2021 NCSBN APRN Roundtable- The Impact of COVID-19 on Nurse Practitioner Education in Canada Video Transcript

Event
2021 NCSBN APRN Roundtable

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Presenter
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- [Anne] Good afternoon, everyone. It is a real pleasure to have the opportunity to speak with you today about NP education and the impact of COVID-19 in the Canadian context. My name is Anne Marie Shin, and as the director of Professional Practice at the College of Nurses of Ontario, I have oversight of the registration area, quality assurance, practice quality, and education.

I will be providing some context regarding nursing demographics across Canada. However, my focus will be from an Ontario perspective. Ontario is the province with the largest population in Canada accounting for 13.7 out of 38 million Canadians. This presentation will provide an overview of advanced practice nursing in Canada as well as how NPs are regulated.

I will also review NP education in Ontario and how it is approved. Then we will end by discussing how COVID-19 has impacted education. I am also looking forward to the panel discussion later regarding the impact of COVID on education and if we should go back to our previous teaching methods and processes. I am hoping my session will generate some insights to carry on later this afternoon.

Advanced practice nursing is an umbrella term for RNs who integrate graduate nursing educational preparation with in-depth specialized clinical nursing knowledge and expertise. There are two advanced practice nursing roles recognized in Canada. They are the Clinical Nurse Specialist or CNS, and the Nurse Practitioner.

The NP role is regulated while the CNS role is not. Advanced practice nursing first emerged in the 1970s as client care grew more complex. The role was developed to provide clinical consultation, guidance, and leadership to nursing staff, manage complex and specialized client care with the goal to improve quality of care, and to promote evidence-informed practice.

You can see both roles are on a continuum. CNSs are focused on complex client care and system issues that require improvements which result in measurable outcomes. The NP role, however, is regulated with a protected title and is farther along in the clinical practice continuum.

The NP scope is greater with enhanced access to controlled acts. Nurse Practitioners practice in all 10 provinces and 3 territories. As a bit of a fun geography fact, Canada and the U.S. are tied as the world's second-largest country landmass after Russia with 3.8 million square miles.

Based on the latest numbers from 2018, there are 5,700 NPs working in Canada. The majority are Ontario which, as stated, also has the largest population. Of the 5,700 NPs in Canada, the majority of them work in primary healthcare. The others work as adult, pediatric, and neonatal Nurse Practitioners.

NP regulation has had a long run-up period to becoming formalized. As mentioned, in the '70s, there was a need identified for advanced practice nurses to support their growing system requirements. Many nurses were seeking formal and informal education to address those needs. In the mid-1990s, the Ontario government initiated changes to introduce the formal Primary Health Care Nurse Practitioner role to address physician shortages in rural Ontario.

In 1998, the government introduced regulation of NPS and the RN extended class. In this new role, nurses performed activities previously considered medical scope of practice. The government introduced it with caution and the level of regulation deemed appropriate for the time. Activities of the new role were somewhat limiting and not reflective of autonomous NP practice today.

For example, there were restrictive lists for medications and tests that could be ordered. There was a condition on NPs diagnosing and that there had to be a collaborating physician. And there were also requirements for when and how to consult a physician, for example, in certain health conditions.

Over the following decade, the NP role in Ontario expanded and changed. There was an expansion of the scope of practice as well as practice settings where NPs could treat patients. There was elimination of the physician collaboration requirement as well as the drug list. Also, at that time, there was an introduction of the regulation of different types or specialties of NPs including adult and pediatrics.

Also, at the time, we started to see NP roles regulated in other provinces and territories across Canada. Each were introduced by government to meet the local needs. What evolved over time was a patchwork. There was inconsistency in education requirements, exams, scopes, standards, consultation requirements, and protected title use.

Thus, the current work by the Canadian Council of Registered Nurse Regulators are working to identify a way forward to a single model of NP regulation. In 1995, the Primary Health Care Nurse Practitioner program was established as a partnership between 10 universities and the Ministry of Health and Long-Term Care. Today, a consortium of nine Ontario universities offer the program.

The model provides yearly access for approximately 200 students across the province, including urban, rural, remote, and francophone communities. The program is offered at a master's level with seven core courses taken either in conjunction with a larger master's in nursing or as a post-master's diploma.

Master's in nursing courses ensure that candidates have the theoretical and research foundations for NP practice. A blended learning model is used to deliver the different elements of the curriculum, including online courses, face-to-face tutorials, and labs offered at each university site and preceptored clinical placements within the home university region.

The University of Toronto is the one university that offers primary healthcare and also adult and pediatric NP programs. In Ontario, our council accepts a number of regulatory exams. We have a national exam called the Canadian Nurse Practitioner Exam. American exams are accepted for specialties, including adult and pediatrics.

And in some Canadian jurisdictions like Ontario, they accept the American Family/All Ages Exam. Now, a little bit more about how the Canadian exam was developed. A practice analysis was conducted to obtain a description of entry-level NP practice in Canada and to provide evidence to help regulators harmonize approaches in NP regulation.

We needed this description to write national competencies that would be the basis for the Canadian Nurse Practitioner Exam. In 2015, a practice analysis was completed that surveyed approximately 1,500 NPs from across Canada, from primary healthcare, adult, and pediatric specialties.

Findings concluded that patients differ in needs, context, age development, condition, and complexity. Yet no matter the stream of NP practice, practice setting, or patient population, NPs were found to be using the same competencies. The NP practice analysis led to the development of common entry-level NP competencies across all specialties that are currently in use by regulators across Canada.

These competencies are the basis of the NP exam and form the basis of the NP education programs. The purpose of the common entry-level NP competencies is to provide information about what is required practice for a new NP. At CNO, we use these competencies to approve NP education programs, assess the education of individuals applying to become registered as an NP, to approve entry-level exams for NP registration, assess the ongoing continuing competence of NPs, and to inform the development of standards of practice for NPS.

One of the registration requirements is to have graduated from an approved program. Two reasons why we do program approval. The first is with regards to registration regulation that requires all applicants to have graduated from a program approved by council. Making sure this regulatory accountability is consistently and effectively applied to all nursing education programs is fundamental to protecting the public.

Program approval ensures graduates are prepared to practice nursing safely, competently, and ethically for the nursing category in our class for which they want to register. A little bit more about program approval. This framework was developed to achieve standardized expectation of all entry-level nursing programs. The framework is based on three standards, program structure, program curriculum, and program outcomes.

Under each standard is a number of indicators. The triangle represents the review process. The principles listed on the right-hand side have provided an important foundation in this process and

continue to be key in our decision-making processes. There are two types of review processes that programs undergo, an annual monitoring review and a comprehensive review.

Program approval status is determined yearly based on the results of these assessments. This scorecard is used by the assessors to evaluate and rate each program during a review process. You will note that each standard and indicator is weighted differently. This is due to the relative level of importance of each indicator. For example, the curriculum mapping indicator is weighted at 25% while the program governance indicator is weighted at 6%.

You will recall that the curriculum is centered around the entry-to-practice competencies. Two mandatory indicators are client and student safety and curriculum. The school must fully meet these requirements to be approved. So, now that we have had a level set about NP education and regulation in Ontario, we will move into discussing the impact of COVID-19 on NP education.

To state that it has been a difficult year would be an understatement. COVID-19 has impacted us all and in every aspect of our lives. It has stretched the healthcare system and educational system to its limits. While this adversity has been difficult, it has forced us to rethink the way we do things.

This challenge has brought about change and this change has brought about innovation. To put COVID in context, as of mid-February, Canada has had 835,000 cases with 22,000 deaths. Ontario has had 300,000 cases and 7,000 deaths.

As far as vaccines, 1.5 million vaccines have been administered and 520,000 in Ontario. To date, we have vaccinated 2.6% of the total population. We still have a long way to go. Let's talk about the impact on NP programs.

In preparation for this talk, we have followed up with our programs to understand what some impacts have been. Firstly, I will talk about the impact on the theoretical delivery of the programs then followed by the impact on clinical placements. Since the consortium delivers the courses online previous to COVID in a modular format, the programs noted there was no significant impact on theoretical learning as they already had this virtual format.

Schools reported to moving to asynchronous delivery format and they adapted well to this. The reason for this switch was due to the need to promote more face-to-face time with faculty and other students. They also stated they moved from an Adobe platform to Zoom, which streamlined and eliminated pre-existing technology issues.

Schools followed up with students about satisfaction around delivery methods and most reported good satisfaction with the Zoom format. Schools had to be flexible with facilitating staggered end dates for students. This was necessary depending on where the student was at in the overall program, as well as access to placements.

In the initial stages of the pandemic, particularly from April to June, 2020, there were interruptions in programs, particularly with clinical placements and lab courses. At this time, agency sites were not allowing clinical placements and labs at universities were closed. This was normalized over time with an opening of more clinical placements and onsite lab opportunities.

To deal with the disruption to placements in the spring, Year 1 clinical placements were held to accommodate integrated practicum placements. Those are the placements for the final practicum of a program. To make up for the first-year students' decreased placements in the spring, extra clinical hours were offered during the summer session.

Also, students were encouraged, if able, to videotape themselves doing skills, like a head-to-toe assessment on someone in their home. These sessions were viewed by an instructor and these students received real-time feedback. During the spring and fall, there were more acute care placements available. It was harder to get community placements, however.

Also, with reduced placement opportunities, schools allowed a decrease in clinical placement hours and increase in simulation and tutored learning as long as they were meeting competencies. Another interesting phenomenon that our border towns encountered was for their students that were working as RNs in both U.S. and Canada, they often had to do a two-week quarantine period due to the outbreaks.

Also, there were a greater number of outbreaks in the clinical areas. So clinical placements were reduced in hours or canceled. Despite the challenges I have mentioned, there were some innovations that were adopted. A few of these were virtual simulation with avatars and real-time use of tutors during simulation, either virtual or other settings like home.

Students reported that they liked simulation and felt that it was as good as clinical in some instances. While there is a recognition that the skill acquisition could benefit from a simulated environment, the actual clinical placements are necessary for the experience of integrating and socializing the role and working in a complex care environment, collaborating with other students and multidisciplinary partners.

At present, the NP programs are using a hybrid model with online learning, simulation, real-time tutoring, and clinical placements. In some cases, the placements continue to be decreased and are subject to cancellations depending on outbreaks in facilities. Despite these challenges and delays, the programs have been able to graduate similar number of students compared to previous years.

This has been done through quick pivoting of processes and some innovative ways of creating meaningful teaching and learning experiences. Thank you for your time. And I'd be happy to take any questions.

- [Michelle] Thank you, Anne Marie, for sharing this interesting information about Canadian and specifically Ontario NP education programs and regulation.

I'd like to invite everyone now to enter their questions into the Q&A function if you'd like to ask Anne Marie any questions. But while we wait, I would like to kick us off with a question that I have if you don't mind, Anne Marie. In U.S. Nurse Practitioner programs, the students are required to have a minimum of 500 direct clinical hours.

Is there such a requirement or standard for clinical placement hours in Canada? And if so, is it unique to the program or the province? Can you give us some more information on that?

- Thanks so much, Michelle. And I'm so happy to be here this afternoon. So, as far as your question, there is no minimum standardized clinical hours that the programs have to meet. However, it really is up to each jurisdiction to set their parameters. I can tell you with Ontario, we don't have a finite number, but it is part of our program approval process.

So, I showed the nine indicators. One of the indicators is specific to clinical placements. So, we look at sort of the depth and breadth of the clinical placement, the settings, the areas, as well as we look at simulation and the quality of simulation. So, yes, it's really jurisdiction-specific.

- Thank you very much. We do have a question from Jennifer Whrite. She asks, "How did you determine the standards on the scorecard as well as identify the weight and percentages?"

- Thank you. That's a great question. So, the indicators were developed from a collaborative effort with stakeholders across the province, as well as across Ontario, as well as it was informed by, you know, the latest research at the time.

And we also piloted these, you know, indicators as well as our scoring rubrics, and through the pilot, we learned quite a bit and we actually streamlined some of these indicators because we noticed some of the indicators were not resulting in what we really had intended the indicator to tell us.

As far as the weighting, the weighting was done again from representatives across Canada and Ontario. So, we had clinicians as well as academics, and we had a statistician who led us through a modified Angoff process where we determined the weighting.

At that time, we also determined two of our indicators to be mandatory. So, one of those indicators speaks to client and student safety and the other is around the curriculum. So, those are two indicators that the school must meet while the other indicators, they could have a score that, you know, yields are not met.

However, if they're able to still meet the 75% cutoff score, then they can still be approved.

- Thank you. Oh, we've got quite a few questions. So, next question is from Rita Doused, [SP] she asks, "Did you assess clinical performance during simulation? And if so, how?"

- Great question. And so, when we went out to the schools in preparation for this talk, we had asked them what sort of simulation they were using because previous to that, they were using high fidelity simulation in the labs, but they pivoted to an online simulated environment.

And they said that they hadn't at the time, you know, been able to establish outcome metrics and measure them. At that time, they were doing experiential sort of surveys of faculty as well as the student participant.

- Thank you. Next question is from Alison Neil, she asks, "Who provides mental health services for patients?"

- Well, I think the whole healthcare team would provide mental health services. There are specialized you know, clinicians both in nursing and Nurse Practitioners that have developed specialties within their roles to help with mental health services.

I'm not sure I've answered your question or whether you're referring specifically to mental health Nurse Practitioners.

- I'm not certain what Alison is... Maybe, Alison, you can post some additional detail in the Q&A and we can follow up on that. Next question, and I think you may have addressed this already. It's from Molly Schleicher, "How are virtual simulations used to help supplement the clinical hours lost due to the pandemic and were they able to use simulation to replace those hours?"

- Yes. So, I think the schools did a really amazing job at pivoting to different environments to ensure that the students had a broad range of teaching and learning environments.

So, in the beginning of the pandemic, particularly around April to June, the placements were essentially stopped for most, you know, Ontario Nurse Practitioners. You know, there were some happening, but I would say the majority were not.

At that time, there was an increase in different, you know, learning techniques and they pivoted away from sort of the module format to sort of more real-time Zoom classroom-like sort of settings. And at the same time, they adopted a virtual simulated environment.

And in some cases, that was able to augment the clinical hours that were needed. However, it totally depended where the student was in their practice. So, in some cases, if they were at the end of their program in their integrated practicum, those hours were not replaced.

They were just extended. So the student ended up finding the clinical placement hours in the summer, whereas at the beginning of the program, there was other opportunities to really integrate some of those competencies, like whether it be sort of that home technique and real-time tutor feedback or they were using simulated environments as well.

- We're on about our last minute and a half, so I'm going to try and sneak in one more question. Valerie Dearman asks, "When initiating regulation of NPs, were there grandfather clauses for previous NPs?"

- That is a great question. So, yes, I'm just trying to think how that would have applied, and I'm assuming she's speaking about Nurse Practitioners in other jurisdictions.

So, yes, there was grandfathering that went in and, in particular, the biggest change was when Nurse Practitioners...to become a Nurse Practitioner, it's a graduate-level requirement. So, you need a master's in nursing with a Nurse Practitioner certificate.

So, those nurse practitioners that did not receive a master's level preparation that got their Nurse Practitioner certification before that time, those Nurse Practitioners were grandfathered in.

- Thank you very much. Really appreciate your presentation today, Anne Marie. And now, I'd like to welcome our next speaker, John Stanley, who will begin speaking to us very shortly.

Thank you.