

2023 Proposed Changes to the 2011 Provincial Practical Nursing and the 2012 Access to Practical Nursing Curriculum Guides

Summary Report

March 2023

This report was prepared for key interested parties by the BCcampus Collaborative Projects team in collaboration with the Provincial Practical Nursing Curriculum Guide and Access to Practical Nursing Curriculum Guide Revision Project Steering Committee.

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1 Purpose

The purpose of this report is to describe the recommended changes to the *Practical Nursing Program Provincial Curriculum* and the *Access to Practical Nursing Provincial Curriculum* proposed by the Practical Nursing and Access to Practical Nursing Curriculum Revision Project Steering Committee. This report also outlines the rationale for each proposed change along with suggested next steps for moving forward on these recommendations.

2 Background Information

The Ministry of Post-Secondary Education and Future Skills (PSFS) is overseeing a major review of the *Health Care Assistant Program Provincial Curriculum* (revised 2015), *Practical Nursing Program Provincial Curriculum* (revised 2017), and *Access to Practical Nursing Provincial Curriculum* (revised 2017). PSFS engaged the BCcampus Collaborative Projects team to lead the review of the curricula and collaboratively work with members of a steering committee.

This process began in spring 2022 with the formation of the Health Care Assistant (HCA), Practical Nursing (PN), and Access to Practical Nursing (APN) Curricula Revision Steering Committee, whose purpose is to provide direction and guidance on the revisions to the existing curricula. The steering committee was divided into two subcommittees: one to focus on the PN and APN curricula review, and the other for the HCA curriculum review. The PN/APN subcommittee is comprised of key interest partners in PN/APN education in B.C., including private and public post-secondary programs, practice leadership, and others involved with overall recognition or professional standards (see section 5 for a list of PN/APN subcommittee members).

In September 2022 BCcampus contracted two subject-matter experts to conduct consultations with key interest partners, including the Ministry of Health, British Columbia College of Nurses & Midwives, post-secondary institutions and educators, and provincial health authorities. During these consultations the subject-matter experts asked the key interest partners to share essential learning outcomes and priority updates needed in the PN and the APN curricula.

Based on feedback from the consultations and suggestions from the PN/APN subcommittee, which are grounded in their experiences with the curricula and feedback from their respective organizations, the subject-matter experts determined the proposed changes.

3 Proposed Changes

The following recommendations are meant to support and enhance the curricula and require revisions to the curriculum guides. Given the scope and timelines for this revision, the following recommendations are categorized as first-priority recommendations and second-priority recommendations.'

First-Priority Recommendations

3.1 Recommendation 1

Address gaps in the curricula based on the competency map review to ensure alignment with the British Columbia College of Nurses & Midwives requirements for entry to practice. The competency map will be aligned with the following documents:

- [Entry Level Competencies for Licensed Practical Nurses \(dated February, 2021\)](#)
- [Scope of Practice for Licensed Practical Nurses \(dated February 14, 2023\)](#)
- [Professional Standards for Licensed Practical Nurses \(dated November 2020\)](#)
- [Practice Standards](#)

Select British Columbia College of Nurses & Midwives practice standards are written for all nursing designations (LPN, RN, RPN, and NP). Determining the LPN practice standards applicable to LPN entry to practice and aligning the PN and APN curricula to those standards needs to be completed in this review.

Rationale: Changes to all aspects of British Columbia College of Nurses & Midwives requirements for entry to practice, including new practice standards, new entry-level competencies, scope of practice, and professional standards, require the competency map be updated. The focus of the competency map will be on these requirements. It is expected the review will identify areas where changes need to be made to ensure recommendations address any gaps.

3.2 Recommendation 2

Develop new and/or strengthen existing spiraled learning outcomes and suggested learning activities at every level of the curricula for:

- Cultural safety and humility, anti-racism, and trauma informed practice
- Mental health and substance use
- Autonomous practice, leadership, critical thinking, decision making, scope of practice

Rationale: Competency in these areas of practice has been consistently identified by stakeholder groups as lacking at graduation and as a top priority to integrate and build on throughout the program. These areas of practice competence are required for all population health groups and in all clinical domains/settings. The goal is to optimize learning and consolidate competency through application of the spiral model in Levels 1–4.

3.3 Recommendation 3

Revise learning outcomes and curricula design of Level 3: Community to optimize learning experience and strengthen learning outcome achievement.

- Revise/develop clear learning outcomes and suggested learning activities for perinatal and pediatrics that align with entry-to-practice competency and reflect the LPN's role in these specialty areas in community and acute settings. Identify competencies that require only knowledge versus full competency, and design Integrated Nursing Practice and Consolidated Practice Experience.

- Explore opportunities for instructional redesign for Level 3 theory and practice courses to improve and strengthen learning outcomes. Implement strategies if deemed feasible. Redesign may include:
 - Reorganization of content for perinatal, pediatrics, mental health, and substance use to create a defined learning focus and improved flow with related concepts. Curriculum hours can be reallocated to support changes as required.
 - Repositioning of Level 3 clinical skill learning, including urinary catheterization, infusion therapy, blood and blood products, and surgical wound care, to improve alignment with related learning outcomes. For example, shift skills learning out of Level 3 to Level 2 or 4. Curriculum hours can be reallocated to support the change.

Rationale: Level 3 has been described by steering committee members and other key interested parties as “lacking focus, disjointed and disconnected” in relation to the rest of the curriculum.

- Lacking focus: Level 3 currently covers several diverse content areas, including perinatal, pediatrics, mental health, substance use, and a catch-up of additional clinical skills. Captured as “community,” the level lacks defined focus, which impacts learning outcomes. Topics could be reorganized and learning outcomes better defined to improve learning and alignment with related concepts. This includes changes to the suggested learning activities as well as better use of the Consolidated Practice Experience 3 clinical time.
- Disjointed/disconnected: Students in Level 2 are focused on consolidation of foundational clinical skills and then experience a change in focus (described as a break/pause) before re-engaging with these and other advanced clinical skills in Level 4. Overall learner success is compromised by this disjointed flow in learning and may contribute to redundancy through a need to re-learn/refresh these skills in Level 4. Learner outcomes could be improved by repositioning or redistributing curricula hours.

3.4 Recommendation 4

Update the PN and APN curricula manuals to ensure both include the same:

- Description of purpose and underlying philosophical concepts
- Terms, names, titles, and acronyms for accuracy
- Use of terms (meaning: optional) and standards (meaning: required) to ensure correct use throughout the content

Rationale: Purpose/philosophical concepts:

- Currently, the *Access to Practical Nursing Provincial Curriculum* does not articulate the foundational philosophical curriculum concepts. Institutions that offer both PN and APN programs will be familiar with the concepts as they are included in the *Practical Nursing*

Program Provincial Curriculum, but institutions that offer only the *Access to Practical Nursing Provincial Curriculum* need to be equally familiar with these concepts.

- Since the last revision of the APN and PN curricula, many organizations have changed names. These need to be updated in the curricula. For example, the British Columbia College of Nursing Professionals and College of Midwives of British Columbia amalgamated to become the British Columbia College of Nurses & Midwives in 2020.

3.5 Recommendation 5

Update the PN and APN curricula to provide improved guidance to post-secondary institutions on using the curricula to develop education programs. Include limitations and opportunities for what can and cannot be changed or adapted from the *Practical Nursing Program Provincial Curriculum* and *Access to Practical Nursing Provincial Curriculum*.

Rationale: Clarifying purpose and use of the standardized curricula and supplements will better support institutions in successful development and revision of their programs. Stakeholders expressed noticeable differences in graduate competence between schools. Providing clarity of purpose and use for program development will improve program quality, standardization, and achievement of learner outcomes across schools.

3.6 Recommendation 6

Upload the *Practical Nursing Program Provincial Curriculum* and *Access to Practical Nursing Provincial Curriculum* to Pressbooks.

Rationale:

Pressbooks supports accessibility, collaboration, a standardized theme, and the ability to download documents in a variety of formats.

Second-Priority Recommendations

3.7 Recommendation 7

Revise and strengthen existing learning outcomes and suggested learning activities to improve foundational, entry-level competency in the following areas of practice:

- Foot care, including assessment and nail clipping
- Wound care
- Medication administration
- Palliative and end-of-life care
- Dementia care

Rationale: Each of these areas of practice are currently included in the curriculum. However, there is variability in the degree of education and competency achievement between education programs. The *Practical Nursing Program Provincial Curriculum* must state minimum

expectations. Improved outcomes embedded in the spiral model are required to ensure inclusion of these practice areas at all relevant levels throughout the curriculum.

3.8 Recommendation 8

Maintain the primary mandate of the *Practical Nursing Program Provincial Curriculum* and *Access to Practical Nursing Provincial Curriculum* to address entry-level competency.

For restricted activities with limits and conditions for additional education identified and validated by key interested parties as high priority for inclusion in the curricula, establish learning outcomes that focus on theory only. These practice areas/skills include:

- Intravenous medication administration
- Intravenous therapy initiation
- Administration of oxygen therapy
- LPN role within primary care and community settings

Rationale: The curricula address entry-level competencies and standards but do not cover all activities that require additional education. The high-priority needs recommended for only theory are consistently identified by the majority of stakeholders. Full competency consolidation remains the responsibility of the health authorities as necessary for practice in select areas where LPNs are hired.

Additional high priorities identified by the LPN Provincial Scope of Practice Working Group (2020) are addressed in the following ways:

- High priorities already included in curricula or addressed in first-priority recommendations are:
 - Mental health and substance use
 - Increased understanding of autonomous scope of practice
 - Team-based care, including working with regulated and unregulated care providers
- High priorities that did not have overall stakeholder consensus:
 - Advanced wound care
 - Digital stimulation/rectal disimpaction

4 Next Steps

4.1 Subject-matter expert works on revisions.

March–April 2023: PN Curriculum

May 2023: APN Curriculum

BCcampus has contracted subject-matter experts to lead the revision work to the PN and APN curricula guides.

4.2 Present content revisions to PN/APN subcommittee.

April–May 2023

By April 2023 PN curriculum content revisions will be ready for review by the PN/APN subcommittee. By May 2023 the APN curriculum content revisions will be ready for review. The subject-matter experts and instructional designer will present the changes to the subcommittee and gather feedback. They will then make proposed changes and get endorsement on the final curricula from the PN/APN subcommittee.

4.3 Copyediting and PSFS approval.

May–July 2023

The final draft of the PN and APN curricula guides will be sent to an editor, contracted by BCcampus, for copyediting. The edited curricula will be sent to PSFS for review and approval.

4.4 Publication in Pressbooks and release.

July – August 2023

The editor and subject-matter expert will work with the BCcampus Open Education team to publish the curriculum guides in Pressbooks. The finalized guides will be presented to the PN/APN subcommittee in Pressbooks and then released publicly.

Proposed Changes

5 Steering Committee Members

Member	Title	Representing Organization
Samantha Hampton	Program Coordinator, HCA and PN	University of the Fraser Valley
Ros Giles-Pereira	Chair, Continuing Care Department, Health and Human Services	Camosun College
Mona Gray Alt: Jessica Hardwicke	Professional Practice Leader for Clinical Education	First Nations Health Authority
Carolyn Solomon	Manager, Nursing Policy Secretariat	Ministry of Health, Health Sector Workforce and Beneficiary Services Division
Kerry Morrison	Director, Nursing Policy, Practice and Education	Ministry of Health
Katherine Younker	Director, Clinical Practice	Ministry of Health, Health Sector Workforce and Beneficiary Services Division
Janice Penner	Director, Education Program Review	British Columbia College of Nursing and Midwives
Sandra Regan	Executive Director/Deputy Registrar	British Columbia College of Nursing and Midwives
Barb Eagle	LEAP Officer	BC Nurses' Union
Marianne Schwan	Director, Policy & Institution Certification	Private Training Institutions Branch
Joanne Maclaren	Director, Office of the Vice President	Island Health Knowledge, Practice and Chief Nurse Executive
Esther Aguilar	Director, Nursing & Healthcare Operations, Sprott-Shaw	British Columbia Career College Association (Private College Representative)
Heather Mak	Director, Professional Practice Nursing and Allied Health	Vancouver Coastal Health
Aneta D'Angelo	Director, Clinical Education	Interior Health
Janita Schappert	Department Head, PN and Access to PN	Vancouver Community College
Lauren Fraychineaud	Chair PN Articulation; Regional Coordinator	Coast Mountain College
Jeff Gardiner	Senior Policy Analyst	Ministry of Post-Secondary Education and Future Skills