promotion, diversity and therapeutic relationships for clients.

The aims and goals of the program are to assist the student to:

1. Succeed on the Registered Psychiatric Nurse (RPN) licensure exam following graduation
  2. Acquire the knowledge and skills necessary for advanced psychiatric nursing practice roles including that of clinician, educator, manager/administrator, and researcher
  3. Function within the full scope of practice for RPNs
  4. Practice nursing in a variety of contexts and with diverse client populations according to the national and provincial competencies for psychiatric nursing practice and the professional standards of psychiatric nursing practice in BC
  5. Work cooperatively within interdisciplinary teams
  6. Employ self-care skills to remain healthy in a stressful work environment
- *Anticipated contribution of the proposed program to the mandate and strategic plan of the institution*

The *KPU Strategic Plan Vision 2018* identifies three themes of quality, relevance and reputation. KPU's mission is to "offer learners opportunities to achieve success in a diverse range of programs that blend theory and practice, critical understanding, and social and ethical awareness necessary for good citizenship and rewarding careers."

The mission statement referenced in *The FoH Academic Plan 2018* is to "foster student success and contribution in local, national and international communities as transformational leaders in health and education through quality programming, service, and scholarship blending theory and practice, critical understanding and social and ethical awareness."

The BPN program is aligned with both the *KPU Strategic Plan Vision 2018* and *The FoH Academic Plan 2018* by enhancing the ability of BPN students to enter the workforce ready to assume the functions of a psychiatric nurse. This program fosters students' capacity to be critical thinkers, engaged leaders and socially astute citizens dedicated to lifelong learning. Additionally it strives to ensure our students adapt successfully to changing trends in the healthcare delivery system at local, provincial, national and global levels.

Further to the work completed regarding the Vision Initiative, faculty of the BPN have recently collaborated and completed a revised philosophy of the BPN program in response to the changing needs of clients accessing mental health services. Three guiding principles (health promotion, diversity and therapeutic use of self) are supported by six core concepts that encompass this theme (Client-Centeredness, Being, Situatedness, Choice, Professionalism and Teaching and Learning).

- *Linkages between the learning outcomes and the curriculum design, an indication whether a work experience/work place term is required for degree completion, and if so a description of the purpose and role of the work experience within the program*

Linkages between the learning outcomes and the curriculum design are clear. The psychiatric mental health nursing courses focus on psychiatric/mental health nursing, nurses' health, professional role development, as well as related skill sets and practice components. Practice placements are provided throughout Semesters Three to Eight for students to apply theory to practice. Contextual foci include working with individuals, families, groups, and communities. In the final year of study the concentration is on consolidation of clinical practice skills for job readiness.

- *Potential areas/sectors of employment for graduates and/or opportunities for further study*

The profession of psychiatric nursing continues to expand within the healthcare sector specifically, but also into other sectors requiring the expertise of practitioners with skills in research, communication, data analysis, critical inquiry, needs assessment, cultural and global awareness. Psychiatric Nurses are employed within hospital, community, business and private agencies both within the public and private sectors (Appendix C.)

- *Delivery methods*

Delivery is informed by an integrated Enrichment Model using prototypes as the core for discussions addressing topical foci and core concepts. Together, the learning processes address the scope and depth of knowledge and skills needed by graduates to meet the CRPNBC Standards and Competencies. Learning methodologies include; simulated laboratory, practice education, case studies, seminars, lectures, guided study, independent study, tutorials, and debates.

- *Program strengths*

Students completing the BPN are positioned to be effective practitioners in contemporary mental health settings, and are able to effectively guide clients toward optimal health. Essential skills obtained in all courses include: Creative thinking and problem-solving skills, reading and writing skills, oral skills, teamwork and leadership skills, numeracy and mathematical skills, technological skills, intercultural skills, interpersonal skills, personal management and career skills.

- *An overview of the level of support and recognition from other post-secondary institutions, and relevant regulatory or professional bodies, where applicable, and plans for admissions and transfer within the British Columbia post-secondary education system.*

External consultation has occurred through the Integrated Program Advisory Committee (IPAC), where representatives from Health Authorities, consultants, public representatives and other stakeholders, including employers, are kept up to date about changes in the FoH and the BPN program, and similarly, advises the FoH on changes in the practice environment. Appendix E provides additional information about the IPAC committee structure.

See Appendix F for letters of support from CRPNBC and Health Authorities.

- *Related programs in the institution or other British Columbia post-secondary institutions. Indicate rationale for duplication, if any.*

Douglas College offers a four year Bachelor of Science in Psychiatric Nursing and Stenberg College offers a Psychiatric Nursing Diploma.

The Province of BC has undertaken study of the labour market and published a market outlook document regarding employment sectors. The document entitled *British Columbia 2022 labor market outlook* projects labour market demand and supply trends to 2022. Nursing specifically projects “25,300 job openings to 2022” and is predicted as the number one growth industry of any occupational group (Province of BC, p9.) Further, the report states that regionally “two thirds of the total job openings in BC are expected in the Lower Mainland/Southwest region alone”. Graduates of the KPU BPN program are eligible to work anywhere in the province with CRPNBC practicing membership. In reference to *BC’s skills for jobs blueprint: Re-engineering education and training*, the high demand occupations are targeted for the province’s redistribution of operating grants. Nursing as a high-demand occupation identified above, is included in the directive stating “By 2018, twenty-five percent of provincial operating grants to public post-secondary institutions (\$270M) will be aligned to training that matches with high-demand occupations and jobs.” (Province of BC, 2014).

In 2001, there were 5,256 RPNs spread across the four Western Provinces, 5404 in 2008. The profession of psychiatric nursing continues to grow and since 2008 has shown a 5% growth up to the point of data collection in 2014 (Canadian Institute for Health Information, 2013). In 2001 there were 2181 practicing RPN’s with an increase to 2542 RPN’s at the time of data collection for the CRPNBC’s Registration Committee Report (Appendix G).

Graduates of this program may choose to bridge into the KPU Bachelor of Science in Nursing -Post Baccalaureate program and continue into a Masters or Nurse Practitioner Program in nursing. Outside of the Province, Psychiatric Nurses also have the option to complete a Masters in Psychiatric Nursing in Manitoba, however there are no graduate level programs available in the Province.

## Curriculum Design

a) List the required courses, and indicate which courses are new/to be developed.

### BPN Proposed Sequencing: 123 total credits

<b>Health Foundation (HF)</b>	<b>32 credits</b>
ANTH 1100	Social and Cultural Anthropology
BIOL 1160	Anatomy and Physiology 1
BIOL 1260	Anatomy and Physiology 2
ENGL 1100	Introduction to University Writing
HEAL 1100	Mental Wellness and Communication (NEW)
HEAL 1180	Introduction to Health Research (Research 1) (NEW)
HEAL 1150	Personal Care Skills: Lab 1 (NEW)
HSCI 1115	Introduction to Health Science
PSYC 1100	Introduction to Psychology: Basic Processes
SOCI 1125	Introduction to Society: Processes and Structures
<b>Year 2: Semester 3</b>	<b>17 credits</b>
PSYN 2160	Psychosocial Rehabilitation (NEW)
PSYN 2110	Essentials of Psychiatric Nursing (NEW)
PSYN 2125	Pharmacology and Other Therapeutics
PSYN 2130	Psychiatric/Mental Health Nursing: Communication (NEW)
PSYN 2145	Psychiatric/Mental Health Nursing: Practice 1 (NEW)
HEAL 2150	Lab 2 (NEW)
<b>Semester 4</b>	<b>16 credits</b>
PSYN 2230	Psychiatric/Mental Health Nursing: Health and Healing 1 (NEW)
PSYN 2245	Psychiatric/Mental Health Nursing: Practice 2 (NEW)
HEAL 2250	Lab 3 (NEW)
HEAL 2110	First Nations Health (NEW)
ANTH 2163	Culture, Health and Well-being
<b>Year 3 Semester 5</b>	<b>13 credits</b>
PSYN 3130	Psychiatric/Mental Health Nursing: Health and Healing 2 (NEW)
PSYN 3145	Psychiatric/Mental Health Nursing: Practice 3 (NEW)
PSYC 3920	Aging
WOMN 3101	Conceptual Paradigms in Health: A Feminist Perspective (NEW)
<b>Interession: 3 week course</b>	<b>3 credits</b>
PSYN 3146	Consolidated Practice: Medical/Surgical Nursing
<b>Semester 6</b>	<b>16 credits</b>
PSYN 3210	Psychiatric/Mental Health Nursing: Global Health
PSYN 3211	Issues and Trends in Psychiatric/Mental Health Nursing
PSYN 3245	Psychiatric/Mental Health Nursing: Practice 4 (NEW)
PSYN 3225	Psychiatric/Mental Health Nursing: Leadership and Management
HEAL 3180	Research 2 - Nursing Science 4: Health Research for Evidenced Informed Practice (NEW)



<b>Year 4 Semester 7</b>	<b>16 credits</b>
PSYN 4110	Psychiatric/Mental Health Nursing: Child & Adolescent (NEW)
PSYN 4145	Psychiatric/Mental Health Nursing: Consolidation
PHIL 3010	Health Care Ethics
SOCI 3345	Social Policy in Context
<b>Semester 8</b>	<b>10 credits</b>
PSYN 4245	Psychiatric/Mental Health Nursing: Preceptorship
<b>TOTAL PROGRAM</b>	<b>123 Credits</b>

b) *In an appendix, list the courses along with their calendar descriptions and prerequisites.*

#### Appendix H: Course Descriptions and Prerequisites

### Program Delivery

---

a) *Explain the learning methodology/methodologies to be used.*

The program is currently offered in the classroom, online, as well as in the lab and clinical settings.

High Fidelity Simulation Labs (HFS) are a critical component of the FoH. These technologically enhanced labs provide concrete, “realistic” practice of nursing skills and techniques in safe lab setting environments. The labs at KPU are designed to mimic hospital care as well as home and community based health care experiences. These settings and spaces provide authentic learning environments that support reflection, critical thinking, confidence development and hands-on care while often diminishing student anxiety and promoting confidence and competence.

In addition, theory and practice courses are designed, with outcomes-based learning, to align directly with the CRPNBC Standards and Competencies and form the basis for a growing and expanding professional practice. This new curriculum framework also supports and guides each student to develop their professional identity. The program’s approach has at its core the belief that by encouraging and honoring the learner’s experiences, knowledge, and perspectives with clearly defined expectations and learning outcomes, our graduates will be well prepared to assume the Psychiatric Nursing role competently, safely, ethically and compassionately.

### Admission Requirements

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a) *Describe the admission requirements for this program.*

With the proposed changes, students will be admitted into the FoH by satisfying the Faculty’s undergraduate admission requirement, which consists of KPU’s undergraduate English Proficiency requirement. This allows students to take the HF suite of courses, on a part-time or full-time basis. A number of the HF courses have prerequisites which may be attained through upgrading courses for students who do not have them on entry to FoH.

#### Declaration

Declaration into the BPN program will be through a competitive selection process after the student has completed all of the HF courses with a cumulative GPA of 2.33 or higher and no single HF course

with a grade less than C. They will also be required to have 30 hours of volunteer work with adults or children, evidenced by a written reference reflecting the length and nature of the volunteer experience. [Volunteer experience is a requirement of the declaration process as the FoH feels it supports the students understanding of the nursing profession and commitment to community]. Selection will be based on GPA of HF courses.

**Additional Requirements:**

Once students have been offered a seat in the BPN cohort, they must submit the following before declaration is granted:

- CPR level C certificate (Healthcare Provider level C certificate)
- Current standard first aid certificate
- Criminal record check through the BC Ministry of Justice, Criminal Records Review Program
- Applicants who have lived outside of Canada as an adult are required to secure a Criminal Records search with the Vulnerable Sector from their country of origin.

## Faculty

---

- a) *List the faculty and their areas of specialization.*

All ten regular faculty members are prepared with a Masters degree in a related field. Four faculty are prepared at the doctoral level, while an additional three faculty are currently completing their doctoral degree.

- b) *In an appendix, provide the list of faculty along with a brief curriculum vitae for each.*

Refer to Appendix I.

## Program Resources

---

- a) *Describe the resources that will be required to mount this program including:*

- *Library resources*

Library Impact Assessments: The Library has conducted a Library Impact Assessment and anticipate the databases currently used for the BPN program will remain the same. Some additional hard copy references may be needed over time and we will connect with the library as courses are approved to ensure textbooks are up to date and content areas have resources as necessary.

- *Computer and computer access*

No change needed

- *Classrooms, laboratories and equipment*

No change needed

- *Existing and shared resources at the institution or at other institutions that will be used to offer the program*

No change needed

- *Additional resources that will be required to offer this program.*  
None

An overview of costs and revenues have been outlined in Appendix J.

- b) *Provide the intended implementation schedule for the new program and evidence of the appropriateness of the schedule, given the timing of the proposal and readiness of the institution to offer the program.*

The HF for this program will begin in May 2016. For this year only, students will be brought into the HF as a cohort. The BPN Semester Three courses will begin in May, 2017 as required as a condition of recognition by the CRPNBC.

### **Program Consultation**

- a) *Provide a list and brief explanation of the nature of the consultations that have occurred in the development of the degree program.*

The FoH Curriculum Committee includes representation from advising, and all health programs. This ensures ongoing consultation for program and course revisions. In addition, purposeful connections were made with the partnering programs providing liberal education courses including English, Science, and Sociology. Consultation has included IET, advising, counselling, learning support, financial aid, and the Office of the Registrar.

Externally, the Ministry of Advanced Education (AVED) was consulted and as a result designated the program revisions as substantive enough to be deemed a “new program” and a full program proposal was initiated. External consultation has occurred through the FoH Integrated Program Advisory Committee, where representatives from Health Authorities, consultants, public representatives and employers, provide advice in defining the objectives of the curriculum and the overall program related to the specific competencies needed by students to achieve program and service objectives. The program advisory committee meets twice per year.

The Health Authorities and the CRPNBC are aware and supportive of the curriculum changes and have written letters of support to indicate they will continue to support KPU students in the health practice environment.

- b) *Attach written comments, both positive and negative from:*

- *Relevant employers;*

Employers are represented on the IPAC. We have received letters of support from the Fraser Health Authority (FHA) and Vancouver Coastal Health (VCH) (Appendix F.)

- *Relevant professional associations;*

We have been working closely with the CRPNBC. A letter of support is included as Appendix F.

- *Program advisory committees;*

External consultation has occurred through the FoH IPAC, where representatives from Health Authorities, consultants, public representatives and other stakeholders, including employers, are kept up to date about changes in the FoH and the BPN program, and similarly, advise the FoH on changes in the practice environment. The program advisory meetings continue to provide evidence for the support of the KPU BPN program. Recent meeting dates include March 12/2013, September 25/2013, March 26/2014, September 24/2014, March 25/2015 and September 23/2015.

- *Other British Columbia institutions (this will include comments provided through the peer review process on the Post-Secondary Institution Proposal System);*

PSIPS posting will occur following the KPU internal review process.

- *Institutions outside British Columbia; NA*
- *Experts in the proposed field of study; and, NA*
- *External academic consultants.*

KPU representatives attend external nursing educational committees that include other BC nursing programs and stakeholders. Program and curriculum updates are shared and discussed with the Nurse Educators Council of BC, Deans and Directors, Lower Mainland Nursing Clinical Education Steering Committee, and Fraser Health Community of Practice. Faculty have engaged in scholarly activities to update curricular changes in nursing education and continue to be experts in this field of study.

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# Appendix A

## KPU Mission and Mandate

**KWANTLEN POLYTECHNIC UNIVERSITY**  
**FACULTY OF HEALTH**  
**Bachelor of Psychiatric Nursing (BPN)**  
**Full Program Proposal**

October 2015



## Appendix A

# KPU Mission & Mandate

KPU offers all learners opportunities to achieve success in a diverse range of programs that blend theory and practice, critical understanding, and social and ethical awareness necessary for good citizenship and rewarding careers.

## WHO WE ARE

As British Columbia's Polytechnic University, KPU is a leader in innovative and interdisciplinary education. Our programs provide applied learning and a broad-based university education through relevant, engaging, and inclusive environments which facilitate personal and professional development.

Our faculty demonstrates an authentic spirit of inquiry as a model for learners. In turn, learners engage with a teaching environment that is collaborative, innovative, creative, and respectful. Our University culture is based on critical inquiry, collegial debate, knowledge generation, freedom of expression, diversity, and environmental stewardship and sustainability. Yet, we go further by recognizing the necessary integration of these principles as our foundation and our purpose. We support multiple approaches to research and innovation, and work collaboratively to address community, industry, and market needs.

## WHAT WE DO

We support a dynamic educational community. At KPU, we create a culture that is learner-focused, academically rigorous, innovative, interdisciplinary, and socially responsible. We support our students throughout their entire academic journey, and respect the academic freedom of learners, faculty, and staff.

### Access

KPU's history and purpose as a polytechnic institution integrates traditional academics and applied hands-on learning, into the university experience. We respond to community, regional, industry, and market needs through a distinctive variety of programs, research initiatives, and community partnerships. Transition programs, multiple entry points, international education, and bridging opportunities demonstrate our commitment to accessible lifelong learning across a broad range of educational options.

### Scholarship

We encourage faculty and learners to participate in many forms of knowledge generation and research, including those focused on discovery, creativity, application, and teaching. We honour and reward scholarship, including research design, development, and dissemination, that involves learners and the broader community.

### Community

We recognize and respond to challenges and opportunities within the dynamic communities of the Fraser region of British Columbia. We promote leadership by developing and supporting community-based initiatives that address economic, social, and cultural issues within an increasingly global context.

### Mentorship

We provide and promote a learning environment in which learners examine and develop their values, goals, and character through the integration of personal, academic, and professional inquiry.

We expose learners to workplace experiences, offer programs in continuing education, and provide educational opportunities for those seeking career change or development. We encourage lifelong learning and an ongoing relationship with the University.

# Appendix B

## CRPNBC Entry Level Competencies

**KWANTLEN POLYTECHNIC UNIVERSITY  
FACULTY OF HEALTH  
Bachelor of Psychiatric Nursing (BPN)  
Full Program Proposal**

October 2015



# Registered Psychiatric Nurse Entry-Level Competencies



Registered Psychiatric Nurse Regulators of Canada  
*marking excellence in registered psychiatric nursing regulation*



College of  
**Registered  
Psychiatric  
Nurses of BC**

## Acknowledgements

The development of these entry-level competencies was not possible without the assistance of a number of people. The Registered Psychiatric Nurse Regulators of Canada (RPNRC) would like to thank the Project Management Committee who provided valuable guidance to the overall pan-Canadian *Mobility and Assessment* project and the development of these competencies. RPNRC especially wants to express its appreciation to the Registered Psychiatric Nurses who committed their time, knowledge and experience to prepare numerous drafts and revisions as part of the Subject Matter Expert Working Groups. RPNRC appreciates the support and guidance provided by the Federal government's Foreign Credential Recognitions Program.

Special mention should also be given to Assessment Strategies Inc. and Health HR Group for their determination to produce a high quality document. Finally, we are very grateful to the Registered Psychiatric Nurses, Registered Psychiatric Nurse regulatory authorities, educational community and employers for their invaluable time and effort assisting us in validating these competencies.

The RPNRC approves and adopts the entry-level competencies for Registered Psychiatric Nurses outlined in this document.

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#### Editor

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by the Board of Directors of**

**the College of Registered Psychiatric Nurses of British Columbia**

Effective December 1, 2014

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# INTRODUCTION

## BACKGROUND

In 2013, the [Registered Psychiatric Nurse Regulators of Canada \(RPNRC\)](#), formerly the Registered Psychiatric Nurses of Canada, launched a pan-Canadian initiative with funding from the Government of Canada. The aim of the initiative was to improve the mobility and assessment of Canadian and internationally educated Registered Psychiatric Nurses (RPNs). Currently in Canada, the provinces of British Columbia, Alberta, Saskatchewan, Manitoba and the Yukon Territory regulate psychiatric nursing as a distinct profession. As part of RPNRC's initiative, the four provincial jurisdictions collaborated to develop national entry-level [competencies](#) for Registered Psychiatric Nurses in Canada.

This document sets out the entry-level competencies. The development of national entry-level competencies increases consistency among the jurisdictions in Canada that regulate Registered Psychiatric Nurses. This consistency supports the [psychiatric nursing regulatory authorities](#) in meeting the mobility obligations identified in Canada's Agreement on Internal Trade. National entry-level competencies can also support the future regulation of the profession in Canada.

As each regulating jurisdiction approves the 2014 Registered Psychiatric Nurse (RPN) Entry-Level Competencies document, this document will replace previous documents used to describe the entry-level competencies.

## REGISTERED PSYCHIATRIC NURSING IN CANADA

Over 5,500 Registered Psychiatric Nurses (RPNs) are now working in Canada. RPNs are autonomous professionals. They work collaboratively with [clients](#) and other health care team members to coordinate health care and provide client-centred services to individuals, families, groups and communities. RPNs focus on mental and developmental health, mental illness and addictions while integrating physical health care and utilizing bio-psycho-social and spiritual models for a holistic approach to care. The practice of psychiatric nursing occurs within the domains of direct practice, education, administration and research.

The core of psychiatric nursing practice is therapeutic communication and the [therapeutic relationship](#). Emotion, behaviour and cognition are a major focus in psychiatric nursing practice. Many psychotherapeutic interventions are performed through the psychiatric nurse's interaction with the client (Austin & Boyd, 2010)<sup>1</sup>. Psychiatric nursing is committed to the prevention of illness and to the promotion and maintenance of optimal health, rehabilitation and [recovery](#).

The psychiatric nursing education curriculum includes, at a minimum, biological or physical sciences or both, the behavioural or social sciences or both, the humanities, and ethics and research. The competencies acquired from this body of knowledge guide the application of critical thinking, and clinical and professional [judgment](#).

## PURPOSE OF ENTRY-LEVEL COMPETENCIES

Competencies are specific and measurable descriptions of the integrated knowledge, skills, judgments and attitudes required for the successful functioning of the Registered Psychiatric Nurse (Verma, Paterson, & Medves, 2006)<sup>2</sup>. This document identifies the entry-level competencies that the average, beginning RPN requires for safe, competent and ethical practice. They reflect the profession's commitment to client-centred care and to ensuring [evidence-informed](#) psychiatric nursing practice — now and in the future.

The entry-level competencies are a guide for curriculum development and a way to assess international psychiatric nursing education programs. The entry-level competencies also increase public and employer awareness of the practice expectations of entry-level RPNs. Increased awareness provides role clarity and assists with improving the utilization of the psychiatric nursing workforce.

## ENTRY-LEVEL REGISTERED PSYCHIATRIC NURSES (RPNs)

### Graduation from an Approved Psychiatric Nursing Education Program

Entry-level RPNs have graduated from an approved psychiatric nursing education program that covers the entry-level competencies and meets the Canadian criteria for theoretical and clinical hours. Psychiatric nursing education programs must provide evidence that:

- Students are prepared to meet the entry-level competencies.
- There has been an opportunity to consolidate theoretical learning and laboratory instruction into clinical practice with clients — across the lifespan, in acute and community settings.

The psychiatric nursing education curriculum in Canada reflects contemporary, evidence-informed psychiatric nursing theory, research, education and clinical practice. The programs prepare entry-level RPNs to apply general nursing and psychiatric nursing knowledge to work with clients who have complex [psychosocial](#), mental health and physical needs. Clinical and practicum experiences in the psychiatric nursing education program provide opportunities for experiential learning of curriculum concepts and content linked to attaining the entry-level competencies.

### Context of Psychiatric Nursing Practice

Entry-level RPNs begin their practice in a variety of practice settings, with diverse populations. They are responsible for practising within the context of their legislated [scope of practice](#), the law, regulatory standards, employer policies and their individual competence. It is unrealistic to expect that an entry-level RPN will function at the same level as an experienced Registered Psychiatric Nurse.

The psychiatric nursing education program provides the foundation for RPNs to develop further competencies, once they are in practice. The practice environment plays an important role in the further consolidation of the entry-level competencies. Employers play a key role in supporting RPNs to acquire further competencies through orientation, continuing education and professional-development opportunities.

All Registered Psychiatric Nurses, including entry-level RPNs, are required to practise in accordance with approved standards of psychiatric nursing practice and codes of ethics. There is an expectation that, when they enter the profession, RPNs will initiate their involvement in their regulatory authority's continuing competence program to begin their journey toward life-long learning.

# **ENTRY-LEVEL REGISTERED PSYCHIATRIC NURSE COMPETENCIES: FRAMEWORK AND ASSUMPTIONS**

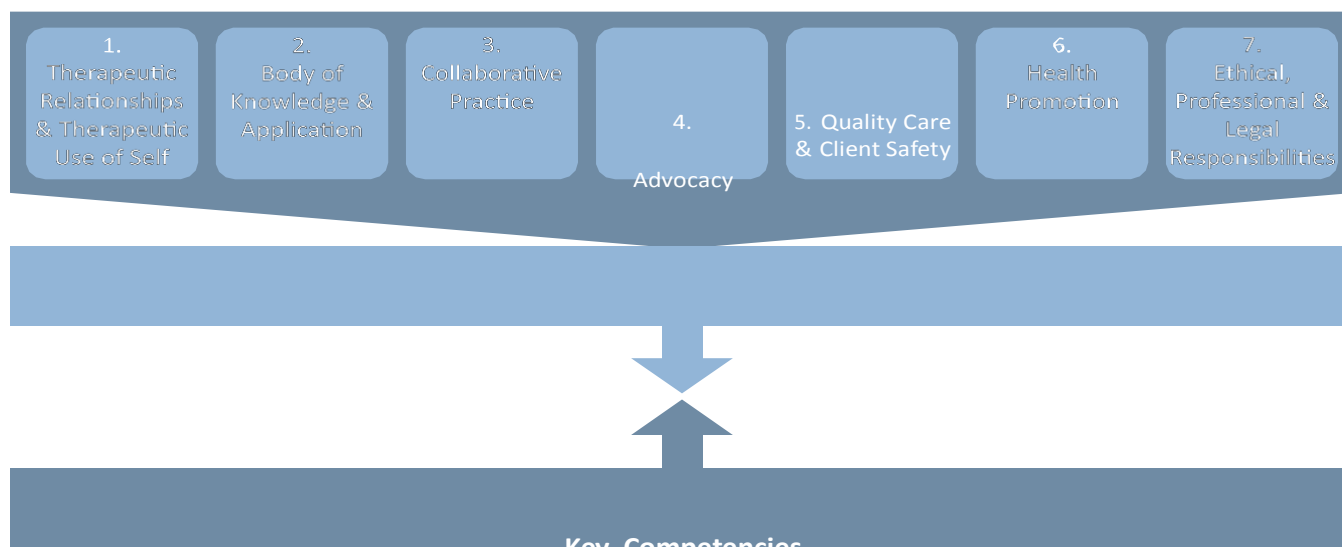


## COMPETENCY FRAMEWORK

A large and diverse group of RPNs in the regulated jurisdictions developed the entry-level competencies during a five-phase process. There was also an extensive validation process for the competencies.

The framework for developing the RPN entry-level competencies is an adaptation of the client-centred framework in use by several health professions throughout Canada and internationally. The basis for using this framework is the client-centred approach of psychiatric nursing practice. The framework has seven competency categories, each with [key competencies](#) and [enabling competencies](#), and all of equal weighting (Figure 1).

Figure 1: Competencies for entry-level RPNs



Psychiatric nursing practice involves integrating evidence-informed theory into clinical decision-making and judgment. It cannot be reduced to a list of tasks. For this reason, this document does not have extensive lists to qualify each competency. There are some examples to provide a context for a competency statement. However, the examples are neither all-inclusive nor exhaustive. If you require additional interpretation for any of the competencies, please contact the respective psychiatric nursing regulatory authorities.

The framework assumes that each competency is equally important and that all competencies be examined as a whole rather than in isolation. Safe, competent and ethical psychiatric nursing practice involves the integration and performance of several competencies at the same time.

## ASSUMPTIONS

The following 10 assumptions are the basis for the entry-level competencies for RPNs. Familiarity with these assumptions is essential to understanding the application of the competencies to the entry-level RPN in all roles and settings.

1. Entry-level Registered Psychiatric Nurses have a specialized body of knowledge of mental health and mental illness. in situations of health and illness, and with diverse populations of individuals, families, groups and communities.
2. Entry-level Registered Psychiatric Nurses have a strong foundation in communication, psychology, sociology, mental health and illness, developmental and intellectual disability, psychiatric nursing theory, research and ethics.
3. Entry-level Registered Psychiatric Nurses integrate the foundation of knowledge, skills and theories from nursing and other disciplines into psychiatric nursing practice.
4. Entry-level Registered Psychiatric Nurses have foundational knowledge from the biological and nursing sciences, and they possess a range of general medical and surgical nursing competencies.
5. Entry-level Registered Psychiatric Nurses apply critical thinking, problem solving, clinical reasoning and judgment into their professional practice.
6. Psychiatric nursing education programs prepare entry-level Registered Psychiatric Nurses to practise safely, competently and ethically in a variety of practice settings,

7. Entry-level Registered Psychiatric Nurses enter practice with competencies that are transferrable across practice settings, even though their psychiatric nursing education program may not have exposed them to all practice environments or client types.
8. Entry-level Registered Psychiatric Nurses practise autonomously, and continue to consolidate theoretical and experiential learning through collaboration, mentoring and support from the inter-professional team.
9. Entry-level Registered Psychiatric Nurses practise collaboratively and assume **leadership** roles.
10. Entry-level Registered Psychiatric Nurses practise a self-regulated profession and practise according to federal/provincial/ territorial legislation and regulation.

# **COMPETENCIES FOR ENTRY-LEVEL REGISTERED PSYCHIATRIC**



This section of the document describes seven competency areas for entry-level RPNS. For each competency area, there is a summary statement in italics, followed by key competencies in bold lettering and any enabling competencies listed under each key competency.

This document has words specific to psychiatric nursing that may not be familiar to all readers. Some words (e.g., “psychotherapy”) have no universally accepted definitions. Please see the Glossary for words that this document uses. There are hyperlinks to the glossary words within the document; hyperlinks of glossary words appearing for the first time are identified.

## 1. THERAPEUTIC RELATIONSHIPS AND THERAPEUTIC USE OF SELF

*Therapeutic use of self is the foundational instrument that Registered Psychiatric Nurses use to establish therapeutic relationships with clients to deliver care and psychosocial interventions.*

### 1.1 Apply therapeutic use of self to inform all areas of psychiatric nursing practice.

- 1.1.1 Utilize one’s personality consciously and with full awareness in an attempt to establish relationships.
- 1.1.2 Assess and clarify the influences of one’s personal beliefs, values and life experiences on interactions.
- 1.1.3 Differentiate between a therapeutic relationship and a social, romantic, sexual relationship.
- 1.1.4 Recognize, identify and validate the feelings of others.
- 1.1.5 Recognize and address the impact of [transference](#) and [countertransference](#) in the therapeutic relationship.
- 1.1.6 Demonstrate unconditional positive regard, empathy and [congruence](#) in relationships.
- 1.1.7 Monitor the communication process and adapt communication strategies accordingly by using a variety of verbal and non-verbal communication skills.
- 1.1.8 Critique the effectiveness of therapeutic use of self on others.
- 1.1.9 Engage in personal and professional development activities to enhance the therapeutic use of self.
- 1.1.10 Engage in self-care activities to decrease the risk of secondary trauma and burnout.

## **1.2 Establish a therapeutic relationship with the client.**

- 1.2.1 Develop a rapport and promote trust through mutual respect, genuineness, empathy, acceptance and collaboration.
- 1.2.2 Establish and negotiate boundaries (e.g., role and service offered, length and frequency of meetings, responsibilities) to clarify the nature, content and limits of the therapeutic relationship.
- 1.2.3 Engage with the client to explore goals, learning and growth needs (e.g., problem identification, thought exploration, feelings and behaviours).
- 1.2.4 Differentiate between therapeutic and non-therapeutic communication techniques.
- 1.2.5 Apply therapeutic communication strategies and techniques to reduce emotional distress, facilitate cognitive and behavioural change and foster personal growth (e.g., active listening, clarifying, restating, reflecting, focusing, exploring, therapeutic use of silence).

## **1.3 Maintain the therapeutic relationship.**

- 1.3.1 Engage in ongoing assessment, planning, implementation and evaluation over the course of the psychiatric nurse-client relationship.
- 1.3.2 Apply strategies, techniques and resources to meet client goals (e.g., [conflict resolution](#), crisis intervention, counselling, clinically appropriate use of self-disclosure).
- 1.3.3 Collaborate with the client to help achieve client-identified goals.
- 1.3.4 Adapt therapeutic strategies when encountering resistance and ambivalence.
- 1.3.5 Provide teaching and coaching around client goals and evaluate learning.
- 1.3.6 Dedicate time to maintain the relationship with the client.
- 1.3.7 Engage in systematic review of progress with the client.
- 1.3.8 Address the impact of transference and countertransference in the therapeutic relationship.
- 1.3.9 Engage in consultation to facilitate, support and enhance the therapeutic use of self.

## **1.4 Terminate the therapeutic relationship.**

- 1.4.1 Identify the end point of the therapeutic relationship.



- 1.4.2 Summarize the outcomes of the therapeutic relationship with the client.
- 1.4.3 Evaluate the therapeutic process and outcomes of the interventions.
- 1.4.4 Establish the boundaries of the post-therapeutic relationship.
- 1.4.5 Determine the need for follow-up and establish referral(s) accordingly.

## 2. BODY OF KNOWLEDGE AND APPLICATION

*Registered Psychiatric Nurses' practice is comprised of foundational nursing knowledge and specialized psychiatric nursing knowledge. RPNs integrate general nursing knowledge and knowledge from the sciences, humanities, research, ethics, spirituality and relational practice with specialized knowledge drawn from the fields of psychiatry and mental health. RPNs use critical inquiry and apply a decision-making process in providing psychiatric nursing care for clients.*

There are two categories under this competency:

- Evidence-informed knowledge
- Application of body of knowledge

### EVIDENCE-INFORMED KNOWLEDGE

- 2.1 Demonstrate knowledge of the health sciences, including anatomy, physiology, microbiology, nutrition, pathophysiology, [psychopharmacology](#), pharmacology, epidemiology, genetics, and prenatal and genetic influences on development.
- 2.2 Demonstrate knowledge of social sciences and humanities, including psychology, sociology, human growth and development, communication, statistics, research methodology, philosophy, ethics, spiritual care, [determinants of health](#) and [primary health care](#).
- 2.3 Demonstrate knowledge of nursing science: conceptual nursing models, nursing skills, procedures and interventions.
- 2.4 Demonstrate knowledge of current and emerging health issues (e.g., end-of-life care, substance use, vulnerable or marginalized populations).
- 2.5 Demonstrate knowledge of community, global and population health issues (e.g., immunization, disaster planning, pandemics).
- 2.6 Demonstrate knowledge of applicable informatics and emerging technologies.

**2.7 Demonstrate evidence-informed knowledge of psychopathology across the lifespan.**

2.7.1 Demonstrate knowledge of disorders of developmental health and mental health.

2.7.2 Demonstrate knowledge of resources and diagnostic tools (e.g., standardized assessment scales, *The Diagnostic and Statistical Manual of Mental Disorders*).

**2.8 Demonstrate knowledge of the disorders of addiction, as well as relevant resources and diagnostic tools (e.g., standardized screening tools, detoxification and withdrawal guidelines).****2.9 Demonstrate knowledge of therapeutic modalities (e.g., individual, family and group therapy and counselling, psychopharmacology, visualization, consumer-led initiatives).****2.10 Demonstrate knowledge of how complementary therapies can impact treatment (e.g., naturopathy, acupuncture).****2.11 Demonstrate knowledge of conceptual models of psychiatric care (e.g., Trauma-Informed Care, [Recovery Model](#), [Psychosocial Rehabilitation](#)).****2.12 Demonstrate evidence-informed knowledge of the impact of social, [cultural](#) and family systems on health outcomes.****2.13 Demonstrate knowledge of interpersonal communication, therapeutic use of self and therapeutic relationships.****2.14 Demonstrate knowledge of the dynamic of interpersonal abuse (e.g., child, spousal or elder abuse).****2.15 Demonstrate knowledge of mental health legislation and other relevant legislation (e.g., privacy laws).****APPLICATION OF BODY OF KNOWLEDGE****2.16 Conduct a comprehensive client assessment.**

2.16.1 Select an evidence-informed framework applicable to the type of assessments required

(e.g., bio-psychosocial, cultural model, community assessment model, multi-generational family assessment).

2.16.2 Perform holistic assessment (e.g., physical, mental health, social, spiritual, developmental and cultural).

2.16.3 Perform an in-depth psychiatric evaluation (e.g., suicide, history of violence, trauma, stress, mental status, self-perception, adaptation and coping, substance use and abuse).

2.16.4 Collaborate with the client to identify health strengths and goals.

**2.17 Formulate a clinical judgment based on the assessment data (e.g., nursing diagnosis, psychiatric nursing diagnosis).**

2.17.1 Identify psychiatric signs and symptoms that are commonly associated with psychiatric disorders, using current nomenclature (e.g., *The Diagnostic and Statistical Manual of Mental Disorders*).

2.17.2 Identify clinical indicators that may negatively impact the client's well-being (e.g., pain, hyperglycemia, hypertension).

2.17.3 Incorporate data from other sources (e.g., laboratory tests, collateral information).

2.17.4 Use critical thinking to analyze and synthesize data collected to arrive at a clinical judgment.

**2.18 Collaborate with the client to develop a treatment plan to address identified problems, minimize the development of complications, and promote functions and quality of life.**

2.18.1 Discuss interventions with the client to achieve client-directed goals and outcomes (e.g., promote health, prevent disorder and injury, foster rehabilitation and provide palliation).

2.18.2 Plan care using treatment modalities such as [psychotherapy](#) and psychopharmacology.

2.18.3 Propose a plan for self-care that promotes client responsibility and independence to the maximum degree possible (e.g., relaxation techniques, stress management, coping skills, community resources, complementary and alternative therapies).

**2.19 Implement a variety of psychiatric nursing interventions with the client, according to the plan of care.**

2.19.1 Assess the ethical and legal implications of the interventions before providing care.

2.19.2 Perform required nursing interventions to address physical conditions, including, but

not limited to, intravenous therapy and drainage tubes, skin and wound care, metabolic screening and management of withdrawal symptoms.

2.19.3 Perform safe medication administration by a variety of methods (e.g., oral, parenteral).

2.19.4 Provide complex psychiatric nursing interventions (e.g., facilitating group process, conflict resolution, crisis interventions, individual, group and family counselling, assertiveness training, somatic therapies, pre- and post-ECT (electroconvulsive therapy) care, milieu therapy and relaxation).

2.19.5 Provide ongoing health education and teaching to promote health and quality of life, minimize the development of complications, and maintain and restore health (e.g., social skills training, anger management, relapse prevention, assertiveness training and communication techniques).

2.19.6 Coordinate appropriate referrals and liaise to promote access to resources that can optimize health outcomes.

## **2.20 Use critical thinking and clinical judgment to determine the level of risk and coordinate effective interventions for psychiatric and non-psychiatric emergencies.**

2.20.1 Intervene to minimize agitation, de-escalate agitated behaviour and manage aggressive behaviour in the least restrictive manner.

2.20.2 Intervene to prevent self-harm or minimize injury related to self-harm.

2.20.3 Conduct an ongoing suicide risk assessment and select an intervention from a range of evidence-informed suicide prevention strategies (e.g., safety planning, crisis intervention, referral to alternative level of care).

2.20.4 Apply crisis intervention skills with clients experiencing acute emotional, physical, behavioural, and mental distress (e.g., loss, grief, victimization, trauma).

2.20.5 Recognize and intervene to stabilize clients experiencing medical emergencies (e.g., shock, hypoglycemia, management of neuroleptic malignant syndrome, cardiac events).

## **2.21 Collaborate with the client to evaluate the effectiveness and appropriateness of the plan of care.**

2.21.1 Collect, analyze and synthesize data to evaluate the outcomes from the plan of care.

2.21.2 Use a critical inquiry process to continuously monitor the effectiveness of client care in

relation to anticipated outcomes.

2.21.3 Solicit the client's perception of the nursing care and other therapeutic interventions that were provided.

2.21.4 Modify and individualize the plan of care in collaboration with the client and according to evaluation findings.

### 3. COLLABORATIVE PRACTICE

*Registered Psychiatric Nurses work in collaboration with team members, families and other stakeholders to deliver comprehensive psychiatric nursing care in order to achieve the client's health goals.*

#### 3.1 Establish and maintain professional relationships that foster continuity and client-centred care.

3.1.1 Use interpersonal communication skills to establish and maintain a rapport among team members.

3.1.2 Share relevant information with team members, clients and stakeholders in a timely manner.

3.1.3 Promote collaborative and informed shared decision-making.

#### 3.2 Partner effectively with team members in the delivery of client-centred care.

3.2.1 Demonstrate knowledge of the roles, responsibilities and perspectives of team members and stakeholders.

3.2.2 Inform stakeholders of the roles and responsibilities of psychiatric nursing and the perspectives of the Registered Psychiatric Nurse when required.

3.2.3 Engage participation of additional team members as required.

3.2.4 Accept leadership responsibility for coordinating care identified by the team.

#### 3.3 Share responsibility for resolving conflict with team members.

3.3.1 Identify the issues that may contribute to the development of conflict.

3.3.2 Recognize actual or potential conflict situations.

3.3.3 Employ effective conflict-resolution and reconciliation approaches and techniques.

3.3.4 Negotiate to mitigate barriers in order to optimize health care outcomes.

## 4. ADVOCACY

*Registered Psychiatric Nurses use their expertise and influence to support their clients to advance their health and well-being on an individual and community level.*

### 4.1 Collaborate with clients to take action on issues that may impact their health and well-being.

4.1.1 Advocate for needed resources that enhance the client's quality-of-life services and social inclusion (e.g., housing, accessibility, treatment options, basic needs).

4.1.2 Inform clients of their rights and options (e.g., appeals, complaints).

4.1.3 Support the client's right to informed decision-making (e.g., treatment plan, treatment orders).

4.1.4 Support client autonomy and right to choice (e.g., right to live at risk).

4.1.5 Promote the least restrictive treatment and environment.

### 4.2 Promote awareness of mental health and addictions issues by providing accurate information and challenging negative attitudes and behaviour that contribute to stigma and discrimination.

### 4.3 Collaborate with others to take action on issues influencing mental health and addictions.

4.3.1 Demonstrate knowledge and understanding of demographic and socio-political environments.

4.3.2 Recognize the impact of mental illness and stigma on society and the individual.

4.3.3 Recognize attitudes and behaviours that contribute to stigma.

4.3.4 Provide education to the community about mental health and addictions.

4.3.5 Engage with stakeholders and the community to promote mental health and wellness.

- 4.3.6 Engage in addressing social-justice issues at an individual or community level (e.g., poverty, marginalization).

## 5. QUALITY CARE AND CLIENT SAFETY

*Registered Psychiatric Nurses collaborate in developing, implementing and evaluating policies, procedures and activities that promote quality care and client safety.*

### 5.1 Use reflective practice and evidence to guide psychiatric nursing practice.

- 5.1.1 Reflect on and critically analyze practice (e.g., journaling, supervision, peer review) to inform and change future practice.
- 5.1.2 Reflect on current evidence from various sources and determine relevance to client need and practice setting (e.g., published research, clinical practice guidelines, policies, decision-making tools).
- 5.1.3 Integrate evidence into practice decisions to maximize health outcomes.
- 5.1.4 Evaluate the effectiveness of the evidence in practice.

### 5.2 Engage in practices to promote physical, environmental and psychological safety.

- 5.2.1 Recognize potential risks and hazards, including risk for suicide and violence.
- 5.2.2 Use recognized assessment tools to address potential risks and hazards (e.g., medication reconciliation, client falls-assessment tool).
- 5.2.3 Implement interventions to address potential risks and hazards (e.g., protocols, clinical practice guidelines, decision-making tools).
- 5.2.4 Evaluate the effectiveness of the interventions in practice.
- 5.2.5 Report and document safety risks and hazards.
- 5.2.6 Identify and address occupational hazards related to working with unpredictable behaviours, such as violence and suicide (e.g., burnout, secondary traumatization).

### 5.3 Integrate cultural awareness, safety and sensitivity into practice.

- 5.3.1 Evaluate personal beliefs, values and attitudes related to own [culture](#) and others' culture.



- 5.3.2 Explore the client's cultural needs, beliefs, practices and preferences.
- 5.3.3 Incorporate the client's cultural preferences and personal perspectives into the plan of care when applicable.
- 5.3.4 Adapt communication to the audience while considering social and cultural diversity based on the client's needs.
- 5.3.5 Engage in opportunities to learn about various cultures (e.g., talking to client, attending cultural events and courses).
- 5.3.6 Incorporate knowledge of culture and how multiple identities (e.g., race, gender, ethnicity, sexual orientation, disability) shape one's life experience and contribute to health outcomes.

## 6. HEALTH PROMOTION

*Registered Psychiatric Nurses use their expertise to promote the physical and mental health of clients to prevent disease, illness and injury.*

### 6.1 Engage in health promotion and the prevention of disease, illness and injury.

- 6.1.1 Integrate knowledge of the determinants of health, health disparities and health inequities when assessing health promotion needs.
- 6.1.2 Develop and implement evidence-informed health promotion strategies and programs based on a range of theories and models (e.g., Stages of Change, Health Belief Model, Social Learning Theory).
- 6.1.3 Select and implement evidence-informed interventions to promote health and prevent disease, illness and injury (e.g., health communication, health education, community action, immunization, harm reduction).
- 6.1.4 Engage clients to seek out or develop resources that promote health (e.g., support groups, exercise programs, spiritual organizations).
- 6.1.5 Contribute to the development of policies and standards that support health promotion, and prevent disease, illness and injury (e.g., falls prevention, medication reconciliation, prevention and management of aggressive behaviour, cultural sensitivity).
- 6.1.6 Advocate for health-promoting health care systems and environments.

### 6.2 Engage in mental health promotion when collaborating with clients.

- 6.2.1 Integrate knowledge of determinants of health in the assessment process (e.g., social inclusion, discrimination, economic resources, violence).

- 6.2.2 Recognize the impact that the interrelationship of comorbid physical and mental health issues have on overall health (e.g., diabetes, cardiovascular disease, cancer, obesity).
- 6.2.3 Gather information about biological, psychological, spiritual, social and environmental risk and protective factors specific to mental health during the assessment process (e.g., metabolic status, exposure to violence, support systems).
- 6.2.4 Incorporate strategies into health care planning that strengthen protective factors and enhance resilience (e.g., principles of recovery, psychosocial rehabilitation, holistic care, cultural continuity).
- 6.2.5 Contribute to the development of policies and standards that support mental health promotion (e.g., preventing and minimizing restraint and seclusion, promoting client autonomy).

### **6.3 Engage in the prevention of mental illness, and substance-related and behavioural addictions, when collaborating with clients.**

- 6.3.1 Use a variety of strategies to address stigma and discrimination around mental health and addictions issues (e.g., acting as a positive role model, reflective practice, engaging communities in dialogue, responding to media portrayal of mental illness, addressing stigmatizing and discriminatory language, promoting social change, participation and inclusion).
- 6.3.2 Recognize and address the impact of societal factors that contribute to mental health and addictions issues (e.g., abuse, poverty, trauma).
- 6.3.3 Incorporate strategies into health care planning that reduce risk (e.g., smoking cessation, responsible substance use, strengthening community networks, violence prevention, healthy childhood development, stress management, increasing social capital, responsible gambling).
- 6.3.4 Incorporate trauma-informed philosophies and best practices into health care planning.
- 6.3.5 Assist clients to gain insight into the relationship between mental illness and addictions.
- 6.3.6 Integrate harm-reduction philosophies and best practices into health care planning (e.g., methadone maintenance, needle exchange, safe sex, nicotine replacement therapy).
- 6.3.7 Engage and empower clients to seek out and/or develop resources that support relapse prevention (e.g., self-help groups, Alcoholics Anonymous®, Narcotics Anonymous®, Gamblers Anonymous®).
- 6.3.8 Contribute to the development of policies and standards that support the prevention of mental illness and addictions (e.g., alcohol use during life stages, smoke-free environment,

workplace health, suicide awareness).

#### **6.4 Engage in suicide prevention when collaborating with clients.**

- 6.4.1 Identify individuals, groups, communities and special populations that are at risk for suicide.
- 6.4.2 Collaborate with communities in suicide prevention and [postvention](#) activities (e.g., skill building, anti-bullying programs, school-based education).

### **7. ETHICAL, PROFESSIONAL AND LEGAL RESPONSIBILITIES**

*Registered Psychiatric Nurses practice within legal requirements, demonstrate professionalism and uphold professional codes of ethics, standards of practice, bylaws and policies.*

#### **7.1 Practice in compliance with federal and provincial/territorial legislation and other legal requirements.**

- 7.1.1 Demonstrate knowledge of the legislation governing psychiatric nursing practice.
- 7.1.2 Adhere to the psychiatric nursing code of ethics, standards of practice and bylaws of the regulatory authority.
- 7.1.3 Practice within the jurisdiction's legislated scope of practice for psychiatric nurses and understand that the scope of practice may be influenced by limits and conditions imposed by the regulatory authority, employer policies and the limits of individual competence.
- 7.1.4 Adhere to and apply the jurisdiction's mental health legislation.
- 7.1.5 Adhere to and apply other relevant legislation that has an impact on practice.
- 7.1.6 Protect client confidentiality and adhere to relevant legislation that governs the privacy, access, use, retention and disclosure of personal information.
- 7.1.7 Adhere to legal requirements regarding client consent.
- 7.1.8 Adhere to any legislated duty to report, including the duty to report abuse or to report unprofessional or unsafe practice, or the risk of such.
- 7.1.9 Adhere to standards and policies regarding proper documentation, including being timely, accurate, clear, concise and legible.

## **7.2 Assume responsibility for upholding the requirements of self-regulation in the interest of public protection.**

- 7.2.1 Accept responsibility for own actions, decisions and professional conduct.
- 7.2.2 Practice within own level of competence and use professional judgment when accepting responsibilities, including seeking out additional information or guidance when required.
- 7.2.3 Demonstrate an understanding of the regulatory purpose of own governing body and the significance of participating in professional activities of a regulatory nature.
- 7.2.4 Demonstrate an understanding of the significance of fitness to practice in the context of public protection, and strive to maintain a level of personal health, mental health and well-being in order to provide safe, competent and ethical care.
- 7.2.5 Question orders, decisions or actions that are unclear or inconsistent with positive client outcomes, best practices, health and safety standards or client wishes.
- 7.2.6 Protect clients and take steps to prevent or minimize harm from unsafe practices.
- 7.2.7 Engage in a process of continuous learning and self-evaluation, including following the requirements of the regulatory authority's continuing competence program.

## **7.3 Demonstrate a professional presence and model professional behaviour.**

- 7.3.1 Conduct oneself in a manner that promotes a positive image of the profession.
- 7.3.2 Respond professionally, regardless of the behaviour of others.
- 7.3.3 Articulate the role and responsibilities of a Registered Psychiatric Nurse.
- 7.3.4 Practise within agency policies and procedures, and exercise professional judgment when using these, or in the absence of agency policies and procedures.
- 7.3.5 Organize and prioritize own work and develop time-management skills for meeting responsibilities.
- 7.3.6 Demonstrate initiative, curiosity, flexibility, creativity and beginning self-confidence.
- 7.3.7 Demonstrate professional leadership (e.g., act as a role model, coach and mentor to others, support knowledge transfer, engage in professional activities).

**7.4 Uphold and promote the ethical values of the profession.**

- 7.4.1 Conduct oneself in a manner that reflects honesty, integrity, reliability and impartiality.
- 7.4.2 Avoid situations that could give rise to a conflict of interest and ensure that the vulnerabilities of others are not exploited for one's own interest.
- 7.4.3 Identify the effects of one's own values, biases and assumptions on interactions with clients and other members of the health care team.
- 7.4.4 Recognize ethical dilemmas and implement steps toward a resolution.
- 7.4.5 Differentiate between personal and professional relationships and maintain the boundaries of the psychiatric nurse-client relationship (e.g., addressing power differentials, use of personal disclosure).

# GLOSSARY

**Client:** The client may be an individual, family, group, community or population.

**Collaborative Practice:** In healthcare, occurs when multiple health workers from different professional backgrounds provide comprehensive services by working with patients, their families, careers and communities to deliver the highest quality of care across settings. Practice includes both clinical and nonclinical health-related work, such as diagnosis, treatment, surveillance, health communications and management (World Health Organization, 2010)<sup>3</sup>.

**Competencies:** The integrated knowledge, skills, judgment and attitudes required by a Registered Psychiatric Nurse to practise competently, ethically and safely (Verma, Paterson & Medves, 2006)<sup>4</sup>.

**Conflict Resolution:** The various ways in which individuals or institutions address conflict (e.g., interpersonal, work) in order to move toward positive change and growth. Effective conflict resolution requires critical reflection, diplomacy and respect for diverse perspectives, interests, skills and abilities.

**Congruence:** Agreement between the feelings and attitudes a therapist is experiencing and his or her professional demeanour, also known as genuineness (Corsini & Wedding, 2008)<sup>5</sup>.

**Countertransference:** The nurse's reactions to a [client](#) that are based on the nurse's unconscious needs, conflicts, problems and views of the world (Austin & Boyd, 2010)<sup>6</sup>.

**Culture:** The shared beliefs, values and practices of a group that shape a member's thinking and behaviour in patterned ways. Culture can also be viewed as a blueprint for guiding actions that impact care, health and well-being (Halter, 2014)<sup>7</sup>.

**Determinants of Health:** The health of individuals is determined by a person's social and economic factors, the physical environment and the person's individual characteristics and behaviour. The determinants include income and social status; social support networks; education and literacy; employment/working conditions; social environments; physical environments; personal health practices and coping skills; healthy child development; biology and genetic endowment; health services; gender; and [culture](#) (Public Health Agency of Canada, 2013)<sup>8</sup>.

**Enabling Competency:** The sub-element or key ingredient to achieving a [key competency](#).

**Evidence-Informed Practice:** Requires that decisions about health care are based on the best available, current, valid and relevant evidence. These decisions should be made by those receiving care, informed by the tacit and explicit knowledge of those providing care, within the context of available resources (Dawes et al., 2005)<sup>9</sup>-(see [evidence-informed decision-making](#)).

**Evidence-Informed Decision-Making:** The purposeful and systematic use of the best available evidence to inform the assessment of various options and related decision-making in practice, program development and policy making (Oncology Advanced Practice Nursing, 2010)<sup>10</sup> (see [evidence-informed practice](#)).

**Health Promotion:** The process of enabling people to increase control over, and to improve, their health. It moves beyond a focus on individual behaviour toward a wide range of social and environmental interventions (World Health Organization, 2014)<sup>11</sup>.

**Key Competency:** The important outcome objective (i.e., what is to be achieved or performed) in relation to a competency (see competencies).

**Judgment:** The evaluation of evidence to make a clinical decision. In the context of psychiatric nursing, it includes the initial reaction of the Registered Psychiatric Nurse to the [client](#). It is the ability to make critical distinctions and achieve a balanced viewpoint.

**Leadership:** The effort by leaders who may, but do not necessarily, hold formal positions of authority to engage followers in the joint pursuit of mutually agreed-upon goals (Kellerman, 1999)<sup>12</sup>.

**Mental Health Promotion:** Situated within the larger field of [health promotion](#), alongside the prevention of mental disorders and the treatment and rehabilitation of people with mental illness and disabilities. Like health promotion, mental health promotion involves actions that support people to adopt and maintain healthy lifestyles that create supported living conditions or environments (World Health Organization, 2004)<sup>13</sup>.

**Postvention:** An intervention conducted after a crisis event, largely taking the form of support for those affected by the event.

**Primary Health Care:** An approach to health and a spectrum of services beyond the traditional



health care system. It includes all services that play a part in health, such as income, housing, education and environment. Primary care is the element within primary health care that focuses on health care services, including [health promotion](#), illness and injury prevention and the diagnosis and treatment of illness and injury (Health Canada, 2012)<sup>14</sup>.

**Psychiatric Nursing Regulatory Authorities:** In Canada, the psychiatric nursing regulatory authorities are comprised of the [College of Registered Psychiatric Nurses of Alberta \(CRPNA\)](#), the [College of Registered Psychiatric Nurses of British Columbia \(CRPNBC\)](#), the [College of Registered Psychiatric Nurses of Manitoba \(CRPNM\)](#) and the [Registered Psychiatric Nurses Association of Saskatchewan \(RPNAS\)](#). The [Yukon Ministry of Community Services](#) also regulates Registered Psychiatric Nurses.

**Psychopharmacology:** A sub-specialty of pharmacology that studies medications that affect the brain and behaviour and that are used to treat psychiatric and neurodegenerative disorders (Austin & Boyd, 2010)<sup>15</sup>.

**Psychosocial/Psychiatric Rehabilitation:** Psychosocial rehabilitation promotes personal recovery, successful community integration and satisfactory quality of life for persons who have a mental illness or mental health concern. It is a collaborative, person-directed, individualized and [evidence-informed](#) process focused on helping individuals enhance skills, and access resources needed to increase their capacity and be successful and satisfied in the living, working, learning and social environments of their choice (Psychosocial Rehabilitation Canada, 2010)<sup>16</sup>.

**Psychotherapy:** Focuses on the emotional problems expressed by the [client](#) for the purpose of changing behaviour related to the cognitive, affective and behavioural functions, and to promote insight, empathy and control. Clinicians who engage in psychotherapy use a variety of modalities and techniques and work within many different frameworks and theories to promote change. Psychotherapy may be a brief or long-term process that is centred on the depth of the relationship between the client and therapist and the therapeutic alliance.

**Recovery:** A journey of healing and transformation enabling a person with a mental health or addiction problem to live a meaningful life in a community of his or her choice, while striving to achieve his or her full potential (Psychosocial Rehabilitation Canada, 2013)<sup>17</sup>.

**Recovery Model:** A [client](#)-centred approach that stresses hope, living a full and productive life and eventual recovery. Clients partner with health care providers and aim to extend their improvement beyond stability (Halter, 2014)<sup>18</sup>.

**Scope of Practice:** Roles and functions that members of a profession are legislated, educated and authorized to perform, and for which they are held accountable.

**Therapeutic Relationship:** A relationship in which the nurse maximizes his or her communication skills, understanding of human behaviour and personal strengths to advance the [client's](#) interests, personal growth and the promotion of health and well-being.

**Therapeutic Use of Self:** A complex process of self-awareness through one's own growth and development, as well as one's interactions with others, that guides the process of developing, maintaining and terminating the therapeutic relationship.

**Transference:** The [client's](#) experience of feelings toward the nurse that were originally held toward significant others in his or her life (Halter, 2014)<sup>19</sup>.

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- 
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<sup>19</sup> Ibid.

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## Appendix B

MORE INFORMATION

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For more information on any of the topics in this document, please contact:

College of Registered Psychiatric Nurses of British  
Columbia Suite 307 - 2502 St. Johns  
Street  
Port Moody, BC V3H 2B4

Tel: 604-931-5200

Fax: 604-931-5277

[www.crpnb.ca](http://www.crpnb.ca)

# Appendix C

## Psychiatric Employment Sectors

**KWANTLEN POLYTECHNIC UNIVERSITY**  
**FACULTY OF HEALTH**  
**Bachelor of Psychiatric Nursing (BPN)**  
**Full Program Proposal**

October 2015

## Appendix C

### Hospital/Institutions

- Acute Psychiatric In-Patient Units (Adult, Adolescent and Child)
- Acute Psychiatric Stabilization Units (Adult, Adolescent and Child)
- Psychiatric Liaison (Emergency Room Assessment and Intervention)
- Neuro Psychiatry
- Forensic Nursing (Inpatient)
- Correctional Health Services
- Detox and Substance Rehabilitation Services
- Eating Disorders Inpatient
- Mental Health Administration and Clinical Practice Professionals
- Adolescent Psychiatry
- Child Psychiatry
- Geriatric Psychiatry
- Palliative care

### Community

- Assertive Case Management
- Case Management – Mental Health
- Case Management – Geriatric Psychiatry
- Psychiatric Crisis Line
- College of Registered Psychiatric Nurses of BC – Regulatory Authority
- Private Investigators
- Practice Consultation
- Practice Investigation (Compliance with Regulatory Authority)
- Car 67 and 87 Response (Psychiatric Nurses working in collaboration with police agencies)
- Eating Disorders Outpatient
- Long Term Care



# Appendix D

## CRPNBC Program Review Letters

**KWANTLEN POLYTECHNIC UNIVERSITY  
FACULTY OF HEALTH  
Bachelor of Psychiatric Nursing (BPN)  
Full Program Proposal**

October 2015



College of  
**Registered  
Psychiatric  
Nurses of BC**

September 9, 2014

Jean Nicolson-Church  
Associate Dean, Faculty of Health  
Kwantlen Polytechnic University  
12666 -72nd Avenue  
Surrey, BC, V3W 2M8

Dear Ms. Nicolson-Church:

**Re: PROGRAM REVIEW- BACHELOR OF PSYCHIATRIC NURSING**

Thank you for your participation in CRPNBC's review of the Bachelor in Psychiatric Nursing at Kwantlen Polytechnic University (KPU), including hosting the evaluators at the site visit.

After reviewing the report of the evaluators and your letter of August 18, 2014, the Registration Committee has recommended, and the Board of Directors has approved, that the Bachelor in Psychiatric Nursing program be recognized by CRPNBC for four (4) years subject to the following condition:

Kwantlen Polytechnic University will:

- 1) conduct a comprehensive review of the curriculum; and
- 2) develop an ongoing program evaluation process

in accordance with the following timelines:

- a) KPU will submit a curriculum review plan to CRPNBC by April 1, 2015;
- b) KPU will submit a report of the results of the curriculum review to CRPNBC by October 1, 2016;
- c) KPU will commence implementing changes to the curriculum, as identified in their review process, by May 1, 2017; and
- d) KPU will have an ongoing program evaluation process in place by May 1, 2017.

The Board and the Registration Committee reviewed your request for five years of recognition. However, in order to have a fair and equitable process for all programs participating in the review process, we are adhering to the guidelines set out in the *CRPNBC Recognition Process for Psychiatric Nursing Educational Programs* unless there are exceptional and compelling circumstances for doing otherwise. The CRPNBC does not think that such circumstances exist in this case.

The Board and Registration Committee value the findings in the review and would like to commend you on the numerous strengths of your program as identified by the evaluators. The evaluators also made a number of recommendations regarding how the program can better meet CRPNBC standards for psychiatric nursing educational programs. While many

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of those recommendations will be addressed through the above curriculum review and evaluation process, we encourage you to review all the recommendations found in the final report. We note some themes running through the report that we would like to comment on:

- Feedback from both faculty and students suggest that there may be a lack of positive regard within the KPU community for the BPN program, its students and faculty. We would encourage you to consider implementing strategies that proactively promote both a respectful learning environment for students and a respectful working environment for faculty.
- Feedback from both faculty and students suggest that the resources available for the program may not match the resources required, particularly with regard to faculty. We recognize that the work involved in providing an educational program goes well beyond direct instruction. We hope that the curriculum review and the development of an ongoing evaluation process will provide information to substantiate the needs of the program.
- We note the program identifies a special focus in the areas of forensics, community, and advanced practice. With respect to the last area of focus, we are concerned that an entry to practice RPN might perceive him or herself to be ready for advanced practice. We believe this is an unrealistic expectation, or that the naming may be incorrect. With regard to the other two areas, we were unable to determine how many practice hours were dedicated to a special focus and how many hours contributed to other specific areas, such as acute care psychiatric nursing. It is difficult to determine the breadth of practice opportunities, especially due to the classification of some of the practice sites. We hope that the curriculum review and the development of an ongoing evaluation process will provide data to reflect this information.
- We had some discussion around the fact that it appears as though the only course related to First Nations is an elective and not specific to health. Given the current focus on Aboriginal health, both in BC and at a national level, we are interested in ensuring that graduates are adequately prepared for providing mental health care within the context of Aboriginal health.
- The evaluators identified an issue regarding consistency of language in the program documentation, which may stem from the fact that many of the documents were borrowed from the Bachelor of Science in Nursing (BSN) program. With the maturation of the BPN program, a thorough review of the documentation to ensure the language used reflects the philosophy, values and objectives of the BPN program would be desirable.

You have the right to apply for a reconsideration of the decision for program recognition made by CRPNBC. The application must outline clearly and in detail the reasons why reconsideration is justified. The application must be filed within thirty (30) calendar days of receipt of the program recognition decision. The recognition status of the program as approved by CRPNBC is maintained until the disposition of the reconsideration.

Please consider this letter as official notice that your next program review will take place in the third quarter of 2018, so long as the conditions mentioned above have been successfully met. If the condition is not met, this matter will be referred back to the Registration Committee and Board of Directors to determine a shorter time frame for the next review.

Congratulations on a successful program review. We value the contribution that Kwantlen Polytechnic University makes to psychiatric nursing.

Respectfully yours,

A handwritten signature in black ink, appearing to read 'Kyong-ae Kim', with a stylized flourish at the end.

Kyong-ae Kim (Ms.), LL.B.  
Executive Director/Registrar

Kyong-ae Kim  
Executive Director/Registrar  
College of Registered Psychiatric Nurses of BC

March 31, 2015

Dear Ms. Kim

**RE: Kwantlen Polytechnic University (KPU) Bachelor of Psychiatric Nursing (BPN):  
Curriculum Review Plan**

In accordance with your letter dated September 9, 2014 this letter addresses the condition regarding our full curriculum review plan and serves as an update on how this review is progressing.

As you may be aware, the KPU Faculty of Health (FoH) is undergoing a review of how programing is offered. A Health Foundation Year (HF), which is generic to the FoH degree and diploma programs, is being developed as part of an institutional-wide Transitions project. This is synchronous with the BPN curriculum review. When the Transitions Plan is implemented, students will enter the FoH, taking HF courses, and declare to progress into the BPN program of study after having completed 16 credits from the HF. Students coming in to the May, 2016 BPN intake will follow this process.

In addition to the required changes identified during the review process, the development of the HF year is significantly changing how the BPN program is delivered. The program must also adjust and modify the courses across the remaining six semesters to enable students to progress from semester two of the HF into semester three, year two of the BPN program, meet the professional competencies required to graduate as an eligible psychiatric nurse graduate, and pass the national licensing exam. A redesigned program will require significant changes and new courses must be developed for students to meet their learning outcomes.

During the fall of 2014 the BPN faculty reviewed their existing philosophy and has nearly completed the new philosophy revision which will help inform our curriculum development phase. In February, 2015, the team spent a few days together to finalize a new skeleton framework for our new design which will have students enter the BPN program at semester three, having successfully completed the HF year. A number of additional new courses are



expected to be developed which will strengthen the BPN program. The framework, and accompanying memo to our Senate Sub-Committee on Curriculum is attached to this letter.

The curriculum review phase will continue through the summer semester and be completed by September, 2015. New and existing course outlines will then move through the University Senate course outline review processes for approval. The new course curriculum development will continue through the fall, 2016, with the intent to offer the new courses commencing May 2017.

The implementation phase of the redeveloped BPN program is on track for implementation in May 2017.

Please do not hesitate to contact us should you have any questions or concerns.

Sincerely,

Jacquelyne Keath, PhD  
Curriculum Coordinator, BPN program, KPU

A handwritten signature in cursive script that reads "Jean Nicolson-Church".

Jean Nicolson-Church, PhD  
Associate Dean, Faculty of Health, KPU

A handwritten signature in cursive script that reads "Tru Freeman".

Tru Freeman, PhD  
Dean, Faculty of Health, KPU

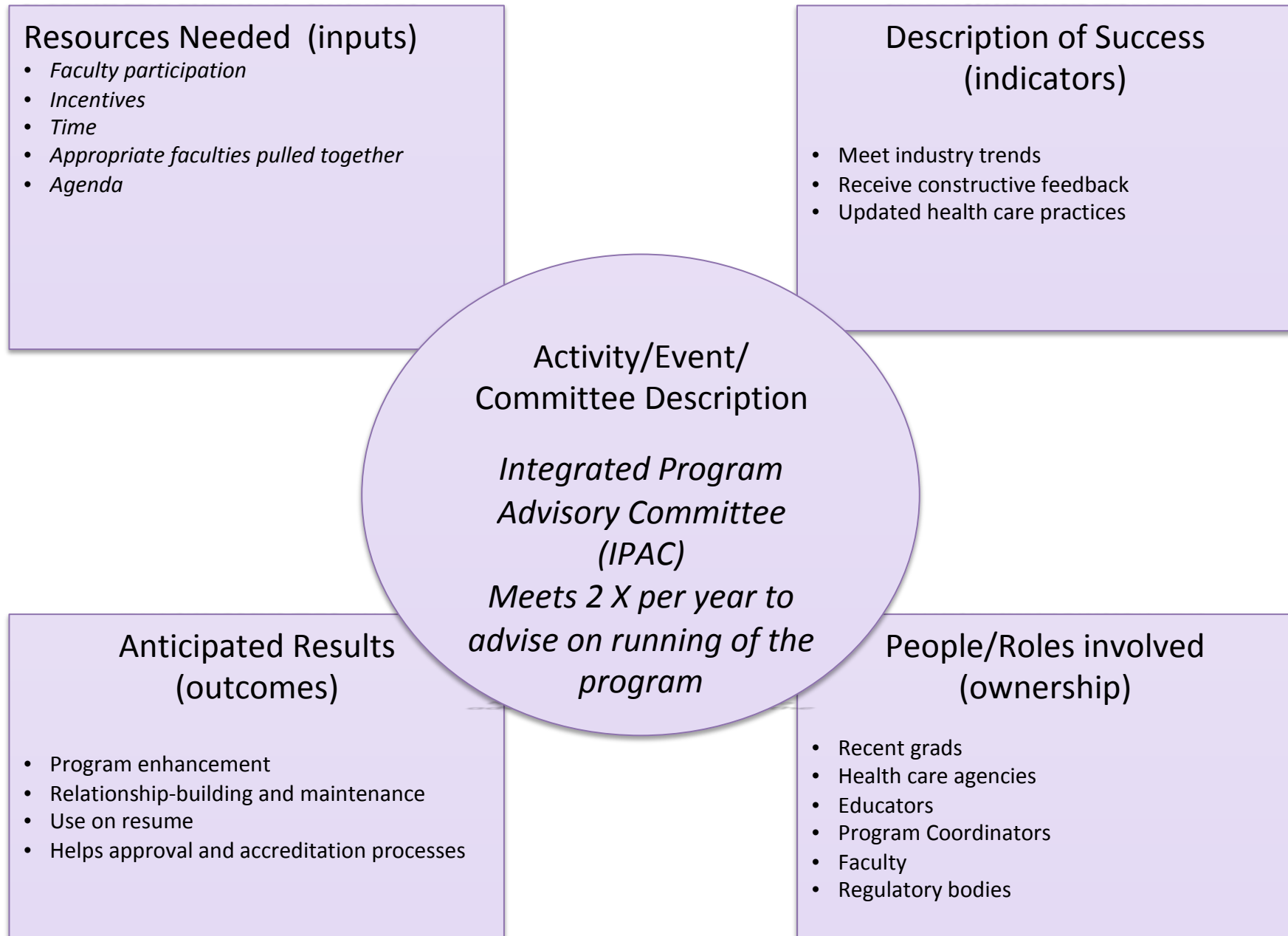
# Appendix E

## FoH IPAC Committee Structure

**KWANTLEN POLYTECHNIC UNIVERSITY**  
**FACULTY OF HEALTH**  
**Bachelor of Psychiatric Nursing (BPN)**  
**Full Program Proposal**

October 2015

**APPENDIX E**  
**IPAC Committee Structure**





# Appendix F

## Letters of Support for the BPN Program

**KWANTLEN POLYTECHNIC UNIVERSITY**  
**FACULTY OF HEALTH**  
**Bachelor of Psychiatric Nursing (BPN)**  
**Full Program Proposal**

October 2015



From: Kyong-ae Kim <KKim@crpnbc.ca>  
Sent: May 7, 2015 14:50  
To: Tru Freeman  
Cc: Jean Nicolson-Church  
Subject: Kwantlen Curriculum Changes to BPN Program

Dear Ms. Freeman:

I understand that the Ministry of Advanced Education has asked for confirmation that CRPNBC supports the curriculum changes currently underway with the BPN program.

As you know, a curriculum review and changes to the BPN program were part of the conditions established by CRPNBC for continued recognition of the program. While we have yet to see the details of the proposed changes, we are aware of and support the process of curriculum revision being undertaken by Kwantlen. If you or the Ministry of Advanced Education require anything further, please do not hesitate to let me know.

Kind regards,

Kyong-ae Kim, LL.B. (Ms)    Executive Director/Registrar  
College of Registered Psychiatric Nurses of British Columbia  
#307 - 2502 St. Johns Street  
Port Moody, BC V3H 2B4  
T: 604.931.5200, ext. 104  
F: 604.931.5277  
Toll-free: 1.800.565.2505  
[kkim@crpnbc.ca](mailto:kkim@crpnbc.ca) [www.crpnb.ca](http://www.crpnb.ca)

*Regulating psychiatric nurses to ensure safe and ethical care*

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Please consider the environment before printing this email.



May 28, 2015

Jean Nicolson-Church PhD, RN  
Associate Dean, Faculty of Health  
Kwantlen Polytechnic University

Email: jean.nicolson-church@kpu.ca

**RE: Letter of Support for Kwantlen Polytechnic University Nursing Programs**

To Whom It May Concern:

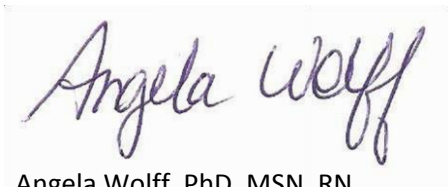
As you may be aware, Kwantlen Polytechnic University is currently undergoing substantial curricular review and revision for their four year Bachelor of Science in Nursing (BSN) and Bachelor of Psychiatric Nursing (BPN) programs. One significant change includes a core Health Foundation (HF) year as prerequisite for nursing-specific courses. It is my understanding that the programs will still consist of four years of study across eight semesters in a cohort model. As well, both programs will continue to offer a degree as recognized by the College of Registered Nurses of British Columbia (CRNBC) or the College of Registered Psychiatric Nurses of British Columbia (CRPNBC). Due to the implementation of a core HF year, all other courses must be adjusted and modified across the remaining six semesters.

Despite these changes, it is my understanding that the numbers of students enrolled in the programs will not change. Annually, the BSN program will continue to take in two cohorts of 32 students each (January and September) and the BPN program will continue to have one cohort of 40 students (May). The total number of students is 104 students per year that are supported in each of the three years that have practice education experiences (312 students in the entire program). We anticipate that the Fraser Health Authority will continue to partially support the clinical practice component of the Kwantlen Polytechnic University nursing programs as it has always done. The core aspects of this support include an Affiliation agreement, the use of the Health Sciences Placement Network, the Provincial Practice Education Guidelines, and the Fraser Health Authority policies.

The Fraser Health Authority appreciates the opportunity to support student practice education. We look forward to our continued partnership with Kwantlen Polytechnic University. If you require additional information I can be

reached at [angela.wolff@fraserhealth.ca](mailto:angela.wolff@fraserhealth.ca) or 604-897-9207.

Sincerely,

A handwritten signature in dark ink that reads "Angela Wolff". The signature is written in a cursive, flowing style.

Angela Wolff, PhD, MSN, RN  
Director, Clinical Professional Development

Professional Practice  
[Fraser Health](#)  
[Suite 400, 13450 102<sup>nd</sup> Avenue](#)  
[Surrey, BC V3T 0H1](#)



To Whom It May Concern:

As you may be aware, Kwantlen Polytechnic University (KPU) is currently undergoing substantial curricular review and revision for our four year Bachelor of Science in Nursing (BSN) and Bachelor of Psychiatric Nursing (BPN) programs. One significant change is to include a core Health Foundation (HF) year as prerequisite for nursing-specific courses.

Currently, both the BSN and BPN programs consist of four years of study across eight semesters in a cohort model. Students enter directly into year one of each respective program. With the redevelopment of the curricula, students will enter the Faculty of Health (FoH), taking HF courses; both programs will continue to offer a four year degree as recognized by the College of Registered Nurses of British Columbia (CRNBC) or the College of Registered Psychiatric Nurses of British Columbia (CRPNBC), respectively.

The implementation of the HF year will change how both programs are delivered. The programs must adjust and modify all courses across the remaining six semesters to enable students to progress from semester two of the HF into semester three, year two of the BSN or BPN program, meet the professional competencies required to graduate as a nurse or psychiatric nurse and pass the respective national licensing exam. This HF year will not only give students a chance to decide if nursing is really for them, but it will also enable them to complete Biology, a course that often proves extremely challenging and creates attrition in the program.

The remaining courses in both programs will be revised to continue to educate nurses to work with individuals, families, groups and communities from a health promotion/wellness perspective to develop students' critical thinking and leadership skills.

Annually, the BSN program will continue to take in two semesters of 32 students each (in January and September) and the BPN program will continue to have one intake of 40 students each May.



**EMPLOYEE ENGAGEMENT  
CLINICAL EDUCATION**  
601 W. Broadway, 10<sup>th</sup> Floor  
Vancouver, BC V5Z 4C2  
Direct: 604-875-5459  
Fax: 604-875-4761  
Email: [heather.straight@vch.ca](mailto:heather.straight@vch.ca)

In the future, the Vancouver Coastal Health Authority will continue to support the clinical practice component of the KPU nursing programs as it has always done, via the Health Service Provider network (HSPnet) and within the context of our Affiliation Agreement with KPU.

Sincerely,

A handwritten signature in black ink, appearing to read 'H. Straight', with a long horizontal flourish extending to the right.

Heather Straight  
Interim Executive Director  
Clinical Education

# Appendix G

## CRPNBC 2014/2015 Annual Registration Committee Report

**KWANTLEN POLYTECHNIC UNIVERSITY  
FACULTY OF HEALTH  
Bachelor of Psychiatric Nursing (BPN)  
Full Program Proposal**

October 2015

## Appendix G



COLLEGE OF REGISTERED PSYCHIATRIC NURSES OF B.C.

### Registration Committee Report

The CRPNBC Registration Committee is established by Section 19(1) (t) of the *Health Professions Act*, RSBC 1996, c. 183, and is accountable to the CRPNBC Board of Directors in undertaking the following responsibilities:

- Education program standards
- Education program reviews
- Registration examination protocols and guidelines
- Registration standards, process and protocols
- Registration decisions

#### Education program standards

The CRPNBC is responsible under the *Health Professions Act* for specifying those educational programs that are recognized by the CRPNBC as meeting the standards necessary to graduate students who are safe, competent and ethical to practice. The criteria used for the program reviews were the BC Standards and Indicators (2012).

#### Education program reviews

This was a very busy year in which all the psychiatric nursing programs were successfully reviewed.

Congratulations and thank you to all the programs for your support and cooperation throughout this process. Many strengths were found in all programs. The results follow:

- Douglas College diploma and degree programs received recognition by CRPNBC for four years subject to a condition that they submit a mapping of the program curriculum to the national entry-level competencies
- Kwantlen Polytechnic University has received recognition by CRPNBC for four years, with the proviso that, during this time, Kwantlen must review the curriculum and establish an ongoing program evaluation process
- Stenberg College has received recognition by CRPNBC for three years, subject to an annual report outlining progress on various requirements



## Appendix G

### Registration examination protocols and guidelines

The RPNCE is a criterion-referenced examination that is used to assess the level of competence for entry-level registered psychiatric nurses seeking licensure in Canada. It is developed in partnership with subject matter experts (SMEs) who are nominated by their regulatory authority and is administered three times per year. 2014/2015 RPNCE Statistics:

<b>Total number of Candidates:</b>	<b>203</b>
<b>Number of Candidates passing:</b>	<b>193</b>
<b>% pass</b>	<b>95</b>

### Registration standards process and protocols

National Nursing Assessment Services (NNAS) is a project involving all nursing regulators in Canada (except Quebec) to create a one-stop portal for internationally-educated nurses to apply for assessment of their foreign credentials to become a nurse in Canada. CRPNBC is working with LPN, RN and other RPN regulators to create a fair, efficient and consistent credential assessment system for all foreign-trained nurses. They apply through a one stop portal and are able to select which nursing group they will apply to, i.e., RPN, RN, LPN. All nursing regulatory bodies have been using this tool since August 2014. This means that by the time the international applicant comes before the CRPNBC all their credentials have been authenticated and compared to Canadian education. Presently there are 18 applicants awaiting documents and two who are ready for review.

Nursing Community Assessment Service (NCAS): CRPNBC is involved in this project with the other nursing regulators and the BC Care Aide Registry to develop a competency based assessment service for internationally educated nurses and care aides. Field testing and pilot of the simulation lab assessment tool will begin in August 2015. RPN assessors have been recruited and will be participating in this project.

National RPN Mobility and Assessment Project: The Registered Psychiatric Nurses of Canada received federal funding for a project to:

- 1) study the barriers and regulatory issues related to cross-Canada mobility of RPNs
- 2) develop a competency profile for RPNs to aid in the assessment of Canadian and internationally educated nurses.

As a result of this project, CRPNBC approved the *RPN Entry Level Competencies (2014)* and participated in stakeholder meetings in Halifax, Toronto and Ottawa to explore ways to remove mobility barriers to RPN practice in central and eastern Canada.

Registration Decisions:

This year the Registration Committee has dealt with:

RPNs practicing without registration, assessing credentials, examination appeals and rewrites, requests for extensions and accommodations, and assessing character and fitness to practice by those seeking registration.

## Appendix G

Other areas involving the Registration Committee include reviewing policies and procedures as developed by both the Registration Committee and the Inquiry Committee.

Registrant statistics for fiscal year 2013/14:

<b>Practicing</b>	<b>2542</b>
<b>Non-practicing</b>	<b>216</b>
<b>Total</b>	<b>2758</b>

Jurisprudence: Applicants coming from outside of BC have clinical knowledge but do not have knowledge of legislation, health profession act and bylaws of individual regulatory bodies in the province. CRPNBC is exploring a jurisprudence process for applicants outside of BC, with a projected roll-out date of an online course in January 2016. Fiona Ramsay is taking the lead on this project.

Employed Student Nurse: Recently the Ministry of Health has requested that CRPNBC work collaboratively with the health authorities on the possible implementation of an ESN policy for psychiatric nursing students that ensures safety for the public as well as for the students and their supervisors. The CRPNBC is now hard at work developing a proposed structure, including bylaw changes and new practice standards.

Membership:

Linda Moyneur (Chair), Ray Fournier, Ross Stewart, Lorraine Lyons, Raymond Scott, Irene Ralph, Donna Reynolds, Agnes Tao, Krista Gambell, Tina Dion (public member) and Barbara Lohmann (public member) and supported by CRPNBC staff members Fiona Ramsay, April Lightbown, Kyong-ae Kim. Thank you to this very dynamic and supportive committee.

Respectfully submitted,

**Linda Moyneur, RPN, RN, BPN**  
Chair, Registration Committee

# Appendix H

## Course Descriptions and Prerequisites

**KWANTLEN POLYTECHNIC UNIVERSITY**  
**FACULTY OF HEALTH**  
**Full Program Proposal**  
**Bachelor of Psychiatric Nursing (BPN)**

October 2015

## APPENDIX H

### Course Descriptions and Prerequisites

	Course No. / Name No. of Credits Pre-requisites	Course Description
<b>Health Foundation (HF 32 credits)</b>	<b>ANTH 1100</b> Social and Cultural Anthropology 3 credits	Students will study the interrelationships among culture, community and well-being. They will examine the diversity of human thought and behaviour in cross-cultural perspective. Students will focus on topics such as ethnography, gender, marriage and kinship, culture and adaptive strategies, social and political organization, religion and world view, and globalization.
	<b>BIOL 1160</b> Anatomy and Physiology 1 4 credits  <b>Prerequisites</b> BIOL 1110 or ([CHEM 1094 or CHEQ 1094 or Chemistry 11 with a grade of C+]) and (ABEB 0012 or BIOP 1012 or BIOQ 1099 or Biology 12 with a grade of C+)]	Students will study the major organ systems of the human body responsible for support, movement, circulation, respiration and digestion. They will also overview nervous and endocrine control, microbiology, and examples of drug actions and effects. Students will study these topics using a self-directed modular format.
	<b>BIOL 1260</b> Anatomy and Physiology 2 4 credits  <b>Prerequisites</b> BIOL 1160	Students will continue to study the major organ systems of the human body, focusing on the Excretory, nervous, immune and reproductive systems. Examination of these systems will include related, basic concepts in microbiology, and examples of drug actions and effects. Students will study these topics using a self-directed modular format.
	<b>ENGL 1100</b> Introduction to University Writing 3 credits  <b>Prerequisites</b> English 12 (B) or English 12 First Peoples (B) or ENGQ 1099 or ABEE 0091 or ENGP 1091 or ABEE 0092 or ABEE 0097 or ENGP 1097 or successful placement in ENGL 1100 by Kwantlen English Placement Test or an LPI Essay score of 30–Level 5 or IELTS 6.5 with no band less than 6.0 or iBT 86 with minimum writing sub-score 24 or PBT 570 with TWE 5.5 or ELST 0381 (B) & ELST 0383 (B) or ELST 0381 (B) & KIST score of 50 or higher	Students will learn to apply principles of rhetoric and critical analysis in response to selected readings, which will include examples of scholarly writing and academic argument. They will develop their writing skills through exploratory writing, academic argument, and critical analyses of material from a variety of contexts.
	<b>HEAL 1100</b>	Students will explore relevant mental health and wellness concepts. They will discuss barriers to mental health and

## APPENDIX H

### Course Descriptions and Prerequisites

	<p>Mental Wellness and Communication 3 credits</p> <p><b>*NEW COURSE*</b></p>	<p>well-being from personal, interpersonal, and organizational perspectives. Students will appreciate the significance of adaptive coping with respect to stress, emotions and life circumstances for enhanced mental health, motivation and achievement of learning outcomes. Students will also learn basic therapeutic communication skills essential for healthy relationships.</p>
	<p><b>HEAL 1150</b> Personal Care Skills – Lab 1 3 credits</p> <p><b>*NEW COURSE*</b></p>	<p>This Lab course is a foundational health course for all Faculty of Health (FoH) students to take for the Sept 2017 intake. This lab course is intended to give all FoH students exposure to the intricacies and intimacies of providing care to clients to help them make a decision that a nursing career is right for them.</p>
	<p><b>HEAL 1180</b> Introduction to Health Research 3 credits</p> <p><b>*NEW COURSE*</b></p> <p><b>Prerequisites</b> ENGL 1100 and Math 11 Pre-Calculus or Math Foundations or equivalent with a B</p>	<p>Students will understand, use and critique health care research. They will learn how to conduct literature reviews, explore various research designs and methods for both qualitative and quantitative research, and critically appraise several research studies. Students will also examine ways to apply research findings to promote evidence informed practice in the health professions. Students will work in class and/or online.</p>
	<p><b>HSCI 1115</b> Introduction to Health Science 3 credits</p> <p><b>Prerequisites</b> English 12 (B) or English 12 First Peoples (B) or ENGQ 1099 or ABEE 0091 or ENGP 1091 or ABEE 0092 or ABEE 0097 or ENGP 1097 or Kwantlen English Placement Test or an LPI Essay score of 30 – Level 5 or IELTS 6.5 with no band less than 6.0 or iBT 86 with minimum writing sub-score 24 or PBT 570 with TWE 5.5 or ELST 0381 (B) &amp; ELST 0383 (B) or ELST 0381 (B) &amp; KIST score of 50 or higher AND (MATQ 1093 or MATH 1117) or (ABEM 0011 or MATP 1011 or MATQ 1099 with a B-) or Pre-calculus 12 with a C; or Principles of Mathematics 12 with a C; or Pre-calculus 11 with a B; or Principles of Mathematics 11 with a B; or Pre-calculus 11 with a C plus</p>	<p>Students will be introduced to the multifaceted field of health science and the foundations of promoting health and wellness. Students will explore concepts of health, science and health science from a variety of perspectives including biological, clinical, cultural, environmental, political and socioeconomic. Students will be introduced to the variety of health care careers that contribute to the effective delivery of health care and the promotion of health and wellness in the community. Students will learn the benefits of well-organized cross-functional teams in generation of innovation, productivity and effective service.</p>

## APPENDIX H

### Course Descriptions and Prerequisites

	Mathematics Placement Test; or Principles of Mathematics 11 with a C plus Mathematics Placement Test; or Pre-calculus 12 with a P plus Mathematics Placement Test; or Principles of Mathematics 12 with a P plus Mathematics Placement Test; or Applications of Mathematics 12 with a C plus Mathematics Placement Test; or Applications of Mathematics 11 with a C plus Mathematics Placement Test	
	<b>PSYC 1100</b> Introduction to Psychology: Basic Process 3 credits	Students will be introduced to topics related to basic psychological processes, such as the following: the biological basis of behaviour, sensation, perception, states of consciousness, learning and memory. Students will also examine the historical and philosophical contexts behind the development of psychology and the research methods used by psychologists.
	<b>SOCI 1125</b> Introduction to Society: Processes and Structures 3 credits	Students will learn essential concepts, theoretical perspectives, and methods used in the discipline of sociology. They will explore sociological analysis on topics such as culture, socialization and social interaction, deviance, social inequality, gender and sexuality, race and ethnicity, aging, health, dis(abilities), mass media, family, education, work, religion, economy, polity, population and demography, social change, and globalization. Students will critically examine assumptions we make about social life and will develop informed views on social issues that are important in their own lives and the lives of others in local, national, and global communities.
<b>Year 2</b>	<b>Required</b>	
<b>Semester 3</b>	<b>HEAL 2150</b> Lab Practice 2 3 credits  <b>*NEW COURSE*</b>  <b>Prerequisites</b> HEAL 1150	Students will build upon foundational lab skills learned in the previous lab course by practicing skills to prepare them to care for clients in a wider variety of settings. They will practice skills in the lab and simulated setting to prepare them to care for clients who experience predictable health situations. Students will learn to manage client scenarios and perform select psychomotor skills with increased complexity using assessment, planning, implementation and evaluation of client care.
	<b>PSYN 2110</b> Essentials of Psychiatric Nursing 2 credits  <b>*NEW COURSE*</b>	Students will explore the concepts of mental health nursing through the examination of historical, social, cultural and political influences regarding mental health and wellness. They will examine the role of a mental health professional

## APPENDIX H

### Course Descriptions and Prerequisites

	<b>Prerequisites</b> Health Foundation (32 credits)	as a therapeutic agent. Students will also develop an understanding of their role in mental health.
	<b>PSYN 2125</b> Pharmacology and Other Therapeutics: Psychiatric/Mental Health Nursing 3 credits  <b>Prerequisites</b> Health Foundation (32 credits)	Students will develop, examine and apply the principles of safe medication administration. They will learn theory with a focus on classes of medications, assessments and evaluation in relation to mental health nursing within the context of acute and community care. Students will also apply the principles of theory in the lab settings in practicing the skills related to safe medication administration. Students will be introduced to a variety of drug classes and will learn about uses of drugs, pharmacologic and therapeutic effects, side effects, adverse effects, safe dosage ranges, nursing considerations, monitoring of clients, and documentation. This course may be in class and/or online.
	<b>PSYN 2130</b> Communication Psychiatric/Mental Health Nursing 3 credits  <b>*NEW COURSE*</b>  <b>Prerequisites</b> Health Foundation (32 credits)	Students will develop therapeutic communication and basic counseling skills. They will examine and discuss current approaches and modalities for counseling and psychotherapy in the context of multi-cultural, feminist, and ethical lenses. Students will study communication skills and interventions and enhance self-awareness. This course may be in class and/or online.
	<b>PSYN 2145</b> Psychiatric/Mental Health Nursing – Practice I 3 credits  <b>*NEW COURSE*</b>  <b>Prerequisites</b> Health Foundation (32 credits)	Students will begin to apply and understand concepts of health promotion, recovery, and psychosocial rehabilitation in this first level clinical practice course. They will begin to integrate knowledge and skills in caring for individuals experiencing severe and persistent mental health challenges. Students will also apply skills from lab, pharmacology and psychosocial rehabilitation in varying mental health settings.
	<b>PSYN 2160</b> Psychosocial Rehabilitation 3 credits  <b>*NEW COURSE*</b>  <b>Prerequisites</b> Health Foundation (32 credits)	Students will examine roles, relationships, challenges and interventions for individuals, families and groups as they pertain to health promotion. They will learn the principles of psychosocial rehabilitation with specific emphasis on recovery as a framework in psychiatric nursing for clients living with severe and persistent mental illness. Students will also explore the theoretical elements of group formation and dynamics for small group work. This course may be offered in class and/or online.

## APPENDIX H

### Course Descriptions and Prerequisites

Year 2	Required	
Semester 4	<b>ANTH 2163</b> Culture, Health and Well-being 3 credits  <b>Prerequisites</b> ANTH 1100	Students will investigate the interrelationships among culture, community and well-being. They will explore anthropological topics such as healing systems; culture, spirituality, and well-being; the language of distress; social suffering; and practitioner-patient interactions.
	<b>HEAL 2110</b> First Nations Health 3 credits  <b>*NEW COURSE*</b>  <b>Prerequisites</b> ANTH 1100, ENGL 1100	Students are introduced to the study of health and well-being of First Nations, Metis and Inuit (FNMI) in Canada. They will learn the history of the First Nations Health Authority and the FNMI need for multifaceted approach to strengthen health care outcomes by addressing strategies that consider the social determinants of health. Students will also explore the contemporary and historical concepts of health, and challenges to health with special consideration of the ancient cultural principles that strengthen wellness. This course may be offered in class and/or online.
	<b>PSYN 2230</b> Psychiatric/Mental Health Nursing – Health and Healing I 3 credits  <b>*NEW COURSE*</b>  <b>Prerequisites</b> PSYN 2145, 2160	Students will develop and examine personal meanings of health, healing and health promotion in the context of acute episodic health challenges. They will learn theory with a focus on holistic assessment of individuals, families, groups and communities in psychiatric and medical surgical settings. Students will learn about the assessment role of the psychiatric nurse in the Canadian health care team. Health promotion for vulnerable populations will also be explored.
	<b>PSYN 2245</b> Psychiatric/Mental Health Nursing - Practice II 4 credits  <b>*NEW COURSE*</b>  <b>Prerequisites</b> PSYN 2145, 2160	Students will begin applying theory in practice settings with clients who require acute mental health or acute medical/surgical care, treatment and intervention. Students will also focus on intermediate level communication skills while caring for clients needing acute care. This course fosters the integration of theory into practice.
	<b>HEAL 2250</b> Lab Practice 3 3 credits  <b>*NEW COURSE*</b>  <b>Prerequisites</b> HEAL 2150	Students will continue to expand and refine their psychomotor and relational practice skills and practice assessing, planning, providing and evaluating nursing care.
Year 3	Required	



## APPENDIX H

### Course Descriptions and Prerequisites

<b>Semester 5</b>	<b>PSYC 3920</b> Aging 3 credits  <b>Prerequisites</b> PSYC 1100	Students will critically examine fundamental psychological processes from mid-life onward, including current research with emphasis on physical changes, sensation and perception, work, social relationships, the self and sense of well-being. They will develop skills and awareness of issues related to working with older adults.
	<b>PSYN 3130</b> Psychiatric /Mental Health Nursing – Health and Healing II 3 credits  <b>*NEW COURSE*</b>  <b>Prerequisites</b> PSYN 2230, 2245	Students will continue to develop and refine their assessment skills and integrate, synthesize and evaluate holistic assessment of individuals, families and groups related to health promotion theory. Mental health promotion with vulnerable populations will be emphasized with a continued focus on recognition, screening, and assessment in mental health and medical surgical settings. This course may be offered in the classroom and/or online.
	<b>PSYN 3145</b> Psychiatric /Mental Health Nursing – Practice III 4 credits  <b>*NEW COURSE*</b>  <b>Prerequisites</b> PSYN 2230, 2245	Students will continue to apply theory in practice settings with clients who require acute mental health or acute medical/surgical care, treatment and intervention. Students will also focus on advanced level communication skills while caring for clients needing acute care. This course fosters the integration of theory into practice.
	<b>PSYN 3146</b> Consolidated Practice I – Medical/Surgical Nursing 3 credits  <b>Pre-Requisites</b> PSYN 3130, 3145	Students will consolidate their medical/surgical skills and knowledge in this practice course. They will focus on clients with chronic illness and/or acute illness and will consolidate knowledge and skills such as medical care, surgical wound management, intravenous therapy, focused assessment, and clinical decision-making in a variety of practice settings.
	<b>WOMN 3101</b> Conceptual Paradigms in Health: A Feminist Perspective 3 credits  <b>*NEW COURSE*</b>  <b>Pre-Requisites</b> ENGL 1100	Students will apply feminist, critical, environmental, change, and women-centred leadership theories while analyzing how patriarchal and capitalistic values affect local, regional, provincial, and national health care policy. They will examine the significance of feminist philosophies and their influence on health care. Students will also analyze classroom dynamics and interplay of power and authority structures in the classroom and in health care. This course may be in class and/or online.
<b>Semester 6</b>	<b>HEAL 3180</b> Health Research for Evidence Informed Practice 2 3 credits  <b>*NEW COURSE*</b>	Students will learn techniques commonly used in the analysis of both qualitative and quantitative data. They will engage in the process of qualitative analysis through examining qualitative data, data coding, and thematic construction. Students will also examine a range of

## APPENDIX H

### Course Descriptions and Prerequisites

	<b>Prerequisites</b> HEAL 1180	descriptive and inferential statistical approaches to quantitative analysis using a computer-based system.
	<b>PSYN 3210</b> Psychiatric/Mental Health Nursing – Global Health 3 credits  <b>Prerequisites</b> PSYN 3130, 3145, 3146	Students will be introduced to strategies that pertain to global health promotion of individuals, families, communities, and groups. They will examine the relationship between environment and health including epidemiological analysis, policy, and assessment on a local and global level. Students will also explore the relationship of health and harmony to the land, natural world, and environment, from many perspectives including Aboriginal people's perspective.
	<b>PSYN 3211</b> Issues and Trends in Psychiatric/Mental Health Nursing 3 credits  <b>Prerequisites</b> PSYN 3130, 3145, 3146	Students will explore issues, trends and strategies in health care as it relates to psychiatric nursing in Canada. They will explore ethical issues and the profession's impact on health care delivery. Students will also analyze current issues in relation to their impact on psychiatric nursing provincial, nationally and internationally. This course is hybrid and mostly online format.
	<b>PSYN 3225</b> Psychiatric/Mental Health Nursing: Leadership and Management 3 credits  <b>Prerequisites</b> PSYN 3130, 3145, 3146	Students will explore theories of psychiatric/mental health nursing leadership and related bodies of knowledge that are foundational for developing a comprehensive view of a complex and constantly changing health care delivery environment. Throughout the course, students obtain the foundation and competencies necessary to the professional psychiatric/mental health nursing leadership role. Students will also examine the effect of theories of leadership, ethics, continuous change, and culturally complex interactions of health care delivery organizations on outcomes of care. This course may be offered in class and /or online.
	<b>PSYN 3245</b> Psychiatric/Mental Health Nursing – Practice IV 4 credits  <b>*NEW COURSE*</b>  <b>Prerequisites</b> PSYN 3130, 3145, 3146	Students will apply concepts and theories to address health challenges related to crises and environmental factors. They will work with a community on an identified crisis and/or environmental health issue. Students will also have the opportunity through a wide range of placement settings to develop a proposal for the agency to enhance health promotion.
<b>Year 4</b>	<b>Required</b>	
<b>Semester 7</b>	<b>PHIL 3010</b> Healthcare Ethics 3 credits  <b>Prerequisites</b>	Students will study various ethical and meta-ethical theories and will apply them to moral dilemmas in health care at the clinical, professional, and organizational levels. They will analyze various case studies that will help them develop competence in moral reasoning as it relates to personal, professional, and societal values — including (but

## APPENDIX H

### Course Descriptions and Prerequisites

	45 credits of 1100-level courses or higher	not restricted to) the abortion and euthanasia debates, patient autonomy and the right to refuse treatment, two-tier health care, allocation of scarce resources, patient abuse and management of patient behaviour, alternative therapies, and the patient-caregiver relationship.
	<b>PSYN 4110</b> Psychiatric/Mental Health Nursing: Child and Adolescent 3 credits  <b>*NEW COURSE*</b>  <b>Prerequisites</b> PSYN 3210, 3245	Students will explore a theoretical framework for assessment and treatment of mental health issues experienced by children, adolescents and their families. They will integrate family systems, bio-psycho-social assessment, and a holistic model of health. Students will also explore cultural competency and cultural safety when working with child and adolescent clients.
	<b>PSYN 4145</b> Psychiatric/Mental Health Nursing – Consolidation 7 credits  <b>Prerequisites</b> PSYN 3210, 3245	Students will reflect on the previous six semesters with guided faculty evaluation and evaluation of psychiatric nursing competencies and liberal arts concepts. They will develop core course material based on clinical practice setting and detailed self-assessment. Students will also critically reflect on change theory, and previously learned concepts.
	<b>SOCI 3345</b> Social Policy in Context 3 credits  <b>Prerequisites</b>	Students will examine how social issues are defined, and how social policies are formulated, administered, and revised. They will explore the dynamic relationship between social policy and Canada's social structure from varying theoretical perspectives. Students will consider historical and global influences, contemporary welfare state programs, as well as ideological, social, and economic factors shaping policy formation. Note: this is a seminar course.
<b>Year 4</b>	<b>Required</b>	
<b>Semester 8</b>	<b>PSYN 4245</b> Psychiatric/Mental Health Nursing: Preceptorship (10 credits)  <b>Prerequisites</b> PSYN 4145	Students will bridge from the role of student to the role of graduate nurse in this final practicum for psychiatric / mental health nursing. They will be placed in a variety of settings with the expectation of enhancing proficiency psychiatric/mental health nursing at the entry-level for the profession. Students will work alongside a preceptor nurse and will have a faculty member as facilitator through this process.

# Appendix I

## BPN Faculty Qualifications and Specializations

**KWANTLEN POLYTECHNIC UNIVERSITY  
FACULTY OF HEALTH  
Bachelor of Psychiatric Nursing (BPN)  
Full Program Proposal**

October 2015

## APPENDIX I

### BPN Faculty Qualifications & Specializations

Faculty	Highest Credential	Internal Committees	External Committees	Expertise / Specialty
BEST, Dr. Keith	Ph.D.	FoH Research and Scholarship	Substance Use and Abuse Team (Surrey), Canadian Health Care Association (Board Member)	Leadership, Aboriginal Health, Acute Psychiatry, Community Psychiatry
DHESI, Harjit	M.S.N. Completing research for Ph.D.	50% Program Coordinator		Medical Surgical Nursing, Psychomotor Labs
IBRAHIM, Mohamed	M.Sc. Completing research for Ph.D.	FoH Research and Scholarship		Acute Psychiatry, Community Psychiatry, Research
KEATH, Dr. Jacqollyne	Ph.D.	25% Curriculum Chair 25% Health Foundation FoH Curriculum Committee HF Transitions Committee	Director – Association of Registered Psychiatric Nurses of BC (ARPNBC) Board Member – BC Coalition of Nursing Associations (BCCNA)	Leadership, Emergency Psychiatry, Child and Youth Psychiatry, Forensic, Addictions, Community MH, Curriculum Development
KROEKER, Tess	M.B.A.	FoH Chair, Research and Scholarship FoH Chair, Academic Planning and Priorities 25% Release Foundations Year Development	ARPNBC – Board Member Network for Ending Violence in Relationships (NEVR), JIBC Mental Health Consultant for Curriculum	Acute Inpatient Psychiatry, Neuropsychiatry, Forensic Psychiatry and Correctional Nursing, Developmental Disability, Acquired Brain Injury, Research, Curriculum Development

## APPENDIX I

### BPN Faculty Qualifications & Specializations

Faculty	Highest Credential	Internal Committees	External Committees	Expertise / Specialty
LUCCOCK, Dr. Marcia	Ph.D.	Admissions and Progressions Committee	City of Richmond Crime Prevention Task Force Vice President, West Richmond Community Centre	Emergency Psychiatry, Crisis Response/Intervention, Palliative Care, Spiritual Care, Nursing Informatics, Curriculum Development, Research
MORTON, Jim	M.Ed. Completing research for Ph.D.	Faculty Council Committee Admissions and Progressions Committee	CRPNBC Inquiry Committee	Inpatient Psychiatry – Acute and Chronic
RANDENI, Dr. Gamini	Ph.D.	International Education Committee	Immigration Social Services Consultant and Steering Committee, Homelessness Initiative Surrey, JIBC Mental Health Consultant for Curriculum	Forensics, Tertiary Psychiatry, Research, Program Coordination
POWER, Sue	M.A.L.	25% Academic Planning and Priorities Committee	Child and Youth Mental Health Steering Committees	Child and Adolescent Psychiatry, Addictions
VARAICH, Sundeep	M.S.N. Completing research for Ph.D.	Laboratory Committee Admissions and Progressions Committee		Medical Surgical Nursing

# Appendix J

## Program Costs and Revenues

**KWANTLEN POLYTECHNIC UNIVERSITY**  
**Faculty of Health**  
**Bachelor of Psychiatric Nursing (BPN)**  
**Full Program Proposal**

November 2015

## **Appendix J**

### **Costs and Revenue**

Budgetary requirements are provided for information purposes only. Program approval does not ensure budgetary support.

### **Costs and Revenues - On-Going Costs**

#### **Operating Costs**

Item	No. of items	Yr 1	Yr 2	Yr 3	Yr 4	Total
Faculty		681,060	633,994	505,538	708,303	2,528,895
Required service courses*		See below				
Administrative Support		Incl	Incl	Incl	Incl	Incl
Advisor		Incl	Incl	Incl	Incl	Incl
Specialized IET		n/a	n/a	n/a	n/a	n/a
Specialized IT Support		n/a	n/a	n/a	n/a	n/a
Library		Incl	Incl	Incl	Incl	Incl
Lab operating costs - Salary		Incl	Incl	Incl	Incl	Incl
Lab operating costs – Non-Salary		Incl	Incl	Incl	Incl	Incl
Ongoing research costs		Incl	Incl	Incl	Incl	Incl
Other		12,000	12,000	12,000	12,000	48,000
<b>Grand Totals</b>		\$1,044,300 (current base funding – Figures do not include other centralized administrative/faculty support positions)				

#### **\*Explain required service courses**

The service courses are pre-existing, supporting the current version of the Bachelor of Psychiatric Nursing (BPN) program. Other support courses have been included in the Health Foundations (HF) certificate program. Current financial data in relations to operational costs is reported as current base funding from the AVED operating grant for targeted Health FTEs.

#### **Revenue**

Item	No. of Courses	Yr 1	Yr 2	Yr 3	Yr 4	Total
<b>Tuition</b>	26	\$272,448	\$546,697	\$780,191	\$795,795	<b>\$2,395,131</b>

Number of courses do not include the Health Foundations (HF) first year, supporting entry into the BPN program. Year one above represents the first year in the BPN program. The revenues are assumed with a tuition differential, tier structure 2.a.4 for the BPN program, being \$206.40/per credit, in line with other nursing program offered by the Faculty of Health. Confirmation of the tuition differential pending AVED discussions and final approval.



**MEMORANDUM**

**To:** Senate Standing Committee on Curriculum  
Senate Standing Committee on Academic Planning and Priorities

**From:** Tru Freeman, Dean, Faculty of Health (FoH)  
Jean Nicolson-Church, Associate Dean, FoH

**CC:** Dr. John Yang, TCMA Program Coordinator  
Leeann Ring, Chair, FoH Curriculum Committee

**Date:** October 15, 2015

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**RE:** Non Degree Program Proposal Submission: Traditional Chinese Medicine –  
Acupuncture Diploma (TCM-AD)

**Implementation:** September, 2016

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**Background:**

The February 12<sup>th</sup>, 2013 Government of British Columbia Speech from the Throne (pg. 21-22) commits that the *“government will begin work to create the environment for a school of Traditional Chinese Medicine (TCM) at a British Columbian post-secondary institution.”*

On January 24, 2014 the Ministry of Advanced Education announced that Kwantlen Polytechnic University will host the province’s first public school of traditional Chinese medicine (TCM). The TCM school — combined with potential international partnerships — will benefit British Columbians by expanding access to preventative and complementary health-care education.

In 2015, AVED raised concerns regarding the program elements related to the use and prescribing of herbology therapies and the risk and liability of a KPU owned and operated treatment clinic in order to support students in clinical practice. Therefore, AVED suggested that KPU identify the requirements and opportunities in the development of a TCM-Acupuncture diploma (TCM-AD) program as a way to phase in to the TCM-Practitioner (TCM-P) education offering to meet the Premier’s commitment.

**Proposal:**

The proposed program will be delivered as an acupuncture diploma program. KPU plans to continue to develop future education that would phase in herbology components for a TCM-P diploma and the potential of a degree completion program for TCM. Given the changing

landscape of complementary healthcare, there will be opportunities in this program for students to develop and demonstrate a variety of employability skills. The teaching requirements for the acupuncture program are stipulated by the College of Traditional Chinese Medicine and Acupuncturists of British Columbia (CTCMA). The CTCMA is the legislated regulatory authority in BC for TCM practitioners and acupuncturists. Communication and practice management courses are included so that graduates will not only become safe, competent, collaborative and caring clinicians, but also successful entrepreneurs. This speaks to KPU's mandate of offering learners opportunities to achieve rewarding careers. (**Appendix A-** KPU Strategic Plan-Vision 2018)

The proposed program meets the CTCMA's educational requirements for the core competencies required for entry level acupuncture practitioners (**Appendix G-**CTCMA Schedule E).

### **Admissions Requirements:**

In addition to the Faculty's Admission Requirements, which consist of KPU's undergraduate English Proficiency Requirement, the following program admission requirements apply:

- ☐ English 12 (or equivalent) with a minimum grade of B
- ☐ 60 undergraduate credits with a minimum cumulative GPA of 2.0
- ☐ Interview by the Program Coordinator and/or letters of reference, if requested.
- ☐ Canadian CPR Level C Certificate; CPR certification must remain current throughout the program.
- ☐ Criminal record review issued by the BC Ministry of Public Safety and Solicitor General.

The admission selection process will initially be on a first-come, first-served basis. When the demand for seats exceeds those available, a competitive selections process, based on GPA will be used.

Admission requirements for the program include 60 transferable university credits. This meets the regulatory requirement of the CTCMA for eligibility to write the national exam and practice. These entrance requirements are appropriate to meet CTCMA requirements and ensure students are successful in this intensive program.

### **Implementation:**

Upon Ministry of Advanced Education approval, we will begin accepting applications for a September 2016 start date.

### **Summary:**

We are requesting Senate approval of the Traditional Chinese Medicine-Acupuncture Diploma (TCM-AD) program proposal. These documents were reviewed and approved by the FoH Curriculum Committee and Faculty Council at a joint meeting on October 16, 2015.



## Non-Degree Program Proposal

<b>Name of Institution:</b> Kwantlen Polytechnic University (KPU)	
<b>Title of Program:</b> Acupuncture	
<b>Credential to be awarded to graduates:</b> Diploma	
<b>Length of Program:</b> 6 semesters	
<b>Institutional Contact:</b> Tru Freeman	<b>Title:</b> Dean, Faculty of Health (FoH)
<b>Phone:</b> 604-599-2263	<b>Email:</b> tru.freeman@kpu.ca
<b>Date:</b> October 8, 2015	

### A. Executive Summary:

#### *A1. Summarize the purpose of the proposal*

#### **Introduction:**

Acupuncture is one form of Traditional Chinese Medicine (TCM) which has remained an important medical profession in China and many other Asian countries for thousands of years. In China's hospitals and clinics, TCM is both an alternative medicine that is built upon systems of theory and practice, and a complementary medicine that is practiced side-by-side with Western medicine. The United Nations World Health Organization (WHO) officially recognizes TCM practitioners "*as an important and often underestimated part of health services*".<sup>1</sup>

After being introduced in North America over four decades ago, TCM is now the leading medical development in Alternative and Complementary medicine. Specifically, acupuncture has become widely accepted by medical professionals, the general public, and the United Nations Educational, Scientific, and Cultural Organization (UNESCO).<sup>2</sup>

In Canada, Traditional Chinese Medicine and Acupuncture (TCM-A) is recognized as a legitimate and credible medical profession. The profession has taken steps towards establishing professional standards, self-governance, and being viewed as a credible alternative medicine. In 1999, the Government of British Columbia (BC) became the first jurisdiction among the western world to fully recognize the Doctor of TCM as a professional designation. Subsequently, the BC Government approved and established the College of Traditional Chinese Medicine and Acupuncture Practitioners of BC (CTCMA)<sup>3</sup> as the regulatory body for TCM.

In response to public demand, the BC Ministry of Health announced the inclusion of registered acupuncturists under its Medical Services Plan (MSP) premium-assistance program in 2007, making BC the first province in Canada to allocate public funds towards acupuncture treatments<sup>4</sup>.

Based on survey findings conducted by Ipsos Reid in 2012<sup>5</sup> TCM-A enjoys a solid reputation amongst a majority of British Columbians:

- 72% or higher have confidence that because TCM-A has been an effective treatment for centuries in other cultures, it has some credibility.
- 69% or higher think that conventional medicine does not have all the answers to our health problems.
- 64% or higher believe TCM-A to be an effective treatment for ailments or illnesses they or others might have.
- 57% or higher feel TCM-A should be covered by MSP.
- 52% or higher believe using both TCM-A and conventional medical therapies is better than using either one alone for their health problems.
- About 4-in-10 of those with some TCM-A experience feel its practitioners give them more time than their conventional medical doctor.

**Purpose of the Proposal:**

KPU is a polytechnic university with a mandate to deliver diverse educational initiatives that combine theory with experiential learning. The Faculty of Health (FoH) believes that there is an opportunity to develop an acupuncture program that fits within KPU's Strategic Plan (**Appendix A-KPU Strategic Plan-Vision 2018**). Our ultimate vision is to expand our innovative and creative programming by establishing a School of Alternative and Complementary Medicine within the FoH.

<b>A2. Outline the key objectives and outcomes of the proposed program in one or two pages</b>
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**Strategic Objectives:**

- **Quality:** The proposed program has been designed to “*embed learning outcomes that prepare students for global citizenship and rewarding careers*”. It integrates “*sustainability into the core curriculum across disciplines*” by adding the western biomedical science component. It also ensures “*that programming builds on KPU's tradition of laddering to allow students recognition for previous learning and flexible options*”.
- **Reputation:** KPU would become the first public university in BC to offer an acupuncture program, and this could put KPU in a leading position with regards to TCM education and research. The proposed program will “expand initiatives to improve KPU's recognition and reputation in the community”. Therefore the proposed program will “ensure KPU's unique role in higher education and pride in its important endeavors”.
- **Relevance:** The FoH has received support from UBC as a partner in “undertaking research to understand the needs of learners in the diverse communities KPU serves”

(**Appendix B-UBC support letter**). Since the proposed acupuncture program is the first of its kind in a public university, UBC will work with KPU to ensure the acupuncture program is evidence-based and relevant to the clients, students, faculty and scientific community.

### **Goals and Objectives:**

- ***Raise acupuncture educational standard:*** The entry requirement of the proposed acupuncture program is 60 university transferable credits. This prerequisite ensures prospective students have two years post-secondary educational experience and a solid liberal education foundation before studying acupuncture program. In addition to the core acupuncture courses, the curriculum also includes English university writing and Mandarin language study. These courses prepare learners with the communication skills they will need for future acupuncture practice. The objective of the proposed acupuncture program is to develop graduates with the key knowledge, skills, and abilities required of a safe, competent acupuncture practitioner.
- ***Provide a robust learning experience:*** By studying TCM fundamental theory, TCM diagnosis and practice in a program that includes a solid foundation in western biomedical science, graduates will contribute to advancing the state of acupuncture practice in an evolving provincial healthcare delivery environment. The proposed program will provide graduates with a broader understanding of the similarities and differences in the application of western biomedical science and TCM. The ancient Chinese philosophy and TCM classic courses prepare learners for the application of critical thinking in diagnosis and treatment.
- ***Broaden and deepen knowledge:*** The proposed acupuncture program will provide students with additional curricular content to broaden and deepen their knowledge of meridian theory, four diagnostic techniques and practice. The curriculum is designed to follow a specific acupuncture learning sequence. This includes advanced acupuncture, tuina (Chinese style massage), taiji/qigong, shi liao and nutrition. The proposed program addresses all of the key conceptual and practical skills and knowledge required of a competent acupuncture practitioner, and provides a rigorous approach to the diagnosis, treatment and management of acupuncture practice.
- ***Prepare graduates for career entrepreneurship:*** The proposed acupuncture program meets or exceeds the minimum requirements set by the CTCMA and the competencies required by the Canadian Alliance of Regulatory Bodies of Traditional Chinese Medicine Practitioners and Acupuncturists (CARB-TCMPA). It will produce graduates who have the requisite TCM core foundation, acupuncture competencies, critical thinking and communication skills needed to be safe, competent healthcare practitioners in an evolving health services landscape. Critical conceptual and practice skills will be developed and refined using a blend of theory, applied practice simulation and clinical experience. Graduates will be prepared to work as acupuncture practitioners or entrepreneurs in the complementary/alternative health industry. They will be eligible to write the national registration exams for acupuncture practitioner in Canada. The program prepares graduates to be contributing members of the TCM

profession and community. With acupuncture practice management transition, acupuncture practice jurisprudence and practice study, the proposed program will also prepare graduates to successfully create and operate their own practice facility.

- ***Prepare graduates for lifelong learning and continuing education:*** Graduates will be encouraged to continue to graduate studies in many fields including health and business management. Graduates will also be eligible to take further study in a doctor of TCM program leading to a Dr. of TCM professional designation. They will be encouraged to become active members of their professional association, alumni, and lifelong learners.

<b><i>A3. Provide rationale for the credential</i></b>
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- *Been jointly developed and the credential to be jointly awarded, please indicate at this point and briefly state the contributions and roles of each institution.*

KPU is exploring a partnership with the Beijing University of Chinese Medicine (BUCM) to deliver this program. The BUCM is the most prominent institution in China delivering TCM programming that is supported by the Chinese central government.

- *If the proposal includes a credential that is new to the institution or the provincial system, proponents should first consult with other institutions that may be affected, and with the Ministry.*

In consultation with AVED, KPU has invited individuals from the BC TCM community to establish a Program Advisory Committee (PAC) (**Appendix C-PAC** member list). Meetings were held on May 8, 2014, November 24, 2014 and March 31, 2015.

Dr. Tru Freeman (Dean of FoH) and Dr. Jean Nicolson-Church (Associate Dean of FoH) were invited to attend the first annual meeting of the British Columbia Association of Traditional Chinese Medicine and Acupuncture Practitioners (ATCMA, formerly QATCMA) on Sept 28, 2014. They talked to the leaders and members of the Association about KPU's intention of offering a TCM program and received full support from the Association. On February 8, 2015, the ATCMA invited Dr. Freeman to provide an update on the KPU proposed TCM program to the TCM community during the Chinese New Year festivities.

- *Provide the name, title, phone number, and e-mail address of the institutional contact person in case more information is required.*

Dr. John Yang	604-599 2286
TCM Program Coordinator	<a href="mailto:john.yang@kpu.ca">john.yang@kpu.ca</a>

## **B. Program Description:**

### ***B1. State the goals and objectives of the new program***

- *State the goals and objectives of the new program, and describe how it will contribute to the mandate and future plans of the institution.*

#### **Mission and Values:**

The proposed program is consistent with KPU's mission statement: "*KPU offers all learners opportunities to achieve success in a diverse range of programs that blend theory and practice, critical understanding, and social and ethical awareness necessary for good citizenship and rewarding careers.*" The proposed program will offer comprehensive courses in English and Mandarin language, communication, Ancient Chinese philosophy, and western biomedical sciences which are necessary for the critical understanding and development of complex TCM concepts. The curriculum has been designed to offer an education of significant breadth and rigour within the contexts of TCM/ Acupuncture fundamental theory, diagnosis, treatment, and clinical practice. The proposed program includes 460 hours of practice. Students will be assigned to teaching clinics, hospitals and/or health centres to practice. Through these experiential learning activities, students will actively engage with the community and campus life.

#### **Vision and Goals:**

The KPU vision speaks to KPU as Canada's leading polytechnic university, with inspiring educators, all learners engaging in campus and community life, open and creative learning environments, relevant scholarship and research and authentic external and internal relationships with the goals of quality, reputation and relevance. The proposed acupuncture program aligns with the KPU vision and goals by offering an innovative program that includes a diverse student population and educators who provide excellence and expertise in the theoretical and clinical application of acupuncture. It is anticipated that the educators for this program will come from our local provincial practitioners. Relevant research and scholarship aimed at knowledge creation and scientific best practice will be conducted collaboratively with UBC.

#### **Program Objectives:**

The proposed program will be delivered as an acupuncture diploma program. KPU plans to continue to develop future education to include herbology components for a TCM-Practitioner diploma and possibly a degree completion program for a Bachelor of Traditional Chinese Medicine. Given the changing landscape of complementary healthcare, there will be opportunities in this program for students to develop and demonstrate a variety of employability skills. The teaching requirements for the acupuncture program are stipulated by the CTCMA. Communication and practice management courses are included so that graduates will not only become safe, competent, collaborative and caring clinicians, but also successful entrepreneurs. This speaks to KPU's mandate of offering learners opportunities to achieve rewarding careers. (**Appendix A-** KPU Strategic Plan-Vision 2018)

<b><i>B2. Identify the target student audience(s) for this program</i></b>
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- *Identify the target student audience(s) for this program and include the following:*
  - *Evidence that this student audience is not currently being served with existing offerings in the region of the institution*
  - *Evidence of student demand*
  - *Anticipated annual enrolments for the program*
  - *Outline the anticipated time commitments for students to complete the program (in years or semesters)*

Target students for the proposed acupuncture program are individuals who are interested in holistic medical practice. Although the entry requirement is 60 university transferable credits, a significant number of prospective learners with a bachelor credential are expected to be enrolled. With the unique nature of this program, the students will likely be mature learners.

Visible minority groups such as Chinese Canadians and immigrants are more likely to enter this program because of previous experiences with TCM products and/or care. (**Appendix D-Immigration and Ethno-cultural Diversity**). Additionally, since this is the first public university offering an acupuncture program in BC, it is expected to attract students from other Canadian jurisdictions as well as international students.

The program enrolment is expected to come from:

- Graduates with undergraduate degrees in science and health sciences;
- Graduates with undergraduate degrees in other fields;
- Students of BC post-secondary institutions;
- Students of other Canadian jurisdiction post-secondary institutions;
- Students of other TCM institutions both domestic and international;
- Medical professionals in the province of BC;
- Former patients of TCM clinics
- Overseas applicants

Recruitment will occur through KPU marketing, the Future Students' Office (FSO), word of mouth, the Office of International Students and Scholars (OISS), professional TCM organizations, conferences, post-secondary educational institutions, and public advertising. The FoH is implementing a certificate in Health Foundations (HF) program for prospective students coming into our nursing degree programs. High school students intending to declare into the acupuncture program will be encouraged to take the HF to complete 32 credits of their prerequisite requirement starting in September 2016.

Currently, there is a list of over 60 prospective learners who have contacted KPU by phone or email expressing interest in KPU's upcoming acupuncture program. We will be contacting these potential students and hosting information sessions as soon as the program is approved. The FoH plans to start with 12 to 18 students in 2016. Students will take a total of three academic years (six semesters) to complete the proposed acupuncture program. These six semesters will be condensed into two calendar years.



***B3. State how the institution satisfied itself that there is not unnecessary duplication in the system***

- *Where appropriate, provide a list of programs that exist at some of the other British Columbia institutions that may contain similar content, or have similar objectives. How has the institution satisfied itself that there is not unnecessary duplication in the system?*

Although there are seven private TCM institutes in BC (**Appendix E-BC** private TCM school listing), KPU will be the first public university in BC to offer an acupuncture program. This provides another option for students. There is no unnecessary duplication in the public educational system. In addition, the reputation of a public university is globally recognized. Upon approval, the KPU acupuncture program will be automatically on the list of recommended institutes in many countries. This would benefit many international students who want to study in Canada. It will also facilitate articulation for graduates of this program into graduate studies.

***B4. Provide evidence of labour market demand***

- *Provide evidence of labour market demand. This information will vary depending on the circumstances and could range from a comprehensive labour market study to an informal survey consisting of letters of support from potential employers. This section should include a discussion regarding the anticipated employment destination for graduates from the proposed program, and the current labour market supply in the occupational area(s).*

Since the World Health Organization (WHO) officially recognizes traditional medicine practitioners as medical professionals, TCM is now the leading medical profession in Alternative and Complementary medicine. Specifically, acupuncture has become widely accepted by medical professionals and the general public. In May 2014, a traditional medicine resolution was passed at the 67<sup>th</sup> World Health Assembly, where all member states were urged to implement a WHO Traditional Medicine Strategy 2014-2023<sup>6</sup>.

According to the information available, there is an increasing acceptance by health authorities and healthcare insurance providers to recognize complementary/alternative solutions. The proposed acupuncture program will provide a suitable credential and a growing number of employment opportunities for graduates.

- 65%-80% of the world's population rely on naturopathic or homeopathic medicine as a primary source of care (Holistic Health Care Facts and Statistics; Disabled World; January, 2009).
- TCM was chosen by the WHO for worldwide propagation to meet the healthcare needs of the 21st century (WHO launches the first global strategy on traditional and alternative medicine; WHO Media Centre; May, 2002).
- Canadians who have used acupuncture typically start in their late-thirties (average age of 38). British Columbians who have used acupuncture treatments for the first time are on average 39 years old (Fraser Institute, 2006).

- Over the years, the use of acupuncture has increased in BC. A 2006 study shows that over 2 in 10 (22%) of BC residents are estimated to have used acupuncture at least once in their lifetime, an increase of 8 percentage points from the 1997 study results (Fraser Institute, 2006).
- The estimated proportion of the population who have accessed acupuncture services at least once in their lifetime in BC is higher than the Canadian average (17% in 2006) (Fraser Institute, 2006). Of those in BC who have accessed acupuncture services at least once in their lifetime, 25% had an acupuncture treatment 12 months prior to when the 2006 research fieldwork was conducted.
- Visits (under MSP) to acupuncture practitioners increased to 222,310 in 2010/2011; an increase of 92% over 2 years (BC MSP Information Resource Manual 2010/11).

According to the Canadian Coalition of TCM and Acupuncture Associations' report *"TCM Acupuncture treatment is a safe and effective health care service, providing an excellent complement to the medical health care system in terms of treatment for disease/symptom and functional disorder. It has an estimated total industry productive value of \$716,800,000"* annually. (**Appendix F**-TCM status in Canada).

On March 28, 2014, Jason Kenney, then the Minister of Employment and Social Development and Minister for Multiculturalism announced tax relief for the service of TCM acupuncture. *"Traditional Chinese Medicine has been practised for over 3,000 years. Today, millions of Canadians are using acupuncture and other Traditional Chinese Medicine services to improve their health, which eventually reduces the burden on the Canadian health care system. Our Government recognizes and respects this and, as a result, I am pleased to highlight today that, thanks to Economic Action Plan 2014, acupuncturists' and naturopathic doctors' professional services are now exempt from the GST/HST"*<sup>7</sup>. According to Jason Kenny, these tax breaks will lower the cost of acupuncture services for patients. This means more people will be able to visit acupuncture practitioners, reducing the burden on the health care system. Since acupuncture services are included in most private insurance policies, people with extended health benefits receive full or partial reimbursement for services provided by a registered acupuncture practitioner. In BC, the Medical Services Plan (MSP) provides a supplementary benefit for acupuncture services for individuals receiving income assistance. As a result, the market potential for acupuncture practitioners is rising<sup>7</sup>.

It is also anticipated that the demand for TCM acupuncture services will increase as the provincial population continues to grow and demographics change. In addition, there is an increasing acceptance by health authorities and healthcare insurance providers to recognize complementary/alternative solutions. The proposed acupuncture program will provide a suitable credential and a growing number of employment opportunities for graduates. Graduates from the proposed acupuncture program will be eligible to write the Pan-Canadian licensing examination. Students who succeed in the exam may register for the designation of acupuncture practitioner, and become eligible to practice acupuncture in BC and Canada. Currently there are no public TCM clinics or hospitals in Canada. Therefore, most acupuncture practitioners will operate their own private clinics or join an existing integrated medical venture or institute.

### C. Curriculum:

<b><i>C1. Describe the skills, knowledge, or other attributes students will develop from the program</i></b>
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- *Describe the skills, knowledge, attitudes, or other attributes students will develop from the new program.*

#### **Regulatory Body and Program Design**

The CTCMA is the legislated regulatory authority in BC for TCM practitioners and acupuncturists. The proposed program meets the CTCMA's educational requirements for the core competencies required for entry level acupuncture practitioners (**Appendix G-CTCMA Schedule E**).

#### **Skills and Knowledge:**

***Essential TCM Knowledge:*** The proposed acupuncture program includes core essential TCM courses which are necessary for students to be successful in future practice. Instruction follows a learner-centred approach which influences the curriculum, instructor training, and student success. Lessons will employ lecture, lab simulation, and clinical practice application. To facilitate knowledge acquisition and application from classroom learning, 25 per cent of the program of study will be hands-on practice and patient care. Students will develop their application of skills in various experiential learning opportunities. Details related to facilities where these practice experiences will occur are being explored.

***Communication skills:*** Communicating clearly and listening actively is a fundamental skill in all healthcare fields. The proposed program provides students with many opportunities to seek information and apply TCM's four diagnostic skills, analyze, form coherent diagnostic conclusions, and present solutions with treatment plans and protocols. Communication will be a focus in the majority of the courses, and more intensely in English university writing, medical mandarin, communication, TCM diagnosis, an introduction to clinical practice, clinical patient evaluation, and all subsequent clinical courses.

***Practicum skills:*** The unique nature of the proposed program requires a broad theoretical foundation, extensive practical application and clinical practice. The proposed program includes 460 hours of clinical practice.

***Practice management skills:*** There will be opportunities for students to develop and demonstrate a variety of employability skills through this program. Acupuncture practice management transition and acupuncture practice jurisprudence courses are included in the curriculum, adding skills for future employment and preparing graduates to work as acupuncture practitioners in roles of direct care provider, clinician and/or entrepreneur.

#### **Program Strengths:**

- Courses will be taught by faculty members who are highly credentialed practicing professionals with extensive experience.
- Faculty believe that within a Canadian and increasingly global context, it is now important

for British Columbians to have access to professionals in alternative health care who have been educated in a public institution.

- Lab and classroom facilities will be designed and built to reflect the special nature of the education, respecting both the professional nature and the cultural sensitivity of the programs being offered.
- Strong linkages with industry, providing program input and direction.
- Support from the CTCMA, the ATCMA, the BC TCM community and the Chinese community.

<b><i>C2. Describe the program/course structure</i></b>
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- *Describe the program/course structure.*

The proposed program is a six semester program consisting of the following components:

1) essential TCM foundations, 2) acupuncture foundations, 3) western biomedical science, 4) acupuncture therapeutics, 5) clinical practicum, 6) other (**Appendix H-Program components**)

**1. Essential TCM Foundations**

The practice of acupuncture requires students to have a solid understanding of the importance of its history and philosophical underpinnings, gained from the study of source documentation. Therefore, the essential TCM foundation component includes the study of the Chinese language, the Yijing (the book of changes), TCM fundamental theory and diagnosis. This component provides students with critical thinking and development of complex concepts as well as skills to develop arguments and judgments based on fundamental theories, concepts, and methods.

**2. Acupuncture foundations**

Acupuncture practice is based on the theory of meridians and acupoints. According to this theory, qi (vital energy) and blood circulate in the body through a network system called meridians which connect internal viscera (organs) with external organs or tissues. Acupuncture points or acupoints reside along 14 major meridians. By stimulating certain body surface acupoints through the application of fine needle or moxibustion techniques, the flow of qi and blood can be regulated and disorders are corrected. The acupuncture foundation component includes the study of meridians and acupoints, acupuncture technique and safety.

**3. Western Biomedical Science**

The proposed acupuncture program will build a broadly based foundation in Western biomedical sciences. Given the increasing acceptance of TCM applications in patient treatment, the program is designed to have students understand Western biomedicine and have basic knowledge and skills to communicate with Western medical professionals and the public. The Western biomedical science component includes a Biomedical Foundation (including Anatomy and Physiology), Medical Biochemistry and Microbiology, Western Pathology and Pharmacology, and Western diagnosis (imaging and lab testing).

#### **4. Acupuncture Therapeutics**

The Acupuncture therapeutics component includes acupuncture therapy, acupuncture case studies, tuina (Chinese style massage), TCM orthotics and traumatology. This component's objective is to facilitate students to develop technique, effectively use tools, and apply discipline processes. Content will provide students with opportunities to develop a solid theoretical and conceptual base and the requisite analytical skills to think critically and address complex issues thoroughly and methodically. In each of the acupuncture therapeutics courses, students will be directly applying the conceptual and practical learning from previous or concurrent courses. The design of the program blends theory, practice and application, providing students with opportunities to apply newly acquired knowledge and skills in progressively more complex clinical situations.

#### **5. Clinical Practicum**

The clinical practicum component aims to educate students to have effective application of theory to practice. The program has been designed to follow a series of clinical training pathways from introduction to the TCM clinic, clinic observation, patient assessments, supervised practice and independent practice. Students will be required to analyze problems, to identify underlying health-related issues, critically assess relevant practice and research, propose treatment principles, deliver treatment protocols or performance therapies, and evaluate their effectiveness. All this training is under the close supervision of experienced faculty. This component focuses on hands-on development of techniques, effective use of tools and applied processes. Student placements will be facilitated through FoH clinical placement liaison staff. We are currently in the planning phase to determine locations for these practice experiences.

#### **6. Other**

The other component includes English university writing, Mandarin language foundation, medical Mandarin, taiji/qigong, shiliao/nutrition, communication and ethics as well as acupuncture practice management and jurisprudence. The English course will develop students' writing skills through exploratory writing, academic argument, and critical analyses of material from a variety of contexts. Since most of TCM literatures were written in Chinese, the Mandarin courses will provide students with basic skills in listening, speaking, reading and writing as well as TCM terminology in Mandarin Chinese. Taiji and shiliao courses provide students with the knowledge and practical aspect of self-wellness as well as teaching the public about prevention endeavours. Practice management and jurisprudence study will broaden student perspective and assist them in understanding and applying business practices and marketing, as well as the ethical and legal framework within which acupuncturists practice in BC (**Appendix I-Program structure**).

***C3. Identify the provincial, national and/or international certifications and standards achieved in the new program, if applicable***

- *Where appropriate, identify the provincial, national, and/or international certifications and standards achieved in the new program. If the program proposal is aimed at putting students into practice, and that practice requires a license for which the students qualify directly from the program (or from an examination directly after the program), the institution should indicate whether they are in contact with the appropriate accrediting body, and whether or not they are seeking accreditation.*

Under the Health Professions Act, the CTCMA is the legislated authority in BC for the practice of TCM-A. According to the CTCMA educational program guidelines, graduates of TCM-A programs applying to the CTCMA to register and write their Pan-Canadian licensing exam, must meet the minimum required educational hours specified in the guidelines. The proposed program will meet or exceed CTCMA's core competency requirements for acupuncture practitioners. On October 20, 2014, the Associate Dean, Dr. Jean Nicolson-Church, along with the Program Coordinator, Dr. John Yang, met with the Registrar of CTCMA and her staff in the CTCMA office. The purpose of the meeting was to communicate with the CTCMA and inform them of KPU's proposed TCM program. According to the CTCMA, as soon as KPU's TCM program is approved by AVED, KPU can submit an application to the CTCMA for recognition. Once the program is successfully recognized by the CTCMA, KPU will be added to the list of recognized programs. The graduates of the KPU TCM program will then be eligible to write the Pan-Canadian Licensing Examinations and become members of CTCMA.

**D. Program Consultations and Evaluation:**

***D1. List the other provincial post-secondary institutions consulted about the proposed program***

- *List the other provincial post-secondary institutions consulted about the proposed program and provide details of the discussions such as key areas of discussion, dates, and individuals involved.*
- *The Ministry of Advanced Education (AVED) should be consulted.*

The FoH has received support from UBC as a research partner (**Appendix B**-UBC support letter). Since the proposed acupuncture program is the first of its kind in a BC public university, UBC will collaborate with KPU to ensure that this program is evidence-based and relevant to the clients, students, faculty and scientific community.

The following is a summary of the process with government to date undertaken by KPU regarding the development of a TCM program:

1. On February 12th, the 2013 Government of British Columbia Throne Speech (pg. 21-22) commits that the "government will begin work to create the environment for a school of Traditional Chinese Medicine (TCM) at a British Columbian post-secondary institution"<sup>8</sup>.

2. The request for Expressions of Interest (EOIs) was completed by the FoH and presented to the KPU Board Finance and Audit Committee on Wednesday, September 4, 2013. A motion was passed in principal to support this initiative stating: “That the Board Finance and Audit Committee recommends to the Board of Governors that it approve submission of the Expression of Interest regarding a School of Traditional Chinese Medicine to the Ministry of Advanced Education, Innovation & Technology.”
3. This EOI was also presented to the Board of Governors on Wednesday, September 18, 2013.
4. On January 24, 2014, the BC Ministry of Advanced Education announced that KPU had been chosen as the first public university to host a TCM program.
5. Recent discussions with AVED have resulted in a ‘phased-in’ approach to TCM. Phase 1 will be the introduction of an Acupuncture diploma program.

**Appendix J** provides the outlines and summary of the consultations undertaken by KPU regarding the development of a TCM program.

***D2. State whether or not the program meets the program eligibility requirements as outlined at [www.bcsap.bc.ca](http://www.bcsap.bc.ca)***

- *State whether or not the program meets the program eligibility requirements as outlined at [www.bcsap.bc.ca](http://www.bcsap.bc.ca) under the School Officials icon.*

The proposed acupuncture program is an intensive, full-time, cohort model.

***D3. Indicate what policies/procedures are planned for ensuring adequate depth and breadth of ongoing review and evaluation once the program has been implemented***

- *Indicate what policies/procedures are planned for ensuring adequate depth and breadth of ongoing review and evaluation once the program has been implemented.*

**Internal review:** The proposed acupuncture program will be reviewed as per the Program Review structure required by the University. KPU’s educational offerings are reviewed regularly for their educational quality. The University has a systematic process by which educational quality and excellence can be continually improved. Program reviews at the University are intended to assist programs and the institution to determine and identify specific issues or concerns in order to build on the program strengths. It is our intent to commence the internal review immediately following our external review process.

**External review:** Once the proposed acupuncture program is approved by AVED, the program will be submitted to the CTCMA for recognition. Once recognized, curriculum changes must be submitted to the CTCMA for ongoing monitoring. The PAC meets twice annually to discuss development and any changes with the program as well as to ensure relevance and currency for the TCM community.

**Student Evaluation:** Evaluation of learning outcomes and expectations are defined by faculty. Assessment will take the form of examinations, analysis of case studies, demonstrations, hands-on practical assessment, reports, and presentations. The program will require students to acquire theoretical knowledge and practical skills and apply these in clinical settings. Assessments will align with program outcomes providing students the opportunity to demonstrate outcome achievement. Each ACUP course requires a minimum 60 % passing grade at the course level. This requirement is to ensure that program graduates will have the requisite knowledge and skills needed to be successful practitioners.

***D4. Indicate whether safety and other risk management factors have been addressed where appropriate***

- *Have safety and other risk management factors been addressed where appropriate?*

**Appendix K** provides a summary of safety and risk management factors which have been identified.

The following table indicates the factors associated with safety and other risk management have been identified:



<b>Potential RISKS to KPU re: TCM</b>			
<b>#</b>	<b>TCM – Potential Risk</b>	<b>Risk Challenge</b>	<b>Risk Mitigation</b>
<b>1.</b>	<i>Absence of government funding (start-up/ongoing)</i>	<i>- KPU will have an approximate start-up investment of approximately \$160,000</i>	<i>- Revenues and expenditures for various enrolment scenarios have been explored</i>
<b>2.</b>	<i>Availability of KPU funding for start-up</i>	<i>- no KPU funding = no TCM program</i>	<i>- build a rigorous business case to provide the ongoing revenue to support this program</i>
<b>3.</b>	<i>Space challenges (where will program reside?)</i>	<i>- no AVED funding for the refurbishment of existing space</i>	<i>- renovate space at KPU Richmond - work with KPU Office of Advancement to develop donor relationship with Chinese community</i>
<b>4.</b>	<i>Lack of subject matter experts (SME) re: TCM</i>	<i>- inability to find enough appropriate faculty to teach in the TCM program - inability to use international SME's (i.e. Beijing)</i>	<i>- build relationships with local TCM practitioners who could provide theory/clinical instruction - build relationship with BUCM for SME's</i>
<b>5.</b>	<i>Potential challenge to attract/retain students</i>	<i>- already several private institutions in Vancouver that provide TCM programs - these programs have lower tuition rates</i>	<i>- appropriate marketing - public sector PSE has a reputation of high quality education</i>
<b>6.</b>	<i>Program sustainability</i>	<i>- long-term will this continue to be a viable program</i>	<i>- need to do a fulsome investigation - HF Certificate can be used by potential TCMA students. - integration of Ayurvedic Medicine, could provide &gt; sustainability re: complementary medicine</i>
<b>7.</b>	<i>Current TCM programs already in Vancouver</i>	<i>- potential conflict from programs that already exist in Vancouver due to competition</i>	<i>- work with Chinese community to try to encourage friendly relationships with private institutions - seek advice from CTCMA</i>

## **E. Admissions and Transfer:**

### ***E1. Indicate how the institution plans to ensure students' ability to access the program through transfer***

- *A plan to ensure students' ability to access the program through transfer (course to course or block/program transfer), including transfer from high school courses and programs.*

#### **Admission requirements:**

In addition to the Faculty's Admission Requirements, which consist of [KPU's undergraduate English Proficiency Requirement](#), the following program admission requirements apply:

- English 12 (or equivalent) with a minimum grade of B
- 60 undergraduate credits with a minimum cumulative GPA of 2.0
- Interview by the Program Coordinator and/or letters of reference, if requested.
- Canadian CPR Level C Certificate; CPR certification must remain current throughout the program.
- Criminal record review issued by the BC Ministry of Public Safety and Solicitor General.
- PLA will be available for all students in accordance with Policy B.14 Credit for Prior Learning.
- Candidates with a degree in other disciplines will be eligible for transfer credit.

### ***E2. Describe how students will be able to transfer out of the proposed program into other programs within the same institution or at another institution***

- *A description of how students will be able to transfer out of the proposed program into other programs within the same institution or at another institution.*

The proposed program will be delivered as an acupuncture diploma program which is the current requirement for entry to practice. We plan to continue to develop future education that would include herbology components for a diploma in TCM-Practitioner. Students who have completed the Acupuncture program would have advanced placement in this program. Graduates of the acupuncture program will also be encouraged to continue their education through graduate studies in TCM as well as other fields including health and business management.

### ***E3. Indicate how students will be able to transfer into related degree-level programs, if applicable***

- *A determination of whether students will be able to transfer into related degree-level programs.*

KPU is exploring the possibility of a partnership with BUCM to deliver this program. BUCM is the most prominent institution in China delivering TCM programming that is supported by

the Chinese central government. It is anticipated that BUCM will recognize the proposed acupuncture program credential. The graduates from the proposed acupuncture program would then be able to take additional courses at BUCM to earn a bachelor's credential.

**F. Other:**

***F1. Include any additional information not addressed in the sections above that may be helpful in better understanding the major components of the proposal***

Existing faculty are qualified to deliver the HF courses which provide an option for students without 60 university transferable credits. The faculty for the core acupuncture curriculum teaching will be recruited locally, nationally, and globally.

The minimum requirement for teaching in the proposed acupuncture program will be a Master's Degree in Traditional Chinese Medicine and/or registered acupuncturist (registered Dr. of TCM preferred) with a minimum of five years of clinical experience. For certain specialty courses, individuals can be considered when they have knowledge or practice for more than five years in that specialty area. Selection criteria will be consistent with the KFA Collective Agreement and current practices within the KPU FoH. All faculty will be required to have practising membership with CTCMA.

Projected costs and revenues for the program have been included as Appendix L to this program proposal.

**References:**

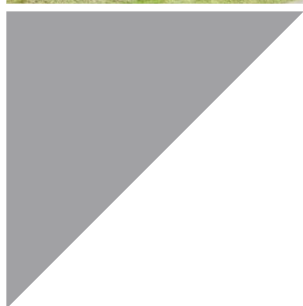
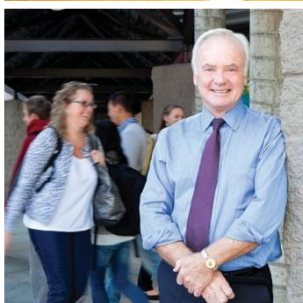
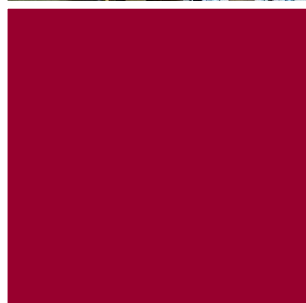
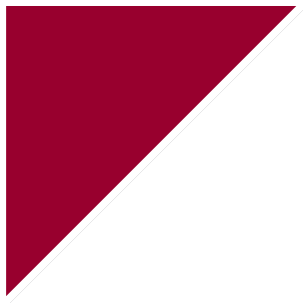
- (1) <http://apps.who.int/medicinedocs/en/d/Js4926e/5.html>
- (2) <http://www.unesco.org/culture/ich/RL/00425>
- (3) <http://www.ctcma.bc.ca/index.php?id=62>
- (4) <http://www.canada.com/story.html?id=f7fb0fb2-55ad-436b-ac1f-7d323b831202>
- (5) Langara College. 2012. TCM-A Program Feasibility Study Final Report including Ipsos Reid
- (6) <http://www.who.int/mediacentre/news/releases/2014/WHA-20140523/en/>
- (7) <http://www.fin.gc.ca/n14/14-047-eng.asp>
- (8) <https://www.leg.bc.ca/39th5th/4-8-39-5.htm>
- (9) <http://www.kpu.ca/calendar/2014-15/ar/financialassistance.html>

# Appendix A

## KPU Strategic Plan Vision 2018

**KWANTLEN POLYTECHNIC UNIVERSITY**  
**FACULTY OF HEALTH**  
**Acupuncture Diploma**  
**Full Program Proposal**

October 2015



## KWANTLEN POLYTECHNIC UNIVERSITY STRATEGIC PLAN

# VISION 2018

## So Far, So Fast, So Successful

Our story began in 1981 with Kwantlen College inheriting two temporary campuses and a few students from Douglas College.

Expansion was rapid as Kwantlen grew to serve the needs of the burgeoning population south of the Fraser River. Between 1988 and 1994, new campuses opened in Surrey (1990), Richmond (1992), and Langley (1993). By Spring 1994, Kwantlen had 8,444 students and 923 employees.

A name and status change in 1995 created Kwantlen University College, allowing the institution to award degrees in applied fields of study. Kwantlen's first baccalaureate degrees were awarded in 1997. By 2002, Kwantlen had eight applied baccalaureate programs and permission to begin granting Bachelor of Arts degrees.

The Cloverdale Trades and Technology campus opened in 2007 with state-of-the-art facilities housed in the first LEED gold certified building in the City of Surrey.

In 2008, we became Kwantlen Polytechnic University. At the first convocation ceremony as a university in 2009, KPU awarded 2,283 credentials, 529 of them baccalaureate degrees.

KPU's academic researchers have already received national recognition. In 2009, KPU received funding from the Canadian Foundation for Innovation and the B.C. Knowledge Development Fund enabling the Institute for Sustainable Horticulture to establish a leading-edge research facility. The Social Sciences and Humanities Research Council (SSHRC) in 2009 awarded KPU a CURA grant, which recognizes community-based innovative research, to study prevention

of gang membership. In 2013, KPU received eligibility for the prestigious Canada Research Chairs (CRC). The first CRC Tier II award, five-year renewable, was granted to support a Chair in Lifespan Cognition.

In 2010, KPU proudly opened the Aboriginal Gathering Place, which supports social and educational activities and recognizes the important contributions of all Aboriginal Nations to this region.

Donor support for KPU has been strong. Significant gifts include a \$1-million donation from Coast Capital Savings in 2009. In 2010, KPU received a donation of \$2.5 million from B.C. philanthropist Irving K. Barber to establish an endowment to facilitate students' transition to university.

In 2012, KPU received a \$12-million gift from Chip and Shannon Wilson and Lulu Lemon Athletics to build a new School of Design. The gift was matched by the provincial government and KPU to create a \$36-million facility that will inspire innovation and creativity.

As we unveil KPU's bold new vision in 2013, our first strategic plan as a polytechnic university, KPU has over 19,500 students and is one of the region's largest employers, with close to 1,500 employees.

In 2013, KPU is a new model of undergraduate university that combines superior instruction, learning support, faculty and student research, and community relations to meet our communities' needs for leaders, thinkers, and doers.







## Message from the President

KPU's Strategic Plan: VISION 2018 is the result of nine months of discussions both internally and with KPU's external communities. It builds upon related work undertaken over the past few years and on our ongoing analysis of the environment in which we operate.

Our vision and goals have been tested against the expectations of the communities we serve and against scenarios for the future of our region and our province. We believe that our three themes of Quality, Relevance, and Reputation capture both the challenge and the opportunity that present themselves to KPU.

By improving the outcomes of our graduates through teaching innovation and scholarship, and by creating synergies as an organization to improve our effectiveness, KPU will demonstrate progress towards our vision as the leading institution of its kind in Canada and beyond.

By ensuring that all programs allow students to link their studies to work and to local and global communities, and by engaging in applied research, we can demonstrate our relevance. Since we live in a growing region that has fewer post-secondary spaces per capita than it should, KPU must also be prepared to grow in a manner that supports the social, cultural, and economic development of our communities.

All great cities and towns have vibrant and well-recognized universities and colleges. Improving quality and relevance at KPU will build our reputation and contribute to the

evolution of our region. KPU will be sharing the progress towards our vision openly and regularly, and thereby generate the momentum needed for the University and our communities to mutually support each other, and to grow and thrive together.

VISION 2018 is very bold. It asks a lot of our employees, and it depends on the trust of our students, alumni, and community leaders. Given the inadequate funding KPU receives in relation to our expansive mandate, it would be easy to be cynical; cynicism, however, has not been evident in any of the events and discussions we have undertaken thus far in this process.

The optimism at KPU is palpable, and capitalizing on this energy to fuel the work ahead is a critical factor for our success.

We are up for the challenge. Prepare to be amazed!

Alan Davis, PhD  
President and Vice-Chancellor



# VISION 201

KPU

## Mission

KPU offers all learners opportunities to achieve success in a diverse range of programs that blend theory and practice, critical understanding, and social and ethical awareness necessary for good citizenship and rewarding careers.

## Vision

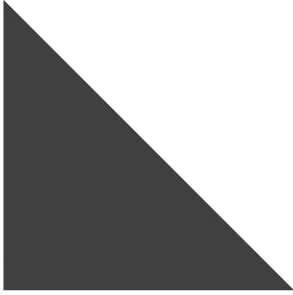
In 2018, KPU is Canada's leading polytechnic university, with

- Inspiring educators
- All learners engaging in campus and community life
- Open and creative learning environments
- Relevant scholarship and research
- Authentic external and internal relationships

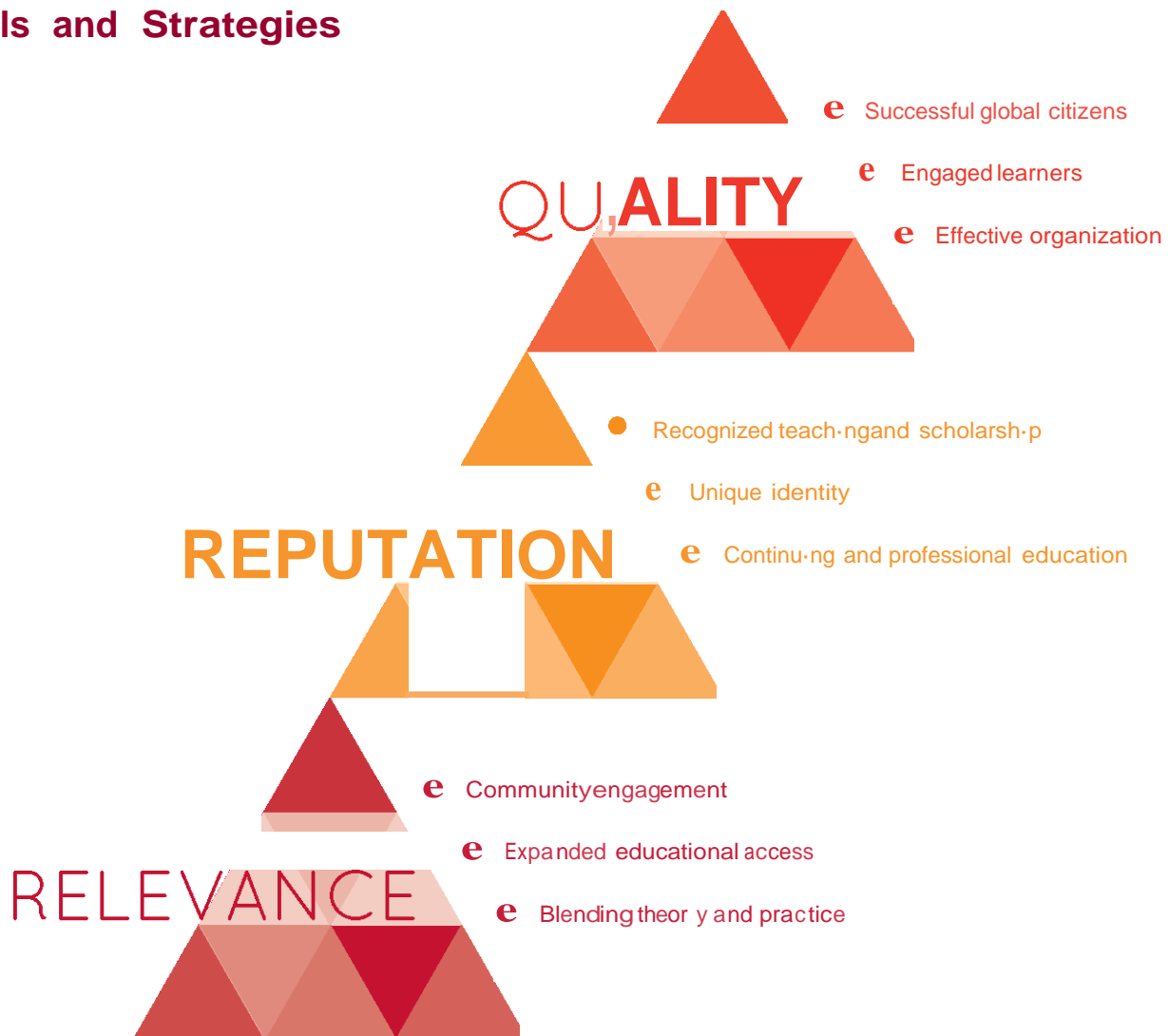
## Values

- Synergistic community relationships
- Supportive and collaborative learning and working environments
- Scholarship of discovery, creativity, integration, application, and teaching
- Rich learner experiences and a vibrant campus life
- Responsible stewardship of resources
- Multiple ways of knowing
- Excellence and innovation
- Diversity and inclusion
- Continuous personal and professional enrichment
- Access and flexibility
- Academic freedom

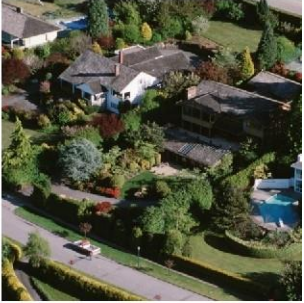
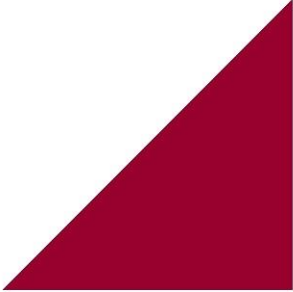




## Goals and Strategies



Graphic created by Lynn Fingarson, Michelle Soo and Lisa Taniguchi  
Third year students in KPU's Graphic Design for Marketing Program





**All KPU graduates are prepared for global citizenship and rewarding careers.**

- Embed learning outcomes within the University's academic plan that prepare students for global citizenship and rewarding careers.
- Enhance internationalization at KPU to allow learners and educators to develop a better understanding of the global challenges facing society.
- Integrate sustainability into the core curriculum across disciplines.

**Learner engagement and retention at KPU show continuous improvement.**

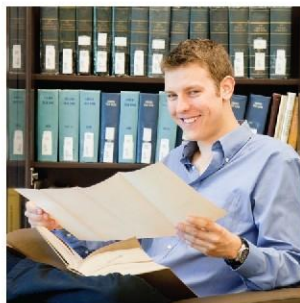
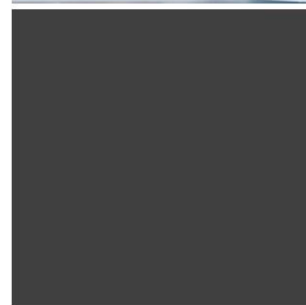
- Assess, select, implement, and celebrate learning methodologies and educational delivery options that provide learners with the support within and beyond the classroom to succeed academically, personally, socially, and professionally.
- Develop and implement retention strategies that identify groups of students at risk, set retention targets, and enhance student success.
- Ensure that KPU's physical and virtual learning spaces and other infrastructure are able to accommodate curricular innovation and changing educational practices, and create vibrant campuses.
- Improve the student experience in first year and beyond based on the recommendations arising from the 2011-2012 internal study (Foundations of Excellence).
- Ensure that programming builds on KPU's tradition of laddering to allow students flexible options and recognition for previous learning.





**KPU is a well-managed, integrated, and transparent organization that supports learning.**

- Implement an integrated system that aligns institutional plans, allows for strategic allocation of resources, and facilitates the articulation of, and reporting on, annual goals and priorities.
- Institutionalize effective quality assurance processes that allow for regular review of all areas of the University.
- Review and adjust KPU's procedures to ensure efficiency and effectiveness.
- Broaden the modes and increase the frequency of communication within the university community in order to enhance transparency, decision-making, collaboration, and relationship-building among departments.
- Implement initiatives that will attract, support, engage, and retain KPU's people and create an environment where all employees see themselves as contributing to student learning.
- Continue to enhance environmental sustainability efforts on campus.
- Create an inclusive and safe learning environment for everyone at KPU.





# REPUTATION

e Recognized teaching and scholarship

e Unique identity

e Continuing and professional education

**KPU is widely recognized for its teaching and its scholarship.**

- Develop and implement a plan for teaching and learning, including the role of instructional technologies that will extend and enrich the learning environment within and across disciplines.
- Develop and implement a comprehensive plan that engages KPU in research and scholarship.
- Promulgate and celebrate KPU's achievements in teaching, learning, and scholarship.

**KPU is the foremost provider of continuing and professional education in its region.**

- Establish the necessary infrastructure to effectively expand continuing and professional education in response to the changing needs of business, industry, and individual adults in KPU's region.

**KPU's unique identity is clearly articulated and well understood across the University and beyond.**

- Ensure that KPU's unique role in higher education, its pride in its important endeavors, and the success of its students are all reflected in its publications and communications, internal and external.
- Expand initiatives to improve KPU's recognition and reputation in our communities.







**KPU**

**The impact of KPU's community engagement has doubled by 2018.**

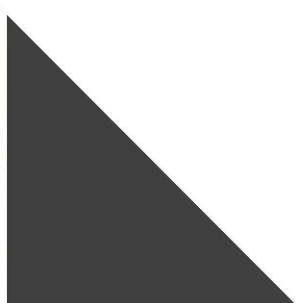
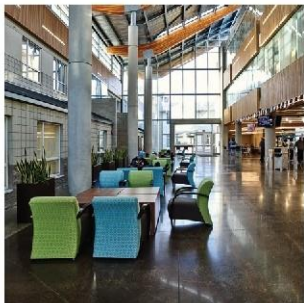
- Implement a coordinated approach to document, expand, measure, and celebrate effective partnerships with KPU's communities.
- Establish KPU as a place where the community gathers for informed discussions on relevant topics.
- Establish KPU as a key partner in regional economic development.
- Create distinct campus identities within the unifying institutional vision.
- Cultivate KPU's relationship with its alumni in order to celebrate their accomplishments, respond to their life-long educational needs, and support their role as KPU ambassadors in our communities.
- Partner with Aboriginal communities to develop appropriate educational pathways and programs to facilitate Aboriginal learner success.

**KPU's operations support purposeful learner FTE growth of at least 5% annually to meet the educational needs of its region's diverse population.**

- Expand initiatives to increase operating and capital funding from government and other external sources.
- Undertake research to understand the needs of learners in the diverse communities KPU serves.
- Create financially viable professional development, degree completion, post-baccalaureate, and graduate programs.
- Expand the distinctiveness and scope of KPU's program offerings to realize its polytechnic university mandate.
- Develop a comprehensive strategic enrolment management plan directed towards traditional and non-traditional, domestic and international learners to support strategic growth.

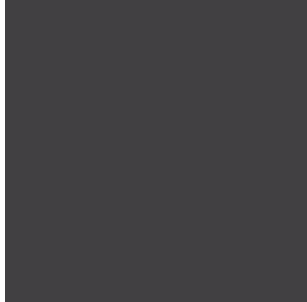
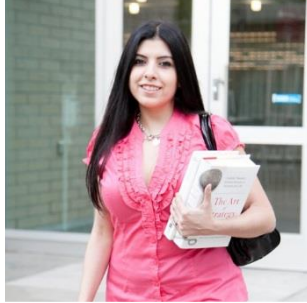
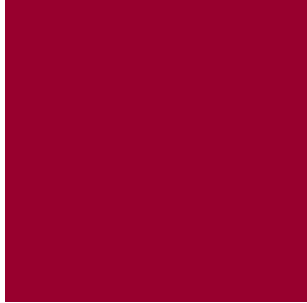
**Experiential learning is integrated into every KPU program, connecting theory to application and the classroom to the community.**

- Ensure every KPU program of study includes experiential learning that connects theory to its application.
- Support and coordinate opportunities for experiential learning, applied research, and community engagement.



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## Integrated Planning

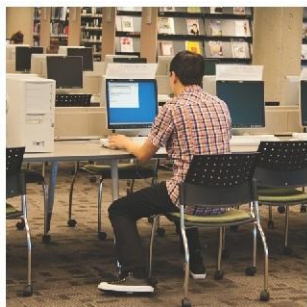
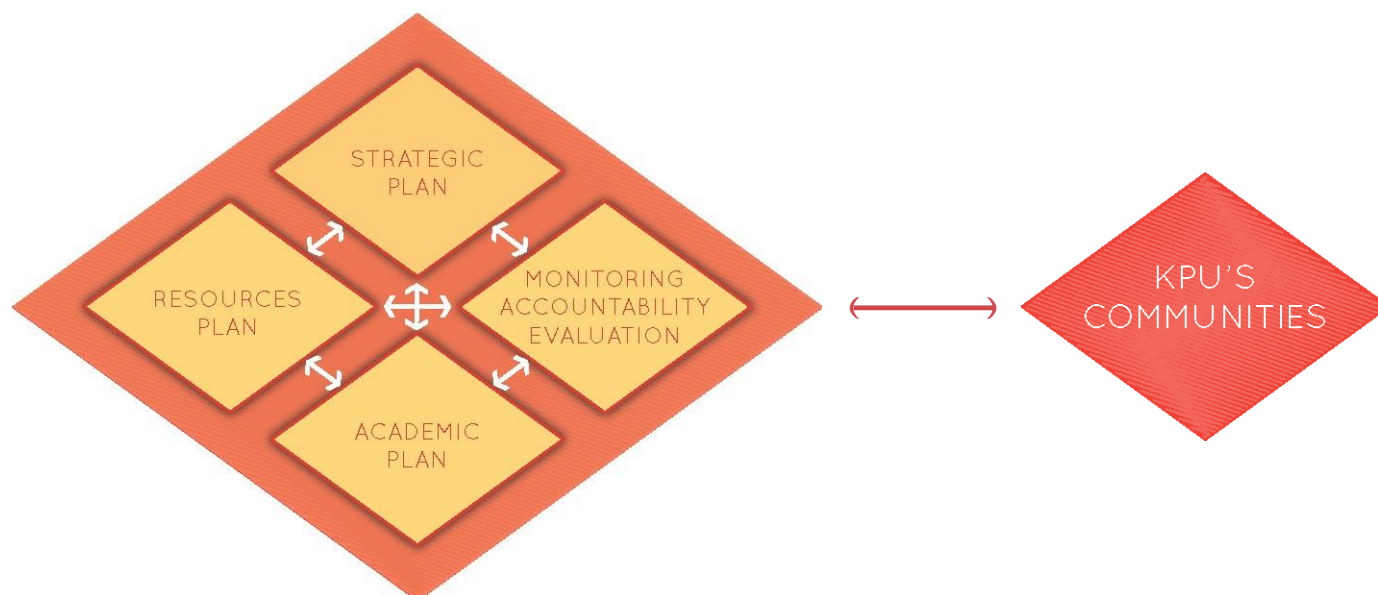
Recognizing that no part of the University operates in isolation, KPU has committed to integrated planning: a holistic approach to coordinating all planning, resource allocation, and accountability activities that is iterative and interrelated.

We are building a transparent process of integrated planning that includes:

- Developing plans aligned with the strategic plan in all areas of the University
- Articulating annual goals and priorities

- Allocating scarce resources to meet these goals and priorities
- Measuring the achievement of our goals
- Communicating the results effectively
- Creating space for innovation

By ensuring that all aspects of the University are aligned in the planning processes, and that the linkages among planning, resource allocation, and monitoring are explicit, integrated planning will become part of KPU's operating culture.





## KPU's Academic Plan 2013-2018: A Preview

KPU's Academic Plan 2013-2018 will be a comprehensive and integrated set of university-wide priorities that guide all aspects of the academic endeavour.

The plan defines the academic character of KPU as a unique B.C. post-secondary institution—a polytechnic university with a teaching focus—and re-affirms values and commitments built over 30 years, all within the context of KPU's Strategic Plan: VISION 2018. It provides a coherent description of KPU's culture of scholarship and its relationship with teaching and learning.

The academic plan steers operational decisions and resource allocation. Driven by department and Faculty input, the academic plan is a living document that will evolve with on-going consultation.

The objectives of KPU's Academic Plan 2013-2018 are to:

- Advance the excellence of the student learning experience
- Enhance and promote student engagement in order to support students' attainment of their academic goals
- Articulate the direction of educational programming and purposeful community engagement
- Build university capacity, in particular, revenue, enrolment, and KPU's academic reputation

A set of unifying Academic Foundations draws together the seven Faculty plans, student support area functions, and university-wide initiatives expressed as a series of commitments to students about the nature of their experience at KPU. The University makes a commitment to:

- **Distinctive Programming**

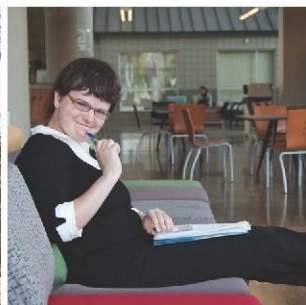
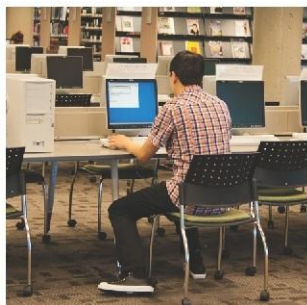
KPU students will choose from a wide range of diverse, innovative, and high-quality programs that reflect KPU's polytechnic mandate, providing students with unique learning opportunities. Different entry points, credential levels, and delivery options will make KPU programs more accessible to a wide range of learners.

- **Innovative Teaching and Learning**

KPU students will experience an inclusive, challenging, and dynamic learning environment that promotes creative and critical thinking. Programs will engage students, enhancing their learning using multiple teaching methods, and drawing on appropriate technologies.

- **Well-defined Learning Outcomes**

KPU students will consolidate and apply their learning in a variety of contexts to validate their mastery of stated learning outcomes.





- **Experiential learning**

KPU students will integrate theory with practice, applying their learning through experiential opportunities available in all KPU programs.

- **Enriched Student Experience**

KPU students will grow as communicators, citizens, and community leaders. KPU students will encounter a supportive and collaborative learning environment inside and outside the classroom. This experience will encourage them to develop personally as well as intellectually, to forge collegial relationships, and to understand and appreciate local and global societies and cultures.

- **Purposeful Community Engagement**

By engaging with our diverse internal, regional, and global communities, KPU students will have opportunities to develop a rich understanding of the complex social, environmental, economic, and political issues that impact humanity.

KPU's Academic Plan 2013-2018 will also have sections that speak to the role of faculty and staff, distinct campus identities, and community engagement strategies. The academic plan does not seek to impose particular practices, but to articulate a broad set of principles, priorities, and recommendations for the University. Key decisions about curricula and programs will be made by the Faculties, schools, and departments, and approved by Senate.

For September 2013, KPU's Academic Plan 2013-2018 will set key priorities for 2013-14 in the context of the overall five-year directions. By June 2014, other plans prompted by VISION 2018 will address:

- Engaging KPU in teaching and learning, including the role of instructional technologies that will extend and enrich the learning environment
- Establishing KPU's profile and directions in research and scholarship
- Developing a comprehensive strategic enrolment management plan for KPU's learner FTE growth strategy
- Expanding continuing and professional education
- Enhancing internationalization to develop better understanding of global challenges and citizenship

These plans will then be integrated into the ongoing academic planning process, in keeping with KPU's commitment to open and transparent integrated planning.



# THANK YOU

to all the individuals who  
contributed their time and  
thought to the development  
of KPU's Strategic Plan:

## VISION 2018

## Planning Process

KPU embarked on its strategic planning process with a commitment to developing a plan that was rooted in the principles of inclusivity and engagement. Recognizing that a unified voice is a strong and captivating voice, the process was designed to hear the voice of everyone at KPU. This strategic plan is built on work done for Creating Our Future in 2007-2008 and other planning initiatives at KPU in recent years.

We will continue working together beyond the unveiling of the KPU Strategic Plan: VISION 2018 to build an integrated planning process that will support a prosperous polytechnic university that positively impacts lives in our communities.



-----



## September 2012

The KPU Senate and Board of Governors approve the proposed outline for the development of the strategic plan, and the Strategic Planning Task Force (SPTF) is formed.

## October 2012

Goals are drafted, and five consultation sessions across the four campuses are held to obtain feedback on the proposed goals. Electronic input is also received. Over **420 people** participate.

## November 2012

SPTF refines the goals based on the input received from the October consultation sessions.

## December 2012

The Strategy Development Group is formed, and draft strategies are developed.

## January 2013

Consultation sessions are held across the four campuses to obtain input on the proposed strategies. Electronic input is also received. Over **365 people** participate.

## February 2013

SPTF refines the strategies based on the input received from the January consultation sessions.

The Board of Governors reviews the draft plan at its annual Board Retreat.

## March 2013

Fifty leaders from across the University test the strategic plan against the four KPU scenarios of higher education that were developed in the spring of 2012 with the participation of **200 people**. The plan is adjusted accordingly, and priorities within the plan are identified.

## April 2013

Consultation sessions are held across the four campuses to align the strategic plan with the Faculty plans and begin to develop the foundation for an academic plan. Electronic input is also received. Over **135 people** participate.

The Senate Standing Committee on Academic Planning and Priorities reviews the strategic plan and recommends that Senate endorse the plan.

Senate endorses the strategic plan to go forward to the Board of Governors.

## May 2013

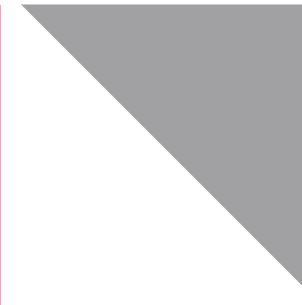
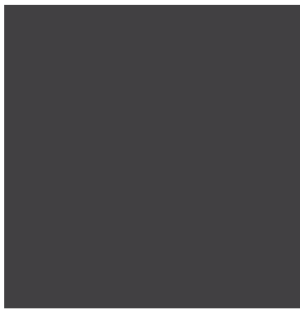
The Board Governance Committee endorses the strategic plan.

## June 2013

The Board of Governors approves the KPU Strategic Plan: VISION 2018.

The KPU Strategic Plan: VISION 2018 is unveiled at the first KPU Day, June 7, 2013.

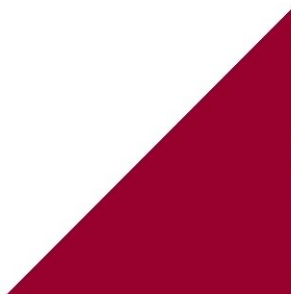




[kpu.ca](http://kpu.ca)

June 2013

KPU



# Appendix B

## UBC Support Letter

**KWANTLEN POLYTECHNIC UNIVERSITY**  
**FACULTY OF HEALTH**  
**Acupuncture Diploma**  
**Full Program Proposal**

October 2015

## Appendix B



**a place of mind**  
**THE UNIVERSITY OF BRITISH COLUMBIA**

**Howard Feldman MDCM, FRCP(C), FCAHS**  
Professor, Division of Neurology  
Executive Associate Dean, Research  
Faculty of Medicine  
The University of British Columbia  
317 - 2194 Health Sciences Mall  
Vancouver, BC Canada V6T 1Z3  
Phone (604) 822- 0763  
Email: howard.feldman@ubc.ca

June 19, 2014

Dr. Tru Freeman  
Dean, Faculty of Health  
Kwantlen Polytechnic University  
12666 75 Avenue  
Surrey, B.C. V3W 2M8

Dear Dean Freeman,

Thank you for the discussion on June 4<sup>th</sup> regarding the necessary internal dialogue around established research collaborations with Kwantlen Polytechnic University (KPU) in the area of Traditional Chinese Medicine. It was particularly appreciated that Dr. Jean Nicholson-Church, Associate Dean, attended the scientific workshop jointly organized by UBC and the Shanghai University of Traditional Chinese Medicine. The workshop stimulated a collaborative interest and participation from KPU was well received.

The UBC Faculty of Medicine feels there is a need for a strong scientific base in a Traditional Chinese Medicine program and this letter serves as a preliminary statement of support in the direction of establishing a research emphasis within the program. We are willing to allow our expressed interest to contribute to programmatic development for a TCM program.

As the research opportunities extend beyond the Faculty of Medicine, there will need to be additional discussions with the Faculties of Pharmaceutical Sciences and Forestry which might best be facilitated by Dr. Gavin Stuart, in his role as Vice Provost, Health for UBC.

This is an exciting opportunity and I would be pleased to have follow-up discussions as the development of the TCM program continues at KPU.

Sincerely,

Howard Feldman

cc: Dr. David Farrar, Provost and Vice President, Academic, UBC  
Dr. John Hepburn, Vice President, Research and International, UBC  
Dr. Gavin Stuart, Dean, Faculty of Medicine, and Vice Provost Health, UBC



# Appendix C

Traditional Chinese Medicine (TCM)  
Program Advisory Committee (PAC)

**KWANTLEN POLYTECHNIC UNIVERSITY**  
**FACULTY OF HEALTH**  
**Acupuncture Diploma**  
**Full Program Proposal**

October 2015

**Appendix C**  
**Traditional Chinese Medicine (TCM)**  
**Program Advisory Committee (PAC)**

	CONTACT	CONTACT INFORMATION
1	Brown, Dr. Lorne	Acubalance Wellness Centre Suite 250, 828 West 8 <sup>th</sup> Ave. Vancouver, BC Phone: 604-678-8600 Email: lorne@acubalance.ca
2	Che, Dr. Fei	West Vancouver Acupuncture Clinic #200 – 1865 Marine Drive West Vancouver, BC, V7V 1J7 Phone: 604-926-0238
3	Chung, Dr. Michael	#104 – 2419 Bellevue Ave. West Vancouver, BC, V7V 4T4 Phone: 604-913-2988 Cell: 604-789-9198 Email: drmichaelchung@gmail.com
4	Graham, Dr. Kim	#101 – 135 East 15 <sup>th</sup> Street North Vancouver, BC, V7L 2P7 Phone: 604-984-8731 Email: <a href="mailto:kgthrive@yahoo.ca">kgthrive@yahoo.ca</a>
5	Hardman, Dr. Bill	Hardman Acupuncture and TCM Office 7577 Mary Avenue Burnaby, BC, V3N 3G4 Phone: 604-524-6855 Email: hardman.wellness@telus.net
6	Hu, Jenny	Natural Health Clinic #255 – 550 6 <sup>th</sup> Street New Westminster, BC Phone: 604-528-9869
7	Liu, Dr. Jeffrey	Chinatown Centre Medical Clinic #165 – 288 E. Georgia Street Vancouver, BC, V6A 4H8 Phone: 604-605-3382 Cell: 604-351-2476 Email: jeffreylieu80@yahoo.ca

**Appendix C**  
**Traditional Chinese Medicine (TCM)**  
**Program Advisory Committee (PAC)**

	CONTACT	CONTACT INFORMATION
8	Ranello, Joseph	1980 McLeod Rossland, BC, V0G 1Y0 Phone: 250-362-7763 Email: jranallo@shaw.ca
9	Stan, Dr. John	Eastern Currents Distributing 9109 Shaughnessy Street Vancouver, BC, V6P 6R9 Phone: 866-263-5042 Cell: 604-250-8769 Email: jstan@easterncurrents.ca
10	Yu, Dr. Vincent	#1 – 2661 E. Hastings Street Vancouver, BC, V5K 1Z3 Phone: 604-336-1696
11	Yu, Dr. Weidong (Chair)	Wellspring Clinic 916 W. King Edward Avenue Vancouver, BC, V5Z 2E2 Phone: 604-737-7876 Email: wellsprng2828@gmail.com
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# Appendix D

**Immigration and Ethno-Cultural Diversity**

**KWANTLEN POLYTECHNIC UNIVERSITY  
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## Appendix D

### Immigration and Ethno-Cultural Diversity

<http://www12.statcan.gc.ca/nhs-enm/2011/as-sa/foqs-spg/Pages/FOG.cfm?lang=E&level=3&GeoCode=933>

Table 1: Immigrants by non-official languages spoken most often at home, Richmond (City)						
	Richmond (City)			British Columbia		
	Count	%	Rank	Count	%	Rank
<b>Cantonese</b>	26,620	23.6	1	101,495	8.5	2
<b>Mandarin</b>	17,105	15.2	2	74,110	6.2	3
<b>Chinese</b>	16,865	14.9	3	73,380	6.2	4

Table 2: Most frequently reported ethnic origins, Richmond (City)						
	Richmond (City)			British Columbia		
	Count	%	Rank	Count	%	Rank
<b>Chinese</b>	91,885	48.5	1	464,805	10.7	6
<b>English</b>	20,790	11.0	2	1,199,955	27.7	1
<b>Canadian</b>	15,060	8.0	3	826,340	19.1	3

# Appendix E

## Private TCM Schools in British Columbia

**KWANTLEN POLYTECHNIC UNIVERSITY**  
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## Appendix E

### List of Private TCM Schools in BC

Name	Address	Phone	Email/Website	Tuition	No. Students annually	No. of intakes annually	Any CE courses
PCU College of Holistic Medicine	5021 Kingsway, Burnaby, BC V5H 4A5	604-433-1299 1-800-603-9127	info@pcucollege.ca www.pcucollege.ca	\$14.5/hour Acupuncture \$27,840 TCM P \$38,425 Dr. TCM \$51,185	130	45	Yes
International College of Traditional Chinese Medicine of Vancouver (ICTCM)	1508 W. Broadway Vancouver, BC V6A 3Z8	604-731-2926	info@tcmcollege.com www.tcmcollege.com	\$200 per credit Acupuncture \$27,828 TCM P \$38,028 Dr. TCM \$48,735	80	30	Yes
Pacific Rim College	229-560 Johnson Road Victoria, BC V8W 3C6	250-483-2119 1-866-890-6082	info@pacificrimcollege.ca www.pacificrimcollege.ca	\$210 per credit Acupuncture TCM P \$37,170 Dr. TCM \$45,780	60	25	Yes
Oshio College of Acupuncture and Herbology	Suite 100, 3491 Saanich Road Victoria, BC V8W 1K7	1-250 360 2700	admissions@oshio.ca oshio@shaw.ca www.oshio.ca	Acupuncture \$24,600 TCM P \$32,800 Dr. TCM \$41,000	30	10	Yes
Academy of Classical Oriental Sciences (ACOS)	303 Vernon St. Nelson, BC, V1L 4E3	1-250-352-5887	registrar@acos.org melisa.beyers@yahoo.com www.acos.org	\$223 per credit Acupuncture \$35,680 TCM P \$50,621 Dr. TCM \$59,987	50	15	Yes

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Name	Address	Phone	Email/Website	Tuition	No. Students annually	No. of intakes annually	Any CE courses
Vancouver Beijing College of Chinese Medicine	3135-8888 Odlin Cr. Richmond, BC V6A 3Z8	604-207-9389	vbcocm@yahoo.ca www.tcmvbc.com	Acupuncture \$22,191 TCM P \$34,352 Dr. TCM \$43,770	25	8	Yes
JCE International College of Holistic Medicine	309-333 Terminal Ave Vancouver, BC V6A 4C1	604-568-8815	info@jcecollege.ca www.jcecollege.ca	Acupuncture \$26,595 TCM P \$36,045 Dr. TCM \$48,195	20	7	Yes
Central College	55 – 8 Street New Westminster, BC V3M 3N8	604-523-2388	info@centralcollege.ca www.centralcollege.ca	Acupuncture \$25,200 TCM P \$33,600	20	7	Yes

### Notes:

- 1) Among eight TCM schools, six have the same tuition for domestic and international students, PCU college charges 25% more for international students, Vancouver Beijing College charges approximately five percent more for international students.
- 2) Among eight TCM schools, seven offer Acupuncture, TCM Herbalist, TCM Practitioner and Dr. TCM programs, Central College Acupuncture, TCM Herbalist and TCM Practitioner programs but don't offer Dr. TCM program.
- 3) Among eight TCM schools, one (JCE International College) is not accredited by PCTIA.
- 4) Data is not available for number of students annually and number of intakes annually; numbers in this document are estimates.
- 5) Vancouver Beijing and JCE only offer classes in Mandarin; PCU offers classes in English and Mandarin.

Source: PCTIA and each college website September 3, 2015



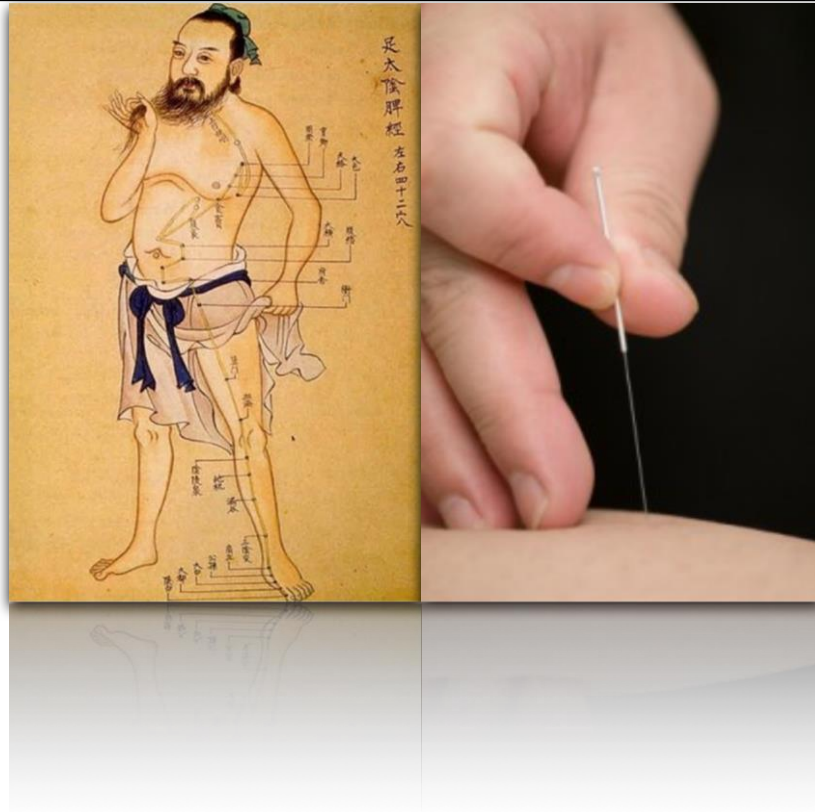
# Appendix F

## TCM Status in Canada

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**Full Program Proposal**

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## **The status and prospects of Acupuncturists and Traditional Chinese Medicine Practitioners in Canada**



Canadian Coalition of TCM and Acupuncture Associations  
November 18, 2013

## **Introduction**

Traditional Chinese Medicine and Acupuncture has been an important medical profession in China and many other Asian countries for thousands of years. It has also been recognized by the United Nations World Health Organization as an acknowledged medical profession <sup>(1)</sup>, and is listed in UNESCO as a humanity treasure appreciated by over 53 countries and regions <sup>(2)</sup>.

Because of the excellent Canadian policies of multiculturalism, this treasure of natural medical wisdom has been introduced through immigration diversity, not only bringing benefit to Canadians' health, but also creating vast wealth potentials for the Canadian economy.

Although TCM Acupuncture only has a few decades of history in Canada and is not covered by the government's medical service plan, its demand by the Canadians has increased rapidly as it provides a safe and effective medical care option just like many other health professionals.

Therefore TCM Acupuncture is a professional industry worthy of the development by the Canadian government. It will be a valuable complement to assist the insufficient resource of the current MSP medical care system.

## **Acupuncturist/TCM practitioner as a health practitioner in Canada**

In accordance with the Canada Health Act , *"Health Care Practitioner" means " a person lawfully entitled under the law of a province to provide health services in the place in which the service are provided by that person"*. Therefore, it is no doubt that Acupuncturist/TCM practitioner has been regulated as a “Health Care Practitioner” in Canada.

As of April 1st, 2013, five provinces have officially regulated acupuncture in their jurisdictions. The legislative references for all five provinces are:

- Alberta (*Acupuncture regulation, Alb.Reg. 42/1988 promulgated under the Health Disciplines Act, 1988*),
- Quebec (*Loi sur l'acupuncture, L.R.Q.c.A-5.1*),
- British Columbia (*Traditional Chinese Medicine Practitioners and Acupuncturists Regulation, B.C. Reg.290/2008 adopted under the authority of the Health Professions Act*),
- Ontario (*Traditional Chinese Medicine Act, 2006 S.O. 2006, Ch.27*),
- Newfoundland and Labrador (*Certain Health Professions Act, c.H-1.02*).

Now the Acupuncturist/TCM practitioner has met the criteria, *“if a profession is regulated as a health profession by at least five provinces, the service of that profession may be exempt from the GST/HST in all provinces.”* , and has requested Minister of Finance Canada to propose amendment of the *Excise Tax Act* in order to exempt GST/HST from their acupuncture Service.

There are 4978 Practitioners estimated in total of 10 provinces respectively as follows:

**Numbers of Acupuncturist/TCM practitioner in each province**  
**(as of Oct. 20, 2013):**

<b>Acupuncturist and TCM practitioner in Canada</b>	<b>Numbers</b>	<b>GST/HST %</b>	<b>Remarks</b>
<b>Alberta</b>	616	GST 5%	Regulated
<b>British Columbia</b>	1,444	GST 5%	Regulated
<b>Quebec</b>	815	GST 5%	Regulated
<b>Ontario</b>	1,805	HST 13%	Regulated
<b>Newfoundland and Labrador</b>	32	HST 13%	Regulated
<b>Subtotal</b>	<b><u>4712</u></b> (of regulated jurisdictions)		
<b>Nova Scotia</b>	84	HST 15%	Non-Regulated
<b>Prince Edward Island</b>	10	HST 14%	Non-Regulated
<b>Saskatchewan</b>	61	GST 5%	Non-Regulated
<b>Manitoba</b>	47	GST 5%	Non-Regulated
<b>New Brunswick</b>	64	HST 13%	Non-Regulated
<b>Subtotal</b>	<b><u>266</u></b> (of non-regulated provinces)		
<b>Total:</b>	<b>4,978</b>		

(\*) the sources of figures are from the Regulatory College of each jurisdiction or professional Associations of the non-legislated provinces. <sup>(3)</sup>

### **Revenue status of the TCM/Acupuncture professionals:**

Statistical values and salaries, without a doubt, have been the most difficult to obtain and validate. Our review of the literature found that, at this present time, statistics have not been sufficiently and consistently collected by the TCM community or elsewhere to draw accurate conclusions on the income generated by the acupuncture services provided by acupuncturists/TCM practitioners. However, since this profession consists mainly of self-employed workers, from the yellow pages and business directory of Acupuncture Service in B.C., we can see only less than 1/3 of registered practitioners are listed. From this, we may measure the number of practitioners that are able to afford a regular business expenses (estimated at least \$3,000/month) for a full time job. This number also matches the data of Statistics Canada in Quebec <sup>(4)</sup>, similarly, there are only 1/3 of practitioners having an annual income above \$30,000. Additionally, there is more than 50% working in part-time condition that is making less than \$30,000, rendering their annual gross income un-taxable for the GST/HST.

In general, charge of Acupuncture Service varies considerably from \$30 to \$90 <sup>(5)</sup> (average \$60) per treatment, depends on the level of expertise, experience, and business management skill. Therefore at an estimate of 10 treatments per day per practitioner in a fully booked clinic environment with 50 minutes per treatment, the Maximum Gross clinic business income is:  $\$60 \times 10 \times 20$  (working day/per month) = \$12,000/month, with a Minimum Gross income of \$2,500 per month if they make \$30,000 annually. Therefore, the taxable annual gross income of the Registered Acupuncturist /TCM Practitioner will range from \$30,000 to \$144,000.

Thus, in order to calculate an annual federal GST/HST tax generated from the acupuncture service provided by the Registered Acupuncturist /TCM Practitioner that reflects the current status, it would be reasonable to achieve an appropriate estimation based on the **1,659** full-time practitioners in Canada (1/3 of the total national registered practitioners).

### **Estimated value of the TCM /Acupuncture industry**

**TCM Acupuncture is a natural, safe and effective medical profession, with a total industry productive value of \$716,800,000, which contributes to the Canadian health care budget for an estimation of \$322,000,000 annually**

TCM Acupuncture treatment is a safe and effective health care service, providing an excellent complement to the medical health care system in terms of treatment for disease/symptom and functional disorder. It has an estimated total industry productive value of **\$716,800,000** (\$144,000 annual gross income multiply by the total 4,978 practitioners across Canada). Although TCM Acupuncture is a private complementary health care profession, it has been officially regulated in five provinces across Canada. In calculation of the full-time practiced

1659 practitioners (1/3 of 4,978 practitioners across Canada), **an estimated value of \$107,400,000 has been contributed yearly to the Canadian medical service, and help minimize government's health care budge.**

To illustrate, according to the Vancouver Sun's news report <sup>(6)</sup>, the Canadian government spends on an average of **\$53.95** per patient per service at each medical physician. If we multiple this figure with an average of 5 patients per TCM Acupuncture clinic per day, and then multiple the number with 240 working days per year, and the number of 1659 registered practitioners, the Canadian government could save a total of **\$107,400,000** on annual health care budget if the same patient visits a TCM Acupuncture practitioner instead of a physician with MSP coverage for the same health issue. And this figure is excluding the cost on laboratory examinations and the visit at the medical specialists.

Therefore, GST/HST tax exemption for the TCM Acupuncture professionals would make this service more affordable to the general public, and as a result, further encouraging the number of full-time practiced practitioners to its maximum by tripling the current health care budget contribution to a total estimation of **\$322,000,000.**

### **Creating TCM /Acupuncture health education industry:**

TCM and Acupuncture has been recognized by the United Nations World Health Organization as an acknowledged medical profession. It is not only a focused medical education in many Asian countries, but also receiving heavy attention in North America and many European countries in the recent decades. In Canada, there is a total estimation of 5000 Registered TCM Acupuncturists, who came from Canada, the U.S., Europe, China, Korea, Japan, Hong Kong, Taiwan, and Russia...etc. Through their different cultural backgrounds, and professional knowledge in TCM and Acupuncture, they will surely provide significant impacts, bringing forward the development of the TCM and Acupuncture education industry in Canada, and creating more career opportunities for the Canadians.

### **Developing TCM natural health products:**

There has been a record of more than 10,000 of herbal formulas in the classical TCM literatures. The composition of each TCM formula could vary according to the TCM principle and theory. TCM practitioners could select formulas that are proven clinically effective, together with the purification of the biochemical technology and the quality control of food hygiene, we could promote the development of Canadian TCM natural health product industry, creating an immeasurable economic opportunities in the vast natural health product market of North America and worldwide.

## **Conclusion & Proposal:**

TCM and Acupuncture industry is a national treasure with a vast potential which will not only benefit the Canadian health care system, but also create immense economic opportunities. This could only be achieved under the appropriate policies and vision of the Canadian government.

Now the Acupuncturist/TCM practitioner has met the criteria for exempting GST/HST from their acupuncture service; therefore, based on tax fairness and justice to Canadians, **it is urgent for the government to propose amendment of the *Excise Tax Act* for exempting the GST/HST on the acupuncture services provided by the Registered TCM and Acupuncture practitioners**, similar to all other medical professionals. This will be a critical first step to activate the valuable health industry and achieve a win-win situation for the public and the Canadian government.

### **Reference:**

- (1): <http://apps.who.int/medicinedocs/en/d/Js4926e/5.html>
- (2): <http://www.unesco.org/culture/ich/RL/00425>
- (3): [http://www.acupuncturealberta.ca/documents/MEMBERSHIPLISTasofOctober12013\\_002.pdf](http://www.acupuncturealberta.ca/documents/MEMBERSHIPLISTasofOctober12013_002.pdf)  
<http://www.ctcma.bc.ca/index.php?id=21> <http://www.o-a-q.org/fr/acces-public/accueil.aspx> <http://www.ctcmpanl.ca/wp-content/uploads/2012/05/Membership-List9.pdf>  
<http://www.ctcmpao.on.ca/>
- (4): [http://www.servicecanada.gc.ca/eng/qc/job\\_futures/statistics/3232.shtml](http://www.servicecanada.gc.ca/eng/qc/job_futures/statistics/3232.shtml)
- (5): [http://alis.alberta.ca/occinfo/Content/RequestAction.asp?aspAction=GetHTMLProfile&format=html&occPro\\_ID=71003159](http://alis.alberta.ca/occinfo/Content/RequestAction.asp?aspAction=GetHTMLProfile&format=html&occPro_ID=71003159)
- (6): <http://blogs.vancouversun.com/2013/01/22/what-doctors-in-b-c-and-canada-earn-what-your-doctor-makes/>

### **Presented by:**

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# Appendix G

## CTCMA Schedule E

**KWANTLEN POLYTECHNIC UNIVERSITY**  
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**Appendix G****SCHEDULE E: Approval Guidelines for Education/Training Program**

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**Recognition Guidelines for Education/Training Program**

Students who complete training in British Columbia will only receive recognition for programs offered by training institutions that are currently registered or accredited with the Private Career Training Institutions Agency (“PCTIA”). As of March 31, 2012, recognition will only be given for completion of programs offered by training institution programs in British Columbia that are accredited by PCTIA. Traditional Chinese Medicine (TCM) and Acupuncture educational programs are evaluated based on institutional processes, content and length of program and outcomes. Indicators are used to determine if educational programs meet the criteria. Five areas of an educational program are reviewed:

**I. Institutional Processes**

The Institutional philosophy and program philosophy, content and length enable graduates to meet the College’s standards of practice.

**II. Curriculum**

The curriculum provides learning experiences necessary for students to achieve the College’s professional practice requirements.

**III. Students and Graduates**

Students, during their participation in the education program, demonstrate progression towards achieving the College’s professional practice requirements. Graduates have been and are successful in achieving professional practice requirements.

**IV. Resources**

The institution has the resources and infrastructure necessary to develop, deliver and evaluate a Program that provides learning experiences necessary for students to achieve the College’s professional practice requirements.

**V. Program Content**

The educational program has met the minimal requirements listed in the following sections of this schedule.

“Academic year” is used throughout this schedule. 1 academic year consists of 8 months, or 2 semesters, or 3 quarters, or 2 trimesters of study.

It is expected that 50% of the minimum hours listed under each clinical instruction shall be in a clinic owned and operated by the education or training program.

Where appropriate, it shall include:

- Practice observation: supervised observation of the clinical practice with case presentations and discussions;
- Diagnosis and evaluation: the application of TCM diagnostic procedures in evaluating patients;
- Supervised practice: the clinical treatment of patients

All programs shall include:

1) A minimum of 360 hours of BASIC TCM FOUNDATION BLOCK in:

- History of TCM and Acupuncture
- Basic TCM theory
- TCM diagnostic process
- Treatment principles and method/Zhi Ze and Zhi Fa
- Communication skills
- Ethics, medical, legal issues and practice management

## Appendix G

### SCHEDULE E: Approval Guidelines for Education/Training Program

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2) A minimum of 250 hours in the introduction of relevant biological and clinical sciences; western diagnosis and diagnostic tests.

**A. Acupuncture Program:** (Totaling 1900 hours minimum in 3 academic years, which includes 450 hours minimum of clinical instruction).

In addition to 1 and 2 listed above, a minimum of 550 hours in:

- Pointology/Shu Xue
- Treatment of diseases
- Treatment techniques
- Equipment safety and clean needle techniques, AND
- A minimum of 450 hours of clinical instruction in acupuncture. During the initial 200 hours, the supervisor shall be physically present at all times during the diagnosis and treatment of patient.
- For the remaining 250 hours, the supervisor may be in close proximity to the location at which the patient is being treated during other clinical instruction. The student shall consult with the supervision before and after each treatment.

**B. Herbology Program** (Totaling 1900 hours minimum in 3 academic years, which includes 450 hours minimum of clinical instruction).

In addition to 1 and 2 listed above, a minimum of 550 hours in:

- Clinical Herbology
- Treatment of diseases
- Introduction to TCM classics, AND
- A minimum of 450 clinical instruction in herbology. During the initial 200 hours, the supervisor shall be physically present at all times during the diagnosis and treatment of patients. For the remaining 250 hours, the supervisor may be in close proximity to the location at which the patient is being treated during other clinical instruction. The student shall consult with the supervision before and after each treatment.

**C. TCM Practitioner Program** (Totaling 2600 hours minimum in 4 academic years, which includes 650 hours minimum of clinical instruction).

The program will be a combination of the Acupuncture Program (A), the Herbology Program (B) listed above, and courses in Tui Na, Shi Liao, and Chinese rehabilitation exercises such as Tai Ji Quan and Qi Gong.

**D. Dr. TCM Program** (Totaling 3250 hours minimum in 5 academic years, which includes 1050 hours minimum of clinical instruction).

In addition to the TCM practitioner program listed in (C), the program shall consist of a minimum of 450 hours in:

- Modern clinical research in TCM
- TCM classics
- Western diagnostic information
- Other TCM treatment modalities
- TCM gerontology
- TCM psychology
- Advanced studies in acupuncture
- Herbal pharmacology, AND
- a minimum of 150 hours of clinical instruction

# Appendix H

## KPU Acupuncture Program Components

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## Appendix H

### KPU Acupuncture Program Components

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#### Essential TCM Foundations

1. Introduction to Yi Jing (The Book of Change)-40
2. Introduction to TCM History & Classics-40
3. TCM Fundamental Theory-80
4. TCM Diagnosis I-80
5. TCM Diagnosis II-80
6. TCM Practice Management and Regulations-40

Sub-total: 360 hrs

#### Acupuncture Foundations

1. Meridian & Acupoint I-60
2. Meridian & Acupoint II-60
3. Acupuncture Technique-60
4. Acupuncture Safety-40
5. Advanced Acupuncture-40

Sub-total: 260 hrs

#### Western Biomedical Science

1. Biomedical Foundation-80
2. Medical Biochemistry and Microbiology-60
3. Introduction to Pathology-40
4. Western Diagnosis (Imaging and Lab Testing)-40
5. Pharmacology-40

Sub-total: 260 hrs

#### Acupuncture Therapeutics

1. Acupuncture Therapy I-60
2. Acupuncture Therapy II-60
3. Acupuncture Case Study-60
4. Tuina (Chinese Style Massage)-60
5. TCM Orthotics and Traumatology-40
6. Acupuncture Practice Transition-60

Sub-total: 340 hrs

## Appendix H

### KPU Acupuncture Program Components

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#### Clinical Practicum

1. Practicum (Introduction)-40
2. Practicum (Supervised I)-100
3. Practicum (Supervised II)-160
4. Practicum (Independent)-160

Sub-total: 460 hrs

#### Others

1. English University Writing-60
2. Mandarin Foundation-40
3. Medical Mandarin-40
4. Communication and Ethics-40
5. Taiji/Qigong-40
6. Shi Liao and Nutrition-40

Sub-total: 260 hrs

Grand Total: 1940 hours (including 460 hours practicum)

# Appendix I

## Program Structure

**KWANTLEN POLYTECHNIC UNIVERSITY**  
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## Appendix I

### Proposed TCM-Acupuncture Program Structure (KPU Diploma)

#### TCM-A Year One

##### 1st Semester

Course Code	Name and Description	Lecture Hours	Lab Clinic Hours	Contact Hours	Credits
ENGL 1100	<p><b>Introduction to University Writing</b></p> <p>Students will learn to apply principles of rhetoric and critical analysis in response to selected readings, which will include examples of scholarly writing and academic argument. They will develop their writing skills through exploratory writing, academic argument, and critical analyses of material from a variety of contexts.</p> <p><i>Note: Transferable and qualifies for "W" status at SFU.</i></p> <p><i>Prerequisites: English 12 (B) or English 12 First Peoples (B) or ENGQ 1099 or ABEE 0091 or ENGP 1091 or ABEE 0092 or ABEE 0097 or ENGP 1097 or successful placement in ENGL 1100 by Kwantlen English Placement Test or an LPI Essay score of 30 – Level 5 or IELTS 6.5 with no band less than 6.0 or iBT 86 with minimum writing subscore 24 or PBT 570 with TWE 5.5 or ELST 0381 (B) &amp; ELST 0383 (B) or ELST 0381 (B) &amp; KIST score of 50 or higher.</i></p>	60		60	3
ACUP 1110	<p><b>Mandarin Foundation</b></p> <p>Students will study pinyin system, develop basic skills in listening, speaking, reading and writing in Mandarin Chinese while exploring the Chinese culture. This course is intended for students who cannot write more than 200 Chinese characters.</p>	40		40	2
ACUP 1120	<p><b>Introduction to Yi Jing (The Book of Changes)</b></p> <p>Students will learn the fundamental concept of Yi Jing (the Book of Changes), which incorporates Chinese philosophy, natural and social sciences, where the traditional Chinese medicine (TCM) is rooted. They will explore the eight trigrams, focusing on relating to TCM and the influences of Confucianism, Taoism, Buddhism and various ancient Chinese schools of thought. Students will study the concept as a state of transition from one phenomenon to another which is continually taking place in the physical world.</p>	40		40	2

<b>ACUP 1100</b>	<b>TCM Fundamental Theory</b>  Students will learn the traditional Chinese medicine (TCM) qi, yin yang, five-phase, zangfu, etiology theories. They will study the foundational concepts of essence, qi, blood, and body fluid, pathogeneses, treatment principles and prevention. Students will explore the basic meridian and collateral theory and TCM constitution development and implications.	<b>80</b>		<b>80</b>	<b>4</b>
<b>ACUP 1160</b>	<b>Biomedical Foundation</b>  Students will study the major organ systems of the human body responsible for support, movement, circulation, respiration and digestion. They will also overview nervous and endocrine control, microbiology, and examples of drug actions and effects. Students will study these topics using a self-directed modular format.	<b>80</b>		<b>80</b>	<b>4</b>
	<b>Subtotal:</b>	<b>300</b>		<b>300</b>	<b>15</b>

## 2nd Semester

<b>Course Code</b>	<b>Name and Description</b>	<b>Lecture Hours</b>	<b>Lab Clinic Hours</b>	<b>Contact Hours</b>	<b>Credits</b>
<b>ACUP 1210</b>	<b>Medical Mandarin</b>  Students will practice and enhance the basic linguistic skills developed in Mandarin Foundation and will acquire additional grammatical structures and vocabulary for achieving reading, writing on common Chinese characters in traditional Chinese medicine.  <i>Prerequisites: TCMA 1100.</i>	<b>40</b>		<b>40</b>	<b>2</b>
<b>ACUP 1200</b>	<b>TCM Diagnosis I</b>  Students will learn the four traditional Chinese medicine diagnostic methods such as observation, listening/smelling, interrogation and palpation, focusing on tongue and pulse diagnostic skills. They will study different sounds associated with pathological conditions and will explore the various aspects of scent that can be clinically significant. Students will learn communication skill in order to acquire accurate medical information.  <i>Prerequisites: TCMA1120.</i>	<b>60</b>	<b>20</b>	<b>80</b>	<b>4</b>



<b>ACUP 1130</b>	<b>Meridian and Acupoint I</b>  Students will learn the pathways of qi and blood throughout the body via the main and extra meridians, focusing on the corresponding acupoints. They will study the methods to locate acupoints along the meridians of the Du (Governor) and Ren (Conception), Lung, Large Intestine, Stomach, Spleen, Heart and Small Intestine meridians with instructor demonstrations and students hands-on practice. Students will study on each acupoint function and indication and clinical significant.  <i>Prerequisites: TCMA 1120</i>	<b>40</b>	<b>20</b>	<b>60</b>	<b>3</b>
<b>ACUP 1230</b>	<b>Meridian and Acupoint II</b>  Students will continue to learn the main meridians along acupoints, focusing on Bladder, Kidney, Pericardium, San Jiao, Gallbladder and Liver Meridians. They will study the location and indications of each acupoint and detailed instruction on points that require special care when needling. Students will learn extraordinary points with instructor demonstrations and students hands-on practice.  <i>Prerequisites: TCMA 1100</i>	<b>40</b>	<b>20</b>	<b>60</b>	<b>3</b>
<b>ACUP 1260</b>	<b>Medical Biochemistry and Microbiology</b>  Students will learn the fundamentals of organic and cellular chemistry, focusing on metabolism of glucose, lipids and proteins. They will identify structures, classification, functions, and properties of various molecules which are essential in the many mechanisms of the human body. Students will also learn various pathogenic microorganisms that are capable of causing diseases in humans, as well as these pathogenic microorganisms' properties. They will explore the cellular and humoral immune responses to infectious diseases, and the ways to prevent these infections, focusing on vaccination, sterilizations, and disinfection.  <i>Prerequisites: TCMA 1160</i>	<b>60</b>		<b>60</b>	<b>3</b>
	<b>Subtotal:</b>	<b>240</b>	<b>60</b>	<b>300</b>	<b>15</b>

**TCMA Year One Credits: 30**

## TCM-A Year Two

### 3rd Semester

Course Code	Name and Description	Lecture Hours	Lab Clinic Hours	Contact Hours	Credits
ACUP 1300	<b>TCM Diagnosis II</b>  Students will learn pattern identification and differentiation, basing on the eight principles, the yin yang/qi/blood theories, zangfu theory, meridians/collateral theory and traditional Chinese medicine etiology theory. They will study the pathological progression of febrile diseases, the theories of Wei Qi Ying Xue, Six Meridian, and San Jiao as well as their corresponding syndromes. Students will learn clinical record keeping and the key components of data collection in a clinical setting.  <i>Prerequisites: TCMA 1220</i>	60	20	80	4
ACUP 1320	<b>Acupuncture Technique</b>  Students will learn filiform needling techniques including methods of manipulation, reinforcing and reducing, needle angles, insertion depth, and important preparation techniques. They will study moxibustion, cupping and specialized needling techniques such as scalp and ear acupuncture, electro-acupuncture, cutaneous and intra-dermal needling. Students will study the indications, contraindications and precautions for each technique with instructor demonstration and students hands-on practice.  <i>Prerequisites: TCMA 1120</i>	40	20	60	3
ACUP 1330	<b>Acupuncture Therapy I</b>  Students will learn how to apply basic traditional Chinese medicine theory, diagnostic method, meridian and acupoint theory, and acupuncture skills to the disease treatment by using acupuncture and moxibustion. They will study the principles of acupuncture prescription and treatment protocol. Students will learn emergency diseases, geriatric diseases, mental disorders and disorders in the digestive and circulatory system.  <i>Prerequisites: TCMA 1220 and 1240</i>	60		60	3

<b>ACUP 1340</b>	<b>Acupuncture Safety</b>  Students will learn basic disinfection protocol and how to maintain safety in a clinical practice, focusing on needling acupoints which are close to internal organs, arteries, nerves and brain stem. They will learn how to recognize emergency situations in the clinical setting and provide appropriate referral to other healthcare professionals for proper continual care of the patients. Students will study how to prevent and handle possible accidents during treatments.  <i>Prerequisites: TCMA 1240 and 1260</i>	<b>40</b>		<b>40</b>	<b>2</b>
<b>ACUP 1360</b>	<b>Introduction to Pathology</b>  Students will learn the basic concepts of pathology in abnormal cellular changes, response, injury, acute and chronic inflammation, neoplasm and a systemic review of pathology in neurological, endocrine, and other systems. They will study the principles and mechanisms of various diseases of different body systems, as well as the risk factors, signs, symptoms and pathological diagnosis.  <i>Prerequisites: TCMA 1260</i>	<b>40</b>		<b>40</b>	<b>2</b>
<b>ACUP 1180</b>	<b>Practicum (Introduction)</b>  Students will learn the operations of the traditional Chinese medicine (TCM) clinic by observing how senior interns or clinical supervisors conduct TCM interviews, make diagnosis and determine appropriate treatment, perform treatment and keep medical record. They will start practicing their communication skills and patient care skills in a reality based environment.  <i>Prerequisites: TCMA 1220</i>		<b>40</b>	<b>40</b>	<b>1</b>
	<b>Subtotal:</b>	<b>240</b>	<b>80</b>	<b>320</b>	<b>15</b>

#### 4<sup>th</sup> Semester

Course Code	Name and Description	Lecture Hours	Lab Clinic Hours	Contact Hours	Credits
ACUP 2130	<p><b>Acupuncture Therapy II</b></p> <p>Students will continue to learn how to apply basic traditional Chinese medicine (TCM) theory, diagnostic method, meridian and acupoint theory, and acupuncture skills to the disease treatment by using acupuncture and moxibustion. They will study the principles of acupuncture prescription and treatment protocol. Students will learn the treatment of TCM internal diseases, focusing on respiratory, nervous, and genitourinary systems, several infectious diseases, psychiatric conditions, gynecological and pediatric diseases.</p> <p><i>Prerequisites: TCMA 1340</i></p>	60		60	3
ACUP 2100	<p><b>Introduction to TCM History and Classics</b></p> <p>Students will study traditional Chinese medicine (TCM) history, the basic knowledge of the five major TCM classics, such as Huangdi Neijing, Nanjing, ShanghanLun, JinguiYaolue and Febrile Disease, which have provided a solid theoretical foundation and clinical guidance to the development of TCM for over two thousand of years. They will be introduced to the formation, main contents, related conceptions, basic academic viewpoints and features, theoretical systems, and their medical significances of the TCM classics.</p> <p><i>Prerequisites: TCMA 1120</i></p>	40		40	2
ACUP 2150	<p><b>Communication and Ethics</b></p> <p>Students will learn the phases of counselling and examines the strategies and techniques required to provide efficient counselling to diverse clients. Emphasis is placed on counselling relationships, interviewing techniques, communication skills, ethics and client's empowerment. They will also study health professional ethics.</p> <p><i>Prerequisites: ENGL 1100</i></p>	40		40	2

<b>ACUP 2160</b>	<b>Medical Diagnosis (Imaging &amp; Lab Testing)</b>  Students will learn basic Western physical and neurological examinations. They will study how to interpret clinical relevant information from appropriate laboratory tests and imaging results that they may come upon in clinical practice.  <i>Prerequisites: TCMA 1260</i>	<b>40</b>		<b>40</b>	<b>2</b>
<b>ACUP 2140</b>	<b>Tuina (Chinese style massage)</b>  Students will learn fundamental Tuina theories clinical procedures and common manipulations techniques. They will study twenty different manipulations techniques in combination with meridian and acupoint theory. Students will learn the application of acupressure/Tuina techniques for soft tissue injuries such as those of the knee joint, cervical, lumbar spine and limbs.  <i>Prerequisites: TCMA 1240</i>	<b>30</b>	<b>30</b>	<b>60</b>	<b>3</b>
<b>ACUP 2180</b>	<b>Practicum (Supervised I)</b>  Students will learn how to interview a new patient, focusing on taking information base on four traditional Chinese medicine (TCM) diagnostic skills and identifying patterns base on TCM theories. They are also required to make a tentative diagnosis and verified by clinical supervisor. Students will learn how to propose an acupuncture prescription and perform the treatment under the supervision of clinical instructor.  <i>Prerequisites: TCMA 1380</i>		<b>100</b>	<b>100</b>	<b>3.0</b>
	<b>Subtotal:</b>	<b>210</b>	<b>130</b>	<b>340</b>	<b>15.0</b>

**TCMA Year Two Credits: 30.0**

**TCM-A Year Three**  
**5<sup>th</sup> Semester**

Course Code	Name and Description	Lecture Hours	Lab Clinic Hours	Contact Hours	Credits
<b>ACUP 2230</b>	<p><b>Acupuncture Case Study</b></p> <p>Students will be presented to interesting and complex simulated clinical cases, focusing on internal medicine disease, gynecological disorders, pediatric disease, external disease and disease of the sensory organs. They will be required to determine traditional Chinese medicine diagnosis, etiology and pathogenesis, differentiation of syndrome, principle treatment, acupuncture prescription and appropriate delivery method.</p> <p><i>Prerequisites: TCMA 2100</i></p>	60		60	3
<b>ACUP 2220</b>	<p><b>Advanced Acupuncture</b></p> <p>Students will learn the advanced ancient acupuncture and moxibustion techniques such as Ziwu Liuzhu acupuncture therapy and the eight methods of the mystic turtle. They will study modern, unique acupuncture and moxibustion techniques, focusing on specialized techniques of several famous acupuncture doctors.</p> <p><i>Prerequisites: TCMA1320</i></p>	30	10	40	2
<b>ACUP 2200</b>	<p><b>Taiji/Qigong</b></p> <p>Students will learn the fundamental concepts of TaijiQuan, focusing on short form of the Yang style TaijiQuan. They will learn basic steps and movements of each form. Students will study and practice free style Qigong and learn how to master and cultivate one's own qi through coordinating slow flowing movement, deep rhythmic breathing, and calm meditative state of mind.</p> <p><i>Prerequisites: TCMA1120</i></p>	10	30	40	2
<b>ACUP 2260</b>	<p><b>Pharmacology</b></p> <p>Students will learn various classes of commonly used drugs, including analgesics, antihypertensives, antibiotics, and sedatives, focusing on the mechanism of actions, pharmacokinetics, pharmacodynamics, therapeutic uses, and adverse effects.</p> <p><i>Prerequisites: TCMA 2160</i></p>	40		40	2

<b>ACUP 2280</b>	<b>Practicum (Supervised II)</b>  Students will continue to learn how to interview a new patient, focusing on taking information based on four traditional Chinese medicine (TCM) diagnostic skills and identifying patterns based on TCM theories and make a diagnosis. They will learn how to propose an acupuncture prescription or an herbal formula. Students will apply acupuncture technique to treat the real patients under the supervision of a clinical instructor.  <i>Prerequisites: TCMA 2180</i>		<b>160</b>	<b>160</b>	<b>4</b>
	<b>Subtotal:</b>	<b>140</b>	<b>200</b>	<b>340</b>	<b>13</b>

### 6<sup>th</sup> Semester

<b>Course Code</b>	<b>Name and Description</b>	<b>Lecture Hours</b>	<b>Lab Clinic Hours</b>	<b>Hours</b>	<b>Credits</b>
<b>ACUP 2300</b>	<b>TCM Orthotics and Traumatology</b>  Students will study the traditional Chinese medicine principles and treatment methods in conditions related to traumatic injury. They will learn physical examination procedures, different diagnoses and treatment protocols. Students will study the special physical examination of the vertebrae, hip joints and four extremities.  <i>Prerequisites: TCMA 2170</i>	<b>30</b>	<b>10</b>	<b>40</b>	<b>2</b>
<b>ACUP 2320</b>	<b>Acupuncture Practice Transitions</b>  Students will learn how to operate, manage and practice as an acupuncturist in a clinical setting. They will have a comprehensive review of the theoretical and clinical studies acquired from acupuncture component of the program. Students will also study CTCMA By-laws, Pan-Canadian acupuncture licensing exam documents.  <i>Prerequisites: TCMA 2200</i>	<b>60</b>		<b>60</b>	<b>3</b>

<b>ACUP 2360</b>	<b>Shiliao and Nutrition</b>  Students will learn traditional Chinese medicinal diet, focusing on nature of food, property, taste, indications and contraindications in prevention and treatment of diseases. They will study different functional recipes including composition. Students will learn Western nutritional principle, focusing on how to identify, implement/demonstrate safe food handling, preparation, cooking, and serving practice as well as describe a healthy diet, food choices.  <i>Prerequisites: TCMA 1120 and 1260</i>	<b>40</b>		<b>40</b>	<b>2</b>
<b>ACUP 2340</b>	<b>TCM Practice Management and Regulations</b>  Students will learn how to run a traditional Chinese medicine (TCM) clinic which covers business planning, advertising, patient record and book-keeping, confidentiality and privacy issues They will study the Health Professions Act, the TCM practitioners and acupuncturists Regulation, the CTCMA Bylaws and jurisprudence. Students will also learn scope of TCM practice, practice standards and professional ethics.  <i>Prerequisites: TCMA 2320</i>	<b>40</b>		<b>40</b>	<b>2</b>
<b>ACUP 2380</b>	<b>Practicum (Independent )</b>  Students will conduct patient interviews, make diagnosis, propose treatment plan, perform appropriate acupuncture and herbal treatment, follow-up on patients' conditions, as well as refer patients to other healthcare professional's care if needed. They will learn how to present some clinical cases to their peers. Students will practice analytic skills for determining diagnoses, treatment modalities, duration, and methods.  <i>Prerequisites: TCMA 2180</i>		<b>160</b>	<b>160</b>	<b>4</b>
	<b>Subtotal:</b>	<b>170</b>	<b>170</b>	<b>340</b>	<b>13</b>
	<b>TCMA Year Three Credits: 26</b>				
	<b>GRAND TOTAL:</b>	<b>1300</b>	<b>640</b>	<b>1940</b>	<b>86.0</b>



# Appendix J

## Consultation List


**KWANTLEN POLYTECHNIC UNIVERSITY**  
**FACULTY OF HEALTH**  
**Acupuncture Diploma**  
**Full Program Proposal**

October 2015

## APPENDIX J

### KPU's - TCM Consultations

DATE	INDIVIDUALS INVOLVED	CONTEXT OF MEETING
Wednesday September 26, 2012	<ul style="list-style-type: none"> <li>Dr. Arden Henley, Ed.D, R.C.C. Professor and Principal, Canadian Programs City U of Seattle <i>Phone:</i> 604.689.2489 <i>Fax:</i> 604.689.0440 <i>E-mail:</i> ahenley@CityU.edu www.CityU.edu</li> <li>Dr. Tru Freeman, Dean, Faculty of CAHS, KPU</li> </ul>	<ul style="list-style-type: none"> <li>initial discussion re: KPU's interest in developing a TCM program</li> <li>Dr. Henley was the prior President /Registrar of the College of TCM (CTCM)</li> </ul>
Tuesday November 20, 2012	<ul style="list-style-type: none"> <li>Dr. Arden Henley (<i>CityU</i>)</li> <li>Gordon Lee, KPU Interim Provost/Vice-President, Academic</li> <li>Dr. Tru Freeman (<i>KPU</i>)</li> </ul>	<ul style="list-style-type: none"> <li>discussions at the higher levels of KPU re: interest in TCM</li> </ul>
Thursday January 24, 2013	<ul style="list-style-type: none"> <li>Dr. Tru Freeman (<i>KPU</i>)</li> </ul>	<ul style="list-style-type: none"> <li>TCM programming documented in the Faculty of CAHS DRAFT Academic Plan (version 1) re: <i>"Possible long-term Growth Strategies"</i></li> </ul>
Friday February 15, 2013	<ul style="list-style-type: none"> <li>Lori MacKenzie Director, Lower Mainland Branch Ministry of Adv. Ed, Innovation and Technology <i>Phone:</i> 250-356-0054 <i>E-mail:</i> <a href="mailto:Lori.MacKenzie@gov.bc.ca">Lori.MacKenzie@gov.bc.ca</a></li> </ul>	<ul style="list-style-type: none"> <li>E-mail asking about the explicit reference to TCM in the BC Speech from the throne, September 12, 2013 (pg. 21-22)</li> <li><i>"An innovative health-care system must respond to the changing needs of its citizens and embrace practices beyond traditional western medicine. In the months ahead, your government will begin work to create the environment for a school of traditional Chinese medicine at a British Columbian post-secondary institution."</i></li> </ul>
Sunday March 24, 2013	<ul style="list-style-type: none"> <li>Dr. Boxu (Andy) Zhou President, BC Qualified Acupuncturists and TCM Practitioner Association (QATCMA)</li> <li>Dr. Weidong Yu Past-President, QATCMA <i>Phone:</i> 604-737-7876</li> <li>Dr. Tru Freeman (<i>KPU</i>)</li> </ul>	<ul style="list-style-type: none"> <li>attended the QATCMA - AGM</li> </ul>
Tuesday May 07, 2013	<ul style="list-style-type: none"> <li>Dr. John Blazevec Chair, Board of College of Traditional Chinese Medicine (CTMC) <i>Phone:</i> 604-224-6692 <i>E-mail:</i> john@littlemountainclinic.com</li> <li>Dr. Tru Freeman (<i>KPU</i>)</li> <li>Dr. Jean Nicolson-Church, Associate Dean (AD), Faculty of CAHS</li> </ul>	<ul style="list-style-type: none"> <li>lunch to discuss provincial TCM perspective</li> </ul>

DATE	INDIVIDUALS INVOLVED	CONTEXT OF MEETING
Tuesday May 07, 2013	<ul style="list-style-type: none"> <li>Dr. Shawn Poppi Sabhaney President, Traditional Chinese Medicine Association of BC (TCMABC)</li> <li>Dr. Shannon Larson Vice-President, (TCMABC) <i>Phone: 778-233-0074</i> <i>E-mail: shannon@vancouvertcm.com</i> <i>www.vancouvertcm.com</i></li> <li>Dr. Philippe Souestre <i>Phone: 604-736-3963 (X 104)</i> <i>Cell: 604-764-7118</i> <i>Email: pas@neurokinetics.com</i></li> <li>Dr. Tru Freeman (KPU)</li> <li>Dr. Jean Nicolson-Church (KPU)</li> </ul>	<ul style="list-style-type: none"> <li>discussion re: provincial TCM perspective</li> </ul>
May, 2013	<ul style="list-style-type: none"> <li>Dr. Alan Davis President/CEO KPU</li> <li>Stuart McIlmoyle, Associate Vice-President KPU International</li> </ul>	<ul style="list-style-type: none"> <li>visited the Beijing University of Chinese Medicine (BUCM)</li> <li>BUCM interested in a partnership with KPU</li> <li>BUCM currently has programming in Middlesex, UK</li> </ul>
Thursday May 16, 2013	<ul style="list-style-type: none"> <li><a href="#">Dr. Tony Zhang</a> Discipline Head, Chinese Medicine School of Health Sciences Bundoora Campus Building: 202. Level: 4. Room: 56. Plenty Road PO Box 71, Bundoora VIC 3083 Australia <i>Phone: +(61-3) 9925 7758</i> <i>Fax: +(61-3) 9925 7503</i> <i>Email: <a href="mailto:tony.zhang@rmit.edu.au">tony.zhang@rmit.edu.au</a></i></li> <li>Dr. Chi Jing Liu JP - Executive Member of the Presidium of WFCMS - President of Pulse Manifestation of WFCMS - Secretary-General of Federation of Chinese Medicine/Acupuncture Societies of Australia Ltd PO Box 526, Glen Waverley Vic. 3150 Australia <i>Phone: (61-3) 9887 9738, FAX: 61-3-98879748.</i> <i>Cell: (61-4) 1217 2173</i> <i>E-mail: <a href="http://www.fcma.org.au">www.fcma.org.au</a></i></li> <li>Dr. Tru Freeman (KPU)</li> <li>Dr. Jean Nicolson-Church (KPU)</li> </ul>	<ul style="list-style-type: none"> <li>visited the Royal Melbourne Institute of Technology (RMIT), Australia to review their Chinese Medicine program, which has been in existence for approximately 20 years</li> </ul> 
Saturday June 8, 2013	<ul style="list-style-type: none"> <li>Dr. Shawn Poppi Sabhaney, President, TCMABC</li> <li>Dr. Boxu (Andy) Zhou, President, QATCMA</li> <li>Dr. Tru Freeman and Dr. Jean Nicolson-Church attend the signing at the Dr. Sun Yat-Sen Gardens, 578 Carrall Street, Vancouver, BC</li> </ul>	<ul style="list-style-type: none"> <li>two major TCM Associations merge into the Association of Traditional Chinese Medicine and Acupuncture (ATCMA)</li> <li>the regulatory body, College of TCM and Acupuncture (CTCMA) and regulatory body of TCM in BC endorses the merger</li> </ul>

DATE	INDIVIDUALS INVOLVED	CONTEXT OF MEETING
Thursday June 27, 2013	<ul style="list-style-type: none"> <li>• Lori MacKenzie (AVED)</li> <li>• Tony Loughran, Executive Director Lower Mainland Branch Ministry of Advanced Education Phone: 250 387-8871 Email: <a href="mailto:Tony.Loughran@gov.bc.ca">Tony.Loughran@gov.bc.ca</a></li> <li>• Gordon Lee (KPU)</li> <li>• Dr. Tru Freeman (KPU)</li> </ul>	<ul style="list-style-type: none"> <li>• discussion at AVED offices (Victoria) re: TCM as outlined in the BC Speech to the Throne and letter of welcome to new Deputy Minister, AVED</li> </ul>
Monday July 22, 2013	<ul style="list-style-type: none"> <li>• Honorable Alice Wong, PC, MP 360-5951 No. 3 Road Richmond, BC V6X 2E3 Phone: 604-775-5790 E-mail: <a href="mailto:alice.wong.c1@parl.gc.ca">alice.wong.c1@parl.gc.ca</a></li> <li>• Dr. Alan Davis President/CEO (KPU)</li> <li>• Stuart McIlmoyle (KPU)</li> <li>• Jeff Norris, Vice-President, Office of Advancement (KPU)</li> <li>• Gordon Lee (KPU)</li> <li>• Dr. Tru Freeman (KPU)</li> </ul>	<ul style="list-style-type: none"> <li>• dinner to discuss potential support if KPU was given the go-ahead to provide TCM programming</li> </ul>
Tuesday July 23, 2013	<ul style="list-style-type: none"> <li>• Xue Huanbai, Consul, Consulate General of the PRC of Vancouver 2215 Eddington Drive Vancouver, BC, V6L 2E6 Phone: 604-739-8711 E-mail: <a href="mailto:huanbai@chinaeduvan.org">huanbai@chinaeduvan.org</a></li> <li>• Du Jian, Vice-Consul Consulate General of PRC of Vancouver Phone: 604-732-6723 E-mail: <a href="mailto:dujian@chinaeduvan.org">dujian@chinaeduvan.org</a></li> <li>• Stuart McIlmoyle (KPU)</li> <li>• Dr. Diane Salter Menzo, Assoc VP, Teaching &amp; Learning (KPU)</li> <li>• Dr. Tru Freeman (KPU)</li> </ul>	<ul style="list-style-type: none"> <li>• lunch to discuss support of TCM program at KPU</li> </ul>
Friday August 23, 2013	<ul style="list-style-type: none"> <li>• Dr. Mary Watterson President/Registrar College of Traditional Chinese Medicine Practitioners and Acupuncturists of BC 1664 West 8th Ave Vancouver BC V6J 1V4 Phone: 604-738-7100 E-mail: <a href="mailto:registrar@ctcma.bc.ca">registrar@ctcma.bc.ca</a></li> <li>• Dr. Arden Henley (CityU)</li> <li>• Dr. Jean Nicolson-Church (KPU)</li> <li>• Dr. Tru Freeman (KPU)</li> </ul>	<ul style="list-style-type: none"> <li>• meeting to discuss the competencies required for a TCM diploma</li> <li>• initial discuss re: a DRAFT high level description of a TCM program structure and delivery method, including how clinical education would be undertaken</li> </ul>

Tuesday August 5, 2015	<ul style="list-style-type: none"> <li>• Dr. Watterson – CTCMA</li> </ul>	<ul style="list-style-type: none"> <li>• Discussed program requirements to meet licensure criteria.</li> </ul>
Tuesday August 5, 2015	<ul style="list-style-type: none"> <li>• Dr. Tru Freeman (<i>Dean, FoH, KPU</i>)</li> <li>• Dr. Jean Nicolson-Church (<i>Assoc. Dean, FoH, KPU</i>)</li> <li>• Dr. John Yang (<i>Coordinator, FoH, KPU</i>)</li> <li>• Dr. Sal Ferreras (<i>VP, Academic Provost, KPU</i>)</li> <li>• Dr. Alan Davis (<i>President, KPU</i>)</li> <li>• Kathy Lylyk (<i>Exec. Dir., Finance, KPU</i>)</li> <li>• Stefanie Singer (<i>Mgr. Budget., Finance, KPU</i>)</li> <li>• Marc Guay (<i>Div. Bus. Mgr, FoH, KPU</i>)</li> </ul>	<ul style="list-style-type: none"> <li>• Program information, overview of program, financial costing information, status of outstanding issues.</li> </ul>
Tuesday August 11, 2015	<ul style="list-style-type: none"> <li>• Terri Chanyungco, (<i>Dir., University Space, KPU</i>)</li> <li>• Lori McElroy, (<i>Dir. Inst. Analysis &amp; Plan., KPU</i>)</li> <li>• Steve Lewarne (<i>Exec. Dir, Off. Of Adv., KPU</i>)</li> </ul>	<ul style="list-style-type: none"> <li>• Discussed facilities options.</li> <li>• Discussed market and labour data available.</li> </ul>
Tuesday August 11, 2015	<ul style="list-style-type: none"> <li>• Dr. Michael Chung</li> <li>• Dr. Lorne Brown</li> </ul>	<ul style="list-style-type: none"> <li>• Discussed program details, market for acupuncture services</li> <li>• Private clinic and Advisory committee member</li> </ul>
Wednesday August 12, 2015	<ul style="list-style-type: none"> <li>• Dr. Henley, City University</li> <li>• Dr. Bill Hardman – ATCMA</li> <li>• Dr. Kim Graham</li> </ul>	<ul style="list-style-type: none"> <li>• Discussed market for services, program needs, support for KPU program</li> </ul>
Monday August 17, 2015	<ul style="list-style-type: none"> <li>• Mason Loh</li> </ul>	<ul style="list-style-type: none"> <li>• Discussed market for services, program needs, support for KPU program</li> </ul>
Wednesday August 19, 2015	<ul style="list-style-type: none"> <li>• Bobbie Plecas, Asst Dpty Minister, AVED</li> <li>• Tony Loughran – Exec. Dir., AVED</li> </ul>	<ul style="list-style-type: none"> <li>• Discussed program elements and ministry supports and concerns</li> </ul>
Tuesday August 25, 2015	<ul style="list-style-type: none"> <li>• Stuart McIlmoyle (<i>Assoc VP, Intl, KPU</i>)</li> </ul>	<ul style="list-style-type: none"> <li>• Discussed relationship with BUCM and program options</li> </ul>
Thursday August 27, 2015	<ul style="list-style-type: none"> <li>• Dr. R. Lynn Stevenson, Assoc DM – Min. of Health</li> </ul>	<ul style="list-style-type: none"> <li>• Discussed possibility of health authority support for student clinical placement</li> </ul>
Thursday September 24, 2015	<ul style="list-style-type: none"> <li>• Lisa Bowie, Vancouver Coast Health</li> <li>• Heather Straight, Vancouver Coast Health</li> </ul>	<ul style="list-style-type: none"> <li>• Discussed possibility of Vancouver Coastal supporting a clinic for placement of students</li> </ul>

# Appendix K

## TCM Safety and Risk Register

**KWANTLEN POLYTECHNIC UNIVERSITY**  
**FACULTY OF HEALTH**  
**Acupuncture Diploma**  
**Full Program Proposal**

October 2015

DIPLOMA IN TRADITIONAL CHINESE MEDICINE Risk Register															Kwantlen Polytechnic University			
															25-Sep-14			
Risk Identification																		
Risk ID	Risk Area	Risk Event	Trigger / Root Cause	Consequence on Project Performance	Risk Likelihood	Risk Consequence	Risk Ranking	Risk Owner	Owner Organization	Risk Response	Response Cost	Due Date of Risk Response	Response Percentage Complete	Notes on Risk Response (progress, effectiveness, other notes)	Probability With Risk Response	Impact with Risk Response	Risk Ranking with Risk Response	
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1	Program Development	• Lack of clarity in cost of participating with BUCM	• Partnership with Beijing University • Partnership with UBC for research • Cost of doing business(UBC and Beijing) on a per student/year basis • Cost of bringing faculty to Canada • Lack of clarity in partnership documents	• Associated costs with partnership may make overall program more expensive • Program too expensive resulting in decreased enrollment	3	3	9	• Dean FoH • OISS • President's Office for MOU		• Affiliation agreements • MOU's with Beijing University & UBC • Work with Org Risk to develop MOU's and other documents • BU to send overflow of applicants to KPU • OISS involved in negotiation	\$\$\$ unknown at this time. Anticipated costs.			• BU insists on its faculty attending if course is a dual degree program • KPU responsible for paying faculty salary and all living expenses • Might be able to send students to Beijing instead (cheaper option)				
2	Program Development	Students not being taught accurate and current information and skills and knowledge	• Program and teaching content methodology is not current and up to date • Faculty workloads do not allow for additional work outside of the teaching time	• Reputation - graduates not prepared for practice	1	5	5	Dean FoH	KPU	• QA with CTCMA to meet program review requirements								
3	Program Development	Academic program development commitments not achieved	• Time constraints associated with internal and external process and approval procedures • Delay of internal/external approvals	• Lost partnership opportunity • Project cannot proceed • Loss of institutional revenue Delayed program implementation	2	2	4	Dean FoH	KPU	• Mitigate by ensuring program proposal in place, legitimizing the project, commitment to timeframe, resourcing, etc. • Work closely with the Advisory Group to identify and anticipate roadblocks	Zero dollars	Dec-14		• Concept & program proposal due end of semester				

Risk Identification																	
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4	Registration	Insufficient enrolment in academic programs offered	<ul style="list-style-type: none"><li>• Lack of interest in academic programs offered</li><li>• Insufficient enrolment management plan</li><li>• Change in economy (national or global)</li><li>• Inadequate marketing of program</li><li>• Aggressive marketing of competitors with lower costs of program</li></ul>	<ul style="list-style-type: none"><li>• Loss of revenue generation;</li><li>• Negative impact on reputation</li></ul>	3	2	6	Dean, FoH AVP International Students Marketing	KPU	<ul style="list-style-type: none"><li>• KPU International will ensure that those taking part in recruitment activities of international students are informed and able to promote the new program.</li><li>• KPU International will also discuss with KPU Communication and Marketing how targeted program collateral might be created for international and domestic student recruitment purposes.</li></ul>	Strategic marketing plan in place to promote program						
5	Registration	Academic Program does not meet forecast demands of projected workers  Short term 0-5 years	<ul style="list-style-type: none"><li>• Insufficient upfront scoping and assessment for need</li><li>• Students mostly start their own practice</li></ul>	Students graduate without an adequate job market  Labour market short fall of skilled labour  Reputation impacted for inability to get students jobs	2	2	4	Dean, FoH	KPU	Mitigate using the following documents to provide information regarding market readiness: <ul style="list-style-type: none"><li>• BC Stats Population Projections (P.E.O.P.L.E.)</li><li>• Provincial data on labour trends</li><li>• FTE utilization calculation</li><li>• Ministry Space Standards</li><li>• Ministry Budget Model</li><li>• IAP reports</li><li>• External Advisory Committee</li></ul>				<ul style="list-style-type: none"><li>• Curriculum to include Business courses in Entrepreneurship to prepare students to create their own business.</li></ul>			
6	Procurement	Procurement of lab and clinical supplies including high fidelity simulation delayed	<ul style="list-style-type: none"><li>• RFP process initiated without mandatory qualification criteria</li><li>• Proponents not interviewed</li><li>• References not checked</li><li>• Inaccurate advice from consultants</li></ul>	<ul style="list-style-type: none"><li>• Issues with design, construction and faculty over life of project;</li><li>• Lack of coordination between disciplines;</li><li>• Compromised decision-making</li><li>Curriculum adjusted to accommodate delay</li></ul>	3	2	6	Director, Supply & Business Services, CAO Dean, FoH	KPU	<ul style="list-style-type: none"><li>• Follow government and university approved procurement procedures</li><li>• Ensure tender prices do not exceed budget</li><li>• Hiring consultant for procurement phase</li><li>• External Advisory Committee is made up of industry experts</li></ul> Begun work with CAO office to fund raise for equipment purchase	Zero dollars			<ul style="list-style-type: none"><li>• Business plan in development</li></ul>			



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7	Procurement	Language in contract not appropriate for optimal educational experience	<ul style="list-style-type: none"><li>Contract inadequate structured</li><li>Inappropriate communication with industry partner</li></ul>	<ul style="list-style-type: none"><li>Adverse impact on relationship between institution and partner</li><li>Procurement not appropriate for purpose</li><li>Product purchased may not be the one required</li></ul>	1	4	4	Dean, FoH General Counsel for contractual issues Supplies for contract development		<ul style="list-style-type: none"><li>Contract oversight by Supplies &amp; Legal to ensure accuracy of language</li></ul>							
8	Finance	Cost overruns	<ul style="list-style-type: none"><li>Insufficient ongoing cost control and budget tracking</li><li>Unanticipated cost escalation</li><li>Salaries to pay for specialized faculty</li></ul>	<ul style="list-style-type: none"><li>Inability to deliver project within budget</li><li>Scope/Design changes necessary to reduce construction costs</li><li>Use of contingencies</li></ul>	4	2	8	Executive Director Finance, Dean, FoH	KPU	<ul style="list-style-type: none"><li>Avoid financial surprises early on by: working with industry experts to identify opportunities and risks.</li><li>Mitigate financial surprises by developing realistic/robust operating budgets based on actual data from past performance and allocation of sufficient contingencies</li><li>Programs delivered within budge</li></ul>	Zero dollars						
9	Relationship Management	Conflicts / issues with internal Stakeholders	<ul style="list-style-type: none"><li>Lack of Stakeholder management</li><li>Poor / inadequate communication with Stakeholders including program advisory committee</li><li>Competitors see KPU as a threat to their viability</li><li>Tzuchi Foundation</li><li>Setting up a TCM unit in Vancouver</li></ul>	<ul style="list-style-type: none"><li>Expectations not met</li><li>Disengagement</li><li>Sign-offs not attained impacting design schedule</li><li>Reputation at risk</li><li>Increased competition from Tzuchi Foundation</li></ul>	2	2	4	Dean, FoH	KPU	<ul style="list-style-type: none"><li>Mitigate internal/external competitor Stakeholder dissatisfaction and potential misunderstandings by engaging Stakeholders early in the process, implementing Communications Plan, Terms of References</li><li>Good communication with Stakeholders; Timely finalization and formal confirmation of programs and schedule</li><li>Working with Tzuchi Foundation to be partners instead of competitors</li></ul>	Zero dollars						
10	Relationship Management	Conflicts/issues with competitors			5	2	10	Director, External Relations & Dean									
11	Relationship Management	Conflicts/issues with individual partners (external)			3	1	3	Director, External Relations									

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12	Design	Lack of well-coordinated construction processes	<ul style="list-style-type: none"><li>• Poor coordination between multiple KPU units</li><li>• Inability to recruit architect or QS</li><li>• Delay of CSWSOD impacts start date for construction of TCM program</li></ul>	Could result in delay of start date	2	2	4	Executive Director Facilities Services	KPU	<ul style="list-style-type: none"><li>• Develop contingency plan for alternate clinic space</li></ul>	\$25,000 estimated for Third Party Review						
16	Change Management	Disruption to KPU students/staff and ongoing operations during construction on Richmond Campus	<ul style="list-style-type: none"><li>• Poor coordination of site services and scheduling of tie-in activities</li><li>• Lack of communication to campus community</li></ul>	<ul style="list-style-type: none"><li>• Schedule impact</li><li>• Cost implications due to overtime and re-scheduling</li></ul>	5	2	10	Director Communications  Dean, FoH	KPU	<ul style="list-style-type: none"><li>• Mitigate disruption through scheduling of activities</li><li>• Develop communication strategy to ensure campus community informed of work in progress</li></ul>	Zero dollars						

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17	Student & Faculty Safety	<ul style="list-style-type: none"><li>• Resulting from needle injuries</li><li>• Back injuries from moving patients</li><li>• Students passing out from observing</li><li>• Allergies to herbal medicine</li><li>• Burn from moxibustion</li></ul>	<ul style="list-style-type: none"><li>• Student error</li><li>• Patient anxiety</li><li>• Student or client health factors and personal learning/knowledge deficits</li><li>• Inaccurately designed workplaces</li><li>• Lack of protocols and policies when handling equip in labs</li><li>• Lack of adequate supervision</li><li>Students practicing acupuncture on each other</li></ul>	<ul style="list-style-type: none"><li>• Increased student injuries</li><li>• Insurance claims increase</li><li>• KPU reputation</li><li>• Delay in course completion depending on severity of injury</li></ul>	4	3	12	Dean, Faculty of Health	KPU	<ul style="list-style-type: none"><li>• Student non-violent crisis intervention training will be made available</li><li>• Mandatory body mechanics training for all students</li><li>• Standard precautions for infection control</li><li>• Simulation of skills prior to peers and clinical practice</li><li>• Mitigate risk by closely adhering to or exceeding safety recommendations during design and construction</li><li>• Have Office of Occupational Health &amp; Safety conduct safety audit prior to start of program</li><li>• Ensure safety program in place</li><li>• WHIMIS training and safety orientation training for all students prior to start of program. Completion of training to be documented.</li></ul>	\$\$\$						
18	Student Safety	Ergonomic risks	students carrying heavy objects; repositioning of patients etc.  repetitive tasks  respiratory issues - airborne chemicals from the medicinal plants	Musculoskeletal injuries - most often back injuries from heavy lifting (patients)  Student injuries will vary depending on severity of injury.	4	3	12	KPU and owner of other clinics if learning/work experience is provided at off-site locations.	Dean, FoH	<ul style="list-style-type: none"><li>• Body mechanics training</li><li>• Well-designed clinic</li><li>• Safety procedures</li><li>• Adequate ventilation</li><li>• Dust absorbers</li><li>• Instructor on site and supervise activity as required</li><li>• Affiliation agreements with clinics in place</li></ul>	\$\$\$						
20	Campus Security	Open campus, entitles public to walk on campus ; low security on campus	<ul style="list-style-type: none"><li>• Theft of product once packaged</li><li>• Theft of equipment</li></ul>	Disruption to training/teaching	3	3	9	Manager Security  Dean, Faculty of Health	KPU	<ul style="list-style-type: none"><li>• Security plan in place</li><li>• Medicinal plants stored in a separate room - locked</li></ul>	\$\$\$						

# Appendix L

## Costs and Revenues

**KWANTLEN POLYTECHNIC UNIVERSITY**  
**FACULTY OF HEALTH**  
**Acupuncture Diploma**  
**Full Program Proposal**

October 2015

## **Appendix L - Costs and Revenue**

Budgetary requirements are provided for information purposes only. Program approval does not ensure budgetary support.

### **Costs and Revenues - On-Going Costs**

#### **Operating Costs**

Item	No. of items	Yr 1	Yr 2	Yr 3	Yr 4	Total
Faculty		172,133	379,689	420,592	428,377	1,400,791
Required service courses*		<i>See below</i>				-
Administrative Support		38,000	38,760	39,535	40,326	156,621
Advisor		Incl	Incl	Incl	Incl	Incl
Specialized IET		n/a	n/a	n/a	n/a	n/a
Specialized IT Support		n/a	n/a	n/a	n/a	n/a
Library		Incl	Incl	Incl	Incl	Incl
Lab operating costs - Salary		Incl	Incl	Incl	Incl	Incl
Lab operating costs – Non-Salary		4,000	4,060	4,121	4,183	16,364
Ongoing research costs		10,000	10,000	10,000	10,000	40,000
Other		54,700	55,671	56,656	57,655	224,682
<b>Grand Totals</b>		<b>\$ 278,833</b>	<b>\$ 488,180</b>	<b>\$ 530,904</b>	<b>\$ 540,541</b>	<b>\$ 1,838,458</b>

#### **\*Explain required service courses**

ENGL1100 is the only service course required to support this program. Not included in either costs or revenues.  
Cohort assumption of a 12 student cohort intake for 2016, increasing to 16 student cohort for 2017, and 24 student cohort for 2018. ENGL1100 – 1 section required for first 2 years of program offering

#### **Revenue**

Item	No. of Courses	Yr 1	Yr 2	Yr 3	Yr 4	Total
<b>Tuition</b>		\$168,100	\$418,200	\$624,552	\$766,298	<b>\$ 1,977,150</b>

Revenues listed above are estimate number of students to support the first year of the BSN and BPN programs, in addition to including a percentage for student attrition. Tuition above assumes domestic tuition at \$300.00 /per credit, and for International tuition at \$550.00 /per credit. Cohorts are a mix of 75% domestic and 25% international students.



**To:** KPU Senate Standing Committee on Academic Planning & Priorities

**From:** Diane Purvey, Dean, Faculty of Arts

**Re.** Request for Institutional Recognition – Surrey Community College

**Date:** September 28, 2015

\*\*\*\*\*

### Introduction

For the past several months the Faculty of Arts has been engaged in discussions with Surrey Community College regarding potential transfer arrangements between their Education Assistant program and KPU's Education Assistant program (formerly SETA). Surrey Community College is run by the Education Services department of the Surrey School District (District 36). We are confident that such agreements will provide strong benefits for students at both institutions.

Given that Surrey Community College is not a BCCAT-recognized post-secondary institution, before moving forward with any transfer arrangements Senate recognition of Surrey Community College is required.

### Motion

Therefore, we ask Senate to please approve the following motion:

Be it resolved that the Senate of Kwantlen Polytechnic University grants institutional recognition to Surrey Community College.

### Background

Surrey Community has been accredited with the Private Careers Training Institutions Agency (PCTIA) since 2003. They have also been a member of the British Columbia Career Colleges Associations/National Association of Career Colleges member since March 2007. The College prides itself on the currency of its programs and professionalism of its faculty,

Private colleges are typically managed by business people overseeing educational services. Surrey Community College is run and managed by professional educators who keep their skills and professional development up-to-date, as well as maintain their



professional network to ensure best practices in adult education.

(<https://www.surreycollege.ca/partnerships> )

All instructors have an M.A. or M.A.-equivalent qualification and have a minimum of three years of relevant industry experience.

Surrey Community College offers three academic certificates: Applied Behaviour Analysis, Support Worker Certificate, and the Education Assistant Diploma.

The Faculty of Arts sees great mutual benefit in formalizing course articulations and program transfers between the Surrey Community College Education Assistant Diploma and KPU's Education Assistant Diploma, and our Bachelor programs more broadly. A representative faculty member from our Education Assistant program, a B.A. Advisor, and an Associate Dean have all reviewed the course outlines associated with the Surrey Community College Education Assistant Diploma and found them to be of sufficient quality to justify the pursuit of these formal arrangements. The admission requirements for Surrey Community College are on par with other institutions in our sector. Most pertinently, the college requires a high school transcript, English 12 or post-secondary English course with a minimum grade of C (60%).

As a school district, the Surrey School District has several successful MOUs with KPU, SFU, and BCIT pertaining to dual credit programs for district high school students. The proposed arrangements between Surrey Community College and KPU will be the first formal post-secondary agreements for the college.

DP/dn



Policy No. GV9	Original Effective Date	
Approving Jurisdiction Board of Governors	Reviewed:	
Signed By	Revised:	
Administrative Responsibility Provost & VP Academic		

## Establishment and/or Discontinuance of Faculties and Departments Policy

### A. CONTEXT AND PURPOSE

KPU's interpretation of the relevant sections of the University Act is that Senate must first consider proposals for the establishment or discontinuance of Faculties and departments, and if the proposal has merit, to recommend such a proposal to the Board for approval. Further, the Board may initiate a discussion with Senate about the establishment or discontinuance of a Faculty or Department the Board considers necessary.

### B. SCOPE AND LIMITS

This policy outlines the principles and procedures governing the establishment and/or discontinuance of Faculties and Departments. Proposals for the moving of a Department from one Faculty to another will not be considered as the establishment of a new Department.

### C. STATEMENT OF POLICY PRINCIPLES

1. The university has a strategic plan and an academic plan against which the establishment and/or discontinuance of Faculties and Departments will be evaluated.
2. Proposals for the establishment and/or discontinuance of Faculties and Departments must be developed through a transparent consultation process.
3. Proposals for the establishment and/or discontinuance of Faculties and Departments must be comprehensively documented in order to ensure that all consequences, including impact to students, have been investigated to a reasonable extent.
4. Proposals for the establishment and/or discontinuance of Faculties and Departments may be initiated by a Dean, Director, the Provost and Vice President Academic, the Board of Governors, or by a Department, School, or Faculty (or a committee of one of these bodies), and will be submitted for consideration to the governing bodies as outlined in the procedures.



5. Proposals for the amalgamation of two or more Faculties, or the division of an existing Faculty into two or more Faculties, will be considered as the establishment of a new Faculty.
6. Proposals for the amalgamation of two or more Departments, or the division of an existing Department into two or more Departments, will be considered as the establishment of a new Department(s).
7. ~~Proposals for the moving of a Department from one Faculty to another will not be considered as the establishment of a new Department.~~
8. Proposals for the discontinuance of a sole remaining Department in a Faculty will also be considered as the discontinuance of the Faculty altogether.
9. The establishment and/or discontinuance of Faculties and Departments will be communicated to all stakeholders, including government as appropriate.

Commented [JC1]: Moved to "Section B. Scope and Limits".

## D. DEFINITIONS

Refer to Section A of *GV9 Establishment and/or Discontinuance of Faculties and Departments Procedure* for a list of definitions in support of this Policy.

## E. RELATED POLICIES & LEGISLATION

University Act [RSBC 1996] Chapter 468; Sections 27 (2) (i) and (j) and Section 35.2 (6) (e)  
AC10 -*Establishment, Revision, Suspension and/or Discontinuance of Programs Policy*.

## F. RELATED PROCEDURES

Refer to *GV9 Establishment and/or Discontinuance of Faculties and Departments Procedure*.

## G. POLICY HISTORY

Review Date	Revision Date



Procedure No. GV9	Original Effective Date	
Approving Jurisdiction Board of Governors	Reviewed:	
Signed By	Revised:	
Administrative Responsibility Provost & VP Academic		

## Establishment and/or Discontinuance of Faculties and Departments Procedure

### A. DEFINITIONS

1. **Department:** ~~One~~ An administrative sub-unit of a Faculty within a university dealing with a particular field of knowledge.
2. **Faculty:** An educational administrative division constituted by the Board of the University.

### B. PROCEDURES

1. Establishment of a Faculty

- a. The Proponent of the proposed new Faculty will consult with the Provost regarding a preliminary proposal for the establishment of a new Faculty.
  - i. If the establishment of a new Faculty is a result of the amalgamation of two or more existing Faculties, the Proponent and the Deans of the respective Faculties will consult with the Provost regarding a preliminary proposal for the establishment of a new Faculty. If the Deans and the Provost are in agreement, the Deans, in consultation with the Faculty Councils, will jointly submit a proposal for a proposed new Faculty.

~~a-b.~~ The Provost is responsible for reviewing the preliminary proposal and deciding whether or not to send it forward to the Senate Standing Committee on Academic Planning and Priorities for consideration. The Provost will provide SSCAPP and the proponent with a clear rationale for acceptance or rejection of the preliminary proposal. The preliminary proposal must include the following:

- i. List of current Faculties
- ii. Name of proposed new Faculty
- iii. Academic, reputational, and operational rationale for creation of proposed new Faculty
- iv. Organizational structure details of proposed new Faculty: number and names of proposed departments, programs, research units, and other academic services, indicating whether these are new or transfers from existing Faculties

- v. Initial assessment of the impact on current and future students as well as existing Faculties and departments resulting from the creation of the proposed new Faculty
- vi. Proposed effective date

~~b-c.~~ If after reviewing the preliminary proposal the Senate Standing Committee on Academic Planning and Priorities agrees that the creation of a new Faculty warrants further consideration, then a Task Force headed by the Provost or designate will carry out a thorough consultative process with stakeholders leading to a full written proposal which will include the following:

- i. List of current Faculties
- ii. Name of proposed new Faculty
- iii. Academic, reputational, and operational rationale for creation of proposed new Faculty
- iv. Organizational structure details of proposed new Faculty: number and names of proposed departments, programs, research units, and other academic services, indicating whether these are new or transfers from existing Faculties
- v. Detailed assessment of the impact on current and future students as well as existing Faculties and departments resulting from the creation of the proposed new Faculty
- vi. Timeline for the implementation including effective date, date of first admissions to the Faculty, etc.
- vii. Thorough review of related Faculty structures at other Universities in Canada and elsewhere to inform discussion on best practices
- viii. Five year projection of the number of students expected to be enrolled in courses and programs taught with the proposed new Faculty
- ix. Five year projection of the number of faculty and staff that would comprise the proposed new Faculty
- x. Five year projection of the capital budget for the proposed new Faculty
- xi. Five year projection of the sustainability of the proposed new Faculty based on projected tuition and other revenues as well as operating costs

~~c-d.~~ The Provost or designate(s) will present the proposal to the Senate of the University, which will consider the proposal by addressing the academic merits of the creation of a proposed new Faculty and Senate will make a recommendation to the Board concerning the proposal.

~~d-e.~~ The Board will consider Senate's recommendation as well as the budgetary, reputational, and operational reasons for or against the creation of the proposed new Faculty and will make the final decision.

## 2. Discontinuance of a Faculty

a. To propose for the discontinuance of a Faculty, the Proponent and the Dean of the respective Faculty will consult with the Provost regarding a preliminary proposal for the discontinuance of a Faculty.

b. If the Dean and the Provost are in agreement, the Dean, in consultation with Faculty Council, will submit a proposal for the discontinuance of the Faculty.

~~b-c.~~ The Provost is responsible for reviewing the preliminary proposal and deciding whether or not to send it forward to the Senate Standing Committee on Academic Planning and Priorities for consideration. The Provost will provide SSCAPP and the proponent with a clear rationale for

acceptance or rejection of the preliminary proposal. The preliminary proposal must include the following:

- i. List of current Faculties
- ii. Name of Faculty to be considered for discontinuance
- iii. Academic, reputational, and operational rationale for discontinuance of the Faculty
- iv. Preliminary plan for realignment of academic departments and/or programs within other Faculties
- v. Initial assessment of the impact on students, staffing, facilities, operating and capital budgets as a result of the discontinuance of the Faculty
- vi. Initial assessment of the impact on existing Faculties and Departments resulting from the discontinuance of the Faculty
- vii. Proposed effective date

~~e.d.~~ If after reviewing the preliminary proposal the Senate Standing Committee on Academic Planning and Priorities agree that the discontinuance of an existing Faculty warrants further consideration, then a Task Force headed by the Provost or designate will carry out a thorough consultative process with stakeholders leading to a full written proposal which will include the following:

- i. List of current Faculties
- ii. Name of Faculty to be considered for discontinuance
- iii. Academic, reputational, and operational rationale for discontinuance of the Faculty
- iv. Detailed plan for realignment of academic departments and/or programs within other Faculties
- v. Detailed assessment of the impact on students, staffing, facilities, reputation, operating and capital budgets as a result of the discontinuance of the Faculty
- vi. Timeline for implementation including effective date of discontinuance, date of last admission to the Faculty, etc.
- vii. Detailed assessment of the impact on existing Faculties and Departments resulting from the discontinuance of the Faculty

~~d.e.~~ The Provost or designate(s) will present the proposal to the Senate of the University, which will consider the proposal by addressing the academic reasons for and against the discontinuance of the Faculty and Senate will make a recommendation to the Board concerning the proposal.

~~e.f.~~ The Board will consider Senate's recommendation as well as the budgetary, reputational, and operational reasons for and against the discontinuance of the Faculty and will make the final decision.

~~f.g.~~ The final decision will be communicated immediately to the appropriate government ministry, stakeholders, students and will be posted on the KPU website shortly after stakeholders have been contacted.

### 3. Establishment of a Department

- a. The Dean of the Faculty in which the proposed new Department will be housed will consult with the Provost regarding a preliminary proposal for the establishment of a new Department.

- b. If the Dean and the Provost are in agreement, the Dean, in consultation with Faculty Council, will submit a proposal for a proposed new Department.
- c. The Senate Standing Committee on Academic Planning and Priorities is responsible for reviewing the proposal. The proposal must include the following:
  - i. Faculty to which the proposed new Department will belong
  - ii. Programs, research units and other academic services that will be housed within the proposed new Department indicating whether these are new or are to be transferred from other areas
  - iii. Academic, reputational, and operational rationale for creation of proposed new Department
  - iv. Assessment of the impact on current and future students as well as existing Faculties and Departments resulting from the creation of the proposed new Department
  - v. Proposed effective date for the new Department
  - vi. Five year projection of the financial sustainability of the proposed new Department including revenues and operating costs
- d. The Provost or designate(s) will present the proposal to the Senate of the University, which will consider the proposal by addressing the academic reasons for and against the creation of a proposed new Department and Senate will make a recommendation to the Board concerning the proposal.
- e. The Board will consider Senate's recommendation as well as the budgetary, reputational, and operational reasons for and against the creation of the proposed new Department and will make the final decision.
- f. The final decision will be communicated immediately to the appropriate government ministry, stakeholders, students and will be posted on the KPU website shortly after stakeholders have been contacted.

#### 4. Discontinuance of a Department

- a. The Dean of the Faculty in which the proposed discontinued Department is housed will consult with the Chair/Coordinator and Provost.
- b. If the Dean and the Provost are in agreement, the Dean, in consultation with Faculty Council, will submit a proposal to discontinue the Department.
- c. The Senate Standing Committee on Academic Planning and Priorities is responsible for reviewing the proposal. The proposal must include the following:
  - i. Faculty to which the proposed discontinued Department belongs
  - ii. List of programs, research units and other academic services that will be impacted by the proposed discontinuance of the Department and plans for continuity. Refer to Policy *AC10 Establishment, Revision, Suspension and/or Discontinuance of Programs* if programs are to be discontinued.
  - iii. Academic, reputational, and operational rationale for discontinuance of the Department

- iv. Assessment of the impact on current and future student, faculty and staff as well as existing Faculties and Departments resulting from the discontinuance of the Department
  - v. Plan for reallocation of faculty and staff resources and impacted students, including timeline
  - vi. Proposed effective date for discontinuance of the Department
- d. The Provost or designate(s) will present the proposal to the Senate of the University, which will consider the proposal by addressing the academic reasons for and against the discontinuance of the Department and Senate will make a recommendation to the Board concerning the proposal.
  - e. Although not a statutory requirement, the Board will consider Senate's recommendation as well as the budgetary, reputational, and operational reasons for and against the discontinuance of the Department and will make the final decision.
  - f. Proposals for moving a Department from one Faculty to another will not be considered the establishment of a new Department.
  - g. Proposals for the discontinuance of a sole remaining Department in a Faculty will also be considered as the discontinuance of the Faculty altogether.

## C. RELATED POLICY

Refer to *GV9 Establishment and/or Discontinuance of Faculties and Departments Policy*.

## D. PROCEDURES HISTORY

Reviewed	Revised



<b>Policy No.</b> AC10	Original Effective Date	
<b>Approving Jurisdiction</b> Board of Governors	Reviewed:	
<b>Signed By</b>	Revised:	
<b>Administrative Responsibility</b> Provost & VP Academic		

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## Establishment, Revision, Suspension and/or Discontinuance of Programs Policy

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### A. CONTEXT AND PURPOSE

1. KPU is a special purpose, teaching university under the University Act. The University Act (RSBC 1996), Chapter 468, section 35.2 (6) (b) and (6) (d) addresses the issue of program establishment, revision or suspension and prioritization as follows:
2. “The senate of a special purpose, teaching university must advise the board, and the board must seek advice from the senate, on the development of educational policy for the following matters:  
  
(b) the establishment, revision or discontinuance of courses and programs at the special purpose teaching university;  
(d) the priorities for implementation of new programs and courses leading to certificates, diplomas or degrees;”

### B. SCOPE AND LIMITS

This Policy and its related Procedures applies to all new programs at KPU that are being considered for implementation as well as the revision, suspension and/or discontinuance of all existing programs, under the jurisdiction of Senate. All issues pertaining to the establishment, revision or discontinuance of programs housed within a departmental unit must adhere to this policy. Refer to Policy GV9 regarding the Establishment and/or Discontinuance of Faculties and Departments.

### C. STATEMENT OF POLICY PRINCIPLES

1. The university has a strategic plan and an academic plan against which the establishment, revision, suspension and/or discontinuance of programs will be evaluated.
2. A program may be recommended to be suspended or discontinued if one or more of the following conditions are met (but not limited to):
  - a. A minimum enrolment threshold has not been attained,
  - b. Program admission or declaration has been suspended for at least two semesters,

- c. The program is no longer financially viable due to the cessation of funding from external source(s),
  - d. The quality of the program has been compromised or the program no longer meets the required learning outcomes,
  - e. The program represents an increased liability risk to the university, or
  - f. The program no longer aligns with the strategic or academic goals of the university.
3. Proposals for the establishment, revision, suspension and/or discontinuance of programs must be developed through a transparent consultation process.
  4. Proposals for the establishment, revision, suspension and/or discontinuance of programs must be comprehensively documented in order to assess all foreseeable consequences and impacts on students.
  5. Proposals for the establishment, revision, suspension and/or discontinuance of programs may be initiated by a Dean, Director, or the Provost and Vice-President Academic, or by a Department, School, or Faculty (or a committee of one of these bodies), and will be submitted for consideration to the governing bodies as outlined in the procedures.
  6. The establishment, revision, suspension and/or discontinuance of programs will be communicated to all interested stakeholders, including government as appropriate.
  7. Students enrolled in a discontinued program will be provided with every opportunity to complete the program per the timelines outlined in Policy L.5, *Requirements for Graduation*.

## D. DEFINITIONS

Refer to Section A of *AC10 Establishment, Revision, Suspension and/or Discontinuance Programs Procedure* for a list of definitions in support of this Policy.

## E. RELATED POLICIES & LEGISLATION

*B.12 Program Review*

*GV9 Establishment and/or Discontinuance of Faculties and Departments Policy*

*L.5 Requirements for Graduation*

*University Act [RSBC 1996], Chapter 468, section 35.2 (6) (b), (6) (d)*

## F. RELATED PROCEDURES

Refer to the *AC10 Establishment, Revision, Suspension and/or Discontinuance of Programs Procedure*.

## G. POLICY HISTORY

Review Date	Revision Date





Procedure No. AC10	Original Effective Date	
Approving Jurisdiction Board of Governors	Reviewed:	
Signed By	Revised:	
Administrative Responsibility Provost & VP Academic		

## Establishment, Revision, Suspension and/or Discontinuance of Programs Procedure

### A. DEFINITIONS

1. **Department:** ~~One sub-unit~~ An administrative sub-unit of a Faculty within a university dealing with a particular field of knowledge.
2. **Discontinuance:** Permanent closure of a program which includes removal from ~~the future~~ academic calendar<sub>s</sub> and cessation of admission or declaration to the designated program.
3. **Faculty:** An educational administrative division constituted by the Board of the University.
4. **Program:** A defined set of courses of instruction that lead to a credential approved by KPU Senate. A program or units of study also consists of a) a unit of study, under the governance of Senate, that results in the granting of a degree or a non-degree credential or b) a unit of study that constitutes the designation of major or minor, or c) a unit of study that constitutes a department (see Policy B.12, *Program Review*).
5. **Revision:** Any changes to a program that require re-approval by Senate.
6. **School:** An academic administrative unit, similar to a Faculty, but generally within a narrower field of study.
7. **Suspension:** ~~Ceasing to admit admission or declaration to a program for a defined period of time.~~ A temporary suspension of a program whereby students will not be admitted to or declare into a program for a defined period of time.

**Commented [JC1]:** Need to specify that it is a program/curricular suspension, not an academic suspension of a student.

### B. PROCEDURES

1. The Procedures for the development of new programs and revisions to existing programs are set out in Appendix A, "Program Development, Revision and Approval Process for Senate Approved Degree and Non-Degree Credit Programs at KPU ~~(draft)~~". The details of the operational procedures are set out in the University's "Guide for Program Development, Program Revision and Implementation Review\_2015" (*pending*), available on the Senate website.

2. The Procedures for the suspension and/or discontinuance of programs are as follows:
- a. A proposal to suspend admissions / declaration to a program or discontinue a program may be initiated by a Dean, Director, or the Provost and Vice-President Academic, or by a Department, School or Faculty (or a committee of one of these bodies), but will normally be submitted for consideration by the appropriate Dean, in consultation with the relevant Faculty Council, to the governing bodies outlined in g. and h. below.
  - b. Proposals to suspend or to discontinue a program must present an appropriate rationale. Proposals must provide sufficient information to allow the university community to understand the rationale for and consequences of suspension or discontinuance in keeping with KPU's values of transparent and accountable governance.
  - c. In instances where enrolment is insufficient to make a program viable, a Dean in consultation with the Provost, would have the discretion to administer the cancellation of an intake.
  - d. The proposal to suspend a program must include the following information:
    - i. All impacted credentials and specific discipline or field of study;
    - ii. Location(s) of the program;
    - iii. Faculty, Department, or School offering the program;
    - iv. Proposed date for suspension, a notification period for students, faculty and staff, and a date for review of the suspension;
    - v. Reasons for suspension, such as:
      - 1) Insufficient resources
      - 2) Lack of enrolment demand
      - 3) Curricular issues
      - 4) Inability to provide appropriate institutional support
    - vi. Plan for suspension, including:
      - 1) Proposed review date to reinstate or discontinue the suspended program
      - 2) Steps that will be taken to consult with faculty and staff
      - 3) Steps that will be taken to consult with students
      - 4) Steps that will be taken to ensure students in the program have the opportunity to complete the program
      - 5) Steps that will be taken to ensure consultation with other impacted departments, Faculties, and units;
    - vii. Draft Calendar entry detailing suspension of admissions / declaration to the program;
    - viii. Name, title, phone number and email address of the institutional contact in case more information is required (normally, the Dean of the Faculty in which the program is housed);
    - ix. Endorsement by the Provost.
  - e. A program that has been suspended for a minimum of two years may be proposed for program discontinuance as outlined in procedures B.2.f below.
  - f. The proposal to discontinue a program must include the following:
    - i. All impacted credentials and specific discipline or field of study;
    - ii. Location(s) of the program;
    - iii. Faculty, Department, or School offering the program;

- iv. Anticipated final date of discontinuance;
  - v. Reasons for discontinuance of the program, such as:
    - 1) Insufficient financial resources
    - 2) Lack of enrolment demand
    - 3) Curricular issues relating to the decline in quality or the inability to meet required program outcomes
    - 4) Inability to provide appropriate institutional support
  - vi. Plan for phasing-out of program, including:
    - 1) Steps taken to consult with faculty and staff regarding phasing out
    - 2) Steps taken to consult with students regarding phasing out
    - 3) Steps taken to ensure students in the program have the opportunity to complete the program
    - 4) Steps taken to consult with other impacted departments, Faculties, and units;
    - 5) Impact on and/or reorganization of curriculum in cognate disciplines
    - 6) Timeline of activities
  - vii. Name, title, phone number and email address of the institutional contact person in case more information is required (normally, the Dean of the Faculty in which the program is housed).
  - viii. Potential legal implications as a result of the program discontinuance;
  - ix. Endorsement by the Provost.
- g. Following consultation with and endorsement by the relevant Faculty Council, a proposal to suspend a program will be considered by the following committees, and sent to Senate and the Office of the Registrar for information:
- i. appropriate Departmental, School and/or Faculty committees
  - ii. appropriate Senate Standing Committee(s) as determined by the Provost
- h. A proposal to discontinue a program will be considered by the following bodies:
- i. External accreditation or regulatory bodies
  - ii. appropriate Departmental, School and/or Faculty committees
  - iii. appropriate Senate Standing Committee(s) as determined by the Provost
  - iv. Senate for recommendation to the Board for approval
  - v. Board of Governors for approval
- i. In some circumstances, the university may be required to consult with the Ministry responsible for post-secondary education prior to the discontinuance of programs
- j. Recommendations to discontinue programs that have remained in the KPU Calendar but have no enrolled students may be considered for fast-tracking directly to the Senate level upon request of a Dean to the Provost and Vice-President Academic. The Dean should consult with the relevant Department and/or Faculty committees prior to requesting an expedited process.
- k. All approved program revisions, suspensions, and discontinuances must be forwarded to the Provost and the University Registrar with an effective term date and year.
- l. If the discontinued program is the only program in the department, the department may also close as a result.

**C. RELATED POLICY**

Refer to the *AC10 Establishment, Revision, Suspension and/or Discontinuance of Programs Policy*.

**D. PROCEDURES HISTORY**

Reviewed	Revised



KWANTLEN POLYTECHNIC UNIVERSITY

## **APPENDIX A**

Program Development, Revision and Approval Process for  
Senate-Approved Degree and Non-Degree Credit Programs at KPU

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