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**PROGRAM REVIEW REPORT
on the
LICENSED PRACTICAL NURSE/
REGISTERED PSYCHIATRIC NURSE
RN ACCESS PROGRAM**



THE
UNIVERSITY
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OF THE
CARIBOO

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LICENSED PRACTICAL NURSE/
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RN ACCESS PROGRAM**

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FEBRUARY

1993

OFFICE OF INSTITUTIONAL RESEARCH & PLANNING

SUMMARY

The Licensed Practical Nurse/Registered Psychiatric Nurse RN Access Program is a good example of College response to a community need. The closure of the Tranquille School for the mentally challenged in 1985 triggered the need for retraining of RPNs working there. The creation of the RN Access Program responded to this need by offering laid off RPNs a "fast track" to RN completion. Having addressed the Tranquille situation, the program went on to attract enrollment from B.C. communities beyond Kamloops where LPNs and RPNs were being encouraged to upgrade; of late applications have come from Alberta. There is no indication that demand for the program will diminish; indeed, there are 57 applicants for 16 places for the 1993 intake.

The Evaluation Committee found the Access Program's main objective, to retrain LPNs and RPNs to RN level, to be central to UCC's mandate to respond to these community needs, to be innovative, and to ensure openness and accessibility. The program itself was found to evince a wide variety of strengths. The faculty and co-ordinator are well educated and dedicated; and the program has sufficient facilities and resources to allow students to attain the same levels of learning and competency as those in the more "traditional" three year RN Diploma Program.

Yet whatever its record of success, the program must move with the times. Its immediate challenge is the adjustment of its curriculum to the "generic" RN Diploma. Alternatives entailing the development of challenge exams must be explored, and suitable diploma entry points for LPNs and RPNs established. To achieve this, the Nursing Department must assess the educational levels and needs of its LPN and RPN clientele and develop appropriate entry mechanisms. This exercise should lead to an overhaul of the current program application package, where information on pre-requisites and CEC funding opportunities needs to be clarified.

Given the fact that LPNs and RPNs come from two "distinct worlds", it is not surprising that problems of integration and cohesion arise when they are put together in the same classroom. Although the RN Access faculty have already addressed these problems, they should continue their efforts to reach workable solutions as they reconstruct curriculum tailored to the generic Nursing Program.

Another concern raised by the review is equal accessibility to all UCC resources. Although the RN Access Program is offered at an off-peak period, i.e. summer, its students pay the same tuition fees as fall and winter enrollees, and must be guaranteed access to the same resources, e.g., Library, Computing Services, and Bookstore.

A final problem is minimal lead time allowance for course preparation. RN Access faculty are often hired on a part-time basis immediately before the program commences—a practice which has negative impact on program quality.

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**LICENSED PRACTICAL NURSE/
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RN ACCESS PROGRAM REVIEW**

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INTRODUCTION

The evaluation of the Licensed Practical Nurse/Registered Psychiatric Nurse RN Access Program was begun on July 23, 1992. Several meetings on questionnaire design and evaluation were conducted between the Office of Institutional Research, Joanne Gysel (Co-ordinator, LPN/RPN RN Access Program), Val MacKay-Greer (Chairperson, Nursing Department) and Chinnama Baines (Assistant Dean, Nursing) on September 8 & 17, and October 8. Questionnaires were mailed to the following stakeholders: former students; faculty; and receiving faculty on October 13; and employers on October 28. The May, 1992, LPN/RPN RN Access intake, which entered the third year of the RN diploma in September of 1992, was surveyed on November 6.

Follow-up letters and 2nd surveys were sent to former students on November 5, and employers on November 13. Telephonic contact with non-returnees was undertaken between November 24 and December 18. The cut-off date for all responses was January 5, 1993. The Evaluation Committee met to examine and analyze the summarized data on January 21 and 22.

BACKGROUND

The Registered Psychiatric Nurse Access Program has been in place since 1986. All offerings have been on the Kamloops campus. The first UCC Licensed Practical Nurse Access Program was offered in Williams Lake in 1990. 1991 and 1992 Kamloops RN Access intakes were combined LPN and RPN classes.

The goal of both the LPN and RPN Programs is to provide a mechanism for Licensed Practical and Registered Psychiatric Nurses to retrain to a level that will qualify them to write the CNATS (Canadian Nurses' Association Testing Service) exam. Success in this exam will qualify them for RN status.

The 12 month RN Access Program runs from April of one year to April of the following year. Levels 1 and 2 are offered from mid-April to August and serve as a "bridge-in" to the regular Nursing Diploma Program. Students then enter the third year of the Diploma Program and complete their studies between September and the following April.

The program consists of courses in Nursing theory and practice. Prior to entering the program, LPNs must complete seven pre-requisite courses (Biology 159/169, English 110/111, Psychology 111/121, and CENS 251--Pharmacology), and RPNs are required to take the Pharmacology course or equivalent. In both cases, credits will be granted for equivalent courses. Clinical experience at Royal Inland Hospital is included in each level of the program. Hospitals in the outlying region are utilized in the last level of the program, and students may be required to relocate for at least six weeks in order to obtain experience there. Clinical courses may also include evening and weekend experiences.

The RN Access Program is one of three in the province, the other two being an RPN Access at Douglas College and an LPN at Okanagan College. There is no articulation among these programs. The UCC version, however, is distinct in that it covers the curriculum in 12 months, whereas the Douglas program takes 16 months and the Okanagan one 18 months. As the program is recognized as part of the RN Diploma Program, it carries the official sanction of the Registered Nurses' Association of B.C. UCC currently has RNABC approval for the RN Diploma Program until 1994.

ADMISSIONS DATA AND PERFORMANCE STATISTICS

Admission Requirements:

Licensed Practical Nurse/Registered Nurse Access Certificate:

a) Educational Requirements:

1. Must be a Licensed Practical Nurse with at least 8 months work experience in the last two years.
2. Successful completion of seven prerequisite courses.

b) General Requirements:

1. Successful medical
2. Completed immunization
3. Letter of reference from employer
4. Interview with the Chairperson of Nursing Programs
5. CPR "C"

Registered Psychiatric Nurse/Registered Nurse Access Certificate:

a) Educational Requirements:

1. Must be a Registered Psychiatric Nurse with at least one year of employment as an R.P.N.
2. Successful completion of one or two pre-program courses, or equivalent, as determined by the Department Chairperson.

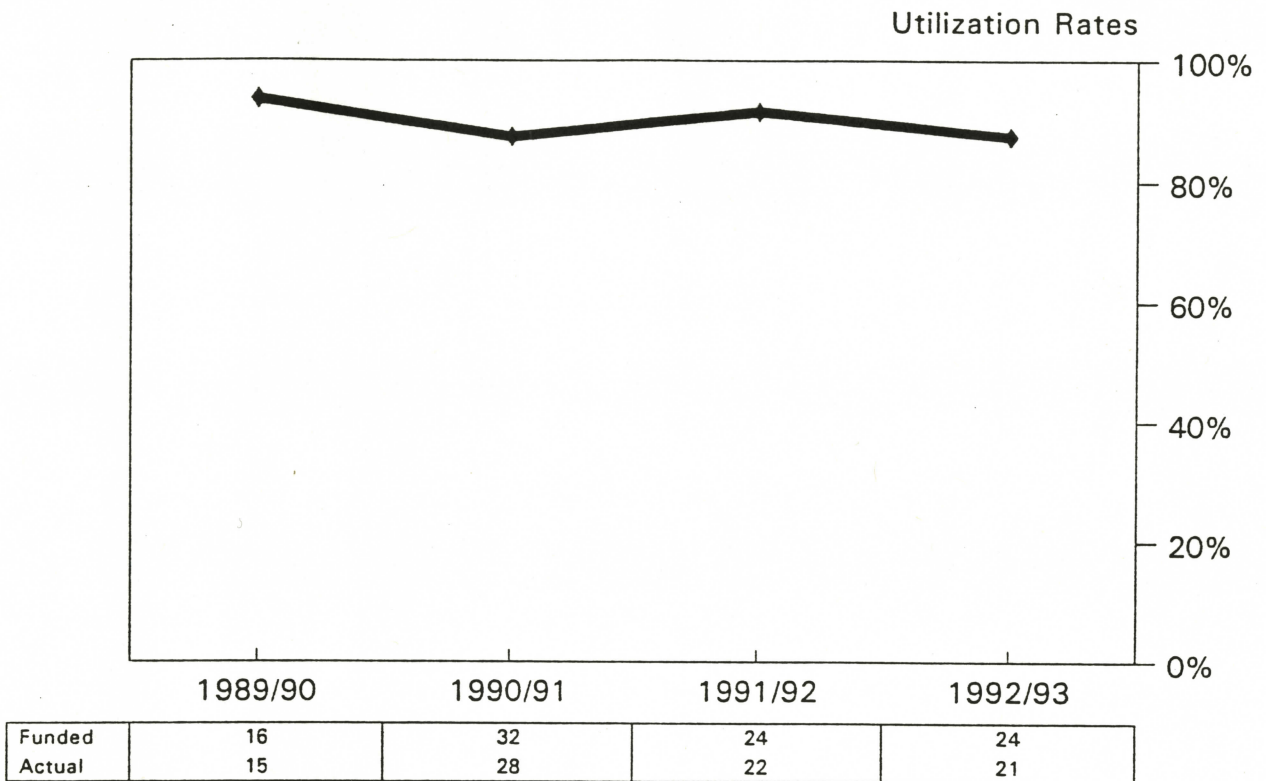
b) General Requirements

1. Successful medical
2. Complete immunization schedule
3. Letter of recommendation from employer
4. Orientation session with the Department Chairperson
5. Canadian Citizen or Landed Immigrant status
6. CPR "C"

Program Utilization Rates Over Past Four Years:

Program capacity is currently 24 FTE; until 1991 it was 16.

**FTE Utilization Rates: LPN/RPN Access Program
1989 - 1992**

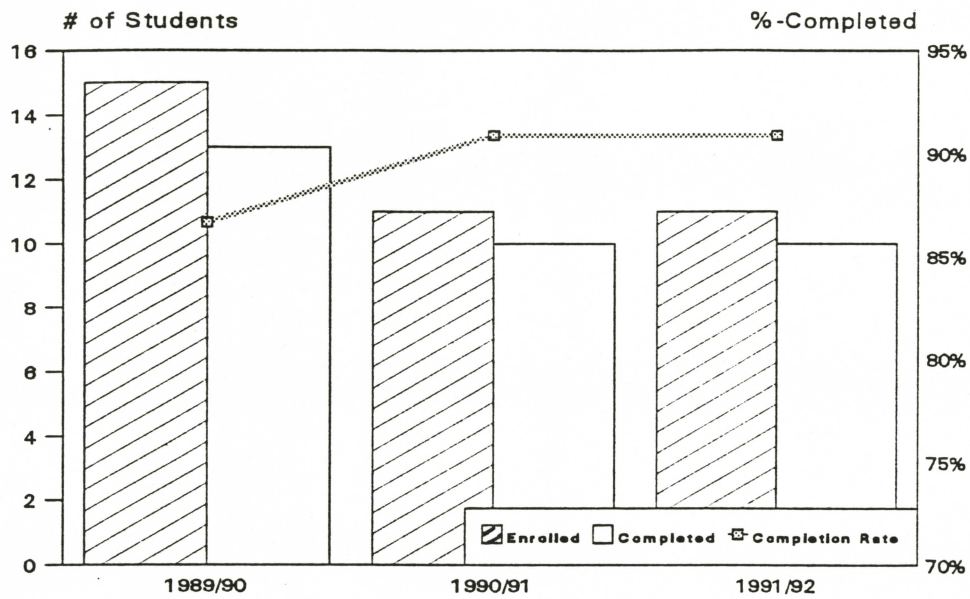


Application, Enrolment & Completion Rates:

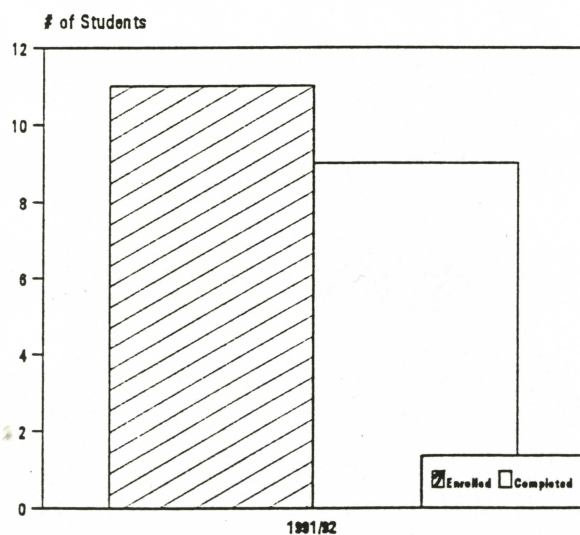
Year	LPN Apps.	LPN Entry	LPN Grads	RPN Apps.	RPN Entry	RPN Grads	Total Grads	% Grad.
1989/90				22	15	13	13	87%
1990/91	21	17 (Wm Lk)	15 (Wm Lk)	16	11 (Kamloops)	10 (Kamloops)	25	89%
1991/92	25	11	9	18	11	10	19	86%
1992/93	15	6	--	18	15	--	--	

Application, Enrolment & Completion Rates (cont.):

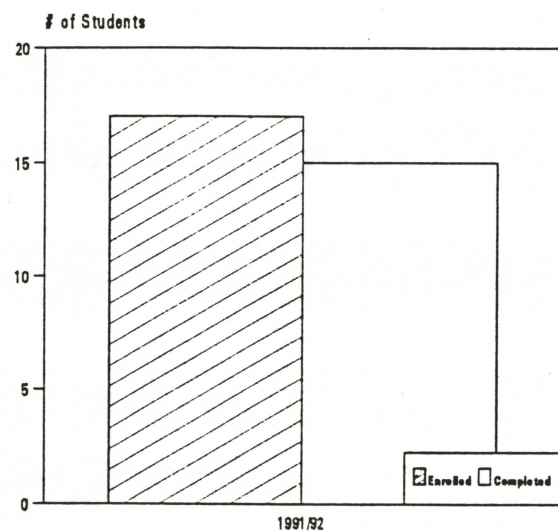
**Program Completion Rates: RPN Access
1989/90 to 1991/92 Kamloops Campus**



**Program Completion: LPN Access
Kamloops Campus, Completion Rate = 82%**



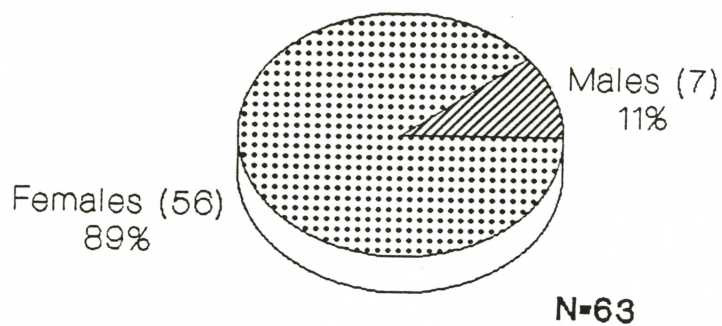
**Program Completion: LPN Access
Williams Lake Campus: Completion Rate = 88%**



Gender Ratio:

Of 63 former students surveyed from the LPN/RPN RN Access Program, (1989-1992), 56 were females and 7 were males for a ratio of 8:1.

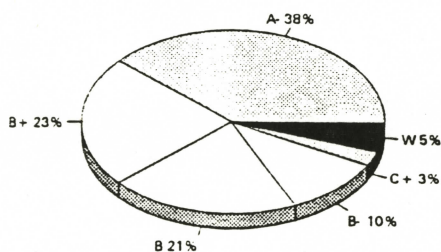
Former Student Gender Ratio (1989-92)



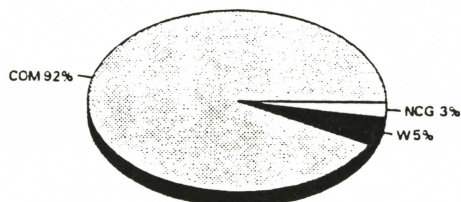
Grade Distribution:

Grade distribution for the Licensed Practical Nurse/Registered Psychiatric Nurse RN Access Program (1990-1992) are illustrated in the graphs below.

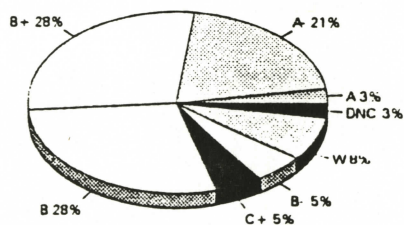
**NURS100 (RPN ACCESS) COURSE GRADES
1990 - 1992 (N = 39)**



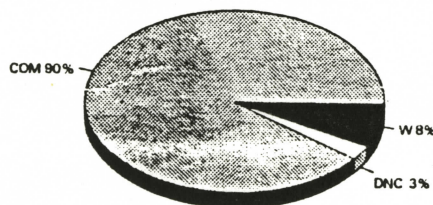
**NURS101 (RPN ACCESS) COURSE GRADES
1990 - 1992 (N = 39)**



**NURS200 (RPN ACCESS) COURSE GRADES
1990 - 1992 (N = 39)**

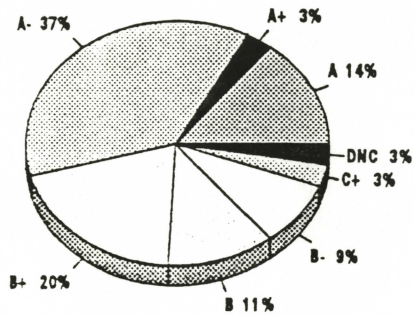


**NURS201 (RPN ACCESS) COURSE GRADES
1990 - 1992 (N = 39)**

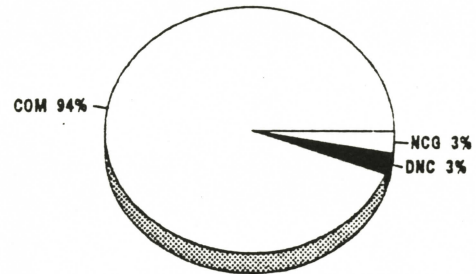


Grade Distribution (cont.):

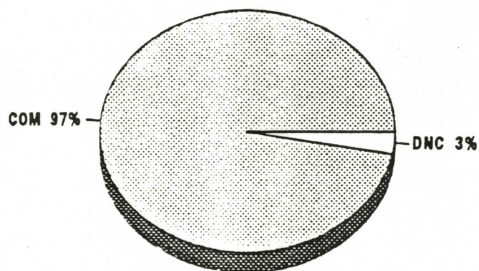
NURS140 (LPN ACCESS) COURSE GRADES
1990 - 1992 (N = 35)



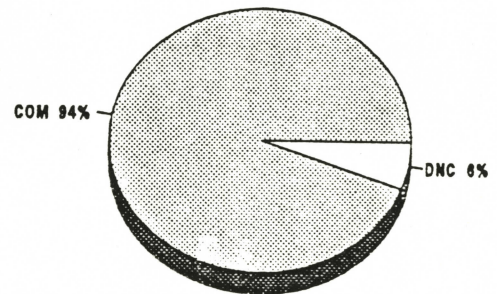
NURS141 (LPN ACCESS) COURSE GRADES
1990 - 1992 (N = 35)



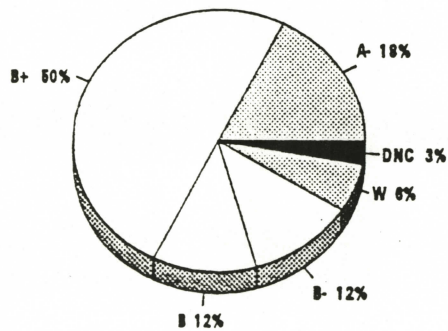
NURS150 (LPN ACCESS) COURSE GRADES
1990 - 1992 (N = 34)



NURS160 (LPN ACCESS) COURSE GRADES
1990 - 1992 (N = 35)



NURS240 (LPN ACCESS) COURSE GRADES
1990 - 1992 (N = 34)



NURS241 (LPN ACCESS) COURSE GRADES
1990 - 1992 (N = 34)

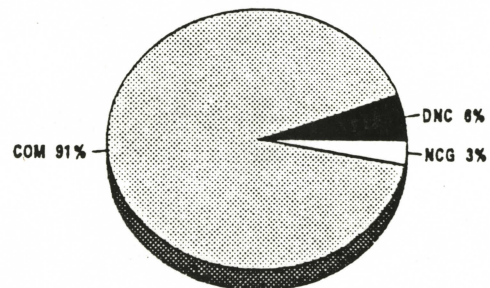


TABLE 1

COMPREHENSIVE EXAM BREAKDOWN 1992

	# QUESTIONS	CLASS AV. % 63 STUDENTS	ACCESS AV. % 17 STUDENTS	RELIABILITY TOTAL	RELIABILITY ACCESS
TOTAL	398	71	73	0.87	0.75
MEDICAL	184	70	71	0.68/0.66	0.46/0.45
SURGICAL	56	73	74	0.58	0.52
PSYCHIATRIC	59	72	76	0.31	0.4
PEDIATRICS	56	74	75	0.16	-0.51
OBSTETRICS	31	70	68	0.55	0.13
8 NEEDS:					
OXYGENATION	54	71	71	0.58	0.45
SAFETY	81	72	73	0.57	0.44
NUTRITION	54	71	74	0.6	0.59
ELIMINATION	56	70	71	0.54	0.27
SENSORY	16	70	78	0.11	0.36
MOBILITY, REST, SLEEP	26	72	71	0.24	0.08
LOVE, BELONGING, SELF ESTEEM	76	72	74	0.11	-0.19
SEXUAL FUNCTIONING	31	71	72	0.47	-0.57
NURSING PROCESS	104	73	75	0.59/0.49	0.54/0.35
PSYCHOMOTOR SKILLS	29	76	73	0.28	0.1
COMMUNICATION	24	70	72	-0.31	-0.34
ANATOMY & PHYSIOLOGY	96	66	68	0.66/0.53	0.39/0.53
PHARMACOLOGY	38	66	72	0.72	0.23
DIAGNOSTIC TESTS	17	67	68	0.3	0.34
PROFESSIONALISM	5	74	81	0.17	-0.08
GROWTH & DEVELOPMENT:					
INFANT	8	83	83	0.15	0.17
TODDLER	11	79	80	-0.11	-0.94
PRESCHOOL	4	67	63	0.09	-0.38
SCHOOL AGE	1	60	82	0	0
ADOLESCENT	9	75	72	0.08	0.23
ELDERLY	2	48	59	-0.18	0.04
KNOWLEDGE	44	72	75	0.49	-0.03
COMPREHENSION	195	69	70	0.66/0.73	0.32/0.57
APPLICATION	159	73	75	0.45/0.51	0.37/0.53

Table 1 is an analysis of the performance of the 1992 RN graduating class in the UCC Comprehensive Exam (which is a preparation for the Canadian Nurses Association Testing Service Exam). As can be seen by comparing columns 2 and 3, there is very little statistically significant difference between the performance of the graduating class as a whole and that of Access students in the graduating class. In fact, as a group, the Access students were 2% above the class average. The results are typical of those of other years, and indicate the success of the Access Program in bridging LPNs and RPNs into the RN program.

TABULAR SUMMARY OF QUESTIONNAIRE RESPONSES

The categories and quantities of responses are tabled below:

Recipient	# Sent	# Completed and Returned	% Return
Employers	26	22	85%
Receiving Faculty	12	10	83%
Faculty	8	7	88%
Students: Current	20	19	95%
Former	63	22	35%
TOTAL	129	80	62%

Former Students

Returned by Post Office: 21 (33%)

Former Student Non-Respondents: 20 (32%)

As at January 5, 1993

SUMMARY OF QUESTIONNAIRE RESPONSES

The following trends were detected in the questionnaire responses:

1. Employers:

Of 26 employers surveyed, 22 responded, yielding an excellent response rate of 85%. In general, employers were quite satisfied with program graduates, rating them at 3.71 on a satisfaction scale of 5. However, some concerns were noted:

- Failure by some graduates to effect transition to the socialization and professionalism expected of an RN;
- Graduates' problem-solving ability; team leading and decision making abilities;
- Lack of knowledge in some areas, e.g. cardiology. (Employers here may have forgotten that such knowledge is not part of the RN Diploma and is accessible only through post-graduate courses.)

It should be noted, though, that these are common complaints about all new graduates.

2. Faculty:

Seven of eight faculty members surveyed responded for an 88% return rate. Like the employers, they expressed few serious concerns. Most questionnaire items evinced scores of 4.0 or thereabouts. Some concern emerged over whether program graduates demonstrate adequate written communication skills. However, this problem besets post secondary education as a whole and is by no means program-specific.

Absence of adequate lead time for instructors to prepare course material and engage in curriculum development was another concern raised.

3. Receiving Faculty:

"Receiving faculty" are defined as faculty teaching in the UCC Nursing Diploma Program, who are likely to instruct Access students in their final year of the Diploma Program. Of 12 receiving faculty surveyed, 10 responded for a response rate of 83%. This group was well satisfied with the program and its students, according ratings of 4.0 or above on the questionnaire. Concerns, however, were raised over students' writing and math and computational skills. Lecture attendance was inconsistent, especially among ex-RPN students.

4. Current Students:

Of 20 current students, 19 were surveyed on November 6, 1992, for a response rate of 95%.

The program information package attracted criticism as it was in places confusing and, if the application arrives before January, not current (because the student will receive a calendar and information package pertaining to the previous year). Confusion also surrounds whether Pharmacology is a program pre-requisite and whether it can be challenged.

4. **Current Students (cont.):**

Shortened Library hours during the summer months was another concern. With classes running until 3:30, and the Library closing at 5:00, access required to develop reports and papers was restricted. This problem, however, was addressed when the Library extended its hours one evening per week and opened for four hours on the weekend.

The Communications workshop raised two more concerns. RPN students felt that their prior training gave them adequate knowledge in this area and therefore the workshop was redundant. Secondly, there was criticism of the design of the workshop, which had too many students working on a single task.

The cost of textbooks and their usefulness were challenged by some students.

Workload was "brutal". However, interviews with representatives of the 1992 intake agreed that the compressed nature of the program (four months' "bridge-in") was preferable to an extended program length.

5. **Former Students:**

Of 63 former students surveyed, 22 replied for a response rate of 35%. Their comments revealed a good level of satisfaction with the RN Access Program.

The program information package was again an issue. Some comments were made about the unhelpfulness of the Registrar's Office. Textbooks were deemed too costly, and the workload was exhausting but worthwhile.

Former students drew attention to the division between RPN and LPN students.

EMPLOYMENT PROSPECTS

Types of Employment:

According to Job Futures: British Columbia: an Occupational Outlook to 1995 (Statistics Canada, 1989), occupations in this group (RNs) include registered nurses who care for patients' physical, mental and emotional needs. Where a nurse works determines the scope of the responsibilities. In hospitals, the work ranges from intensive care, operating room, pediatrics, psychiatry, geriatrics or cardiovascular nursing. Public Health nurses provide home health care and participate in various community health-education campaigns. Private duty nurses provide care on an independent contract basis. Government nursing services in such areas as the foreign service or the Canadian Armed Forces, also offer employment for registered nurses.

Historically, the RPN graduates of this program have been favourably received by employers with their dual training. The graduates find that their employment mobility is enhanced once they have obtained RN status. The LPNs often have been faced with their jobs being phased out--so upgrading to RN status provides them with greater job security. The graduates of the RN Access Program obtain employment often with former employers.

B.C. Job Prospects:

Although job growth in this occupation was above average between 1981 and 1987, projections to 1995 call for jobs to grow about as fast as the average for all other occupations. However, this is a very large job group in B.C. with the number employed in 1995 expected to be almost 31,000. This includes an estimated 4,170 new job openings and 5,150 replacement opportunities expected over the projection period. Other factors positively affecting growth include the aging population, the increase in RN staffing in acute care hospitals and the expanding role of nurses in community based health care delivery. As in many of the health care professions, changes in employment are ultimately dependent on government expenditures in the health sector.

In B.C. nurses are primarily employed in hospitals, other health care services and in government. In 1987 unemployment among nurses was very low. Currently, difficult-to-fill vacancies in nursing are in intensive care; general duty RN; extended care, and pediatric nursing. Women predominate in this profession (95%), and the rate of part-time employment among nurses is almost double that for the labour force in general.

Further Education Opportunities:

If Nursing Diploma graduates desire further education, they can pursue a BSN at various B.C. universities or university-colleges (UBC, UVic, Okanagan, UCC), or post-RN specialty courses. The Registered Nursing Association of B.C. recommends that by the year 2000 the Bachelor of Science (Nursing) degree be the minimum requirement for RNs.

EMPLOYMENT PROSPECTS (cont.)

B.C. Employment Trends & Projections:

	1981	1987	1995
Number employed	18,460	26,650	30,810

Annual Growth 1987-95: 1.8%

Main Industries of Employment 1986 Census:

Hospitals	85%
Manufacturing	7%
Other Health Care	8%

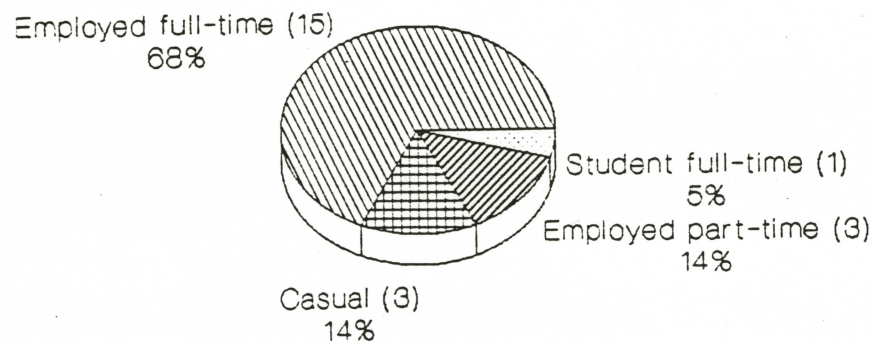
Estimated Job Openings in B.C. 1987-95

Growth (Net)	Attrition	Total
4,170	5,150	9,320

Employment Rates of Former Students:

Of 22 former student respondents (1989-92), 15 (68%) reported being in full-time employment; 3 (14%) reported being employed part-time, 3 (14%) were working casually and 1 (5%) reported being a full-time student.

Employment Rates of Former Students (1989-92)

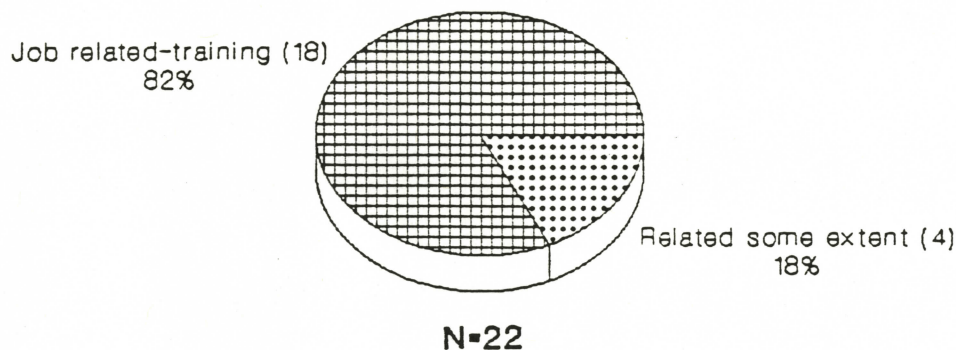


N=22

Relationship of Training to Employment

Of the 22 former student respondents, 18 (82%) reported that their job was in the area for which they had been trained; 4 (18%) indicated that their employment was to some extent related to their training

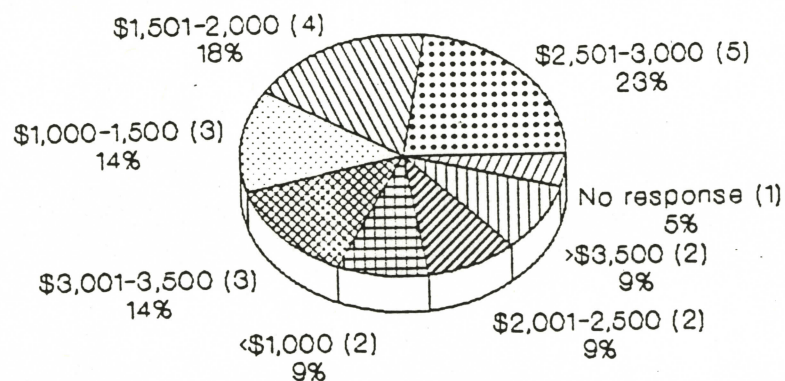
Relationship of Training to Employment (1989-92)



Current Salaries:

Of the 22 former student respondents, 2 (9%) was earning less than \$1,000/month, 3 (14%) were earning between \$1,000 and \$1,500/month, 4 (18%) were earning between \$1,501 and \$2,000/month, 2 (9%) were earning between \$2,001 and \$2,500/month, 5 (23%) were earning \$2,501-\$3,000 a month, 3 (14%) were earning \$3,001-\$3,500, 2 (9%) were earning over \$3,500 a month and 1 (5%) did not respond to this item.

Present Monthly Salary Before Deductions



N=22

STRENGTHS OF THE PROGRAM

The Evaluation Committee identified the following strengths in the Licensed Practical Nurse/Registered Psychiatric Nurse RN Access Program:

1. Academic Performance and Clinical Preparedness:

Perhaps the best vindication of the Access Program is the performance of its students in the UCC Comprehensive Exam, which has been on par with that of regular RN Diploma students over the past few years. (See Table 1, p. 7 for 1992 results.) This testifies to the fact that the bridge-in and integrative sections of the program are fulfilling their objectives. Hospital employers also report satisfaction with the clinical performance of RNs who have taken the Access program.

2. Program Length:

In contrast to the 16 months required at Douglas College and 18 at Okanagan, the 12 month UCC format is a drawing card. This shorter time out of the workforce is particularly important if the student has dependents and is the principal breadwinner.

3. Program Demand:

Although 1993 will be the last year that this program is offered in its current form, both in-province and out-of-province demand remains high, with 57 applicants for the 16 places available this spring. Such demand justifies the exploration of alternative methods of maintaining access for LPNs and RPNs to the generic diploma/degree program.

4. Program Co-ordination:

The current co-ordinator has been a definite asset to the program in that she has emphasized communication, faculty continuity and consensus building.

5. Facilities and Equipment:

That facilities and equipment have been maintained at levels that are consistent with the working field enhances the students' chances of success and their acceptance upon graduation.

6. Williams Lake RN Access Program:

Although the program has been offered only once in Williams Lake--in 1990, as an upgrade for LPNs--graduates of that particular offering commended the Williams Lake faculty for their professionalism and positive attitude in delivering the program at extremely short notice.

AREAS WHICH CAN BE IMPROVED
(WITH RECOMMENDATIONS)

The Evaluation Committee identified the following aspects of the RN Access Program as being in need of improvement:

1. Program Name:

Although the title "LPN/RPN Access" is familiar to faculty and students, it caused some confusion not only among members of the Evaluation Committee but also among employers who were unsure whether the program was for those applying for Licensed Practical Nurse and Registered Psychiatric Nurse status or for LPNs and RPNs wishing to upgrade to RN status. It would seem prudent that the name be changed to reflect exactly what this program is about--namely, LPN/RPN access to the RN Diploma Program--and as 1993 will witness the last offering of the program in its old form, this seems the time to do it. The Evaluation Committee accordingly recommends that:

- (i) **if the program continues, or is reconstituted in some other form in the future, the Nursing faculty change the LPN/RPN RN Access Program's name to the "RN Access Program" (for LPNs and RPNs).**

2. Fair Access to Resources:

During the summer term the Library has traditionally operated on reduced hours (8:00 a.m.-5:00 p.m.) with no weekend opening. In response to student demand, specifically from the RN Access Program, the Library extended its hours during summer session 1992, but there is no indication that this will happen in 1993--in fact, the 1993/94 UCC Calendar lists May-August Library hours as "8:00 a.m.-4:00 p.m. Mon.-Fri.", with no weekend hours. For RN Access students whose classes run from 8:00 a.m. to 3:30 p.m. (and, for that matter, for summer session academic students taking two courses) such hours are prohibitive. The Evaluation Committee feels there is an equity issue here in that UCC is charging the same tuition fees for summer as for fall and winter students, but not providing the same resources. It therefore recommends that:

- (i) **the Director, Learning Resources, adjust Library summer session opening hours to 8:00 a.m. to 6:00 p.m. (Monday to Friday), to provide access to students enrolled in day-long programs;**
- (ii) **the Director, Learning Resources, secure funds to ensure that the Library is open at least one evening per week in summer session between 6:00 and 9:00, and for a four hour period on Saturdays or Sundays.**

3. LPN/RPN Divisiveness:

While Access Program faculty are to be applauded for their attempts to integrate the two distinct populations of learners, the Committee found evidence to suggest that differences still exist between the LPN and RPN cultures that may be counter-productive in the classroom. For example, the maintenance of separate course numbers for LPNs (NURS 140/141) and RPNs

3. LPN/RPN Divisiveness (cont.):

(NURS 100/101) seems illogical given the fact that the class is supposedly integrated. RPNs, in particular, have a sense of grievance that they are expected to cover material in the pre-requisite Pharmacology course (CENS 251) and in the two-day Communications module (NURS 150), which several RPNs identified as "a waste of time". The Committee accordingly recommends that:

- (i) the RN Access Program faculty discontinue the practice of dual numbering of essentially the same courses and not resurrect it at any point in the future;**
- (ii) the RN Access Co-ordinator indicate in the program information packages that CENS 251 (Pharmacology) can be challenged, and indicate that although RPNs are responsible for the content of the Communications module of NURS 150, there is no class attendance requirement;**
- (iii) from orientation day on the RN Access Program faculty acknowledge the different backgrounds of the RPN and LPN students but emphasize how both groups will work in concert throughout the program.**

4. Admissions--Process and Criteria:

Some students report less than favourable contact with the Admissions Office. Others complained about receiving admissions material that was a year out-of-date. A third group was critical of confusing and ambiguous wording in the program information package. The Committee accordingly recommends that;

- (i) the Registrar's Office continue the practice of assigning program responsibility to specific admissions clerks who are familiar with the program and its pre-requisites;**
- (ii) the RN Access Co-ordinator and the Chairperson, Nursing, review the information in and format of the admission packages and the College Calendar with the express intention of:**
 - listing the program pre-requisites for LPNs (BIOL 159 & 169; ENGL 110 & 111; PSYC 111 & 121 and CENS 251) and RPNs (CENS 251) on the first page of each package, and in the appropriate place in the College Calendar;**
 - insisting that pre-requisites are completed before the start of the program;**
 - stating in unequivocal language the potential, or lack thereof, for CEC financial assistance;**
 - emphasizing that admission to the program is not a guarantee of receiving financial assistance;**
 - stressing that the onus is on the students to explore means of financial assistance with their local CEC office or employer.**

4. Admissions—Process and Criteria (cont.):

- (iii) the RN Access Co-ordinator ensure that all applicants accepted into the program receive a copy of the UCC Calendar for the year of their acceptance, not the previous year. This may entail sending two calendars to applicants: one for the year which they apply, and one for the year in which they will take the program.**

The Committee noted that many of the RN Access Program's students come from out-of-province. It seems unfair that provincial funding should support many students who are non-B.C. residents, especially if B.C. candidates are denied entry. In times of low applicant numbers, topping up with non-B.C. candidates is quite justifiable; however, when applicant numbers rise, as has happened this year, the public must be assured that provincial tax money is not being used to educate out-of-province students at the expense of B.C. applicants. The Committee accordingly urges that:

- (iv) the Nursing Department guard against filling the RN Access Program with non-B.C. residents, and establish a quota for out-of-province applicants.**

5. Staffing:

Because the Access Program relies heavily on part-time faculty, the issue of adequate lead-time for course preparation is of paramount importance. As there has been some continuity in part-time hiring over the past two years, the problem has not been accentuated. However, there is no guarantee of on-going continuity: regular faculty are becoming increasingly involved in implementing the generic curriculum or upgrading their qualifications, and as part-time faculty become unavailable, new appointments will have to be made. In these circumstances preparation time becomes crucial. Hence the Committee recommends that:

- (i) the Chairperson, Nursing and the Assistant Dean, Nursing, examine the feasibility of building preparation time into part-time contracts for the RN Access Program.**

6. Future of the RN Access Program:

From this evaluation it is apparent that the RN Access Program should be maintained in some form. There are certainly both demonstrated need and demand for the program, and as the External Representative commented, "If it ain't broke, don't fix it." However, the last offering of the existing Nursing Access Program will be in Spring, 1993, after which changes will have to be made to be consistent with the collaborative nursing curriculum. Alternatives exist, such as "bridging-in" LPNs and RPNs at the beginning of the second year of the Diploma via a challenge exam system, but these need to be further explored. This will entail an immediate needs assessment to determine the levels of education, educational needs, and appropriate points of entry for LPN and RPN clientele wishing to access the RN program. The Committee accordingly recommends that:

- (i) the Dean, Sciences and Health Sciences, and the Assistant Dean, Nursing, request funding from the Vice President, Instruction to finance a needs assessment to determine appropriate points of entry for LPNs and RPNs into the "generic" nursing program.**

Additional Recommendation:

7. Evaluation of Registrar's Office (Admissions Department):

Given the comments and ratings of both former and current students, the Committee also goes on record in urging that:

- (i) a thorough evaluation of the Registrar's Office (Admissions Department) be undertaken to identify the main objectives of the department, the areas of strength within that office and its personnel, and the areas of growth that are required.**

APPENDIX A

METHODOLOGY

The data were collected in the following ways:

- 1) Standard questionnaires were administered to Licensed Practical Nurse/Registered Psychiatric Nurse RN Access former students, employers, faculty, receiving faculty, and current students. All data were processed with an SPSSX software program to achieve mean, mode, and standard deviation responses. Verbal comments for each group were recorded separately and anonymously.
- 2) "Descriptive Data" on the RN Access Program's history, description, objectives, budget, etc. were solicited from Val MacKay-Greer, Chairperson, via the standard "Data Required from Dean/Chairperson/ Program Co-ordinator" form, along with course outlines.
- 3) Statistical data on annual FTE, attrition rates, graduation rates, and grade distribution were provided by the Office of Institutional Research.
- 4) Several discussions were conducted with Val MacKay-Greer (Chairperson, Nursing), Joanne Gysel (Co-ordinator, LPN/RPN RN Access Program), and Chinnama Baines (Assistant Dean, Nursing) on the design of the questionnaires.
- 5) The following people associated with the program were interviewed:
 - Joyce Fichtner, LPN, 1992 RN Access intake (from Nelson, B.C.);
 - Michelle Wasurchak, RPN, 1992 RN Access intake (from Manitoba via Alberta);
 - Marlene Taylor, RPN, 1992 RN Access intake (from Manitoba via Alberta).

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