FINAL ASSESSMENT REPORT

Institutional Quality Assurance Program (IQAP) Review

School of Nursing – BScN Program

Date of Review: May 18 - 19, 2021

In accordance with the University Institutional Quality Assurance Process (IQAP), this final assessment report provides a synthesis of the external evaluation and the internal response and assessments of the undergraduate programs delivered by the School of Nursing. This report identifies the significant strengths of the program, together with opportunities for program improvement and enhancement, and it sets out and prioritizes the recommendations that have been selected for implementation.

The report includes an Implementation Plan that identifies who will be responsible for approving the recommendations set out in the Final Assessment Report; who will be responsible for providing any resources entailed by those recommendations; any changes in organization, policy or governance that will be necessary to meet the recommendations and who will be responsible for acting on those recommendations; and timelines for acting on and monitoring the implementation of those recommendations.

Executive Summary of the Review

In accordance with the Institutional Quality Assurance Process (IQAP), Bachelor of Science in Nursing (BScN) program within the School of Nursing submitted a self-study in March 2021 to the Vice-Provost Faculty to initiate the cyclical program review of its undergraduate programs. The approved self-study presented program descriptions, learning outcomes, and analyses of data provided by the Office of Institutional Research and Analysis. Appendices to the self-study contained the CVs for each full-time member in the department.

Two arm's length external reviewers and one internal reviewer were endorsed by the Executive Dean, Faculty of Health Sciences, and selected by the Vice-Provost Faculty. The review team reviewed the self-study documentation and then conducted a review on May 18-19, 2021. The review included interviews with the Provost and Vice-President (Academic); Faculty Executive Dean, Vice-Provost Faculty, Associate Dean, Academic, Assistant Dean, Director of the School of Nursing and meetings with groups of current students, full-time faculty and support staff.

The Director of the School of Nursing and the Executive Dean of the Faculty of Health Sciences submitted responses to the Reviewers' Report (June 2021). Specific recommendations were discussed and clarifications and corrections were presented. Follow-up actions and timelines were included.

The following program strengths were identified:

- High quality, with an established national and international reputation and history. It is well aligned with McMaster's mission and academic plan.
- Well-established, high level kaleidoscope curriculum that meets the expected standards of professional baccalaureate nursing education and program outcomes in line with standards.
- Well-established, high level of nursing knowledge and entry-to-practice competencies
- Well-recognized educational framework of PBL/PBL based education across the three sites, which includes library resources, adequate faculty commitment to teaching and scholarship, an adequate system of faculty development around program expectations and goals to familiarize [new] faculty with the program, attention to student success and support, and a focus on inclusiveness, collaboration, and respect.
- A clear governance structure that includes a commitment to collaborative organizational and operational committee structures that focus on a consistent approach across three sites, while respecting differences between organizational cultures and contexts at each site, and maintains a network of connections with practice partners, alumni, and local communities.

More specific areas program enhancement described in the report are directly reflected in the recommendations, discussed below.

Implementation Plan

The following areas of enhancement were identified for the BScN Program. Recommendations were focused on IPE, ongoing attention to EDI and continued simulation and virtual learning enhancements. More specifically, we will address each of the recommendations as outlined in the executive summary provided by the reviewers

Recommendation	Proposed Follow-Up	Responsibility for Leading Follow-Up	Timeline for Addressing Recommendation
1. We recommend applying the currently optional facilitated review for Indigenous applicants to the nursing programs more systematically and structurally available from the initial moment an applicant who identifies as Indigenous expresses interest to apply of submits a query about the application process. Possibly apply it to all Indigenous students who	• This is an important priority for the program. We will have an opportunity to address these gaps as we move forward with the One Admission initiative across our 3 site Consortium. • Currently, the facilitated indigenous application process (FIAP) at the McMaster site is mandatory if an applicant wishes to be considered for one of the seats that are reserved for indigenous students. In	School of Nursing Leadership Team & BScN Admission Team Other scope: Registrar Office Consultation	BScN FIAP recommendations - COMPLETE 2022 Fall 2024

express an interest in applying as soon as they star the online admission process or contact the admission office. Collaborate with the McMaster Admission office and Faculty of Health Science Indigenous Learning Lodge on this [Admission section; see also 7b Quality Enhancement, comment on EDI, faculty]. We recommend exploring expansion of the facilitated admissions program to an automatic admission program for Indigenous students who meet the minimum entrance requirements in recognition of the historical quality gap. This might include a support year of study and designated advisors throughout the program. Careful exploration of the reasons that Indigenous applicants have not been accepted is warranted.	addition, if successful in FIAP, the applicant does receive an automatic admission based on the minimum entrance requirements as recommended. With One Admission, the two College sites will soon be integrated in this process to enhance consistency and address gaps. • FIAP is well-communicated, with clearly delineated steps for the applicant. This process is in place for all FHS programs, including BScN. We provide a direct link to this process and all information on our website and University Undergraduate Calendar. Facilitated Admissions Self-Identification | Indigenous Students Health Sciences Office. • FIAP is well-integrated in all University and McMaster site BScN recruitment events. The University recruitment team works closely with our internal BScN admission team to further disseminate information regarding indigenous admission support resources. • As above, Mohawk and Conestoga will be adapting McMaster's FHS FIAP this upcoming admission cycle as we collaboratively implement the One Admission process. Indigenous faculty from our College sites have already been identified to assist in this FIAP review process. This process will be informed under the leadership of Dr. Bernice Downey (first inaugural Associate Dean for Indigenous Health and		

	Tenured Faculty in the School of Nursing).		
	• It is important to review our involvement with the FHs Indigenous Health Initiative and the Learning Lodge. The School of Nursing (SON) has been an active participant since 2017 and engaged in all developments to date. Our BScN faculty have worked on several developments with Dr. Downey. Importantly, the BScN Indigenous Curriculum workgroup, chaired by Dr. Downey with faculty representation across our 3 sites has been facilitating curriculum change for two years.		
	• We will attend to the recommendation of exploring rationale for indigenous applicants not being accepted in the program. This is an important area of enhancement to better understand barriers. We will integrate in our new One Admission initiative.		
	• We will continue collaboration with FHS-ISHS (Indigenous Students' Health Science Office) to ensure indigenous students are well-supported in their journey to success.		
2. Admission for Underrepresented groups: Other underrepresented groups such as Black students, students who identify as being from LGBTQ2+ and from lower socioeconomic backgrounds would also benefit by an optional facilitated admissions process. Currently at McMaster facilitated Blac	• As a SON, we will review the outcomes of admission pilots in the MD, Midwifery and BHSc programs. We were aware of these initiatives as leadership participated in a review of the proposals. Once One Admission is fully implemented in our Consortium, we will review the outcomes of other facilitated processes and incorporate opportunities to	School of Nursing Equity Community of Practice Team & BScN Admission Team	BScN recruitment recommendations - COMPLETE 2022

BScN pilot review - COMPLETE 2023

CoP work will continue as linked to strategic plan |

admissions process are in place in the Bachelor of Health Science and Midwifery programs with the MD program planning to implement next year. Models in place within these programs along with your current facilitated Indigenous Admission program could help to develop a similar program for these populations. It is important that along with facilitated admissions programs, it is important to provide ongoing support for all students admitted through a facilitated admission program.	address this recommendation. The time of the larger admission initiative made it difficult to consider new goals at this time. • We will attain guidance from the University regarding admission processes for underrepresented groups. In addition, the EDI Strategy and the FHS EDIAC (Equity, Diversity, Inclusion Advisory Committee) will be important resources to guide future development. • We will implement our 5-year strategic plan which describes the School of Nursing commitment to diversity. This was developed with membership from the Equity and Inclusion Office.		
3. We recommend the development of a mandatory, integrated IPE curriculum that addresses the competency framework established by the Canadian Interprofessional Health Collaborative (CIHC) and accrediting bodies of the health professions (AIPHE) is required. Protected time within the curriculum is required to fully implement an IPE program. In addition, protected time is required for faculty to develop a robust IPE program as well as time for faculty education related IPE (IPE facilitation, IPE development, IPE collaboration). Effective IPE experiences involve collaboration at all levels	• The recommendation of dedicated time for the development of IPE curriculum is very important. We will consider the current areas of scholarship across our UG faculty and determine how best to address this suggestion. • We value the feedback regarding mandatory IPE learning activities. As an active member of PIPER, the Consortium BScN Curriculum committee and Faculty leads will develop and implement a plan to integrate mandatory student participation in a select number of IPE learning activities, similar to the framework of our colleagues in Medicine. • We will review our current IPE curriculum scaffolding (developed using CIHC) and determine opportunities for	BScN Curriculum Chair & BScN IPE curriculum workgroup	IPE Scaffolding and encounter cards - COMPLETE 2023 IPE credit pilot - COMPLETE 2024

from development to implementation. Faculty require protected time to nurture these collaborative partnerships and to actively work in collaborative teams. Further expand the use of simulation and virtual learning to include IPE simulation and virtual IPE simulation.	enhancement. Our program is committed to insitu IPE; thus, our learners will continue to have full exposure/immersion within health care contexts. During this pandemic time, our BScN program was one of the few across Ontario who did not substitute simulation for real immersion in hospital settings. We take pride in this curricular focus and students value team learning directly in the contexts. We will couple this with ongoing Faculty Development to prepare teachers to facilitate student learning in relation to team competencies as described in the frameworks. • In terms of simulation-based learning, we have been immersed in this methodology of teaching for over a decade. We began with a dedicated simulation Faculty Lead about 10 years ago and evolved into a train the trainer model, where all faculty enhanced their competency in simulation-based learning. Currently, we continue to integrate standardized patients, partial/full task trainers, intra-professional simulations, and high-fidelity crisis simulation. Virtual standardized patients were integrated this past year. In addition, we have a team developing virtual simulations games.		
4. Differentiating roles: Academic Advising and Faculty. We recommend further quality assurance measures to assess satisfaction with academic	• We will review the roles specified in this recommendation and identify strategies to enhance quality and student satisfaction, particularly as it	BScN Assistant Dean, Program Manager, Faculty Lead Team Advising Team	Role clarification - COMPLETE 2023 Regular team meetings will continue

advisement and to improve information students receive about accessing advisement and/or about communication lines to communicate concerns about performance in the program. Consider clarification of the difference between the roles of faculty versus academic advisor in relation to academic advising versus meeting professional and practice competencies – setting clear parameters for wait times for scheduling advising appointments also need monitoring. Development of clear communication pathways to be added to the student handbook would help students to navigate the challenging situations that arise when they have concerns with someone in a position of power.	relates to performance in the program. We will gather additional feedback to understand communication and informational needs at each of our 3 sites. The feedback will guide goal setting and better address cohort and geographical differences across our Consortium. • We will review appointment wait times and integrate an assessment component following these appointments. We will review the information that is included in advising appointments to better address student communication with various roles.		
5. Enhance knowledge of current concepts: More explicit incorporation of current trends in nursing knowledge around the concepts of Cultural Safety [CS], Trauma and Violence Informed Care [TVIC], Culturally Responsive Pedagogy (CRP) and Universal Design for Learning (UDL) that can help to apply decolonizing, anti-racist, and anti-oppressive theories and practices that promote equity and inclusion within the	• We are hoping you may have had an opportunity to review our recent College of Nurses of Ontario curricular mapping during the program review. Several of the curricular competencies within these concepts are required in our province. These were mapped with sources of evidence from our curriculum: Trauma-informed care, including survivor safety/choice and control; Recovery-oriented nursing care; Knowledge of the TRC; Indigenous health knowledge and Collaboration with healers/elders; Optimizing	School of Nursing Leadership Team, BScN Leadership Team & BScN Curriculum and Evaluation committee	All concepts reviewed in relation to Canadian and CNO program reviews and competencies - COMPLETED 2023 Conceptual work will continue as linked to strategic plan and curricular philosophy.

classroom) [Curriculum section].	Health literacy for all clients; Cultural Humility and Culturally safe environments. We will review the concepts and ensure they are well-incorporated. • In addition to curricular work, we continue to enhance faculty development offerings in these areas. This past year, trauma informed teaching practice was a primary area of learning for our teachers. • We will continue to review Universal Design for Learning strategies. This has been an important area of focus at the University, with several supportive strategies and resources. We will continue to support BScN faculty responsible for developing curriculum, to further enhance expertise in this area. • We have started to integrate bias and diversity training in all elements of our Human Resources practices. This will require ongoing training to better address this recommendation. • Finally, since 2019, the SON has required all of FT faculty to complete cultural safety training. In the last year, this goal has been further broadened to other faculty and staff cohorts.		
6. Remediation practices to support learners: Remediation policies that are integrated into the fabric of the nursing program and that support the student are essential for student success and need to be developed. The formalized	• A formal remediation process is an important commitment for student success. Your recommendation of early intervention is essential within this commitment. Ongoing faculty preparation and mentoring for our clinical teachers is needed, particularly during a time of	BScN Leadership Team & BScN Curriculum committee	Clinical Learning Support program developed, including experiential classroom - COMPLETED 2023 Faculty Development Days will continue

remediation process needs to be available to students at all points in the program. This process would include a dedicated person to oversee the program while working collaboratively with faculty and students to develop individualized plans that address knowledge, skills, and performance. A successful remediation process would have both faculty and students identifying academic challenges early and referring to remediation assistance.	increased faculty turnover in the clinical courses. Faculty will need to be well-versed in the development of individualized, clinical remediation strategies for student success. • Currently, there is an established process for clinical remediation in the simulation lab. All students who require remediation in clinical practice meet with our clinical instructor in the lab. We have a formal referral form that is completed by the teacher, identifying areas requiring competency development. The teacher and lab instructor collaborate with the student to develop a plan for success. • Currently, a formal policy addressing the above practices is not in place and we value the recommendation. We will formalize our informal processes across the Consortium and develop a policy to guide remediation practices and enhance support of learners.		
7. Caution with the use of proctoring tools: Considering responses from students on the impact of the use of invigilation tools, such as Proctorio, we recommend caution and possibly to consider alternative examination supervision or evaluation methods. [Teaching and Assessment section; and 7.2 Quality Enhancement section]	• As you may be aware, the University has supported accredited programs in their use of the proctoring tool, Respondus. There have been several resources developed to support learners and teachers. • BScN has successfully utilized this program across several courses this past year. We have been attentive to student preparation, with assurance that the level of monitoring is maintained at	BScN Leadership Team & BScN Curriculum and Evaluation Team	Review of proctoring tools - COMPLETED 2022 Appropriate use of proctoring tools will continue

	• its lowest level of perceived intrusion. • At this time, with the degree of academic integrity and the importance of acquiring learning competency across our rigorous science program, we will continue to use this tool while delivering courses remotely, building on our experience this past year.		
8. Recruiting diverse faculty: Consider the overall ethnic and demographic diversity of the faculty and continue efforts to recruit ethnically diverse faculty. [Quality indicators: faculty section].	• We will continue to work on this recommendation. We have identified this as an important commitment in our current SON strategic plan. We have begun to consider practices in Human Resources to enhance recruitment when full time appointments become available.	School of Nursing Leadership &, Operations	Recruitment and hiring practices reviewed regularly
9. One Admission evaluation and attrition: It seems advisable to carefully track the impact of One Admission, and in the process explore attrition across sites as well as impact One Admission may have on diversity within the student body as well as in response to needs of population [Quality indicators: students' section]. Also, monitor and evaluate the impact of One Admission across sites on student achievements, performance, and progression through the program [Program Enhancement, outcomes of previous reviews sections].	• The review of attrition across our 3 sites is appreciated. As a Consortium, we are monitoring academic success and recognizing there may be greater attrition at some sites. Identifying the right candidate at the point of admission is essential for program completion. This was an important factor in determining McMaster would lead decision-making for admission to the three BScN programs. • With the implementation of One Admission, an evaluation plan will be developed. The BScN admission team will identify relevant metrics, measuring change and/or success in the is program initiative.	BScN Assistant Dean, Program Manager and Advising Team	One admission practice established - COMPLETED 2022 Academic reviewing process and metric review - COMPLETED 2022 Attrition review for Consortium will be ongoing.
10. Recruitment strategies and underrepresented groups: Promotion of	• Refer to responses for recommendation 1, 2, 9.	Refer to above - 1, 2, 9	Refer to above - 1, 2, 9

nursing to students in middle school may help facilitate interest in nursing, improve recruitment numbers and help them better prepare Indigenous students for a career in nursing. Working with the Indigenous faculty and Indigenous community to promote nursing as a career choice could be enhanced, for example, through the creation of summer camps for Indigenous students. Expanding to camps that include students from other underrepresented groups may also help to increase the percentage of student representation from these populations. A key element of such camps is the inclusion of current nursing students from the targeted groups as camp counselors so that young Indigenous students and young students from other underrepresented can see themselves as nurses. [2: admissions section].	• At present, the mandate of meeting with high schools or middle schools is supported by central University recruitment. It is important that we determine strategies to assist in these efforts to better prepare students for nursing as a career choice. This is particularly important for underrepresented groups.		
11. Diverse student representation on committees: We recommend to carefully monitor diverse student representation opportunities across committee and other student bodies across programs/sites. Based on student feedback, explore the possibility of mentoring or peer support resources for new graduates by recently graduated alumni from	• This is an important recommendation. We will review our process for recruitment of student membership on BScN committees, with attention to diverse representation. Consultation with other student groups, including MSU and the offices mentioned above, EIO, and EDIAC will be important.	BScN Leadership Team	Membership review - COMPLETED 2023

Student consultation will remain ongoing |

the Consortium. [7.2 Program Enhancement, quality enhancement section].			

Dean's Response

We were grateful to receive the Reviewers' Report of the Bachelor of Science in Nursing (BScN) program. We wish to extend our thanks to the external reviewers, Dr. Geertje Boschma of University of British Columbia and Ms. Kathryn Hayward of Dalhousie University; and to our internal reviewer, Dr. Amanda Bell. Their review of our large and complex undergraduate Nursing program was collegial, thorough, and thoughtful; and their insights were both affirming and supportive in the further evolution of the Bachelor of Science in Nursing program.

We have reviewed the report carefully alongside the Program's responses to the recommendations raised by the reviewers. We thank the reviewers for acknowledging the program's many strengths, including its high quality, national and international reputation, high level of competence of graduates, faculty development and commitment, and clear governance across a complex organizational structure.

We feel that that the program has earnestly reviewed the recommendations and provided reasonable plans to move forward with these. More specifically, we acknowledge the program's several types of responses that include full support of the reviewers' recommendations; descriptions of work that is already occurring within the program that addresses recommendations; and acceptance of recommendations with intentions to implement change, but no clear plan. Some recommendations were also rejected by the program and we will address these below along with the others.

The program expressed strong agreement with the reviewers and provided specific plans for recommendations related to the IPE curriculum; and formalizing policy related to remediation practices to support learners. The BScN Program also pointed to several places where they are already doing work in recommended areas, including, Indigenous Admissions where the ongoing work is extensive; and addressing a list of suggested current trends in nursing knowledge, many of which are explicitly addressed in the current program curriculum.

There were two recommendations where the program expressed concerns about the recommendations. We are in support of the program's interpretation and plan with regards to these. The BScN program is initiating an extensive and well-developed change to their admissions process which was created with great attention to historical data, and with extensive consultation with our College Consortium partners. The program has expressed the need to wait to develop further admission processes for other under-represented groups while this new admissions process is implemented. Given the scope of the change, this seems entirely appropriate. The program also cites other initiatives moving forward with the central university's *Equity, Diversity, and Inclusion Strategy*, as well as initiatives within other education programs within the Faculty of Health Sciences that will help inform future planning in this area in the BScN program once *One Admission* is fully implemented.

The second recommendation where the program expressed concern was with respect to the caution of the use of proctoring software for virtual examinations, and encouragement to adopt "alternative examination and supervision or evaluation methods." We similarly agree here with the program's response that they have successfully used the *Respondus* proctoring tool across a number of courses; that academic integrity issues have been noted to have increased with an increased use of virtual assessment throughout the COVID-19 pandemic; and that assessment stakes should reflect the competencies being measured and their importance to the competency of graduates. We support the program's planned, continued use of online proctoring in their "rigorous science program[ming]" for remote courses. As most courses will move to in-person learning and as examinations are scheduled to be in-person this term, this may be a moot issue.

Finally, there are a number of remaining recommendations where the program has indicated an intent to better understand the contributing factors to the recommendation; and develop future planning around the concerns identified by the reviewers. In many instances, this work aligns with broader commitments in the School of Nursing, such as the recruitment of a more diverse faculty cohort as identified in the School's strategic plan. We will work closely with the School to continue to monitor these recommendations and the commitments the program has made to address them.

Again, we thank the reviewers for their thoughtfulness in broadly considering the many issues facing our three-partner, multi-stream BScN Consortium programming; and for working with our School of Nursing team to conduct a successful, virtual review. We acknowledge the excellent organization of this review by the School of Nursing; and thank them for their earnest consideration of the recommendations put forward by the reviewers.

Quality Assurance Committee Recommendation

McMaster's Quality Assurance Committee (QAC) reviewed the above documentation, and the Committee recommends that the Bachelor of Science in Nursing (BScN) program within the School of Nursing should follow the regular course of action with an 18-month progress report and a subsequent full external cyclical review to be conducted 7 years after the start of the last review.