EDUCATOR PATHWAY

Preparing a Nursing Workforce to Advance Health Services

A 3-Year Pilot Project to Build Nursing Educator Capacity
in the Health Authorities

Final Report
March 2010

Project Signatories
Vancouver Coastal Health Authority
Nurses' Bargaining Association (BC)
Fraser Health Authority

Project Partners
University of British Columbia
University of Victoria

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Executive Summary

The project, entitled *Preparing a Nursing Workforce to Advance Health Services: A 3-Year Pilot Project to Build Nursing Educator Capacity in the Health Authorities*, was implemented to address the nursing shortage by: developing nurse educator competencies through a set of levelled educational programs, and increasing the mobility of nurse educators between the service and academic sectors in order to increase the integration of nursing *curriculum** and clinical practice education. As evidenced in this report, the project met its goals and objectives and was deemed a success after close examination of evaluation findings and program outcomes.

Background

The 3-year project, led by Vancouver Coastal Health (VCH), was conducted between April 1, 2007 and March 31, 2010. Project partners included the Nurses' Bargaining Association (NBA) represented by the British Columbia Nurses' Union (BCNU), Fraser Health Authority (FH), University of British Columbia School of Nursing (UBC), and the University of Victoria School of Nursing (UVic). The project was funded through the Workplace Skills Initiative funding from Human Resources and Skills Development Canada (HRSDC). Support was also provided by the British Columbia (BC) Ministry of Advanced Education and Labour Market Development. In-kind support was provided by all partners.

Referred to also as the **Educator Pathway project**, its goal was for *partners to work together to develop, implement and evaluate an integrated intersectoral service/education model to prepare, recruit and retain a sufficient quality of registered nurses to meet changing health population and service needs*. The project was designed to meet the following objectives:

- Develop the skills of and retain clinical staff in education roles.

- Support translation of new knowledge into practice.

- Support transfer of nursing knowledge from expert nurses to less experienced nurses.

- Increase organizational *capacity** to align staff *competencies** with service goals.

- Increase capacity of clinical educators to work across the health care delivery sector and the academic sector.

- Empower successful candidates completing this career pathway to influence nursing practice at the health facility level and at the nursing education program level.

- Contribute to the preparation of an educator workforce for health facilities and academic nursing programs from 2008 to 2015.

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*Curriculum Development**

The Educator Pathway curriculum was developed for a four-level human resource development model, which provides nurse participants with a foundation to achieve the following six core competencies related to education theory and practice:

1. Demonstrates engagement with education theories.
2. Fosters effective teaching and learning relationships.
3. Facilitates learning and creates effective *learning environments**.
4. Manages multiple complexities related to learning.
5. Advances nursing professional practice.
6. Demonstrates leadership skills.

The Educator Pathway model was designed for participants to enter the most appropriate level based on a self-assessment of their competency, and consideration of their role and experience.

Program Design and Implementation

The Pathway model was designed with four levels. **Level 1** included a one-day Foundational Preceptorship/Mentorship program and an Advanced Preceptorship/ Mentorship program with two theory days and a practicum period for Registered Nurses (RN) or Registered Psychiatric Nurses (RPN) who support learning in the clinical setting with individual learners. **Level 2** Education Theory and Practice (ten theory days) was designed for RNs and RPNs currently supporting the learning of small groups in a practice area or who have an interest in learning basic education theory and developing and applying education in practice. **Level 3** Education Theory and Practice (five theory days) was designed for experienced RN/RPN educators who provide education for groups of diverse learners, across programs, disciplines or health service delivery areas. **Level 4** Nursing and Education Leadership Theory and Practice was designed for RNs with five years of practice experience, two years of education experience, and a Bachelor of Science in Nursing (BSN) degree who are interested in educational leadership that may extend across service and academic sectors. The program was a Master of Nursing with an education focus either through UBC or UVic. An additional element of the Educator Pathway was the Legacy Mentor project which was designed for frontline nurses over the age of 55, who received backfill time to complete projects related to mentorship or transfer of their specific knowledge base that contributed to their work setting.

The Legacy Mentor project was a unique "project within a project" to test a model for mentorship. The Legacy *Mentors** participated in three workshops with their managers and other supporters that were designed to assist them in developing and implementing a project, based in their own work setting. The premise of the Legacy Mentor project was to retain the knowledge of senior nurses before they retired and provide opportunities for them to share this knowledge with their colleagues in meaningful and sustainable ways, while at the same time

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value their contributions by giving the mentors time away from their regular duties to complete this important work.

The Pathway project involved testing the new model, competencies and curriculum with a target number of participants at each level. Level 1 Foundation targeted 600 participants, Level 1 Advanced, 198 participants, Level 2, 120 participants, Level 3, 60 participants, Level 4, 40 participants and Legacy Mentor, 30 participants. By the end of March 2010, over 1,100 nurses have completed one or more consecutive levels and many have provided feedback about the Educator Pathway by participating in various program evaluation activities.

Project Evaluation

The Educator Pathway evaluation was guided by a formal program evaluation logic model developed by an Evaluation Working Committee. Three primary goals were evaluated:

- **Goal #1:** Create *clinical learning environments*[*] that retain nurse educators and support novices.

- **Goal #2:** Increase nurse educators' competencies to develop and facilitate effective education.

- **Goal #3:** Increase capacity of the health authorities to support *pre-* and *post- licensure*[*].

The Evaluation Working Committee used a 'mixed-methods' design that incorporated focus groups, surveys, and interviews to collect quantitative and qualitative data from a variety of project stakeholders. The evaluation design and methodology were informed by an extensive literature search and repeated expert consultations. The collection and analysis of evaluation data for this report ended in early January 2010; however, the evaluation of the Educator Pathway remains ongoing. The key findings for each goal are summarized below.

Goal #1	**Findings**
Create clinical learning environments that retain nurse educators and support novices	▪ The majority of nurses surveyed reported that after participating in the Educator Pathway they had greater intentions to stay working in their health authority.
	▪ The majority of clinical nurse educator participants had greater intentions to stay in their educator role.
	▪ Participants who completed a level of the Educator Pathway were better able to support learners in the workplace.

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Goal #2	**Findings**
Increase nurse educators' competencies to develop and facilitate effective education	▪ Participants in the Educator Pathway significantly improved their education competencies.
	▪ The Educator Pathway curriculum was rated by participants as being effective in improving their education competencies.
	▪ Participants provided concrete examples of how they applied the competencies in their areas of practice.
	▪ Managers reported observing appreciable impacts on their units/areas of practice that were due to staff participation in the Educator Pathway.
Goal #3	**Findings**
Increase capacity of the health authorities to support learners pre- and post-licensure	▪ The Educator Pathway has increased the capacity for frontline educational support in two health authorities, with over 1,100 nurses completing a program that equipped them with the tools to effectively support learners pre- and post- licensure.
	▪ The majority of participants surveyed reported that they were more interested in pursuing careers in nursing education as a result of taking part in the Educator Pathway.
	▪ In a program-wide survey, participants reported that they were better able to support learners due to the Educator Pathway.

Project Outcomes

Over 1,100 nurses have completed one or more levels of the Educator Pathway to date. The project has achieved outcomes related to enhanced **skills**, **competencies** and **retention** of educators, increased **capacity** to support learning, and **infrastructure** and **investment** in human resource development.

The Educator Pathway has provided a foundation for educational leaders to problem solve, plan, and implement innovative projects that increase capacity within health care organizations. There has been a significant increase in the retention of nurses who participated in the Pathway. The majority of nurses who participated intend to remain within their health authority.

In terms of strengthened capacity, the Educator Pathway project has enabled health authorities to better support students and staff in new learning, while at the same time it introduced a spirit of continuous professional development in the workplace. Responsive to the needs of evolving practice environments, there has been a shift in education back into the practice setting. As a result, educators are more productive and able to support more learners at one time. And with a renewed passion for their profession and patient care and support from their managers, experienced senior nurses have made outstanding contributions to their work settings through knowledge transfer projects.

The Educator Pathway has proven to be an effective professional development model for investing in the skills development of *preceptors** and educators, which includes competency self-assessment tools (with levelled indicators) and a fully developed curriculum. This model has met the increased demand for comprehensive training and continues to provide infrastructure to support nurses hired into educator positions in the practice setting. Providing *backfill** funding for skills development of those in frontline positions and educator roles is a successful strategy, evidenced by surpassing the project's original participation target. Over the three years of the project, there has been an increased investment in educator positions, indicating that the project has stimulated the health authorities to further invest in educator roles. The Educator Pathway will continue to be jointly offered by VCH and FH to nurses and allied health disciplines.

Lessons Learned

The Educator Pathway project not only achieved its learning-related goals set for nurse participants, it also offered valuable learnings for partner organizations and program administrators related to the challenging issues of collaboration, evaluation, communications and funding.

Lessons Learned about the Partnership

Collaboration among the practice, union and academic sectors was greatly facilitated by a **shared vision** and **commitment to the objectives** of the partnership, and by the presence of **formalized infrastructure** that allowed for oversight and clear communication among the contributing partners. Collaboration among practice, academic and union partners was a powerful means of building education capacity in the workplace and was essential for facilitating the mobility of nurse educators between the practice and academic sectors. Tools developed, such as the *Guiding Principles* and *Authorship Guidelines*, were established early on in the process, and discussed and referred to often, particularly if tensions arose. A proactive approach was adopted to identify partner interests and some of the potential tensions that could arise. These issues were discussed openly and early in the process so that mitigating strategies could be identified. Within Steering and Working Committee meetings, a meeting debrief was always conducted to identify successes of the collaborative process as well as opportunities for improvement.

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Lessons Learned about Communication

Communication with stakeholders, participants and potential participants across multiple health authorities, sectors and across provincial and national audiences was essential and required a **strategic plan**. Communicating with a large target population across diverse geographical areas within the two health authorities was an ongoing challenge. Internal strategies included presenting frequently to directors, managers and educators, maintaining current websites with project information and ensuring accessibility of project staff to address questions.

External communications strategies included interest group presentations, conference presentations and publications. A principle of the partnership was to keep all partners informed of presentations to external partners, and to include all partners in the development of presentations. This strategy was effective for engaging a larger audience through increased opportunities to present, and broadening the scope of the presentation to address the interests of academic or union audiences as appropriate.

Program Evaluation – Evaluating a project the size and complexity of the Educator Pathway project was challenging and required a flexible logic model. Wise management of resources, and a creative and realistic approach to what evaluation methods could be used, were discussed at the beginning of the project. It was important to distinguish between the **deliverables** of the project that must be reported to the funder, and project **evaluation goals**.

Funding Support – Providing backfill funding so managers **could release their staff to participate** in the Educator Pathway was seen as a key factor in achieving and surpassing the ambitious target participant numbers for the project.

Conclusions

Human Resource Development – Preparing educators to be more effective in the practice setting ensures responsiveness to the needs of evolving practice environments, more effective coordination and implementation of practice change, and more support for restructuring initiatives such as 'skill mix redesign'. In addition, developing practice resources for all health care professions through collaboration among senior nurses, clinical staff, educators and managers is a continued investment in senior nurses' transfer of knowledge. This strategy formalizes an approach for experienced nurses to engage in relevant practice projects. Mechanisms providing funding to backfill employees allow managers to support these types of opportunities for their staff.

Collaboration – Developing/encouraging/fostering collaborative partnerships (e.g. allowing for the movement of educators across practice and academic sectors) is essential to facilitate initiatives that enhance education pre- and post-licensure. Creating incentives for health authority, union and academic collaboration is an effective strategy to maintain engagement and commitment to the project. Another important factor is that initiatives are co-created based on the relevance to, common goals and objectives of, and opportunities for the partner organizations. The partners are accountable to achieve identified deliverables, evaluate them, and report on a budget. These principles are imperative for education, practice and union sectors as they seek funding opportunities for education research.

Next Steps for Sustainability

Both health authorities will expand the educator pathway program to include allied health professions who have education as a component of their role. The Pathway will be an integral component of Career Laddering and Succession Planning (CLaSP), a project currently being implemented that supports professional development plan for allied health in VCH and FH. The partnership will also be involved in many of the following activities:

- Meet as an Educator Pathway Collaborative to seek opportunities for new initiatives that will lead the continued enhancement of educator capacity as a health human resource model in both the academic and health care sectors.

- Offer Level 2 of the Pathway to all new clinical educators upon hire into their positions at VCH and FH.

- Complete six months post program completion evaluation for those participants who completed the program between September 2009 and March 2010.

- Publish articles relating to the Educator Pathway competencies, curriculum, Legacy Mentor model and evaluation outcomes in peer reviewed journals.

- Conduct a Provincial Educator Pathway Knowledge Transfer series in October 2010 to disseminate, translate and transfer the Educator Pathway conceptual framework, competencies, curriculum and evaluation tool to all BC Health Authorities.

- Implement a clinical educators and academic educators' network as part of the Educator Pathway Institute.

- Validate the educator competencies for the 4 Levels with experts from across Canada using educational research methods to determine applicability to a variety of practice education settings.

- Explore process for pursuing Canadian Nurses Association specialty certification for service and academic educators.

- Explore how the Legacy Mentor concept, as a model of engagement of point-of-care leaders and nurses, can be applied to other professional development opportunities.

Introduction

The project, entitled *Preparing a Nursing Workforce to Advance Health Services: A 3-Year Pilot Project to Build Nursing Educator Capacity in the Health Authorities* was conducted between April 1, 2007 and March 31, 2010. This report was prepared for Human Resources and Skills Development Canada – the primary funding agency whose grant made this project possible. The report was also prepared as a means of capturing three years of diligent effort to conceptualize, create, implement, and evaluate an education-focused project whose goal was to address the nursing shortage by building education capacity and career mobility in the health care workplace and schools of nursing.

The report begins by introducing the project partners of the Education Pathway project, and the current health care environment. It then delves into the complex activities of the many working committees, summarizes the findings of the structured evaluation efforts, and identifies specific outcomes of the project. Finally, it draws conclusions and outlines next steps for sustainability. The success of the Educator Pathway project will become evident throughout the report as details regarding the uptake of the Pathway project among nurse educators and preceptors/mentors are discussed. As well, the report will substantiate the benefits to the health care, academic and employment union sectors that not only participated in the three-year pilot project, but continue to support its sustainment and further implementation throughout British Columbia.

Background

Canadian health care is in constant renewal to improve services that will result in better health outcomes for Canadians. Health care environments are increasing in complexity as a result of higher service demands and greater public expectations regarding access to technology and care, increased patient acuity, and a focus on patient safety. This has led to a demand for increased accountability of health care professionals (Van de Velde-Coke, 2009; Marshall, Jones, & Snyder, 2001; Minick & Harvey, 2003). The health services, academic and nurses' union sectors all play a role in quality health care services for British Columbians. This chapter describes these three sectors in British Columbia (BC), and specifically introduces the partners of the Educator Pathway project, Health Services in BC.

Health Services in BC

Health care services in BC are managed and delivered by five health authorities that govern, plan and coordinate services regionally, and are made up of 16 health service delivery areas. The five health authorities participate with one Provincial Health Services Authority, which coordinates and/or provides provincial programs and specialized services such as cardiac care and transplants. All six authorities are accountable to the BC Ministry of Health Services. This structure, introduced in December 2001, modernized a complicated, confusing and expensive health care system by merging the previous 52 health authorities into a streamlined governance and management model (British Columbia Ministry of Health Services, 2010b). The following

catchment map (**Figure 1**) shows the division of health authorities within BC (British Columbia Ministry of Health Services, 2010a).

Figure 1: Map of BC Health Authorities
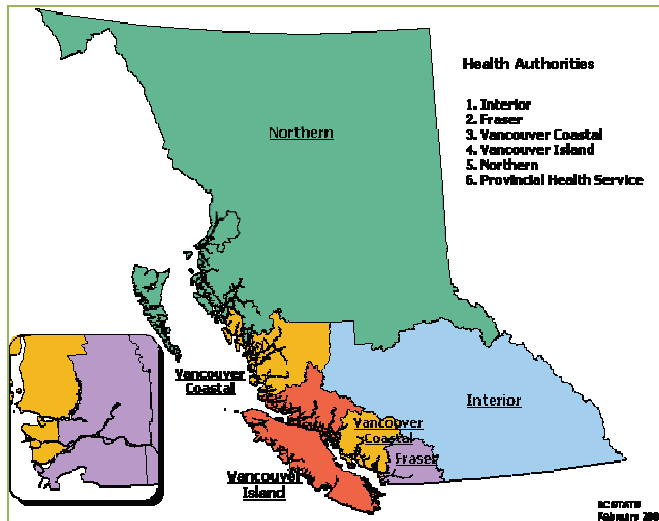
The Ministry of Health website describes the following role of Health Authorities in the province (British Columbia Ministry of Health Services, 2010b):

Health authorities in BC are committed to building a high-quality, patient-centered and sustainable health care system that is:

- **equitable**, with access to a coordinated range of local, regional and provincial services for all British Columbians, regardless of where they live in the province,

- **effective and efficient**, with services coordinated within regions large enough to recruit and retain health professionals and to achieve economies of scale,

- **governed by strong leaders**, with board members chosen for their leadership skills, decision-making abilities and willingness to be accountable for desired outcomes,

- **accountable** with clearly articulated and conscientiously monitored performance measures and targets (http://www.health.gov.bc.ca/socsec/about.html).

The Ministry of Health Services works together with BC's health authorities to provide quality, appropriate and timely health services to British Columbians. The Ministry of Health Services is the largest ministry in British Columbia's government (British Columbia Ministry of Health Services, 2010b).

Vancouver Coastal Health and Fraser Health are the two health authorities involved in the Educator Pathway project. **Table 1** provides a summary of these two health authorities in terms of their service area, staffing, and budget.

Table 1: Snapshot of Vancouver Coastal and Fraser Health Authorities

	Vancouver Coastal Health	Fraser Health
Population	Over 1 M	1.53 M
Staff	21,723	23,286
RN Staff	4,458 FTE (Dec. 2009)	9,582 (5,055.8 FTE)
Budget	$2.4 B (2009)	$2.47 B (2009)
Service Area	Cities of Vancouver, Richmond, North Vancouver and West Vancouver, 14 other municipalities and regional districts and 16 aboriginal communities	20 communities from Burnaby to Hope, including urban, rural and aboriginal communities
Services Provided	Acute, community, and residential care, primary health, environmental health, disease control, emergency management, mental health and addictions, aboriginal health	Health care services range from acute care hospitals to community-based residential, home health, mental health and public health services

Nursing Education in BC

Responsibility for nursing education in BC is characterized by a complex mix of roles, relationships, regulatory bodies and educational programs. Although baccalaureate education has been offered in the province since 1919, the majority of nursing programs were traditionally at the diploma level in hospitals and community colleges. In 2002, the BC government determined that the baccalaureate degree would be the education level necessary for entry to practice in the nursing profession, and plans were put in place to phase out all diploma programs by 2005. Thus, over the past decade, the nursing education landscape in BC has been a constantly shifting terrain of new programs, new collaborations, and new developments.

Among the publicly funded nursing programs in the province, 17 offer all or part of a baccalaureate program (some in collaboration with a university). Eight lower mainland schools of nursing request final practicum placements within VCH and FH for their undergraduate programs. In 2010 there will be approximately 675 nursing students completing programs and writing their licensure exams from the lower mainland, which includes Vancouver and surrounding area. Five programs deliver master's level education (three of which include nurse practitioner preparation), and two have established doctoral programs. Bringing these stakeholders together is the Nursing Education Council of BC, a consortium of nursing educational program leaders founded in 1978 as a mechanism for leadership and advocacy in matters that have an impact on education for registered nurses, psychiatric nurses and licensed practical nurses.

The University of British Columbia and the University of Victoria are the research-intensive academic nursing units in the province. Both offer a full suite of undergraduate and graduate programming within the context of strong communities of knowledge generation and dissemination.

BC Healthcare Labour Relations

In the mid 1990s, labour relations in the BC health sector were streamlined by reducing the number of unions that represented health care workers as well as associations that represented employers. Legislation created four main bargaining associations: paramedical professionals, health services and support (Facilities), health services and support (Community), and nurses. Each association is made up of a number of unions, all of which represent health care employees for the purposes of collective bargaining and ongoing policy discussions with employers and government.

The Nurses' Bargaining Association (NBA) is comprised of three unions – BC Nurses' Union (BCNU), Union of Psychiatric Nurses (UPN) and Health Sciences Association (HSA). The NBA negotiates with the Health Employers Association of BC (HEABC) to establish terms and conditions under a Provincial Collective Agreement for Registered Nurses and Registered Psychiatric Nurses.

BCNU represents the majority of NBA members, with close to 30,000 RNs. While BCNU was the only union partner represented on the various Educator Pathway project committees, the original proposal was submitted under the Nurses' Bargaining Association so that the Registered Psychiatric Nurses (represented by HSA) could participate in the Pathway workshops.

Nursing Human Resource Shortage

Currently, the health care system is impacted by a nursing human resource shortage. The nursing shortage impacts both the delivery of health services and the education of the pre- and post-licensure nurses. Of the 29,863 RNs in BC (2008), 27.2% are aged 55 and over. A total of 44.7% of BC RNs are over the age of 50 as compared to 39.5% of nurses across Canada (CIHI, 2009). **Table 2** outlines the average age of the nursing workforce in BC and Canada.

Table 2: Average Age of Nursing Workforce in BC and Canada in 2008

	Canada	BC
Age of RNs	44.8	45.7
Age of RPNs	47.5	47.2

The impact on the education of the pre- and post-licensure nursing workforce is most greatly affected by the number of nurses in faculty, *preceptor/mentor*[*], and educator roles.

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Nursing Faculty

In the academic sector, RN teaching faculty represent a more senior population than other groups of RNs in Canada. Many of these educators are expected to retire in the near future (Bartfay & Howse, 2007; Canadian Association of Schools of Nursing, 2006). A total of 51% of the 9,771 nursing faculty in Canada are aged 50 and over. Fewer than 25% of faculty are in full-time positions, and of that group 30.9% are 55 and older (Canadian Association of Schools of Nursing, 2006; Canadian Nurses Association, 2009b). There is a corresponding faculty shortage that will impact the ability of nursing schools to prepare graduates for practice.

Preceptors and Mentors

Preceptors/Mentors act as role models, resource people and clinical teachers who provide guidance and encouragement, demonstrate procedures, help problem solve and evaluate performance and progress (Cele, Gumede, & Kubheka, 2002). VCH uses the term 'preceptor' and FH uses the term 'mentor' to describe the role of a nurse who supports the learning of an assigned student or a new hire during the orientation process. These terms will be used interchangeably throughout the report. The number of nurses in preceptor/mentor roles impacts the ability of academic programs to place students in clinical practicums and thus impacts the transition of new graduates into the workplace, potentially influencing nurse retention in the long term. Recent statistics from Health Sciences Placement Network (2009) (*HSPnet**) illustrate the number of final practicum placement requests made to VCH and FH from undergraduate RN education programs over the last three academic years (see **Table 3**). This is significant because students in their final practicums offer the greatest source of recruitment into nursing vacancies within the health authorities. Preceptors and mentors directly support students during their final clinical practicum before graduation.

Table 3: Number of Practicum Preceptorships over Three Academic Years

	Sept 2006 -Aug 07	Sept 2007 -Aug 08	Sept 2008 -Aug 09
Fraser Health	460	383	439
Vancouver Coastal Health	260	271	264

Source data: Health Sciences Placement Network. Data provided by each health authority.

Preceptors and mentors are also utilized to provide unit orientation for new graduates as well as new hires coming with experience from different departments or sites. The number of new graduates hired into the two health authorities in the first two years of the project was approximately 570 annually. Preceptors/mentors in the two health authorities are therefore supporting a minimum of 1,270 *pre-licensure** and *post-licensure** students annually.

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Clinical Educators

Clinical educators in the workplace are essential to the capacity and competency building of the nursing workforce. They provide opportunities for the continuing professional development of staff, contribute to student education, and support the transition of new graduates into practice. Prior to the development of the Educator Pathway, many nurse applicants recruited into temporary or full-time clinical educator positions were not receiving any formal preparation in evidenced-based education practice. Those who came to the role with experience typically had three to four days of competency development for the educator role but had no preparation in program development, or a level of education theory that would prepare them to consider a range of effective and efficient education delivery methods appropriate to their settings.

RN, RPN, and LPN faculty interviewed in a recent study reported that they had limited preparation for the teaching role in undergraduate programs; learning about teaching through trial and error (Knowledge and Education Project, 2009).

Summary

The demands of the current health care context, including increased patient acuity, advancements in the practice setting, a focus on patient safety, and nursing human resource shortages underpin the importance of nursing education, both pre- and post-licensure. Creating an educational infrastructure to prepare nursing education leaders is considered a key strategy in addressing these issues (Daly, Clark, Lancaster, Orchard, & Bednash, 2008; Rukholm et al., 2009). The following quote from the Canadian Nurses Association provides support for the development of the Educator Pathway, as it illustrates the importance of developing nurse educators, in roles from the preceptor/mentor level to nursing education leadership levels.

> *"The key to effective nursing education remains nurses teaching nurses. Nurse experts in the field provide clinical support as mentors and preceptors and are important partners in curriculum development. Education programs support nurses and nursing students at all levels through strong, effective partnerships among nurses in education, clinical practice, research, policy and administrative roles."*
>
> ~Canadian Nurses Association, 2009a.

Addressing the Workplace Skills Initiative Objectives

The Educator Pathway is an effective human resource development strategy created in partnership with key stakeholders concerned with nursing human resource development in the lower mainland of BC. The Pathway focuses on skills upgrading through the development of educators, preceptors and mentors; key figures in the health care setting whose roles support the education of nurses, both pre- and post-licensure. Education is seen as a key strategy in recruitment and retention of nurses, while also preparing them to be responsive to the needs of the ever-evolving health care environment.

Overview of the Educator Pathway Project

Vancouver Coastal Health Authority, the Nurses' Bargaining Association, and Fraser Health Authority, submitted a proposal to Human Resources and Skills Development Canada (HRSDC) under the Workplace Skills Initiative 2005 call for proposals. The proposal entitled *Preparing a Nursing Workforce to Advance Health Services: A 3-Year Pilot Project to Build Nursing Educator Capacity in the Health Authorities,* was developed to address the nursing shortage by building education capacity and career mobility in the health care workplace and schools of nursing. The proposal included letters of support from the University of British Columbia and University of Victoria Schools of Nursing, the BC Ministry of Advanced Education and Labour Market Development, the BC Ministry of Health Services, and the Canadian Association of Schools of Nursing. The UBC and UVic letters of support committed to in-kind support of the project that included faculty time for project committee work, project evaluation and faculty travel for the duration of the project. The BC Ministry of Advanced Education and Labour Market Development letter of support committed to adding additional graduate-level seats at the two participating universities. The letter of support from the Canadian Association of Schools of Nursing (CASN) endorsed the intent of the project.

> **Purpose of the Educator Pathway Project**
>
> To address the nursing shortage by building education capacity and career mobility in the health care workplace and schools of nursing.

The proposal was successful in receiving HRSDC funding and the three-year project was planned, implemented and evaluated between April 2007 and March 2010.

Educator Pathway Project

Goal
- Develop, implement and evaluate an integrated intersectoral service/education model to prepare, recruit and retain sufficient quality RNs to meet changing health population and service needs.

Objectives
- Develop and retain skilled clinical staff in education roles.
- Support translation of new knowledge in practice.
- Support transfer of nursing knowledge from older expert nurses.
- Increase organizational capacity to align staff competencies with service goals.
- Increase capacity of clinical educators to work across the health care delivery sector and the academic sector.
- Empower successful candidates completing this career pathway to influence nursing practice at the health facility level and at the nursing education program level.
- Contribute to the preparation of an educator workforce for health facilities and academic nursing programs for 2008 to 2015.

Educator Pathway Project (continued)

Key Activities

- Develop a career pathway model/track for nurse educators, including articulation of skill development through four levels of educational competencies.
- Design a curriculum framework to provide direction for educational programs to facilitate continuing professional development and achievement of competencies at Levels 1 to 3 of the Education Pathway.
- Support nurses to become effective preceptors/mentors and clinical educators.
- Support senior nurses (age 55 and over) to share their knowledge and experience with new nurses and new staff hired on their unit or in their work setting.
- Support experienced clinical educators to engage in graduate programs leading to a master's degree in Nursing with a nursing education focus (Level 4 of the Educator Pathway).
- Develop a new infrastructure that would support nurses to build relationships that extend across both practice and education sectors to increase the integration of clinical nursing practice and nursing curricula.
- Evaluate project outcomes and recommendations regarding the potential of the curriculum framework for application to all health authorities across BC to other Canadian jurisdictions, and to other sectors.

Project Funding, Structure, Governance

The following section outlines the funding, staffing model and committee structure used within the project to guide development and implementation.

Initially the Nurses' Bargaining Association approached VCH and FH to discuss potential ideas for a joint management-union project. Together this group conceptualized the Educator Pathway project and submitted the proposal with letters of support from academic partners and the BC Ministry of Health Services and Ministry of Advanced Education and Labour Market Development.

Funding

The Educator Pathway project was funded primarily through the Human Resources and Skills Development Canada Workplace Skills Initiative. The following **Table 4** details the budgeted funding and in-kind contributions from project partners. Actual expenditures at the end of the project were not available at the time this report was written.

Table 4: Funding and In-Kind Contributions from Sectors

	Funding	In-Kind Contributions
HRSDC Workplace Skills Initiative	$ 2, 918,632	
Vancouver Coastal Health		$448,226
Fraser Health		$360,486
BC Ministry of Advanced Education and Labour Market Development (additional Master of Nursing seats at the participating universities)		$1,200,000
NBA, represented by BCNU		$46,650
UBC and UVic Schools of Nursing		$30,273
Total per category	$2,918,632	$2,085,635
Grand Total	**$5,004,267**	

The amount of in-kind funding that was calculated represents human and material resources provided to the project by the various partners.

A letter of agreement for accountability of project deliverables was signed between HRSDC and VCH on March 16, 2007.

Salary Backfill for Participants

Just under half of the project funding was for salary backfill for participants enrolled in Levels 1 to 3 of the Educator Pathway, and for 30 Legacy Mentors to conduct projects. Due to staffing shortages acknowledged in the introduction of the report, it was anticipated that releasing staff from their patient care duties would be challenging, given that replacement of staff to attend educational sessions is not afforded within the operating budgets of most programs. Eligibility for salary backfill funding was a key motivator and incentive for program managers to support their staff to participate in the Educator Pathway, particularly staff in frontline roles.

Project Staffing

Project staffing was funded by the HRSDC grant. The staffing model included a full-time Project Manager, full-time Research and Evaluation Officer, full-time Project Coordinators for VCH and FH, and an Administrative Assistant at each health authority. Later in the project additional staffing, equivalent to one full-time Educator at each health authority was added to facilitate delivery of Levels 1 through 3 of the Educator Pathway workshops. The Project Manager was responsible for ensuring the deliverables of the project were met, coordinating all committees, and completing a quarterly project activities report for HRSDC. The Research and Evaluation Officer worked closely with the Evaluation Working Committee to develop an Evaluation Logic Model, ensure that ethics requirements were met, design and implement evaluation strategies, maintain detailed databases and coordinate data analysis. The Project Coordinators for each Health Authority were responsible for participant recruitment, Pathway workshop facilitation and communication within their respective health authorities. The Administrative Assistants

maintained participant databases, prepared workshop materials, maintained a web-based project site, and captured detailed minutes of all committee meetings.

Role of Workshop Facilitators

Workshop Facilitators were project staff prepared at a graduate level and with significant experience through either the academic or practice sectors. The facilitator group was responsible for coordinating and executing the curriculum. All workshops and series of workshops were run using a co-facilitation model. Level 2 and Level 3 workshops were co-facilitated by the VCH, FH, and UBC facilitators. The group of facilitators met regularly to plan, review formative and summative participant feedback, revise the curriculum and prepare for delivery of the curriculum to a nursing and allied health workforce.

Project Committee Structure

In 2007, a Steering Committee and seven working committees were established to address the key activities of the project. All working committees operated interdependently. Connections between the groups were maintained by staff cross-participation, and an established reporting mechanism to the Steering Committee. All committees included a representative from each of the following partners:

- Vancouver Coastal Health Authority (VCH)
- Nurses' Bargaining Association (NBA) as represented by the British Columbia Nurses' Union (BCNU)
- Fraser Health Authority (FH)
- University of British Columbia School of Nursing (UBC)
- University of Victoria School of Nursing (UVic)

Figure 2 illustrates the project governance structure and reporting relationship between the various working committees. Their membership, purpose and key functions are then summarized in the proceeding section.

Figure 2: Committee Structure

Steering Committee

The Steering Committee was comprised of members representing VCH, the NBA, FH, and UBC School of Nursing. Committed to the project goals and objectives and while waiting for final HRSDC approval, the Steering Committee began meeting on a regular basis starting more than a year before the project funding was announced. Upon confirmation of funding, the project was launched in April 2007.

> **Purpose of Steering Committee**
> To provide project leadership, strategic recommendations, and support for project outcomes and dissemination.

Once funding of the project was announced, the Steering Committee expanded to include the Ministry of Health Services. The purpose of the Steering Committee was to provide leadership for collaborative processes and provide recommendations to guide the direction of the project.

The Steering Committee established foundational principles, referred to below as *Guiding Principles,* to encourage collaboration among the partners early in the process. Particularly useful to the partnership principles was the experience of the UVic partner who had led an academic collaborative in the past. At the outset of the project, the Director of the UVic School of Nursing shared her learnings about factors contributing to successful academic collaborations (see **Appendix A:** Summary of Factors that Facilitate a Successful Collaborative Initiative).

Guiding Principles for all Committee Work

Partnership
- Partners respect each other's wisdom
- Partners work collaboratively
- Partners strive to overcome barriers between sectors
- Partners maintain open dialogue and continuous communication and articulate the positives
- Partners are committed to achieving project goals and are innovative

Curriculum
- Educators are leaders and practice advocates within their work settings
- Each learner's experience varies; the Educator Pathway can be entered at the level that most reflects the learner's existing competencies
- Curriculum will be applicable to all clinical professionals for whom education is a significant component of their role
- Leadership development is an inherent component of the curriculum

Project
- Knowledge from health care, education and other areas of expertise will enhance the work; experts will be consulted and best practices will be incorporated
- Processes are designed to be simple and attainable for all partners and participants in the project
- Existing resources will be utilized
- Project work will be sustained beyond 2010

The Steering Committee met on a monthly basis and focused its discussion on communication and collaboration. For example, the Steering Committee took the lead in planning for external conference presentations and publications (see the section entitled **Educator Pathway Communication and Dissemination** later in this document) and committed to create an infrastructure by which the Educator Pathway workshops at Levels 2 and 3 would be recognized in both the academic and service sectors (university transfer credit process). The *Authorship Guidelines* were developed by a subcommittee of the Steering Committee called the Authorship Guidelines and Publications Subcommittee. This working group drafted the guidelines for review and approval by the Steering Committee (see **Appendix B:** Authorship Guidelines).

Operations Committee

The Operations Committee was accountable for the deliverables of the project, and was responsible for project implementation and careful management of the resources provided. The membership of this group included project staff and directors from VCH and FH as well as the VCH financial analyst. The VCH analyst facilitated the annual project financial audits.

> **Purpose of Operations Committee**
> To manage project resources and oversee project deliverables and implementation.

To ensure all stakeholders were engaged and supportive of the direction of the project, the Operations Committee would determine agenda items for discussion at Steering Committee meetings. However, the Operations Committee had ultimate decision-making capability related to project implementation.

The Operations Committee achieved project outcomes by strategically planning, keeping abreast of, and analysing participant and budget data that were collected throughout the project.

Selections Working Committee

The focus of the Selections Working Committee was to establish criteria for the selection of participants, and the selection processes for all levels of the Educator Pathway. Representatives on this committee included VCH, FH, BCNU, UVic and UBC partners. The work of the committee included the following main activities:

> **Purpose of Selections Working Committee**
> To establish the process and criteria for selection of Education Pathway participants.

- Identifying selection criteria and an application process,

- Developing forms and documents for the application process for all levels of the Educator Pathway,

- Developing educator self-assessment tools (using competencies developed by the Curriculum Working Committee) for the application process,

- Participating in the selection of the Legacy Mentor project applicants as well as the screening and interviewing of Level 4 applicants.

Curriculum Working Committee

The purpose of the Curriculum Working Committee was to develop and advise on the curriculum and core competencies. Their activities included:

- Developing the competency framework,
- Developing the curriculum framework,
- Developing the curriculum for Level 1 Advanced, Level 2, and Level 3 workshops,
- Advising on graduate curriculum for Level 4 MN and MSN programs,
- Submitting Level 2 and 3 curriculum for approval for non-university transfer of credits,
- Planning, implementing and delivering course schedules for Levels 1, 2, and 3,
- Liaising with the Evaluation Working Committee to determine how to evaluate the curriculum,
- Establishing a plan for the validation of the competencies.

> **Purpose of Curriculum Working Committee**
> To develop and advise on all curriculum and core competencies.

Evaluation Working Committee

The purpose of the Evaluation Working Committee was to develop and implement a framework for evaluating the project. Key activities of this committee included:

- Developing the Evaluation Logic Model,
- Submitting ethic applications and amendments to UBC, UVic, VCH and FH,
- Designing evaluation tools,
- Analysing the data.

> **Purpose of Evaluation Working Committee**
> To develop and implement a framework for evaluating the project.

The outcomes of project evaluation will be outlined in more detail in the **Evaluation** section later in this report.

Joint Meetings of the Evaluation and Curriculum Working Committees

Two joint meetings of the Evaluation and Curriculum Working Committees were conducted to discuss how to validate the competencies. Validation of the competencies was valued as an important outcome of the project that would inform the academic and practice sectors across Canada. The initial steps in the competencies validation process included reviewing and revising the competency indicator tools that had been developed in the first year of the project. To plan further stages in the process, a Competency Validation Working Group was formed. Due to the limitations of time, this working group committed to further work on competency validation after March 31, 2010.

> **Purpose of Joint Evaluation-Curriculum Working Committee**
> To discuss best methods of evaluating the Educator Pathway Curriculum.

Legacy Mentor Working Committee

The Legacy Mentor initiative was a smaller project within the larger Educator Pathway. The purpose of the Legacy Mentor Working Committee was to develop the Legacy Mentor project. In addition to representation from each of the key partners, this working committee also included a nursing graduate student and clinical manager representatives from FH and VCH. The committee offered recommendations based on the focus group findings that framed the project's infrastructure. A summary of the **Legacy Mentor project** is found on later in the report (page 16 and page 47).

Purpose of Legacy Mentor Working Committee
To develop the Legacy Mentor Program.

Communications Committee

The purpose of the communications committee was to develop the initial key messaging about the Educator Pathway to both internal and external audiences, advise on planning of events, and organize media releases. This working committee met on an as-needed basis. Communications advisors (from within the partner organizations) were consulted as needed. Educator Pathway **Communication and Dissemination** is discussed in more detail later in the report. As well, **Appendix F:** Educator Pathway Communications Report contains articles and a list of conferences.

Purpose of Communications Committee
To develop key messaging, and advise on events and media releases.

Educator Pathway Model Design and Implementation

Educator Pathway Model

The Educator Pathway was designed as a four-level professional development model for nurses in educator roles, or roles which include a significant component of education. The following schematic **(Figure 3)** outlines each level of the Educator Pathway and the context of practice that each level was designed to support.

Figure 3: Four-Level Educator Pathway Model

Level 4
For an RN with 5 years practice experience, 2 years education experience and a BSN who wants to work in a new cross sector role and complete a Masters of Nursing with an education focus.

Nursing and Education Leadership Theory and Practice

Level 3
For an experienced RN/RPN educator who provides education for groups of diverse learners, across programs, disciplines, or HSDAs.

Education Theory and Practice
72 hours

Education Theory and Practice
36 hours

Level 2
For an RN or RPN currently supporting the learning of small groups in a practice area or who has an interest in learning basic education theory and developing and applying education in practice.

Preceptor/Mentor Foundational Theory
6.5 - 7.2 hours theory

Advanced Preceptor Program
14.4 hours theory
22 hours practicum

Legacy Mentor Project
216 hours

Level 1
For an RN or RPN interested in learning how to support learning in one on one situations.
• Level 1 Preceptor/Mentor Foundational Theory 6.5 - 7.2 hours theory.
• Level 1 Advanced Preceptor/Mentor Theory and Practice 14.4 hours theory, 22 hours practicum.
• Legacy Mentor Project (>55) 216 hours.

Competency Development

The goal of the Pathway project was to develop and implement a competency-based curriculum for educator development. The first step was to scan the literature for existing educator competencies. Most of the competencies identified in the literature review focused on the preceptor/mentor level in practice (Canadian Nurses Association, 2009) or the graduate level in nursing education (Davis, Stullenbarger, Dearman, & Kelly, 2005; National League for Nursing, 2005). There was a dearth in the literature regarding practice-sector educators' competencies for working with larger groups of learners.

Based on the literature scan, a review of job descriptions for educators in the practice sector, and the experience of the educators on the Curriculum Working Committee, six core competencies were identified that would cross all four levels of the Educator Pathway. For each of the four levels, competency indicators that describe elements critical to each level were identified.

Core Competencies of the Educator Pathway Program
1. Demonstrates engagement with education theories
2. Fosters effective teaching and learning relationships
3. Facilitates learning and creates effective learning environments
4. Manages multiple complexities related to learning
5. Advances nursing professional practice
6. Demonstrates leadership skills

Curriculum Design

The curriculum was designed by a committee of experienced educators from the practice, union, and academic sectors. The curriculum was competency-based, focused on education theory and practice, and was designed to be transferable across health care disciplines. It was developed based on a widely known curriculum development model (Iwasiw et al., 2005). **Appendix D:** Curriculum Framework includes the curriculum *philosophy*[*], process threads, framework and list of intentions for each Pathway level.

Following the development of the competencies and curriculum framework, the lesson plans for each session were developed. Components of the curriculum were reviewed by the UVic School of Nursing for non-university transfer credit at an undergraduate level; Level 2 of the curriculum met these requirements. Therefore, participants who had completed Level 2 of the Pathway and were enrolled, or who later enrolled in the BSN program were eligible to receive credit for an elective course toward their degree.

Legacy Mentor Project

The Legacy Mentor project curriculum design and implementation was unique because it was focused on participant projects. The design was informed by focus groups conducted with senior nurses. Specifically, data from focus groups provided the idea to include participant managers and supporters in workshops and to have participants identify their own projects. Curriculum for three workshop days was created. **Table 5** summarizes the goals of each workshop.

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[*] Key terms used in this report are defined in the Glossary of Terms found at the end of the document before the Appendices. The first instance of each term is identified in italics with an asterisk (*term*[*]).

Table 5: Goals of the Legacy Mentor Project Workshops

Workshop	Goals
Orientation Workshop	▪ Clarify program staff roles and responsibilities ▪ Explore ways of sharing knowledge and expertise ▪ Support participants with more detailed project plans
Mid-way Workshop	▪ Participants share a description of their projects and their experiences to date
Final Workshop	▪ Evaluate Pathway using focus groups ▪ Delivery of 5-minute project overviews by each Legacy Mentor ▪ Present certificates to Legacy Mentors

Curriculum Implementation

The curriculum was delivered in a series of face-to-face workshops for Levels 1 through 3. **Table 6** illustrates the length of each workshop.

Table 6: Length of Workshops for Levels 1 through 3

Level	Days	Hours
1 Foundational Preceptorship /Mentorship Program Workshop	1	6.5 to 7.2 hours theory
1 Advanced Preceptorship /Mentorship Program Workshop	2	14.4 hours theory
Legacy Mentor Project Workshops	3	7.5 hours orientation 4.0 hours midway 7.5 hours final
2 Education Theory and Practice Workshop	10	72 hours theory and practice
3 Education Theory and Practice Workshop	5	36 hours theory and practice

The project proposal for the Educator Pathway outlined target participant numbers for each Pathway level totalling 1,048 participants. **Table 7** illustrates the target participant numbers for each level.

Table 7: Number of Participants Targeted for the Educator Pathway Program

Target Number of Participants	
Foundational Preceptorship/Mentorship	600
Advanced Preceptorship/Mentorship	198
Legacy Mentor Project	30
Education Theory and Practice – unit program level	120
Education Theory and Practice – applied across programs, hospital sites, and health service delivery areas	60
MSN (UBC) or MN (UVic) – education stream	40
Total	1,048

In order to achieve the target number of participants, intakes for each level were divided into cohorts and offered over the three years of the project. **Table 8** illustrates a Gantt Chart of the Scheduled Intakes. Year one of the project was primarily spent in development; however, since the Level 1 Foundational Preceptorship/Mentorship workshops were based on existing curriculum, sessions for this level were available in 2007. The majority of Level 1 Foundational and Level 1 Advanced workshops were facilitated within each health authority. Levels 2 and 3 workshops were co-facilitated by the VCH and FH project staff as well as UBC faculty, and participants in each cohort were comprised of a combination of applicants from across both health authorities. Other benefits of this cohort model included the informal support networks which developed between participants in each cohort across the continuums of care as well as across the two health authorities.

Table 8: Gantt Chart of Scheduled Intakes

Level	Cohort	2007 Apr-Jun	2007 Jul-Sep	2007 Oct-Dec	2008 Jan-Mar	2008 Apr-Jun	2008 Jul-Sep	2008 Oct-Dec	2009 Jan-Mar	2009 Apr-Jun	2009 Jul-Sep	2009 Oct-Dec	2010 Jan-Mar	2010 Apr-Jun
1 Foundational Preceptorship/ Mentorship	Ongoing	█	█	█	█	█	█	█	█	█	█	█	█	█
1 Advanced Preceptorship/ Mentorship	1			█										
	2					█								
	3						█							
	4								█					
	5									█				
	6											█		
	7												█	
Legacy Mentor Project	1							█	█	█	█			
	2							█	█	█	█	█		
Level 2 Education Theory and Practice	1				█	█								
	2					█								
	3								█	█				
	4								█	█				
	5									█				
	6											█		
	7											█	█	
Level 3 Education Theory and Practice	1							█	█					
	2								█	█				
	3									█	█			
	4										█	█		
	5												█	
Level 4 Nursing Education Leadership Theory and Practice	1				█	█	█	█	█	█	█	█		
	2				█	█	█	█	█	█	█	█	█	
	3						█	█	█	█	█	█	█	█
	4										█	█	█	█

Participant Selection

The process of selecting participants for the Pathway program involved identifying selection criteria, designing application processes, and determining selection procedures. In order to qualify to participate, applicants needed to be in permanent part-time or full-time positions at VCH or FH, and be either registered nurses or registered psychiatric nurses. To ensure the most appropriate candidates for each level, more specific criteria were identified in some cases. These criteria, along with the application requirements are outlined in **Table 9.**

Table 9: Application Requirements and Selection Criteria for the Pathway Program

Level	Selection Criteria	Application Requirements
Level 1 Foundational	▪ Has minimum of 6 months experience	▪ Indicates interest in the Pathway ▪ Includes manager recommendation (signature)
Level 1 Advanced	▪ Has minimum of 6 months experience ▪ Has attended Level 1 Foundational or has 300 hours of experience as a preceptor /mentor	▪ Acts as preceptor/mentor for students and new staff supporting learning one-to-one (or small groups) in a fairly short-term relationship.

Legacy Mentor Project	▪ Is aged 55 or older
	▪ Has manager support for project and for 216 hours of release time from regular schedule
		▪ Has interest in sharing their knowledge with new staff or new nurses working at their site
		▪ Submitted a project proposal that fits into one of three categories:
		  - Mentorship/go-to person or one-on-one training
		  - Instructional modules, workshops or program development
		  - Developing manuals, protocols or informational material

Level 2 Education Theory and Practice	▪ Has minimum of 2 years of recent clinical experience ▪ Is in an educator role, or has interest in ▪ Has manager support	▪ Completed application form ▪ Includes letters of reference from manager, peer, and learner ▪ Completed Level 1 competencies self-assessment ▪ Provided CV or résumé
Level 3 Education Theory and Practice	▪ Works in a role that includes education as a significant component ▪ Leads regional initiatives ▪ Facilitates knowledge dissemination or change in practice ▪ Has some knowledge of education theory (for example Level 2 of the Educator Pathway or other similar course) ▪ Has manager support	▪ Completed application form ▪ Includes letters of reference from manager, peer, and learner ▪ Completed Level 2 competencies self-assessment ▪ Provided CV or résumé

| Level 4 Nursing Education Leadership Theory and Practice | ▪ Has BSN ▪ Has 5 years of clinical experience ▪ Has 2 years of educator experience ▪ Has manager support ▪ Meets entry requirements for the Faculty of Graduate Studies at UBC and UVic | ▪ Completed application form ▪ Included letters of reference from supervisor, peer, and learner ▪ Provided CV or résumé ▪ Completed Level 3 competencies self-assessment with attached portfolio of evidence (each piece of evidence is clearly linked to a competency) ▪ Completed panel interview |

Selection Process for Levels 1 to 3

Concurrent calls for applications were distributed throughout FH and VCH via e-mail to RN and RPNs. Communication with various stakeholder groups took place in advance of these calls to promote participation. Stakeholder groups included senior leadership teams, directors, managers and educators.

The calls for applications were open for a period of one month or longer, depending on the degree of work involved with the application process. Participants self selected, or determined after consulting with the project coordinators, the most appropriate level of the Pathway program based on their role, eligibility, and completion of a competency self-assessment. With the exception of Level 1 Foundational, selections for each level were made based on applicants having completed all aspects of the application process and meeting the eligibility criteria. The selections process was competitive, and in many cases applications exceeded the spaces available. In these cases, the most appropriate candidates were selected by the Project Coordinator of each health authority by following criteria that were pre-determined by the Selections Working Committee. Unsuccessful candidates were given the option of deferring their application to the next intake, with the understanding that there was no waitlist – all applicants were screened for suitability for each intake, and the strongest candidates were chosen.

Vision for Education Leaders

Early in the project, the Steering Committee held a visioning exercise regarding the capabilities and expectations of a clinical education leader for the future. The following is a list of key points from this conversation.

An education leader:
▪ has the ability to move seamlessly between the practice and academic sectors,
▪ is flexible, nimble, and adaptable to different environments,
▪ acts as a change agent,
▪ contributes to discipline curricula in both sectors,
▪ translates knowledge between sectors,
▪ aligns education planning with strategic organizational goals,
▪ applies systems thinking to their work,
▪ identifies policy or research projects with an education focus,
▪ implements innovative education practice,
▪ collaborates with colleagues across sectors.

Selection Process for Level 4

The application and selection criteria for Level 4 were rigorous. Candidates applied for health authority sponsorship and graduate-level admissions concurrently. Candidates signed a waiver allowing information about their status in both these application processes to be shared among the Selections Working Committee. All the health authority applications were reviewed and scored according to pre-set criteria by the project coordinators. Candidates who met the health authority application requirements were then reviewed according to their university graduate studies application status to establish that academic graduate entry-level requirements of either partner university were achieved. Those candidates who had completed all application processes and met the health authority scoring requirements and academic graduate-level admissions criteria were interviewed by a panel of Selections Working Committee members from the practice, academic, and union sector partnership. The participant's interview result contributed to his/her overall score. The interview was essential for determining the commitment level of the applicants to an education-focused MSN/MN program. The Selections Working Committee discussed all applicants who met the requirements to determine which program they would be offered. Successful applicants were assigned to both UBC and UVic Schools of Nursing graduate programs and the aim was to fill the seats in an equitable manner.

Candidates accepted into Level 4 needed to commit to complete studies within two years, work for a minimum of one year in either health authority upon completion of the master's program, and have the support of their manager for up to 40 paid education leave days during the program.

A Sustainable Infrastructure to Support Intersectoral Roles

The vision for intersectoral roles within the Educator Pathway partnership included a broad view of the role of educators to support learning environments, and contribute to both pre- and post-licensure education. These educators would meet the qualities of the education leader previously outlined, that was envisioned in this project.

Greenlaw and Thorne (2006) provide an extensive overview of *joint appointments*[*] in nursing in British Columbia. The document includes:

- a review of the literature on joint appointments to 2005,
- the results of a survey of BC nurse leaders' experiences and opinions relating to joint appointments,
- draft principles and guidelines for implementing joint appointments,
- a summary of models of joint appointment,

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- a review of best practices in developing joint appointments identified by groups in the UK, Ireland, and the USA,
- a discussion of the benefits, challenges, and barriers associated with joint appointments.

Greenlaw and Thorne further identify a number of benefits, challenges, and barriers, evident at the individual, organizational, and system level, as cited in the literature and reported by nurse leaders whom they surveyed (summarized in **Table 10**).

Table 10: Benefits and Challenges of Joint Appointments in Nursing

	Benefits	Challenges and Barriers
Individual	- meeting personal and professional goals and the opportunity to develop expertise	- working within two different organizations with distinct work cultures, philosophies, and goals resulted in work overload, role conflict and ambiguity, lack of integration of the roles, and lack of peer support and resources
Organizational	- increased collaboration and cost-effective, quality patient care	- systems that are unsupportive of collaboration, organizational upheaval (e.g., health care reform), change in leadership support and vision, funding uncertainty, and the extra workload related to implementation of the joint appointment
System	- sharing educational influences between staff nurses and faculty, increased interaction between expert nurses, and improved support for nursing staff	- none identified

The challenges and barriers related to joint appointments were numerous and significant, and were deemed to outweigh the benefits. Thus the Steering Committee determined that the traditional joint appointments would not meet the project's vision of an infrastructure for intersectoral roles.

A literature scan was conducted to identify models of collaboration between academic and health care service organizations within the context of nursing education. Three models were identified as being particularly relevant to the objectives and context of the Educator Pathway: The Clinical Scholar Model (Colorado Model) (Jarrett, Horner, Center, & Kane , 2008; Kowalski et al., 2007; Preheim, Casey, & Krugman, 2006; Miller, 2003), the Clinical Teaching Scholar Model (Tapp, Hendrickson, Linton, & Smith, 2008), and the Adjunct Clinical Instructor Model (Barlow & Hawke, 2009; Skrapek, Hawke, & Jeffrey, 2008). In all three models, nurses were temporarily seconded (through different contractual arrangements) to support pre-licensure education. A detailed summary of these models is found in **Appendix G:** Summary of Literature Review.

The Educator Pathway Steering Committee reviewed the evidence and developed a schematic to articulate the possibilities for intersectoral roles. (Refer to **Figure 4**.)

Figure 4: Intersectoral Models

Competencies →		→ Competencies
Responsibilities for Outcomes →		→ Responsibilities for Outcomes

Clinical Agency

School of Nursing

| Clinical Nurse Educator | Adjunct (Relationship w/academic sector partner) | Adjunct + | Associate + | Associate (Relationship w/ service sector partner) | Faculty |
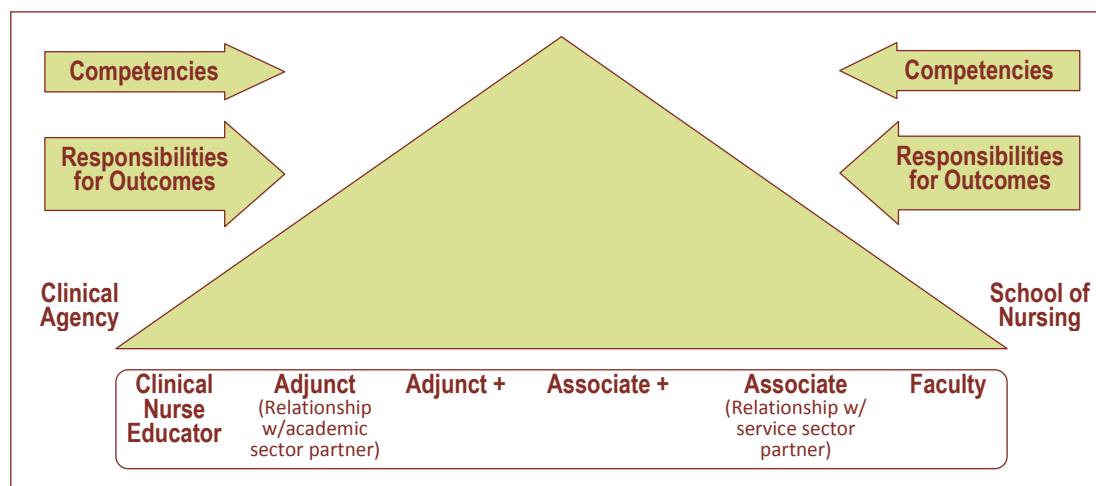
© Educator Pathway Project (2009). Intersectoral Model.

The schematic illustrates a range of possible models for intersectoral roles. These range from minor modifications of existing roles, to the development of entirely new options. Existing positions, such as Clinical Nurse Educator in clinical agencies and Clinical Instructors/Faculty in schools of nursing (left and right of the pyramid), can be expanded so that role descriptions contain expectations related to intersectoral responsibilities. Moving inward toward the centre, formalized *Affiliate* * / *Associate* * / *Adjunct* * appointments can be developed to make explicit specific expectations in relation to both primary employer and sector partner. Although these appointments would not typically require salary-sharing components, they could be developed with a view toward explicit time exchange. This model does not articulate an explicit 50/50 joint salaried appointment option. Analysis of the current context suggests a 50/50 joint salaried appointment option to be the least viable model for both employees and for both sector organizations. Rather, the model depicts (toward the centre of the pyramid) new forms of intersectoral roles, which were conceptualized as Adjunct + (enhanced) and Associate + (enhanced) roles. These roles expand upon traditional views of associate and adjunct positions that can be offered to full-time employees of either sector and include specific salary-sharing arrangements associated with cross-sector responsibilities.

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* Key terms used in this report are defined in the Glossary of Terms found at the end of the document before the Appendices. The first instance of each term is identified in italics with an asterisk (*term* *).

Example 1

 A Clinical Nurse Educator in a service sector position might oversee undergraduate students in that setting for designated days of the week, as well as spend some time each term on campus in a professional development/education context. This position would include explicit reporting responsibilities in both directions, and a corresponding financial exchange between sectors.

Example 2

In an opposite example, a Clinical Instructor within an educational sector position might spend designated days per week in the service setting engaged in practice development and retention-support activities. At the same time the instructor would be building linkages with a broader range of faculty for occasional inservice, research, and professional development opportunities in support of the practice setting. Again, funding would flow between sectors.

Within the context of full-time employment within a primary sector, both organizations contribute financially and receive explicit benefits from the arrangement, and the nurse is optimally supported within one employment package. Within this pyramid model, the closer to the centre of the pyramid, the more similar become the competencies, responsibilities, and outcomes for clinical educators between the two sectors. It is recognized that a diverse and dynamic context exists, within which the idea of intersectoral clinical education role development is advancing. This model allows the capitalization of a wide range of existing opportunities as well as movement towards creative new ways for genuine collaboration.

Educator Pathway Communication and Dissemination

Communication and Dissemination

In the start-up phase, project partners used existing internal networks (bulletins, newsletters, magazine articles) to promote the project and solicit interest. Reports were made and presentations were given to Heath Authority Chief Nursing Officers, the Nursing Education Council of BC, the Health Employers Association of BC, the BC Academic Health Council, the Canadian Association of Schools of Nursing, and the Canadian Federation of Nurses Unions to disseminate information. Journal articles were also submitted for publication in Canadian heath policy, leadership, and education journals.

A number of communication methods were used to reach internal and external stakeholders including special events, internal and external stakeholder presentations, conference presentations, and publications within newsletters and peer reviewed journals.

Events

- HRSDC Federal Funding Announcement, April 2, 2007
- Launch Event for Level 4 Participants, September 13, 2007
- Legacy Mentors Wrap-Up Celebration, September 30, 2009
- Celebrating Success – Level 4 Graduation Celebration, October 14, 2009

Awards and Distinctions

- Academic Health 2008 Golden Apple Winner; Health Employers Association of BC – Excellence in Health Care Award
- Canadian Nurses Association List of Innovations

Internal Stakeholder Presentations

Members of the Educator Pathway Operations Committee presented regularly to senior leadership teams, directors, managers, and educators within their respective health authorities. The purpose of these presentations were to highlight the Pathway program and how it could be accessed, recruit potential participants, elicit support, and disseminate findings such as participant enrolment and emerging evaluation findings.

External Stakeholder Presentations

Presentations were made to:

- BC Chief Nursing Officers Council
- BC Ministry of Health Services Policy Rounds
- Health Sciences Deans and Directors Council
- BC Academic Health Council
- Professional Practice and Academic Forum

The purpose of external presentations was to keep key stakeholders throughout the province informed of the progress of the project.

Internal Publications

Newsletters and interest group publications were used to disseminate information to target audiences, to recruit project participants (BCNU) and to illustrate project partnership from the perspective of the partner. **Table 11** illustrates the internal publications and their respective readership. Refer to **Appendix F:** Educator Pathway Communications Report for a full list of publications.

Table 11: Publications used to Disseminate Information to Target Audiences

Origin	Journal	Readership
BCNU	Update	30,000
UBC	Touch Points	5,000
UVic	UVic Ring	5,000

Conference Presentations

The Educator Pathway was presented at various local, national, and international nursing education and leadership conferences since 2007. **Table 12** summarizes the dates, conferences and locations. A more detailed list of presentations can be found in **Appendix F:** Educator Pathway Communications Report.

Table 12: Summary of Conference Presentations

Date	Conference	Location
Nov 2007	BC Academic Health Council "Practice Makes Perfect" International Conference	Vancouver, BC
Nov 2007	Canadian Association of Schools of Nursing (CASN)	Kingston, ON
Feb 2008	Ethel Johns Research Day	Vancouver, BC
Feb 2008	Western Region Canadian Association of Schools of Nursing (WRCASN)	Victoria, BC
Feb 2008	HRSDC Recipients Conference	Ottawa, ON
May 2008	CASN Academic Leadership Conference	Toronto, ON
May 2008	BCNU National Nurses Week Conference	Vancouver, BC
Jun 2008	Nurse Education Today, Nurse Education in Practice (NETNEP) International Conference Research and Innovation in International Nursing Education	Dublin, Ireland
Oct 2008	Registered Nurses Association of Ontario: Education for the Future of Nursing	Toronto, ON
Feb 2009	Canadian Nurses Association Leadership Conference	Toronto, ON
Feb 2009	HRSDC Recipients Conference	Ottawa, ON
Feb 2009	Western Region Canadian Association of Schools of Nursing (WRCASN)	Calgary, AB
Feb 2009	BC Focus on Innovation	Vancouver, BC
May 2009	BCNU National Nursing Week Conference	Vancouver, BC
Feb 2010	Ethel Johns Research Day	Vancouver, BC
Apr 2010	Nurse Education Today, Nurse Education in Practice (NETNEP) Nursing Education In a Global Community: Collaboration and Networking for the Future (accepted abstract)	Sydney, Australia

Publications in Peer Reviewed Journals

MacPhee, M., Wejr, P., Davis, M., Semeniuk, P. & Scarborough, K. (2009). Practice and academic nurse educators: Finding common ground. *International Journal of Nursing Education Scholarship*, *6*(1), article 32.

Several of the Pathway project working committees had manuscripts in progress at the time of the writing of this report.

Evaluation

Evaluation of Level 1 Advanced through Level 4

Evaluation of the project focused on Level 1 Advanced through Level 4 of the Pathway and the Legacy Mentor project. Level 1 Foundational was not evaluated extensively for several reasons: the one-day workshops were comprised of existing curriculum within both health authorities, a six-month follow-up with 600 participants would not be possible with the available staff tracking systems, and a wealth of evidence supporting the benefits of preceptor/mentor education was already available in the literature.

Project Goals Evaluated

The following three primary goals of the Educator Pathway project were evaluated based on the parameters set forth by the Evaluation Logic Model.

- **Goal #1:** Create clinical learning environments that retain nurse educators and support novices

- **Goal #2:** Increase nurse educators' competencies to develop and facilitate effective education

- **Goal #3:** Increase capacity of the health authorities to support learners pre- and post-licensure

Evaluation Logic Model

At the initiation of the project, the Evaluation Working Committee developed a logic model to facilitate a comprehensive evaluation of the project. The format of the evaluation logic model was derived using guidelines drafted by the W. K. Kellogg Foundation (2004). The logic model schematically connects the project goals with the activities to help evaluate their achievement and provide detail on the 'inputs' to the evaluation activities (such as the data sources), the activities themselves or the 'outputs' of the activities (i.e., the data products), the 'outcomes' of the activities (how the data products bear upon the evaluation goals), and the 'expected impacts' (the goals themselves). These elements are organized into a 'boxes-and-arrows' schematic that succinctly illustrates the progression from evaluation activity to project goal. For the purposes of this report, the following figure **(Figure 5)** is helpful in demonstrating how the project goals were matched with the Evaluative Activities.

Figure 5: Evaluation Logic Model for the Educator Pathway Project

Program Evaluation Logic Model

Project Goals

Evaluative Activities

GOAL #1
Create clinical learning environments that retain nurse educators and support novices

Learning Environment Focus Groups
. UBC & UVic Schools of Nursing Faculty
. VCH Nurse Educators, Managers & Directors

Educator Successes & Challenges Survey
. VCH + FH Nurse Educators, UVic + UBC Faculty

Legacy Mentors Project
. Mid-Way Survey & Post-Program Focus Groups
. Supporter's Post-Project Survey

GOAL #2
Increase nurse educators' competencies to develop and facilitate effective education (face-to-face, print-based, online, etc.)

End-of-Level Feedback Questionnaire
. Pre & Post self-ratings of proficiency in 6 core competencies

6-Months Post-Program Participant Survey
. Participant ratings of effectiveness of curriculum
. Impact on retention & education career plans
. Provide examples of meeting core competencies

GOAL #3
Increase capacity to support learners (pre- & post-licensure)

Stakeholder Manager Interviews
. Managers' assessments of impact of Educator Pathway on unit/area of practice

Participant Enrolment
Capacity to Support Learning Survey

The evaluation logic model served five critical functions throughout the duration of the project. First, the process of developing the logic model required the clarification of the project goals from the way they were originally articulated in the HRSDC Workplace Skills Initiative proposal. This review entailed distilling the broader project goals into succinct, measurable outcome statements. As a result, the Evaluation Working Committee established clear targets on which to focus their efforts, providing a foundation for a systematic and rigorous assessment of whether the targets were met.

Second, the logic model guided the Evaluation Working Committee in determining which evaluation methods were best suited to assess whether the project fulfilled its outcome goals. Once the logic model goals were established, options for measurement were explored. This process entailed conducting literature searches in academic journal databases for methodologies and tools that were already validated and in standard use. In the instances when an appropriate tool did not exist, the Evaluation Working Committee proceeded to devise its own (e.g., surveys).

Third, the logic model was invaluable in monitoring and reporting on the progress of the project evaluation. By clearly linking the evaluative activities and goals, the logic model enabled the Evaluation Working Committee and other working committees to review the effectiveness of the activities while they were underway, revise them as required, and track progress on the tasks (micro) and objectives (macro) of the overall project evaluation. The structure of the logic model also provided a standard framework by which to organize quarterly progress reports to the funding body.

Fourth, the logic model assisted in achieving program evaluation targets and project priorities. By keeping the primary project goals in the foreground, the logic model was useful in helping the team distinguish the 'nice to do' from the 'need to do'.

Fifth, the logic model served to streamline the process of evaluation and to ensure that organizational resources were utilized to their greatest effect within the context of the project's time constraints and budgetary limitations. Using the logic model to focus on clear evaluative tasks and objectives, the Evaluation Working Committee was able to conduct a wide-ranging and rigorous evaluation of this complex project while using relatively few fiscal and human resources.

Methods

A mixed methods design was used to collect quantitative and qualitative data from a variety of project stakeholders. The evaluation design and methodology were informed by an extensive literature search and repeated expert consultations. The primary data collection strategies were focus groups, surveys, and semi-structured interviews.

Focus Groups

Focus groups were facilitated by a moderator accompanied by a recorder who wrote summaries of each group's statements on a flipchart. The majority of the focus groups were audio taped. Upon completion of the focus groups, the recorder drafted summary notes by cross-referencing the flip chart notes with the audio recording to ensure an accurate rendering of participants' statements. During this process, an effort was made to capture verbatim statements that were particularly illustrative. The resulting data were subsequently examined via content analysis.

Surveys

The Evaluation Working Committee designed and administered the *Educator Successes and Challenges Survey*, the *End-of-Level Feedback Questionnaire*, the *Six-Months Post-Program Participant Survey*, the *Capacity to Support Learning Survey*, the *Legacy Mentor Mid-Way Survey* and the *Legacy Mentor Supporter's Post-Project Survey* to gather formative and summative data from Pathway participants and project stakeholders. The various survey tools are linked to the evaluation goals in **Figure 5** (page 30). All surveys contained both closed-ended and open-ended questions. Responses to the closed-ended questions (e.g., ratings on Likert-type scales) generated quantitative data that were descriptive and that permitted statistical comparisons between and within groups. Open-ended questions generated qualitative data relating to

participants' application of program learning, opinions about aspects of the program, observations of the impact of the program on their unit, and general comments regarding their experience of participation in the Educator Pathway. Competencies developed by the Curriculum Working Committee were used to build the survey tools. Unique and observable competency indicators were used to build surveys specific to each level.

Semi-Structured Interviews

Managers (also referred to as stakeholder managers) who supported the participation of nurses from their unit/area of practice were interviewed to assess their perceptions of the impact of the Pathway on the learning environment in their unit/area of practice. The interviews were semi-structured and conducted approximately six months after the nurse had completed the Educator Pathway.

Data Limitations

Generalizability of some of the findings is limited due to the small sample size from surveys targeting particular levels of the Educator Pathway (e.g., Level 4). Time constraints on the pilot project necessitated that a 'cut off' point for data collection be identified, though evaluation was to continue past this point. Data collection for this report ended in early January 2010; however, there are a number of cohorts that remain underway and others that had not reached the six-month follow-up period. Plans were developed to continue the evaluation of the project, post pilot.

Findings

Evaluation findings are presented as they relate to each of the three primary project goals.

Project Goal #1: Create clinical learning environments that retain nurse educators and support novices

Progress toward this goal was evaluated in three ways:

1. Focus groups with stakeholders were conducted at the beginning of the project to establish the key factors for effective learning environments.
2. Participants answered job and career intention questions on a *Six-Months Post-Program Participant Survey* (except Level 4 participants who were surveyed at the end of their two-year master's degree program).
3. Pathway participants rated their pre- and post-program abilities to support novice nurses on an online survey.

Definition of 'effective learning environment'

Effective learning environment was defined as one in which "all persons are valued and respected, and contribute to the learning of all others in that environment". A learning environment is safe, respectful, inclusive and positive, and contributes to maximizing the

learning of each individual while enhancing the learning of all individuals collaboratively (Palloff & Pratt, 1999).

Stakeholder-identified key factors of an effective clinical learning environment

Focus groups were conducted at the beginning of the project with a range of stakeholders (practice-based educators, managers and directors, academic faculty, and UVic Level 4 participants) to gather their feedback on the factors that constitute effective clinical learning environments. The following are some of the key themes from the focus groups relating to effective learning environments:

- Effective learning environments require the presence of **a culture of safety** for learning where learners feel respected, are safe to ask questions, and encouraged to learn from mistakes.

- **Organizational value for learning** should be demonstrated through tangible means such as infrastructure to support learning and funding dedicated to support education.

- Effective **practice-academic collaborations** involve sharing responsibility and accountability for building effective learning environments.

Many of the key themes that emerged from the focus groups were consistent with the definition of effective learning environments adopted by the project team, particularly with respect to notions of safety, respect, valuing learning, and shared responsibility for the quality of the learning environment.

Staff Retention

Six months after completing a level of the Pathway, participants were surveyed to ask whether participation in the program influenced their intent to stay working within their health authority. Depending on the program level, 54% to 88% of respondents indicated that participation in the Pathway increased the likelihood that they would remain working within their health authority (see **Figure 6**).

Figure 6: Pathway Participants' Intent to Remain at VCH/FH

"Did participation in the Educator Pathway make you more likely to remain with VCH/FH?"
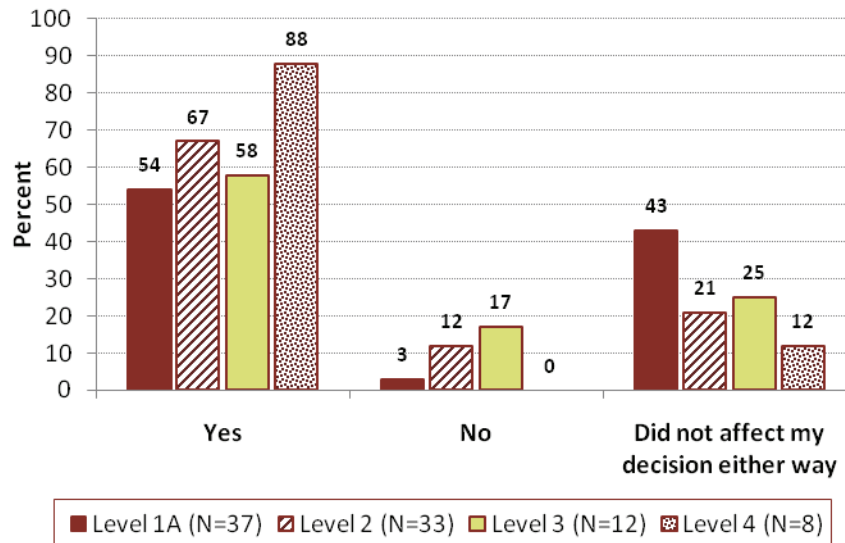
Nurse Educator Retention

At the commencement of the project, a sample of nurse educators from VCH and FH responded to the *Educator Successes and Challenges Survey* about their intent to leave their educator role in the near future. Among those surveyed, approximately 40% of educators in one health authority and 25% of educators at the other health authority stated that they were intending to leave their role (see **Figure 7**). Commonly cited reasons for intent to leave were: insufficient support, unacceptable workload, and retirement.

Figure 7: Pre-Pathway Implementation Clinical Nurse Educators' Intent to Leave

"Do you have any intention of leaving your educator role in the near future?"
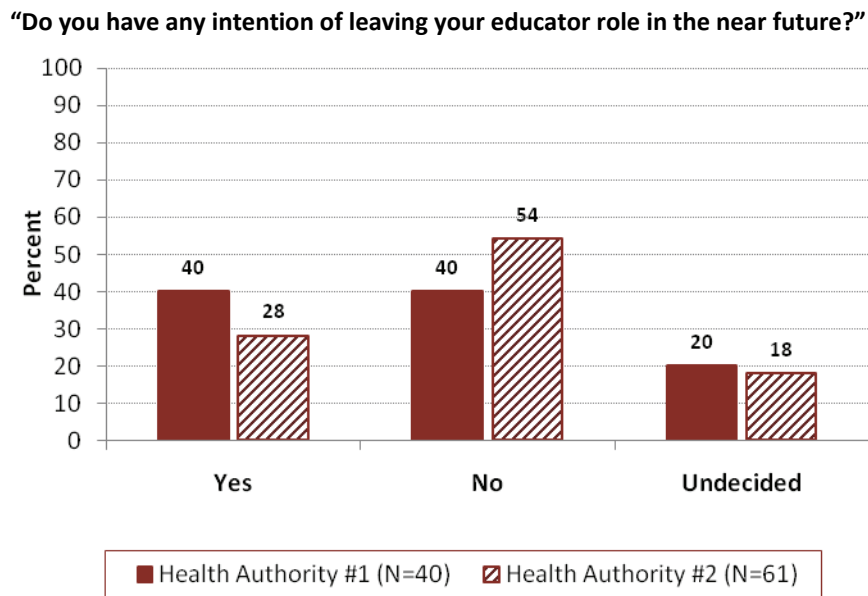
Six months after completing a level of the Pathway, Clinical Nurse Educators (CNEs) were surveyed (*Six-Months Post-Program Participant Survey*) about their intent to leave their educator role. Four percent (4%) of CNEs who participated in the Pathway indicated that they were intending to leave their current role. These results are suggestive of the effectiveness of the Pathway program in increasing retention of CNEs (see **Figure 8**). Further data will be collected from educators 6 to 12 months post program completion to measure educator retention.

Figure 8: Post Pathway Completion Clinical Nurse Educators' Intent to Leave

"Do you have any intention of leaving your educator role in the near future?"
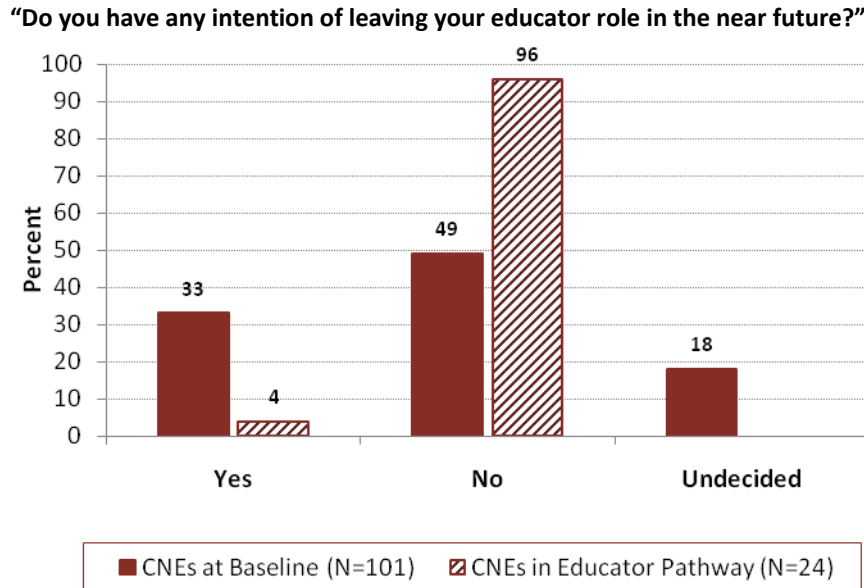
Supporting Novices

All Educator Pathway participants who completed a level of the program on or before September 31, 2009 were invited to complete the *Capacity to Support Learning Survey* focusing on participants' capacity to support learners (novices). This survey was completed by 269 of approximately 864 eligible recipients (response rate = 31%).

When asked to rate the extent to which participation in the Pathway program helped them reach the goal of supporting learners in the work setting, 88% of respondents indicated 'moderately' to 'completely'.

Summary of Goal #1 Evaluation Findings

- The majority of nurses surveyed reported that participating in the Pathway program increased their intention to stay working in their health authority.

- Participants who completed a level of the Educator Pathway were better able to support learners in the workplace.

> *Project Goal #2: Increase Nurse Educators' competencies to develop and facilitate effective education*

Outcomes relating to Goal #2 were evaluated in the following four ways:

1. Participants rated their proficiency in the six core educator competencies for pre-program (retrospectively rated) and post-program phases in the *End-of-Level Feedback Questionnaire*.
2. Participants rated the effectiveness of the Educator Pathway curriculum in helping them gain proficiency in the six core educator competencies in the *Six-Months Post-Program Participant Survey*.
3. Participants provided examples of their application of competencies in their workplace (*Six-Months Post-Program Participant Survey*).
4. Managers of Pathway participants were interviewed about the impact their participating staff had on their units/areas of practice.

The six educator competencies (see **Appendix C:** Competency Framework) and their corresponding indicators, were used to evaluate whether participants became more proficient in developing and facilitating effective education. Two surveys incorporated the educator competencies:

1. A survey that participants completed immediately following each level of the Pathway (*End-of-Level Feedback Questionnaire*).
2. A survey completed by Level 1 Advanced, Level 2, and Level 3 participants six months after completing the Pathway (*Six-Months Post-Program Participant Survey*). Level 4 (master's degree program) participants completed this survey upon completion of their two-year program.

Increased proficiency in six core educator competencies

Immediately following Level 1 Advanced, Level 2, and Level 3 of the Pathway, participants completed the *End-of-Level Feedback Questionnaire,* rating their pre- and post-program proficiency in six competencies related to developing and facilitating education. Participants reported a significant increase (typically, one full scale interval; *p*-value < 0.001) in proficiency for all six core competencies (see **Figure 9**). These results indicate that nurses who participated in the Educator Pathway program increased their ability to develop and facilitate effective education.

Figure 9: Pre- and Post-Program Proficiency in Core Educator Competencies

All pre-post mean differences (p<0.001)　　N=260 (Levels 1 Adv., 2 & 3)　　68% Response rate
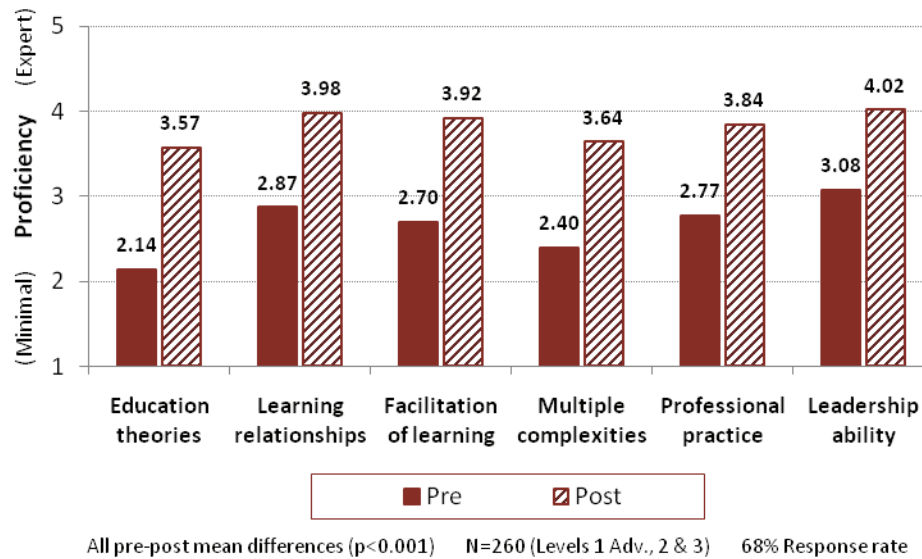
Effectiveness of the Educator Pathway curriculum

At six months post completion of each level, participants were asked to rate how effective the curriculum was in helping them gain proficiency in the educator competencies. The median effectiveness rating for Levels 2, 3, and 4 was 'Very effective', and for Level 1 Advanced it was 'Moderately effective' (see **Figure 10**).

Figure 10: Curriculum Effectiveness Ratings

The overall response rate (averaged over all four levels) = 51% (97/190)

Curriculum Effectiveness Scale
4=Very effective　**3**= Moderately effective　**2**=Barely effective　**1**=Not effective
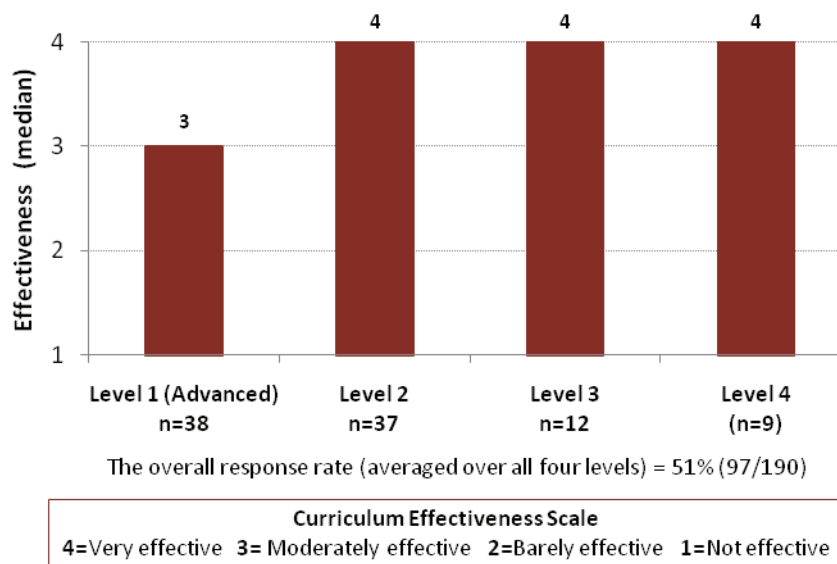
Workplace application of core educator competencies

At six months post completion of each level (or immediately upon completion of the Level 4 master's degree program) participants were asked to provide illustrative examples of how they had achieved each of the six competencies targeted by the curriculum.

In addition to obtaining participants' perspectives, managers of participants were interviewed approximately six months following the participants' completion of the Pathway. Manager interviewees were asked how their unit/area of practice was impacted by their nurse's involvement in the Pathway, particularly with respect to changes in the learning environment.

Taken together, the participant and manager illustrative examples substantiate participants' self-rated increase in proficiency on the core competencies. These results indicate that the Pathway was successful in increasing educators' competencies to develop and facilitate effective education at each of the levels targeted by the Educator Pathway curricula.

Samples of participant and manager illustrative examples are presented below for each of the six competencies.

Competency #1: Demonstrates engagement with education theories

Pathway participants pragmatically focused on applying their new educational knowledge with learner-centered strategies and skills, aimed at facilitating brainstorming, group problem solving, and group participation. Their managers evaluated changes in the participants themselves, such as increased organization and confidence, as they modeled leadership behaviours in facilitating critical thinking and decision making with staff groups. They observed participants planning, developing objectives, analysing, prioritising, and evaluating their educational sessions.

Competency #1
Manager Example - Level 2

I now see the light going on – it's as if they're thinking, "Now I know why I'm doing this". It expands their educational strategies and skills but also validates what they're doing. They are all stronger with educational strategies. They used to come to me for advice about problems they were having and now they come with strategies to address the problems and just ask me what I think about these.

Competency #2: Fosters effective teaching and learning relationships

The learner-centered approach came through clearly as participants described fostering learning relationships through questions and principles that prompted learners to develop their own knowledge base and, in turn, their confidence. For example, a participant noted extending learning opportunities beyond the end of a workshop by giving out her contact information and following up on learners' questions. In another example, a manager described one participant as being more approachable and collaborative than previously. Level 4 participants applied understanding of cultural diversity in education to the context of the Canadian population accessing health services and mentored others to take a leadership role.

Competency #3: Facilitates learning and creates effective learning environments

In creating effective learning environments, participants focused on the learners whereas managers described teaching strategies initiated by the Pathway participants. Finding ways to personally support and advocate for students, nurses (e.g., new graduates and internationally educated nurses), and preceptors was important in fostering their increased *competence*[*].

Strategies observed by managers included (a) regular education sessions, such as clinical rounds and medication safety huddles, (b) reviewing with new hires their case study assignments, and (c) having short, on the spot, inservices. These formal and informal sessions create a culture of safety for asking questions and stimulating discussion.

Competency #2
Participant Example – Level 3

I have designed and distributed a [practice] competency checklist for the staff to complete and return to the educator at our unit. It is my intention to review these documents and identify knowledge gaps and teaching opportunities for the staff at my unit. The 'record' will allow staff to have a current record of the knowledge/skills and competencies they hold assisting them to plan for ongoing development in their own practice.

Competency #3
Participant Example – Level 2

I am placed in an area where I am available to all staff all the time for them to seek support with practice issues. I am open to queries from all disciplines. I work on a daily basis to have a meaningful conversation with at least one colleague about practice issues and find ways to support learning at every opportunity that presents itself.

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[*] Key terms used in this report are defined in the Glossary of Terms found at the end of the document before the Appendices. The first instance of each term is identified in italics with an asterisk (*term*[*]).

Competency #4: Manages multiple complexities related to learning

Participants demonstrated the ability to interact with multiple stakeholders, multiple disciplines and multiple sectors at an institutional level and regional level when planning and implementing education plans and programs. Level 3 participants also recognized shifts in power factors, engaged community partners, and turned challenges into learning opportunities.

Competency #5: Advances nursing professional practice

Educator Pathway participants demonstrated the ability to synthesize current literature and research with their practice experience. Nurse participants learned how to use best practice evidence and research to promote professional practice. Participants collaborated with physicians, nurses, and researchers to develop evidence-based materials for organizational and provincial use. Level 3 participants also addressed the rationales for changes in practice.

Competency #6: Demonstrates leadership skills

Educator Pathway participants advocated for change and innovation to enhance practice environments and promote high quality, safe care delivery. Participants also facilitated *interprofessional teamwork*[*] within their health care settings. Level 3 participants provided leadership across the care continuum, advocating for education, and leading groups.

Competency #4
Manager Example – Level 3

Initiative to work collaboratively; did research project in the recovery setting; because research involved intra-op and post-op setting; she took initiative to work with the CNE in the recovery room.

Competency #5
Participant Example – Level 2

One of my roles is developing/translating clinical practice guidelines for RNs that have been created provincially using evidence-based materials. The purpose of creating these materials is to promote 'best practice' standards.

Competency #6
Manager Example - Level 2

The entire leadership team has benefited because [Participant] brings ideas back to the team to help them all prioritize how they are going to proceed. The team discussion is fuller. This experience has contributed to the development of a highly functional leadership team.

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[*] Key terms used in this report are defined in the Glossary of Terms found at the end of the document before the Appendices. The first instance of each term is identified in italics with an asterisk (*term*[*]).

Summary of Goal #2 Evaluation Findings

- Participants in the Educator Pathway significantly improved their education competencies

- The Educator Pathway curriculum was rated by participants as being effective in improving their education competencies

- Participants provided concrete examples of how they applied the competencies in their areas of practice

- Managers reported observing appreciable impacts on their units/areas of practice that were due to staff participation in the Educator Pathway

Project Goal #3: Increase capacity to support learners (pre- and post-licensure)

Achievement of this goal was evaluated in two ways:

1. The number of participants who completed each level of the Pathway was tracked throughout the entire project.

2. Participants responded to the *Capacity to Support Learning Survey* toward the end of the pilot project (January 2010) to gather data pertaining to the impact of participation of the Pathway on their ability to support learners.

Definition of 'Capacity to Support Learning'

Based on an adapted definition from Gunderson and Holling (2001), the project team defined *capacity* as the educators' ability to effectively support learning in a fast-paced, ever-changing health care environment. The educator is flexible, nimble, and adaptable and has the tools required to support learning in formal and informal ways.

Pathway Participation

Targets for participant enrolment at each level of the Educator Pathway were forecasted in the initial proposal. During the project, some enrolment targets were changed to accommodate increased demand for Level 2 of the Educator Pathway. Participants entered each level of the Pathway by completing a competency self-assessment, and were required to satisfy predetermined selections criteria to ensure that they were appropriate candidates for the level to which they applied.

Table 13 illustrates participation to date for each Pathway level. Targets for participation in the Pathway are expected to be surpassed by project end of March 31, 2010.

Table 13: Participation in the Educator Pathway Program (as of January 31, 2010)

Level	Target Number	Total (Actual)
1 Foundational Preceptorship/Mentorship	600	637
1 Advanced Preceptorship/Mentorship	198	187
Legacy Mentor Project	30	29
2 Education Theory and Practice – Unit/Program Level	120	162
3 Education Theory and Practice – applied across programs, sites and health service delivery areas	60	64
4 MSN-Education focus (UVic, UBC)	40	34
TOTAL	**1,048**	**1,113**

In the course of three years, more than 1,100 nurses have completed a comprehensive, competencies-based program that has provided them with the tools needed to support learners at various levels and within a range of contexts. This amounts to a significant increase in organizational capacity to support learners and future educators.

Nurse Educator Positions

Figure 11 illustrates the number of nurse educator positions within VCH and FH over the three-year duration of the project. There were numerous contributing factors that influenced the hiring of nurse educators in each health authority; however, the trend is one of increased numbers.

Figure 11: Clinical Educator Positions by Project Year
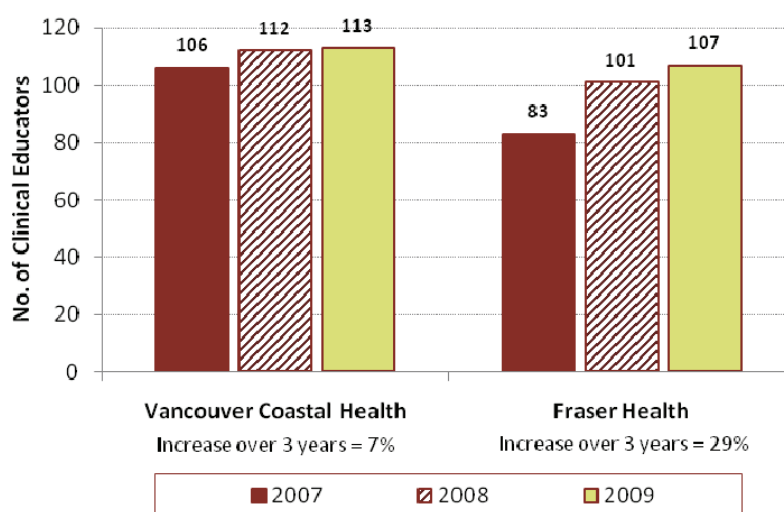
Participants' increased interest in nursing education

Approximately 74% (range 50% to 87%) of Pathway participants indicated that they were more interested in pursuing education roles as a career choice as a result of the Pathway program (see **Figure 12**). This finding indicates an increased capacity of the organization in terms of individuals prepared and interested in pursuing education roles, whether they are located in the practice or academic sectors.

Figure 12: Increased Interest in Nursing Education

"Has participation increased your interest in pursuing a career in nursing education?"
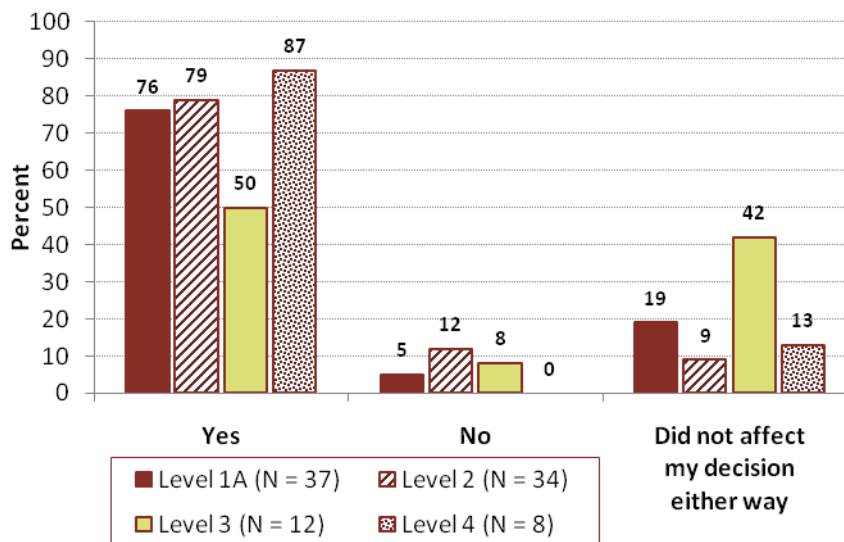
Increased capacity to support learners

All Educator Pathway participants who completed a level of the program before September 31, 2009 were invited to complete the *Capacity to Support Learning Survey* that focused on the number and types of learners they supported before and after participation in the Pathway. The response rate for this survey was 31% (269/864).

Participants indicated the number of nursing students or new nursing staff that they supported per year before taking part in the Educator Pathway and at the time of the survey. Statistically significant increases in the number of new nurses supported were evident in Level 1 Advanced, Level 2, and Level 3 respondents (one tailed *p*-values < 0.05).

The results supported the expectation that the largest increase in students/new nurses supported would be seen in participants from Level 1-Advanced and Level 2. The most common (mode) increase reported by Level 1-Advanced participants was from between one and two learners before participating in the Educator Pathway, to three and five learners at the time of completing the survey. The most common (mode) increase reported by Level 2 participants was from between three and five learners to twelve or more learners. On average, Level 3 and Level

4 participants indicated that they supported a large number (i.e., twelve or more) of students or new nurses before and after taking part in the Educator Pathway.

Participants were asked to comment on the impact the Pathway program had on their ability to support learners in the work setting. The following are sample responses:

> *"Completing Level 4 of the Educator Pathway has been transformational. Not only has my sphere of influence changed but my ability to use my knowledge to support learners has increased."* ~Participant

> *"The Educator Pathway increased my knowledge base and helped me develop the skills to apply education theory to my educator practice. I am more confident and competent in supporting learners in my work setting, which has increased my job satisfaction as well."* ~Participant

Achievement of the goal of increasing nurses' capacity to support learning was evidenced by participants' reports of the numbers of learners they supported before compared to after taking part in the Pathway, and by the successful completion of the program by a contingent of over 1,100 nurses.

Summary of Goal #3 Evaluation Findings

- The Educator Pathway has increased the capacity for frontline educational support in two health authorities, with over 1,100 nurses completing a program that equipped them with the tools to effectively support learners (pre- and post-licensure).

- The majority of participants surveyed reported that they were more interested in pursuing careers in nursing education as a result of taking part in the Educator Pathway.

- In a program-wide *Capacity to Support Learning Survey*, participants reported that they were better able to support learners due to the Educator Pathway.

Legacy Mentor Project Evaluation

The Legacy Mentor project involved a cohort of 29 frontline nurse participants over the age of 55 along with their unit managers and their supporters. The Legacy Mentor project was evaluated by surveying participants and their supporters (managers and clinical educators), and conducting participant focus groups at the conclusion of the project. The focus of the evaluation was on the impact of the participants' projects on their units/areas of practice and the experience of the Legacy Mentors themselves. Legacy mentor participants and their supporters reported positive impacts, some of which are listed below. Refer to **Appendix E:** Legacy Mentor Projects for a complete list of projects.

Impact on staff:
- Reduced workload,

- Shared knowledge/skills resulted in improved clinical decision-making,

- Raised profile of mentorship,

- Availability of tools and resources,

- Increased awareness of learning needs of new graduates.

Impact on nursing profession:

- Supported and encouraged evidence-based practice,

- Added grace and respect to retirement,

- Better prepared new graduates,

- Facilitated capture and transfer of knowledge,

- Supported mentorship as a core nursing value and activity,

- Increased appreciation for vast knowledge of experienced nurses.

Emerging impacts:

- Increased knowledge and confidence is expected to lead to improved decision-making,

- New hires 'off and running' sooner will result in more effective service,

- Patient care delivered in a more timely manner is anticipated to result in reduced wait times,

- Increased patient resources can lead to better informed patients and families.

Conclusions

Impact on Pathway Participants

Participants in the Pathway program included frontline staff nurses who were preceptors/mentors for students and new staff, as well as nurse educators, nurse clinicians and care coordinators. The following are conclusions about the impact of the Pathway program on participants.

- The curriculum for the Educator Pathway workshops was effective in assisting the participants to gain proficiency in the six core educator competencies (see **Table 14** for details).

- Participation in the Pathway increased the participants' ability to support more learners in the workplace.

- Participation in the Pathway increased the educator competencies and confidence in facilitating education in the practice setting.

Table 14: Conclusions Related to Each Core Competency

Competency	Conclusions
1. Demonstrates engagement with education theories	▪ Increased confidence, modeled leadership behaviours, facilitated critical thinking and decision making with staff ▪ Able to plan, analyze and evaluate their education sessions
2. Fosters effective teaching and learning relationships	▪ Fostered learning relationships that prompted learners to develop their own knowledge base and, in turn, their confidence
3. Facilitates learning and creates effective learning environments	▪ Supported and advocated for students, nurses, (Level 1 A) ▪ Increased capacity to support their preceptees ▪ Increased visibility and use of various strategies to meet the needs of learners such as clinical rounds, huddles, and inservices used to stimulate discussion
4. Manages multiple complexities related to learning	▪ Increased engagement of stakeholders, even beyond their disciplines and programs
5. Advances nursing professional practice	▪ Learned how to use best practice evidence and research to promote professional practice
6. Demonstrates leadership skills	▪ Advocated for change and innovation to enhance practice environments and promote high quality, safe care delivery ▪ Facilitated interprofessional teamwork within their health care settings

The Legacy Mentor project:

- captured the essence of excellent nursing practice as articulated by these seasoned nurses, and reminded everyone about why they became nurses and why they continue to practice the profession of nursing (see quotes),

- influenced several nurses' career plans.

    Link to the Legacy Mentor Video:
    http://www.workingtv.com/legacymentor.html

"We begin thinking maybe we should leave (retire) but then realize how much knowledge we have and that it's not time to go"

"October 1, 2009 was to be my retirement day, and I am still here! Forget about retirement, I'd like to keep teaching…"

"I'm getting close to retirement and am still ambivalent about when I leave. I think the project made me decide to stick around longer because the project was so enjoyable"

Human Resource Development

Preparing educators to be more effective in the practice setting ensures responsiveness to the needs of evolving practice environments, more effective coordination and implementation of practice change, and more support for restructuring initiatives such as skill mix redesign. In addition, developing practice resources for all health care professions through collaboration among senior nurses, clinical staff, educators and managers is a continued investment in senior nurses' transfer of knowledge. This strategy formalizes an approach for experienced nurses to engage in relevant practice projects. Providing backfill funding to replace employees attending workshops allows managers to support these types of opportunities for their staff.

Collaboration

Developing, encouraging and fostering collaborative partnerships are essential to facilitate initiatives that enhance education pre- and post-licensure, such as facilitating the movement of educators across practice and academic sectors. Creating incentives for collaboration between the health authorities, the union, and academic institutions was an effective strategy to maintain engagement and commitment to the project. Another important factor is that initiatives are co-created based on the relevance, common goals, objectives, and opportunities of the partner organizations. The partners are accountable to achieve identified deliverables, evaluate them, and report on a budget. These principles are imperative for education, practice and union sectors as they seek funding opportunities for education research.

Lessons Learned about the Partnership

The outcomes of this project can be attributed in a large part to successful collaboration among practice, union, and academic partners who early in the project shared common goals and objectives, established principles of collaboration, and established an infrastructure of working committees that engaged partner representatives in achieving the goals and objectives of the project. Agreement was achieved on authorship guidelines for public presentations and publications, assignment of authorship on publications, processes for conflict resolution and graduate student involvement. Transparency was also facilitated by a shared electronic network where all project documents and schedules could be posted. Partners provided significant in-kind contributions to achieve project outcomes.

Perhaps the most significant aspect of the Educator Pathway project was the collaborative partnership approach that guided it. Tools developed, such as the *Guiding Principles* and *Authorship Guidelines*, were established early on in the process, and discussed and referred to often, particularly if tensions arose. It was recognized that a proactive approach to identify partner interests and some of the potential tensions that could arise, should be discussed openly and early in the process so that mitigating strategies could be identified. Within Steering and Working Committees meetings, a meeting debrief was always conducted to identify successes of the collaborative process as well as opportunities for improvement. Efforts were made by all partners to meet face to face whenever possible to facilitate communication and relationship building. The majority of partners were involved with the project over the entire three years, and some for years before the funding was announced. This long-term commitment and relationship was essential to building trust and a highly effective team. In addition, all committees met on a regular basis and meeting attendance was consistent. This led to successful implementation of the project deliverables, but also a level of quality informed by in-depth discussions about the philosophy and evidence guiding the development, implementation, and evaluation of the project.

Lessons Learned about Communication

Communication with stakeholders, participants and potential participants across multiple health authorities, sectors, and across provincial and national audiences was essential and required a **strategic plan**. Communicating with a large target population across diverse geographical areas was an ongoing challenge. Internal strategies included presenting frequently to directors, managers and educators, maintaining current websites with project information and ensuring accessibility to address questions.

External communications strategies included interest group presentations, conference presentations, and publications. A principle of the partnership was to keep all partners informed of presentations to external partners, and to include all partners in the development of presentations. This strategy was effective for engaging a larger audience through increased opportunities to present, and for broadening the scope of the presentation to address the interests of academic or union audiences as appropriate.

Program Evaluation

The size and complexity of the Educator Pathway project made it a challenge to evaluate. Developing an evaluation logic model at the beginning of the project helped the team keep on track with respect to evaluating the project goals and achieving the project **deliverables**. The evaluation logic model also enabled the team to accomplish a wide ranging evaluation with relatively few resources.

Funding Support

Providing backfill funding so that managers **could release their staff to participate** in the Educator Pathway without incurring any additional costs was seen as a key success in achieving and surpassing the ambitious target participant numbers for the project.

Project Outcomes

The Educator Pathway project:

- Met the increased demand for comprehensive training, and continues to provide infrastructure to support nurses hired into educator positions in the practice setting

- Resulted in a significant increase in the retention of nurses who participated in the Pathway (the majority of nurses now intend to remain within the health authority)

- Shifted education back into the practice setting; responsive to the needs of evolving practice (health care) environments

- Increased the productivity of educators to support lager groups of learners

- Is continuing to be jointly offered by VCH and FH to nurses and allied health disciplines

- Provided a foundation for educational leaders to problem solve, plan, and implement innovative projects that increase capacity within health care organizations

- Proved to be a professional development model for investment in the skills development of preceptors and educators, which included level-specific competency self-assessment tools and a fully developed curriculum

- Demonstrated that providing backfill funding for skills development of those in frontline positions and educator roles is a successful model as evidenced by exceeding target participation levels

- Increased the investment in educator positions over the three years of the project. The project stimulated the health authorities to further invest in educator roles

- Demonstrated that experienced senior nurses with a passion for their profession and patient care, and who are supported by their unit managers, can make outstanding contributions to their own work settings through transfer of knowledge

- Increased the capacity of the health authorities to support students' new learning, and continuous professional development in the workplace

Impact for Academic Partners

The UBC and UVic schools of nursing reported numerous benefits of participating in the Educator Pathway, including the strengthened relationship with the two health authorities, which will endure beyond completion of the project. Ongoing BC Ministry of Advanced Education and Labour Market Development funding for 20 MSN/MN seats at each university, initially targeted for VCH and FH nurses, now provides expanded access to graduate education for nurses in BC and across Canada. The project increased the capacity of both university programs to meet the unique educational needs of master's-level students, whose graduating essays or projects will have direct and indirect application to their work settings, ultimately advancing nursing professional practice. Collegial relationships between faculty members at the two schools of nursing and with practice partners at VCH and FH developed throughout the collaborative partnership, provided opportunities to co-present at nursing and related professional conferences and to develop manuscripts for publication. These working relationships with Educator Pathway partners are expected to continue, broadening opportunities for future research affiliations.

At the University of Victoria, previous planning to develop a nursing education master's program became a reality in 2007 through this Educator Pathway project when the BC Ministry of Advanced Education and Labour Market Development decided to fund additional master's level seats in support of this project. The University of Victoria School of Nursing implemented a nurse educator (NUED) stream in the distance MN program, consisting of 18 units (equivalent to 36 credits) of study. Six new graduate courses were developed, based on the Level 4 competencies developed for the Pathway curriculum, as well as a one-week onsite orientation program that students complete prior to commencing the ten 1.5-unit distance courses and a three-unit final project. In the second year of the Pathway, admission to the NUED program was expanded to nurses outside the Educator Pathway and from other health authorities, and prompted the additional choice between completing the project or a thesis. Implementing the project necessitated the creation of new administrative structures, including a NUED faculty committee and coordinator for the NUED stream, and allowed the School of Nursing to increase its tenure-track faculty complement by two permanent positions. These additional faculty, and two new adjunct faculty members, one each from VCH and FH, expanded the teaching resources for both graduate and undergraduate programs. Finally, the school reviewed the curriculum for Level 2 of the Pathway, approving it for non-university transfer credit in the Distance *Post RN Diploma BSN Program*, thus registered nurses in the UVic Post RN program can receive credit for a nursing elective if they have completed Level 2. As the BSN program allows for two nursing elective courses, Level 3 of the program is currently undergoing review with the expectation of approval as well. This could result in increased enrolment of registered nurses from these two health authorities in the UVic baccalaureate program.

UBC enhanced the education focus of its MSN program – adding a revitalized curriculum development course to the existing two education-focused courses for Pathway students and all other MSN students. With the beginning of the Educator Pathway program, course schedules were adjusted to accommodate students starting in both the September and January terms, and faculty workload required some adjustment to accommodate timely offering of all courses for full-time Pathway students. In addition, the strong relationships established among Pathway partners have provided the opportunity to expand the establishment of Practice Academic Collaboratives (PAC), with clinical practice sites.

Educator Pathway Program Policy/Practice Implications for BC Nurses' Union (on behalf of the Nurses' Bargaining Association)

Leadership at BCNU had identified the need for developing a learning environment within the organization prior to the Educator Pathway program. Seeds were sown, for example, through participation in the Harvard Labour School, so when the suggestion of collaborating on the Education Pathway for nurses was presented to the union, it was quickly embraced. It was also in alignment with BCNU action on advancing learning, which has seen the creation of a Labour Relations Certificate program developed jointly with Capilano University as well as the sponsorship of up to ten BCNU members and staff to enrol in the online Master of Business Administration Program at UBC.

Perhaps the most tangible outcome has been the very positive working relationship that developed throughout the Educator Pathway partnership. BCNU is now more open to entering into projects with employers and governments, resulting from the union being treated as an equal partner in the project. This collaborative approach was applied in all project working committees and activities, including co-presenting at international conferences and co-authoring articles for publication. The following are two tangible examples of developing new relationships:

- at a union organized nursing week conference, a representative from a health authority as well as a university partner were invited to present along with union members involved in the Pathway, and
- health authority (non-union) staff were invited to facilitate a workshop on mentoring skills at a BCNU Leadership Conference taking place March 2010. In short, the Educator Pathway project exemplified best practices for collaborative projects.

The Pathway success also encouraged BCNU to participate in more collaborative projects such as:

- the Public Health Nurse Competency project with the Public Health Agency of Canada, FH and BC Ministry of Healthy Living and Sport, and
- the 80:20 Project with the Office of Nursing Policy (Health Canada), Canadian Federation of Nurses Unions, Thompson Rivers University and the Interior Health Authority.

Next Steps for Sustainability

- Expand to include allied health professions who have education as a component of their role and link to the Career Laddering and Succession Planning professional development plan for allied health in VCH and FH.
- Offer Level 2 of the Pathway to all new clinical educators upon hire into their positions at VCH and FH.
- Complete six months post program completion evaluation for those participants who completed the program between September 2009 and March 2010.
- Publish articles relating to the Educator Pathway competencies, curriculum, Legacy Mentor Model and evaluation outcomes in peer reviewed journals.
- Conduct a Provincial Educator Pathway Institute in October 2010 to disseminate, translate and transfer the educator pathway conceptual framework, competencies, curriculum and evaluation tool to all BC Health Authorities.
- Validate the educator competencies for the 4 Levels with experts from across Canada using educational research methods to determine applicability to a variety of practice education settings.
- Explore process for pursuing Canadian Nurses Association specialty certification for service and academic educators.
- Explore how the Legacy Mentor concept, as a model of engagement of point-of-care leaders and nurses, can be applied to other professional development opportunities.

Glossary of Terms

Adjunct – a part-time appointment for a defined term that is granted to individuals who practice their profession with distinction or who have skills of value to the academic institution. The appointment may be salaried or not (University of British Columbia, 2005).

Affiliate – see adjunct

Associate – a role where a faculty member within the academic sector contributes skills of value to the services sector, similar to the role of adjunct.

Backfill – funding provided to units to cover costs of replacement of staff released to attend education sessions.

Capacity – the educators' ability to effectively support learning in a fast-paced ever changing health care environment. The educator is flexible, nimble, and adaptable and has the tools required to support learning in formal and informal ways. This definition is adapted from Gunderson and Holling (2001) who refer to adaptive capacity in the context of human social systems. The authors define capacity as "the ability of institutions and networks to learn and store knowledge and experience, creative flexibility in decision making and problem solving and the existence of power structures that are responsive and consider the needs of all stakeholders". (Adapted by Educator Pathway Project from Gunderson and Holling, 2001).

Competence – encompasses the essential knowledge, skills and abilities needed to perform a specific task at the expected level and degree of quality (College of Registered Nurses of British Columbia, 2010).

Competencies – behaviour statements that reflect the integrated knowledge, abilities, skills, attitudes and judgment required to perform a

particular role (College of Registered Nurses of British Columbia, 2010).

Curriculum – the formal plan of study (or set of courses) that provides the philosophical underpinnings, goals, and guidelines for the delivery of a specific educational program (Keating, 2006, p. 420). It can also be described as a program of planned, unplanned, technical and practical ranges of experiences, and includes the interactions between and among teachers and students for learning to take place. (Adapted by Educator Pathway Project from Keating, 2006).

Curriculum development – a process of designing curriculum that will meet educational and professional standards and is responsive to current and future demands of both the educational and health care systems (Keating, 2006, p. 160); an iterative process in which each decision influences concurrent choices based on ongoing communication among groups working on different aspects. (Adapted by Educator Pathway Project from Keating, 2006).

HSP*net* – a comprehensive, web-enabled Practice Education Management system for the health sciences, addressing challenges of discipline-specific and interprofessional student placement (HSP*net* Canada, 2010).

Interprofessional teamwork – "occurs when health care providers work with people outside of their profession [to] seek common goals and…address any problems that arise" (The Canadian Institute for Health Information, 2010).

Instructional design – is the practice of arranging instructional/learning activities to help learners and teachers transfer knowledge most effectively. The process consists broadly of determining the current state of learner understanding, defining the end goal of

instruction, and creating some specific learning strategies to assist in the transition (Dabbagh, 2010; Young & Patterson, 2007).

Joint appointment – "a position where an appointee holds roles and responsibilities in two institutions and either salaries are shared or services are traded between the two institutions through a contractual agreement" (Greenlaw & Thorne, 2006, p.9).

Learning environment – an environment in which all persons are valued and respected, and contribute to the learning of all others in the environment. A learning environment is safe, respectful, inclusive and positive, and contributes to maximizing the learning of each individual while enhancing the learning of all individuals collaboratively (Palloff & Pratt, 1999).

Mentor – an experienced clinician who is either formally assigned or informally selected to act as a counsellor, advocate and teacher for a new employee or student. A formal relationship maybe time-limited, while the time frame for informal mentoring relationships is mutually defined (Keating, 2006, p. 334). Considered synonymous with 'preceptor' for the purposes of the Pathway project.

Philosophy – the critical examination of the grounds for fundamental beliefs and an analysis of the basic concepts employed in the expression of such beliefs (Keating, 2006, p. 422); includes beliefs about nursing practice and educational processes.

Preceptor – a clinician assigned to a new employee or student who provides knowledge regarding nursing science, clinical skills, agency policies and procedures, and professional behaviours for the employee or student in the provision of nursing care for a specified period of time (Keating, 2006, p. 422). Considered synonymous with 'mentor' for the purposes of the Pathway project.

Pre-licensure – refers to student nurses before they are registered to practice (usually in the context of education).

Post-licensure – refers to registered nurses (usually in the context of education).

List of Acronyms

ACI	Adjunct Clinical Instructor
BC	British Columbia
BCNU	British Columbia Nurses' Union
BSN	Bachelor of Science in Nursing
CAEN	Collaboration for Academic Education in Nursing
CASN	Canadian Association of Schools of Nursing
CNE	Clinical Nurse Educator
FH	Fraser Health Authority
HEABC	Health Employers Association of BC
HRSDC	Human Resources and Skills Development Canada
HSA	Health Sciences Association
HSPnet	Health Sciences Placement Network (initiative of the BC Academic Health Council)
MN	Master of Nursing
MOHS	Ministry of Health Services
MSN	Master of Science in Nursing
NBA	Nurses' Bargaining Association
NETNEP	Nurse Education Today, Nurse Education in Practice
NUED	Nurse Educator (used by University of Victoria's distance nursing program)
PAC	Practice Academic Collaboratives
PI	Principal Investigator
RN	Registered Nurse
RPN	Registered Psychiatric Nurse
UBC	University of British Columbia School of Nursing
UVic	University of Victoria School of Nursing
UPN	Union of Psychiatric Nurses
VCH	Vancouver Coastal Health Authority
WRCASN	Western Region Canadian Association of Schools of Nursing

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Appendices

Appendix A: **Summary of Factors that Facilitate a Successful Collaborative Initiative**

Appendix B: **Authorship Guidelines**

Appendix C: **Competency Framework**

Appendix D: **Curriculum Framework**

Appendix E: **Legacy Mentor Projects**

Appendix F: **Educator Pathway Communications Report**

Appendix G: **Summary of Literature Review**

Appendix A: Summary of Factors that Facilitate a Successful Collaborative Initiative

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The School of Nursing at University of Victoria has many years of experience developing and working within educational collaborations. In the early years of the collaboration (late 1980s, early 1990s), the purpose of the collaboration was to promote access to BSN education. Three regional Colleges (Malaspina, Cariboo and Okanagan) had been identified as candidates for transformation into University Colleges – and through that process, eligible to offer undergraduate degrees. The 'local' partners, University of Victoria and Camosun College agreed to establish a strong 'transfer' relationship because there was no interest on the part of the provincial government to transform Camosun College into a University College.

The University of Victoria School of Nursing provided academic oversight to the three programs as they made the transition from Community Colleges to University Colleges. The partnership was based on collaborative and collegial work engaged in by representatives from all five of the original partners (UVic, Camosun, Malaspina, Cariboo and Okanagan) who developed a curriculum of studies for students seeking baccalaureate education in Nursing.

Between 1992 and 1994, five more Colleges requested 'membership' in the collaborative partnership: North Island, Langara, Selkirk, Douglas and Kwantlen. Again, the primary purpose for developing these partnerships was to provide access to BSN education for nursing students. The partnership operated well for many years, but experienced significant challenges when, in 2003 the provincial government announced its intention to create a policy framework that would support the award of Applied Degrees by Community Colleges. Two of the partners (Douglas College & Langara College) announced their intention to offer such degrees against the advice of the majority of the partners. Ultimately, the partnership ended over this question – although seven schools of the original group quickly re-formed as the Collaboration for Academic Education in Nursing (CAEN).

Much was learned about collaborative partnerships through this process. I have summarized the key learnings below:

Advantages related to Collaboration

1. **Efficient use of resources:** We would not have been able to develop our curriculum as quickly as we did, nor test its strengths and weaknesses as thoroughly and quickly as we were able, were it not for the partnership. In the early 2000s, this partnership educated over 70% of the new graduate nurses in the province.

2. **Mentorship of new faculty:** Mentorship of new faculty could be shared among all partners. This was particularly helpful for small colleges where a faculty member might be the only one teaching in a particular area. At annual conferences, those faculty members could share their teaching experiences with others from partner sites who also taught in the same area.

3. **Development of expertise in the Scholarship of Teaching:** Teaching expertise was shared regularly among partners who met two or three times a year at Collaborative Curriculum meetings. All faculty members had the opportunity, at least once each year, to share scholarship in relation to teaching at annual conferences.

Challenges related to Collaboration

1. **Different institutional cultures:** The different historical purposes of Colleges and Universities were rarely discussed in a transparent manner – leading to frequent disagreements when discussion would turn to the meaning of 'academic standards'. While Universities maintain standards related to the strength of research traditions that build in particular Schools or Departments and then seek to integrate the research mandate with the teaching mandate, Colleges often see their purpose as providing 'access to opportunities' for members of the local community. Entry processes are based on these different purposes – and cause conflict when expectations of students and/or graduates are not perceived as having been met by other partners.

2. **Different institutional priorities:** Universities take great pride in operating at 'arms length' from the provincial government and its demands for accountability. By contrast, our College partners expressed concern about this approach. Legislation governing Colleges creates a much closer reporting relationship than was usually acceptable to Universities. While we could often achieve consensus around our own 'Nursing' tables, trouble would most frequently arise when Program Heads had to report to their Deans or Presidents in relation to priorities that were set and adhered to by the President.

3. **Different institutional goals:** When the Applied Degree opportunity became possible, this fit nicely with institutional goals set by some of the Community Colleges. They saw the outcome of the collaborative work – a nursing curriculum – as belonging to them and thus available for their use within the context of delivering an Applied Degree in Nursing. Of course, the University partner, especially, resisted these goals promoted by College Presidents. The Universities have viewed the development of the Applied Degree as almost universally negative from the outset.

Strategies to Enable Collaboration

Based on our experience in our collaboration, we felt able to outline some strategies that would support collaborative arrangements:

1. **Clear legal agreements:** Funding and resource issues should be spelled out. Appointment issues should also be clearly set out including who has primary responsibility for evaluation of performance and how recognition of performance will occur.

2. **Clarity regarding mutual expectations:** Our educational partnership suffered from a lack of clarity that might best have been sought at the outset, as new partners joined. Of course, expectations change over time and so a regular review of expectations would be warranted to determine how shifting expectations might have an impact on the partnership.

3. **Clarity of government policy:** It is useful to know how the direction of government policy may impact your collaborative initiative. We believe that earlier intervention with policy makers may have highlighted how the introduction of Applied Degrees had an unintentional effect of introducing serious competition into a working context which to that point had been remarkably collegial.

4. **Evaluation and review processes:** Whenever an educational program is being offered 'across' institutional boundaries, it is essential to clarify how evaluation of educational outcomes will be assessed and whose responsibility it is to maintain and update educational materials.

5. **Transparency regarding plans and goals:** Although last on the list, this is perhaps the most important strategy of all. We determined that it is perhaps inevitable that there would be a 'cycle' to any collaboration and that as ours was severely challenged by the introduction of Applied Degrees, that may have presented us just exactly the opportunity that we could have been looking for to take the next step in our relationship – one that was much more autonomous. However, as a partnership we had ever only dealt with new partners joining – never with the possibility that a partner might leave, or be asked to leave the partnership. In retrospect, this would have been a very useful discussion to have had much earlier.

This summary is taken from:

Molzahn, A. & Purkis, M.E. (2004). Collaborative nursing education programs: Challenges and issues. *Canadian Journal of Nursing Leadership, 17*(4), 41-53.

Appendix B: Authorship Guidelines

The following policy statement has been developed to support the ongoing publication process overseen by the Authorship Guideline and Publication Coordination Subcommittee of the Educator Pathway project. Members of the Steering and Working Committees can refer to a password-protected web-based project site for articles concerning the ethics and politics of authorship, including authorship within the contexts of collaborative projects and graduate student supervision.

Recognizing that the Educator Pathway constitutes a complex partnership, with each committee member working within a unique organizational context and professional mandate, this document is intended to help guide decisions relating to the public representation of the Educator Pathway, including scholarly articles and conference presentations. It is acknowledged that issues of ownership, credit, and authority to speak on behalf of any collaborative project are highly sensitive, especially when there are important institutional and individual interests at stake. As well, assumptions as to accountability and ownership of ideas may be quite different within the distinct organizational cultures. The complexity of the Educator Pathway demands a high level of strategic oversight in order to preserve the integrity of the project as a whole and optimize the impact of its representation. By articulating the challenges inherent in determining authorship at the early stages of the publication phase of the project, we intend that potential problems will be averted and constructive dialogue will be facilitated.

Governance Context for the Educator Pathway Collaboration

The original Human Resources and Skills Development Canada (HRSDC) project proposal had three signatories, each in senior leadership positions within three of the original partners, Vancouver Coastal Health Authority (VCH), Fraser Health Authority (FH), and Nurses' Bargaining Association (NBA). Letters of support and commitment to in-kind contributions to the project were provided by BC's Ministry of Advanced Education and Labour Market Development, the University of British Columbia School of Nursing, and the University of Victoria School of Nursing. The Ministry of Health Services of BC also provided a letter of support for the project that accompanied the submission. Two of the original signatories remain with the project, from Vancouver Coastal Health and the Nurses' Bargaining Association (Pat Semeniuk and Patricia Wejr).

Although all partner organizations share responsibility for the integrity of the project, it is recognized that there is a special level of accountability held by the organizations (or their designated organizational representatives) that have signed the agreement with HRSDC. Among the signatory partners, Pat Semeniuk has continuously held the highest level of institutional accountability in that VCH has signed the contract with HRSDC and VCH has held responsibility for the oversight of project management, administration, and deliverables. Thus, while the ongoing decision making of the project will continue to function in the consensual and collaborative manner that has been enjoyed by all organizational partners and their individual representatives, the original applicants (or their senior representatives/delegates) are

designated in the HRSDC grant as Principal Investigators (PIs) for the Educator Pathway and are therefore responsible for making final decisions regarding such matters that may affect the project such as publications. These Principal Investigators maintain responsibility for matters relating to the ongoing conduct of the project, including ethics oversight and dissemination of findings. Should there be a need for an individual administrative decision on a matter such as authorship, it is agreed among the original signatories that Pat Semeniuk will hold that final decisional authority. This will ensure that, regardless of personnel or other changes over time, the project remains well positioned to meet its obligation to the funding agencies relative to reporting and disseminating findings, which is an obligation that extends well beyond the actual funding period ending March 2010.

General Process for Oversight Decisions

Proposing a New Publication or Presentation

It is understood that any committee member or any group of committee members involved in the Educator Pathway may submit a proposal for an article or presentation derived from[1] the Educator Pathway to the Authorship Guidelines and Publications Subcommittee. It will be the responsibility of the Committee to then inform the rest of the Educator Pathway committee membership of the proposal (via posting on the web-based project site in Publication Map and reporting to the Project Steering Committee). This process will enable all committee members to indicate their interest in taking part in developing the proposal toward a final product.

Public Presentations

- Although it is recognized that committee members may make casual reference to his or her organization's involvement in the project in various public contexts, and that the ideas of all participants will be naturally informed and enriched by their involvement, any formal presentation or publication with the potential to represent any aspect of this project in the public domain requires advanced approval from the Authorship Guidelines and Publication Coordination Subcommittee. This will help the Steering Committee ensure that strategic presentations are not inadvertently pre-empted by individual reports, and that strategically timed key messages from the project that may be vital to its continuing success are not compromised.

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[1] For the purposes of this agreement, material "derived from" or pertaining to the Educator Pathway specifically includes that which uses the project name(s), reference to the partner organizations, and/or the use of data generated by the project partners and/or on behalf of the project. It does not include original scholarship, including scholarship on topics pertaining to nursing education, developed by students whose graduate studies are supported by the project, unless their work explicitly involves material derived from the Educator Pathway. In keeping with accepted principles of scholarly integrity requiring appropriate referencing of original ideas, it is understood that the conceptualization (including design, implementation and evaluation) of the Educator Pathway is original scholarship by the partnership. Where the content and focus of scholarly work by students or others explicitly builds upon or addresses elements of that conceptualization, appropriate citation of original sources is required. Refer to the section on **Graduate Student Involvement** later in this document for more information.

- Abstracts for presentation at key conferences will normally be submitted to the Steering Committee prior to submission so that the collective remains in a position to decide on the key message to a particular audience at a particular time.

- Normally, conference presentations will reflect co-authorship by individuals representing multiple partner organizations. At the same time, it is understood that working groups are most functional with smaller numbers. Therefore it will not be expected that all partner organizations will have a representative on each authoring group.

- Although co-authorship is always encouraged, it is important that all submissions include an identified lead who will accept responsibility for attending the event and coordinating the presentation.

- Use of the logo of partner organizations in any visual representation (poster, slides) requires permission from that organization's senior representative on the project. Although this is implied in the context of presentations directly associated with the life of the funded project, it must be obtained directly from the organization for presentations pertaining to any subsequent activities.

Turning Presentations into Publications

- Because there is typically a significant delay between the submission of a conference abstract and the actual event, it is not uncommon that individuals named in the abstract have become less active and/or that additional individuals have taken on more of the work by the time the presentation actually occurs. In such instances, the originally named individuals will be listed as participating in the presentation, although additional names may be acknowledged as having also contributed. This avoids the possibility of inadvertently creating a message that the original co-authors to the submission have somehow failed in their responsibilities.

- Being named as a co-author on a conference presentation does not imply authorship on any subsequent paper. Rather, publication authorship will be determined according to the actual level of involvement as per below.

Assignment of Authorship on Publications

Once a manuscript is ready for submission, the group actively involved in its production will assign authorship according to the following generally accepted criteria established by the International Committee of Biomedical Journal Editors (refer to http://www.ICMJE.org for a full description):

- Authorship credit should be based on 1) substantial contributions to conception and design, or acquisition of data, or analysis and interpretation of data; 2) drafting the article or revising it critically for important intellectual content; and 3) final approval of the version to be published. *Authors should meet conditions 1, 2, and 3.*

- For a project in which a large, multi-center group has conducted the work, the group must identify a corresponding or 'lead' author who will hold responsibility for the submission and editorial process.

- All individuals named as authors must accept direct responsibility for the manuscript and fully meet the criteria for authorship defined above.

- All persons designated as authors should qualify for authorship, and all those who qualify should be listed.

- Each author should have participated sufficiently in the work to take public responsibility for appropriate portions of the content.

- Acquisition of funding, collection of data, or general supervision of the research group, alone, does not justify authorship.

- When submitting a group author manuscript, the corresponding author should clearly indicate the preferred citation order and should clearly identify all individual authors as well as the group name.

- Some journals will permit listing of other members of the group in the acknowledgements. Acknowledgements of individuals or organizations must be submitted only with permission.

Conflict Resolution

Although it is hoped that conflict resolution mechanisms will not be necessary in the spirit of cooperation and collaboration, it seems prudent to ensure that such a mechanism is in place. Awareness of the potential for conflict may be helpful in preventing it.

Although partner organizations can refuse permission to use their logo or acknowledge their involvement in any paper or presentation arising from the project, it is not intended that individual organizations or their representatives can veto the larger decisions of the group to showcase the project.

- Where the Publication Coordination Committee detects a potential conflict, it is encouraged to bring the matter to the Steering Committee, which includes representation from all partner organizations.

- Where consensus cannot be reached, the three original signatories (or their designated organizational representative) will attempt to reach a decision. Should that group not be able to come to agreement, the final decision will rest with Pat Semeniuk at VCH. In any instance in which conflict resolution is required, due diligence will reflect interests of all parties and those involved in the conflict can expect a response in writing.

Research and Evaluation

In keeping with its practical and academic intentions, the overall plan of the Educator Pathway does call for various research and evaluation elements both within and separate from the core funding. Thus, general guidelines as to the alignment between project decision making and research conduct are required.

- Core evaluation activities will be conducted within the context of designated committees and will provide regular process and outcome reports to the Steering Committee.

- Given that evaluation can be a sensitive issue affecting future developments toward the project goals, it is important that a climate of healthy critique and dialogue be sustained in relation to what works and what does not, as well as it's basis.

- Public reports of research and evaluation associated with the project must be coordinated with the Publication Coordination Committee and the Steering Committee in the manner of other presentations/publications and, where necessary, the project conflict resolution procedure will be followed.

- At the same time, it is also recognized that principal investigators are held to a high level of accountability by funding agencies to ensure that the project is conducted as proposed. Where a collaborative, such as the Educator Pathway, has signified sponsorship or cooperation as part of the proposal for such research, there is an implied obligation to ensure that the investigator can conduct the research as planned. It is recognized that there is potential for conflict between investigators and sponsoring organizations in such situations, and therefore a commitment is expected that any such conflict will a) be prevented through open dialogue and debate, and b) if unpreventable, will be handled through the internal conflict resolution process to the extent possible before seeking external representation.

Graduate Student Involvement

Since the project inherently supports the development of graduate studies, it is anticipated that there will be various levels of graduate student involvement, including the potential for course-related projects, practicum experiences and/or thesis research associated with the Educator Pathway.

- Universities uphold the right of all graduate students to engage in critical inquiry and to develop projects and inquiries that are driven to some extent by their evolving professional interests. In so doing, it is expected that students will require some level of freedom to do original scholarship, notwithstanding the expectation that they will be respectful of the integrity of the project.

- Faculty supervising graduate students whose research or project work pertains to the Educator Pathway must ensure that the Publication Coordination Committee is made aware of the focus and intent of the work. Such student projects must involve some level of engagement by faculty who have been actively involved in the project (if not as supervisors, then as committee members or consultants). This will ensure that such issues as access to data and reporting remain consistent with Educator Pathway policies.

- Students will have the right to express their own ideas in such scholarly work (under the normal guidance of supervisory committees). However, as would be the case for any graduate students conducting research under the auspices of a larger project or study for which another individual or group holds responsibility, they will not be entitled to assume the privilege of independent individual authorship of publications or presentations arising from their work. Permission to publish work pertaining to the Educator Pathway will rest with the Publications Coordination Committee in the normal manner. It is recommended that this be made clear to all students at the outset of their projects.

Project Timeframe

It is expected that the partnership will continue in some form after the conclusion of the funding period. Therefore, for the duration of the partnership, governance with respect to publication and presentation decisions will continue to reside within the partnership.

References

International Committee of Medical Journal Editors (n.d.). *Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publication*. Retrieved Dec. 8, 2008, from: http://www.ICMJE.org/#author

Authors
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Approved by
Educator Pathway Steering Committee, February 12, 2009. Revised April 20, 2009.

Appendix C: Competency Framework

The competencies in this document were developed collaboratively by a group consisting of representatives from each of the project partners – Fraser Health, Vancouver Coastal Health, University of Victoria, University of British Columbia and the Nurses' Bargaining Association.

There are six main competencies that reflect the development of education theories and practice competencies ranging from the role of a preceptor/mentor, supporter of learning in practice, to a role as an educator and then to a new cross sector role (only available to RNs at this time) as an educational leader with a master's degree in Nursing.

The indicators included for each competency represent examples of how the competency might be demonstrated and are not meant to represent a complete list of all possible indicators.

The competencies are meant to assist participants to reflect on their practice and help them determine where they might enter into the Pathway. The competencies reflect those expected of participants upon completion of each level of the Pathway and will help inform the curriculum development process.

Demonstration of these competencies will also be a part of the application and selection process through the provision of a competency-based self-assessment portfolio.

Level 1 Preceptor/Mentor Competencies

Note: These Level 1 competencies reflect what would be expected upon completion of the required workshops (foundational and advanced) and a number of clinical practice hours acting as a preceptor/mentor.

Context

Target audience is staff nurses acting as preceptors/mentors for students and new staff. Focus is on supporting learning one-to-one (or in small groups) in a fairly short term relationship. Learning is practice-based and usually takes place in the supporter's clinical area of practice.

Competency	Level 1 Description
1. Demonstrates engagement with education theories	▪ Bases teaching on education theories and evidenced-informed teaching practices ▪ Describes factors that motivate adults to participate and learn ▪ Explains how teaching and learning processes are linked ▪ Assesses learning needs and plans appropriate teaching and learning experiences in collaboration with the learner ▪ Recognizes diversity in learning styles and plans accordingly ▪ Develops clear learning goals with the learner ▪ Designs and implements a learning plan in collaboration with the learner ▪ Implements a variety of learner-focused teaching and learning strategies ▪ Fosters cognitive, psychomotor and affective knowledge development in the learner ▪ Adapts teaching strategies based on identified barriers to learning ▪ Contributes to the evaluation of the learner ▪ Demonstrates an awareness of the impact of one's own teaching perspective on the teaching and learning process ▪ Explains the concepts of preceptoring/mentoring in practice education ▪ Explains the collaborative nature of this role
2. Fosters effective teaching and learning relationships	▪ Reflects on the impact of one's own actions and decisions on others ▪ Provides constructive feedback ▪ Assists learner to give and receive peer feedback ▪ Respects the uniqueness of the learner ▪ Chooses teaching and learning strategies that enhance the learning relationship ▪ Demonstrates caring, confidence, patience, integrity and flexibility to model relational nursing practices ▪ Explains the factors influencing the teaching and learning relationship ▪ Plans day-to-day learning experiences with the learner
3. Facilitates learning and creates effective learning environments	▪ Identifies factors that contribute to effective learning environments ▪ Develops collegial relationships to promote positive learning environments ▪ Collaborates with appropriate members of the preceptor/mentor team as relevant ▪ Addresses the importance of self care to teaching/learning ▪ Fosters creativity in teaching/learning processes ▪ Inspires enthusiasm for learning ▪ Explains the importance of engagement as a key to learning
4. Manages multiple complexities related to learning	▪ Develops a variety of collaborative partnerships to maximize learning experiences ▪ Uses a variety of resources in complex learning situations ▪ Facilitates the development and application of critical thinking and clinical reasoning in learners ▪ Promotes critical thinking about the multiple complexities of practice to foster sound clinical judgments ▪ Identifies effective strategies for promoting successful learning in complex practice settings

5. Advances nursing professional practice	- Promotes reflective professional practice - Develops a plan for ongoing personal professional growth by incorporating practice experiences, research, and literature to ensure own competency in a specific area of practice - Assesses learner performance of competencies related to best practice in a specific practice environment - Role models evidence-informed practice - Facilitates learners' successful transition into a different practice environment - Utilizes preceptor/mentor resources
6. Demonstrates leadership skills	- Role models effective verbal and written communication strategies - Collaborates with the learner to resolve teaching and learning challenges - Supports learners to establish appropriate interprofessional relationships - Advocates for learners and learning

Level 2 Competencies Educational Theory and Practice

Context

Target audience is those who have a component of education in their practice or who are considering an education role. The learners are individuals and small groups of unit or program staff that may be in multiple roles and/or disciplines. Education is content- and process-focused and occurs in practice or classroom settings.

Competency	Level 2 Description
1. Demonstrates engagement with education theories	- Applies education theories and evidence to teaching practices - Differentiates between education theories and teaching strategies - Applies motivational strategies that engage learners - Conducts a needs assessment to determine learning needs and learning priorities of learners - Develops learning goals to be consistent with learning needs and priorities - Clarifies learning expectations and intentions with learners - Develops clear, understandable learning goals with learners - Designs and implements a learning plan in collaboration with a learner and groups of learners - Organizes selected content based on organizational priorities and consideration of learners' needs - Develops lesson plans that incorporate the teaching and learning process - Implements a variety of learner-focused teaching and learning strategies - Facilitates participatory learner-centered educational sessions - Determines whether instructional events produce desired outcomes - Implements evidence-informed evaluation strategies to determine the effectiveness of education - Demonstrates awareness of the impact of own beliefs and values related to education - Uses common instructional media, technology and resources - Develops, reviews and modifies a variety of learning materials - Establishes and maintains educational databases e.g., attendance, continuous improvement purposes, etc.

2. Fosters effective teaching and learning relationships	▪ Reflects on the impact of one's action and decisions on others ▪ Provides constructive feedback ▪ Assists others in giving and receiving feedback ▪ Respects the uniqueness of the learners and other educators ▪ Chooses teaching and learning strategies that enhance the learning relationship ▪ Acts as a mentor to learners and colleagues ▪ Demonstrates caring, confidence, patience, integrity and flexibility to model relational nursing practice
3. Facilitates learning and creates effective learning environments	▪ Plans learner experiences in collaboration with the team and changing environment ▪ Develops collegial working relationships to promote positive learning environments ▪ Fosters discussion with learners about the importance of self care to teaching and learning ▪ Fosters creativity in the teaching/learning process ▪ Supports preceptors/preceptees and mentors/mentees e.g., students and new staff ▪ Mentors colleagues to translate and transfer knowledge within a practice setting ▪ Inspires enthusiasm for learning
4. Manages multiple complexities related to learning	▪ Collaborates with a variety of stakeholders in preparing appropriate learner experiences in their area of practice ▪ Facilitates the development and application of critical thinking and clinical reasoning in learners and groups of learners ▪ Promotes critical thinking about the multiple complexities of practice to foster sound clinical judgement ▪ Explains health care roles in relation to care delivery
5. Advances nursing professional practice	▪ Promotes reflective professional practice ▪ Develops a plan for ongoing personal, professional growth by incorporating practice experience, research, and literature to ensure own competency in a specific area of practice ▪ Utilizes appropriate professional practice assessment tools ▪ Critically appraises the relevance of nursing and educational literature ▪ Facilitates evidence-informed nursing practice ▪ Develops educational sessions and materials that promote best practice ▪ Disseminates nursing and educational knowledge ▪ Responds to the educational and practice challenges of individuals and groups
6. Demonstrates leadership skills	▪ Role models effective verbal and written communication in challenging teaching and learning situations ▪ Participates in quality improvement and risk management activities ▪ Actively supports change ▪ Supports practice and education initiatives ▪ Provides support and resources, and communicates to others information about their specific areas of practice

Level 3 Competencies Education Theory and Practice

Context

The target audience is those in an educator role whose learners are diverse groups in terms of roles, disciplines and practice areas. Education is concept-based with an enhanced focus on process and takes place in practice and classrooms.

Competency	Level 3 Description
1. Demonstrates engagement with education theories	▪ Analyzes a range of education theories and evidence to inform teaching practices ▪ Applies education theories and related knowledge to teaching practice ▪ Establishes educational priorities to meet identified program, organization and learner needs ▪ Develops, implements and evaluates an educational series or programs ▪ Implements education based on changing practices e.g., legislation and technology ▪ Uses a variety of *instructional design*[*] processes ▪ Develops and facilitates concept-based sessions ▪ Uses a variety of innovative instructional strategies for knowledge translation ▪ Implements a variety of teaching/learning strategies appropriate to learner needs, desired learner outcomes, and the content and context ▪ Facilitates participatory learner-centered education ▪ Develops and implements an evidenced-based system and program evaluation processes to improve practice and quality care ▪ Analyzes the impact of a variety of teaching perspectives on the educational process ▪ Articulates own philosophy of teaching and learning
2. Fosters effective teaching and learning relationships	▪ Reflects on the impact of one's actions and decisions on others ▪ Provides constructive feedback to educators, individual learners and groups ▪ Respects the uniqueness of learners and other educators ▪ Analyzes the impact of concepts related to learner diversity in the application of instructional, program and curricular design ▪ Acts as a mentor to colleagues and other educators ▪ Provides effective educational consultation ▪ Demonstrates caring, confidence, patience, integrity and flexibility to model relational nursing practice
3. Facilitates learning and creates effective learning environments	▪ Creates an integrated learning environment for interprofessional education ▪ Develops collegial working relationships to promote positive learning environments ▪ Analyzes the barriers and facilitators to self care in teaching and learning ▪ Fosters creativity in teaching/learning processes ▪ Mentors colleagues to translate and transfer knowledge between practice settings ▪ Inspires enthusiasm for learning
4. Manages multiple complexities related to learning	▪ Collaborates with a variety of stakeholders in preparing appropriate learner experiences across practice settings ▪ Facilitates the development and application of critical thinking and clinical reasoning in learners and groups of learners across settings ▪ Analyzes the multiple complexities of human and organizational resources, environment, context, and power factors when planning for education

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[*] Key terms used in this report are defined in the Glossary of Terms found at the end of the document before the Appendices. The first instance of each term is identified in italics with an asterisk (*term**).

5. Advances nursing professional practice	▪ Promotes reflective professional practice ▪ Develops a plan for ongoing personal professional growth by incorporating practice experience, research, and literature to ensure own competency in multiple areas of practice ▪ Advances own competencies through the generative process of reflecting on the relationship between knowledge and professional practice ▪ Develops and utilizes appropriate practice assessment tools ▪ Promotes evidence-informed professional and education practice ▪ Develops sessions and educational materials that promote best practices ▪ Disseminates nursing and education knowledge ▪ Responds appropriately to educational and practice challenges of individuals and groups
6. Demonstrates leadership skills	▪ Communicates effectively within collaborative partnerships ▪ Participates in quality improvement and risk management activities ▪ Applies change and transition theories in acting as a change agent ▪ Provides leadership to support excellence in learning and professional practice environments ▪ Provides information about resources for professional development and educational opportunities

Level 4 Competencies Nursing and Education Leadership Theory and Practice

Note: Consideration for entry into this level requires applicants to have completed their BSN and meet university graduate studies entrance requirements.

Context

Enacting a new role that crosses programs, organizations and sectors (academic and health care) philosophically based and system-focused education; teaching others how to teach.

Competency	Level 4 Description
1. Demonstrates engagement with education theories	▪ Synthesizes education theories and evidence to inform teaching practices ▪ Critically reflects on relationships between education theory and curriculum trends and issues in both the academic and practice sectors ▪ Collaborates with internal and external stakeholders in curriculum development and revision ▪ Develops strategic goals for education programs to meet educational, organizational and intersectoral goals ▪ Develops and implements integrated evidence-informed teaching and learning strategies appropriate to learner needs and desired learning outcomes ▪ Develops and implements innovative teaching modalities congruent with the evolution of health care delivery and learning environments ▪ Develops and implements evidence-informed strategies for curricular and program evaluation ▪ Analyzes the impact of a variety of teaching perspectives on the educational process ▪ Articulates own philosophy of teaching and learning, linking this to education philosophy
2. Fosters effective teaching and learning relationships	▪ Reflects on the impact of one's actions and decisions on others ▪ Provides effective feedback to educators, individual learners and groups ▪ Respects the uniqueness of learners and other educators ▪ Analyzes the impact of learner diversity in the application of instructional, program and curricular design to empower learners ▪ Integrates multiple stakeholder interests, needs and relationships ▪ Acts as a mentor to cross-sector educational colleagues ▪ Integrates strategies for coaching, mentoring, supporting, facilitating and leading learning ▪ Demonstrates caring, confidence, patience, integrity, and flexibility to model relational nursing practice
3. Facilitates learning and creates effective learning environments	▪ Contributes to research and policy development related to learners and the learning environment ▪ Develops collegial working relationships to promote positive learning environments ▪ Advocates for attention to self care in educational processes in academic and practice settings ▪ Fosters creativity in educational processes ▪ Mentors educators to translate and transfer knowledge between the academic and practice sectors ▪ Inspires enthusiasm for learning
4. Manages multiple complexities related to learning	▪ Collaborates in the development of educational priorities across sectors ▪ Facilitates the development and application of critical thinking, clinical reasoning with learners and groups of learners across academic and practice settings ▪ Analyzes the multiple complexities of human and organizational resources, environment, context, and power factors when planning for education ▪ Synthesizes the impact of the relationship between the health care and societal trends on practice and learning ▪ Interprets the roles, culture and environment across the academic and practice sectors ▪ Critically engages with the mission and strategic priorities of organizations to develop learning communities

5. Advances nursing professional practice	▪ Promotes reflective professional practice ▪ Develops a plan for ongoing personal professional growth by incorporating practice experience, research, and literature to ensure own competency in academic and practice sectors ▪ Advances own competencies through the generative process of reflecting on the relationship between knowledge and professional practice ▪ Assists others to develop and utilize practice assessment tools ▪ Promotes evidence-informed professional and educational practice ▪ Assists others to develop educational sessions and materials that promote best practice ▪ Contributes to new knowledge in the advancement of nursing education and nursing practice ▪ Creates spaces for conversations between nursing education and practice ▪ Participates in interprofessional efforts to address academic and health care sector challenges ▪ Uses a systems view to address academic and health care sector challenges ▪ Demonstrates scholarship in advancing nursing and education practice
6. Demonstrates leadership skills	▪ Communicates effectively within collaborative partnerships ▪ Designs and implements quality improvement and risk management strategies ▪ Critically reflects on current practice to influence change in health care delivery ▪ Participates in implementing change strategies within organizations ▪ Reflects on the relationship between knowledge and practice to surface system level complexities ▪ Creates learning communities that support practice and educational partnerships ▪ Analyzes the relationship between educational, organizational and intersectoral goals ▪ Analyzes the impact of population health determinants and institutional factors to influence education practice ▪ Develops and implements strategies for effective knowledge translation and transfer between education and practice sectors ▪ Provides transformational leadership to co-create a vision for excellence in learning and professional practice environments

Appendix D: Curriculum Framework

Introduction

This document will provide an overview of the process of developing and implementing an innovative curriculum designed to increase educator capacity in both health care and nursing education sectors. The curriculum is a major component of the Educator Pathway project, collaboratively developed in partnership with Vancouver Coastal Health Authority (VCH), Fraser Health Authority (FH), the University of British Columbia School of Nursing (UBC), the University of Victoria School of Nursing (UVic) and the Nurses' Bargaining Association (NBA) represented by British Columbia Nurses' Union (BCNU).

Statement of Philosophy

We believe that nursing education is foundational to quality practice, and is a life-long professional undertaking. Learning is facilitated when the learner: is engaged in meaningful and relevant activities; builds on existing knowledge, skills, and experiences; has opportunities for creativity; and, engages with co-learners. Since nursing is an art and science, evidence, reflection, and praxis are cornerstones of nursing education for teachers and learners. Critical thinking, that is, thinking that surfaces the 'taken-for-granted', is foundational to knowing what contextual factors influence health and educational experiences, particularly those that relate to power differences arising from social, cultural, and/or professional diversity. We believe that mentoring is central to learning nursing, with mentors and learners strengthening knowledge and skills together. We believe in nursing education that strengthens problem-solving skills while inspiring inquisitiveness. Nursing education envisioned in this way puts the student at the center of teaching and learning, resonating with the view of nursing to which we ascribe client-centered nursing. April 3, 2007.

Curriculum Process Threads

Process threads represent key strategies and activities related to learning that are integrated throughout all four levels of the curriculum.

1. Problem Solving/Critical Thinking/Reflective Practice
2. Communication/Collaboration
3. Inquiry-Based Learning
4. Building a Learning Environment/Supporting Others to Learn/Mentoring
5. Supporting/Implementing Transition and Change
6. Advancing Nursing Education and Practice

Additional themes to be integrated throughout the curriculum:
- Diversity
- Leadership
- Technology

Curriculum Framework
(Levels 1 & 2)

Competency	Level 1 Preceptor/Mentor Foundational Theory	Level 1 Advanced Preceptor/Mentor Theory and Practice	Level 2 Education Theory and Practice
Context	▪ 1:1 education, primarily supporting students and new staff in their practice area. Focus is on practice-based learning in nursing	▪ Same as foundational	▪ Target audience is 1:1 plus small groups of unit staff who may be in multiple roles and/or disciplines. Content-based in focus
1. Knowledge of and engagement with education theories	▪ Learning principles/theories (adult learning principles, novice to expert, competency development etc.) ▪ Teaching and learning strategies (feedback, learning plans, questioning etc.)	▪ Additional teaching and learning principles/ theories, (domains of learning, multiple intelligences etc.) ▪ Teaching and learning processes (assess, plan implement, evaluate and teach learner content) ▪ Strategies that foster critical thinking ▪ Strategies that foster the continued development of clinical decision-making	▪ Basic educational concepts – teacher centered/learner centered, caring curriculum, etc. ▪ Program development process: - needs assessment (content, communication, information, performance) - planning: outcomes, content/concepts, method, modality – who, when, where) - implementing: using multiple delivery methods - evaluation: education session and changes/ improvements in practice ▪ Instructional Skills: problem-based learning, lesson plans, in the moment teaching, coaching and mentoring, presentation skills, PowerPoint etc. ▪ Advanced strategies for fostering critical thinking ▪ Advanced strategies for fostering the further development of clinical decision making

2. Fosters effective teaching and learning relationships	▪ Establishing an effective teaching and learning relationship (trust, assessing the learner, yourself and the environment, understanding self and the other)	▪ Application of learning in the clinical setting ▪ Dealing with diversity (cultural, experiential, generational, etc.)	▪ Examining their teaching (TPI) self awareness ▪ The impact of environment on teaching and learning
3. Facilitates learning and creates effective learning environments		▪ Advocating for the learner and learning	▪ Education session management ▪ Leading and motivating learners ▪ Knowledge of teams' roles and where they fit ▪ Educational creativity
4. Manages multiple complexities related to learning	▪ The link between nursing and education	▪ Difficult/challenging preceptor mentoring situations e.g., communication and conflict issues ▪ Preceptor/mentor resources and team – what, who, where and how to access	▪ Challenging learning situations e.g., performance issues, learning plans etc. ▪ Interprofessional education ▪ Collaborating with stakeholders (who, how etc.)
5. Advances professional nursing practice		▪ Professional nursing praxis	▪ Developing appropriate education materials ▪ Knowledge translation and transfer (definition, concepts, process*) to be threaded through subsequent sessions*
6. Demonstrates leadership skills	▪ Leadership at the point of care e.g., modeling excellence in practice ▪ Competency-based portfolio development	▪ Opportunities as mentor/preceptors ▪ Leadership at the point of learning	▪ Surfacing and addressing issues related to education and practice (considering resources and tools etc.) ▪ Critically appraises literature

Curriculum Framework (Continued)
(Levels 3 & 4)

Competency	Level 3 Education Theory and Practice	Level 4 Nursing and Education Leadership Theory and Practice
Context	▪ Audience is groups with increased diversity in terms of roles, practice areas, disciplines and programs. Concept and process focused	▪ Enacting a new role that crosses programs, organizations and sectors (academic and health care). Philosophically based and system-focused education. Teaching others how to teach
1. Knowledge of and engagement with education theories	▪ Basic concepts of curriculum development (definition, process etc.) ▪ Developing multidisciplinary sessions ▪ Instructional skills e.g., facilitating educational sessions and group decision making, learner centered, considers group program needs in planning learning, evaluation methods ▪ Using and developing multiple delivery methods including technology ▪ Reflection on and analysis of educational strategies to determine effectiveness	▪ Nursing theory, concepts, systematic inquiry, systems delivery, research, and supporting others ▪ Issues in Nursing Education – theory, practice, knowledge translation and transfer ▪ Philosophically based teaching and learning ▪ Curriculum development theory ▪ Clinical education theory
2. Fosters effective teaching and learning relationships	▪ Developing learning environments	▪ Develop learning environments ▪ Evaluate effective teaching/learning relationships and environments
3. Facilitates learning and creates effective learning environments	▪ Transition into the educator role ▪ Interprofessional collaboration in teaching and learning	▪ Transition into an academic environment
4. Manages multiple complexities related to learning	▪ Competency-based learning – the relationship between competency and the teaching and learning process ▪ Working with challenging learners and managing challenging education situations ▪ Impact of quality workplace environment, work/life balance on teaching and learning	▪ Innovation in Nursing Education ▪ Relationship between population health determinants and organizational goals in developing educational programs
5. Advances professional nursing practice	▪ Competency statements – how to develop and help others to develop	▪ Roles in Nursing Practice and Education
6. Demonstrates leadership skills	▪ Leadership engagement	▪ Leading and learning

Curriculum Outline

Level 1

	Level 1 Description
Foundational Preceptor/Mentor	▪ Establish the teaching and learning relationship ▪ Build trust ▪ Establish teaching and learning expectations ▪ Assess yourself and your learner – reality shock, building competencies etc. ▪ Explore teaching and learning strategies ▪ Give and receive constructive feedback ▪ Establish collaborative learning goals ▪ Analyze the effect of the environment on teaching and learning
Advanced Day 1 Workshop	▪ Discuss the link between learning and professional practice ▪ Apply key educational theories to current and future practice ▪ Discuss key educational paradigms and their influence on teaching and learning ▪ Apply knowledge of teaching/learning styles and process ▪ Use questioning strategies to foster critical thinking and clinical decision making ▪ Share additional teaching and learning tips and strategies ▪ Apply new preceptor/mentoring knowledge to practice
Advanced Preceptor/Mentor	Clinical Practicum: ▪ Having identified two key learning goals for themselves as preceptors/mentors their goal is to find something in the literature to support their learning need(s) and focus on working on those learning goals as they work with their learner in their practice setting Mid – Clinical Reflective Exercise: ▪ Participants are asked to reflect on where they are in achieving their learning goals, provide the article or resource that they have chosen that helps with attaining that goal and provide and idea of where they go from here (what they will do with the remaining clinical time)
Advanced Day 2 Workshop (Wrap-Up)	▪ Identify own learning and learning needs ▪ Develop a personal learning plan based on Level 1 competencies ▪ Develop a collaborative learning plan for your learners ▪ Manage challenging teaching/learning situations ▪ Apply advocacy and leadership at the point of learning ▪ Create a culture of supported learning (preceptorship/mentorship) ▪ Use a personal portfolio to demonstrate competencies ▪ Explore future Pathway opportunities

Level 2

	Level 2 Description
Education Theory and Practice (10 instructional days) **Activities**	▪ Complete an Online Teaching Perspectives Inventory ▪ Complete an evidence/literature search ▪ Complete a competency-based self-assessment (pre and post) ▪ Identify a learning need in your area of practice ▪ Reflective Exercise – describe how you have applied your learning ▪ Collaboratively plan an education session for an identified educational need and present the plan to other participants ▪ Critique an article related to evaluation ▪ Develop and deliver a 15-minute education session using a creative learning strategy not used before ▪ Evaluate education sessions done by peers ▪ Complete required readings
Day 1 and 2	▪ Link roles in professional practice and in nursing education ▪ Apply educational theories and concepts ▪ Examine constructivist philosophy ▪ Compare two different teaching and learning contexts ▪ Foster learning environments ▪ Explore educational planning terminology ▪ Examine the concept of needs assessment ▪ Understand motivation ▪ Identify the process of educational planning ▪ Develop goals, objectives, learning outcomes and learning intentions ▪ Determine content concepts, themes and threads ▪ Select appropriate teaching and learning strategies including delivery methods ▪ Plan to implement the plan
Day 3 and 4	▪ Develop content, concepts and themes for an education session ▪ Identify components of the teaching and learning process ▪ Analyse how their values and beliefs about education influence the teaching and learning process ▪ Analyse the impact of the environment on teaching and learning ▪ Compare the components of lesson plans and learning plans ▪ Choose appropriate teaching and learning strategies ▪ Contrast and compare 'presentation' vs. 'facilitation' ▪ Debate the advantages and disadvantages of using PowerPoint ▪ Analyse the use of facilitation in teaching and learning ▪ Analyse the following strategies in fostering critical thinking in learners: inquiry, case, story and problem-based learning ▪ Apply a coaching strategy for 'in the moment' teaching ▪ Apply questioning frameworks in a variety of teaching and learning situations ▪ Apply critical thinking strategies to teaching and learning situations

Day 5 and 6	- Explore concepts and models of education evaluation - Critique the evaluation literature - Apply models of evaluation to specific education sessions - Develop evaluation approaches and tools - Apply education planning concepts including evaluation to specific education sessions - Develop evaluation approaches and tools - Work with challenging learning situations - Apply principals of constructive feedback and motivation - Apply reflective practice through self evaluation (facilitator, learner, peer) - Understand education planning and evaluation in the context of collaborative practice
Day 7 and 8	- Apply new education/teaching concepts and strategies - Demonstrate a new teaching and learning strategy - Apply principles of giving and receiving constructive feedback - Explore peer evaluation and linking to continuing competency development - Identify components of a professional (teaching) portfolio
Day 9 and 10	- Explore personal perspectives of good leaders - Discover educational leadership - Apply small group facilitation strategies - Apply leadership concepts to current roles - Manage multiple complexities in education practice - Develop strategies for role transition - Examine power and political dynamics in teaching and learning - Promote the integration of practice and education - Advance professional practice - Implement best practice - Apply strategies for knowledge transfer and translation - Develop a portfolio of evidence that demonstrates personal and professional competency - Synthesize knowledge of education theory and practice.

Level 3

	Level 3 Description
Education Theory and Practice **Activities**	▪ Reflective activities ▪ Complete the on-line teaching perspectives inventory ▪ Pre-read activities ▪ Synopsis of a literature search and a reference list of articles on a specific topic ▪ Develop a personal teaching – learning portfolio ▪ Complete a self-assessment using Level 3 competency assessment tool and develop a personal learning plan ▪ Use an example of an educational plan and an evaluation plan from their practice area to apply the principles of educational development, curriculum and instructional design and to determine gaps and potential changes ▪ Share a teaching strategy they are proud of ▪ Facilitate an interactive discussion on a specific education topic (reflective practice, knowledge translation, communities of learning, competency-based education) including a summary of the topic that can be used as a handout providing references ▪ Develop a personal Curriculum Vitae ▪ Write a competency statement and indicators ▪ Complete a leadership self-assessment ▪ Focus on applying the theory and concepts to date to a more complex context
Day 1	▪ Establish a learning community ▪ Identify personal learning goals ▪ Engage with educational theories ▪ Explore the impact of beliefs and values on teaching and learning ▪ Explore the impact of teaching perspectives ▪ Explore learner-centered approaches ▪ Foster effective teaching and learning relationships ▪ Develop a personal learning plan
Day 2	▪ Analyse concepts of curriculum development and program planning ▪ Apply the principles of curriculum and program planning to educational practice ▪ Develop an instructional design ▪ Choose and apply multiple learning strategies including technology ▪ Develop different educational delivery methods ▪ Work with multiple complexities
Day 3	▪ Apply concepts of program evaluation ▪ Apply evaluation models to education practice ▪ Integrate evaluation and educational planning ▪ Analyse unintended and intended outcomes of education
Day 4	▪ Advance professional practice ▪ Promote reflective practice ▪ Write proposals and prepare budgets for education programs ▪ Facilitate large group discussions ▪ Apply evidence informed teaching/learning practices ▪ Develop competency statements and indicators ▪ Develop communities of learning ▪ Explore the role of the educator in knowledge translation

Day 5	- Examine how quality improvement and risk management relate to teaching and learning - Write competency statements - Integrate leadership philosophies into education practice - Integrate learning conversations into complex learning situations - Analyse your role in change and transition - Influence educational practice partnerships - Engage in personal reflection on learning

Level 4 – Nursing and Education Leadership Theory and Practice (full time for 2 years)

	Level 4 Description
Nursing and Education Leadership Theory and Practice Activities **(full time for 2 years)**	- See school-specific (UBC or UVic) information on their websites - Includes required core nursing theory courses as well as required education courses

Appendix E: Legacy Mentor Projects

Project Title	Project Description
Application of 'Make a Difference' Breastfeeding Course to Clinical Practice	Develop a workshop and use teachable moments to share breastfeeding knowledge and expertise related to the 'Make a Difference Breastfeeding Program'.
Mentoring In Palliative Communication	Mentor new home care nurses to work with Palliative patients.
Intravenous (IV) & Home Health	Mentor new staff and help the IV team with training sessions. Goal is to have all nurses to be IV trained.
Management and Education of Clients with Diabetes In Acute Care	Increase the knowledge of 6 RNs from 6 different wards so that they feel more comfortable and competent assessing and teaching their clients with Diabetes. These nurses can also be a resource to other staff on unit.
New Grad - Perinatal Specialty at [Name of Hospital]	Mentor a new Perinatal Specialty graduate for 6 weeks, full time.
Parkinson's Education	Develop and deliver an education package on Parkinson's to present to acute care; long term care; and to the Parkinson's community support group.
Immunizing Children Who Fear Needles	Develop an educational program for nurses to introduce practice guidelines for immunization procedures for children with needle fears.
Mentoring the Novice Nurse In Home Health	Mentor and provide ongoing support for new home care nurses.
Yoda Gives Back	Work as a Clinical Resource Nurse to support Public Health Nurses' clinical practice.
Emergency (ER) Nursing Support Project	Create several tools to support the ER Nurses: 1) A 'Locator's List' that would allow any nurse to walk onto the unit and find any supply item in the department; 2) A binder of 'Equipment Information Sheets' that would provide how-to-use details, helpful tips and maintenance information, for all the different pieces of equipment we use in the ER; 3) Time permitting, to assist our Clinical Nurse Educator with updating unit manuals.
[Nurse's name] Finale	Mentor new grads who take the Perinatal program. Provide 1-3 workshops around routine issues and help develop a welcome booklet to the obstetrical unit.
Communicable Disease Walk-Through Project	Develop a plan and resources to support orientation and mentoring of staff that are new to communicable disease follow-up at the workplace level.
Reducing the Impact of Falls and Wounds In Hospitalized Patients On Medical Floors	Work with junior staff to raise awareness of existing resources and tools with regards to fall risk management and assessment and treatment of wounds.
Assessment and Care of Seniors in Emergency	Mentor new and senior staff nurses in the ER department to be cognizant of special needs of geriatric patients.
Perinatal 55	Mentor new graduates upon completion of Perinatal specialty.
Electronic Charge Manual Project	Develop an online manual that reflects current practices/policies, bridging the gap between lived experiences and new staff teaching.

Project Title	Project Description
Nursing Management of Ventilator Dependant Patients	Provide mentees with hands on training and experience with ventilators, tracheas and other equipments to ensure safe and proper usage.
Orientation Development In the [Name of Program] In the Health Department	Develop learning plans, objectives to build Public Health nursing knowledge, skills and abilities. Support experienced public health nurses in mentoring new colleagues.
Nursing Support- Care for Critically Ill	Provide one-on-one training to enable new staff to gain confidence and experience to care for complex critically ill patients.
Anxiety and Depression In Youth Project	Provide knowledge/tools to less experienced public health nurses to gain competency in early identification of psychological disorders in children and youth.
Reducing Incidents of Violence/ Aggression/ Disruptive **Behaviour** In Extended Care Unit and Mitigating their Effects- Changing the Culture of the Unit	Create two standard care plans pertaining to dealing with aggression/violence/difficult resident behaviours. Includes teaching/ learning activities as tools to guide and influence culture/practice of Patient Care Aides.
ER Nursing Support Project	Mentor and coach new staff in becoming part of the ER unit.
Sowing and Growing	Review existing orientation and preceptor program structure and resources; identify, develop and implement resources and ways to enhance the orientation program for community health nurses; better integrate the continuum of ongoing learning; and support new staff with integration and application of new skills/knowledge in the community practice environment.
Legacy Mentoring	Create a positive learning environment through team work as well as one-on-one mentoring of new staff.
Orientation Manual/Package for Ambulatory Care	Develop a comprehensive orientation manual for Ambulatory Care Clinics. Package will contain information for burn, hand injury and orthopedic-trauma for new hire RNs and students.
Mentoring for Case Managers	Develop and integrate a mentorship program into orientation for new case managers in the community practice environment.
The Attention Deficit Hyperactivity Disorder Continuum Project	Develop teaching modules for delivery to parents/caregivers including staff, other professionals and community partners. To provide within a module framework a working knowledge of Attention Deficit Hyperactivity Disorder. This will increase community capacity.
Fine Tuning	Provide mentorship to support junior and senior maternity team transition in a changing environment and model of care delivery.
Recovery Room Orientation Manual	Develop an orientation manual and guidelines for orientation of students, new hires and returning nurses.
[Name of Program] Orientation and Procedure Manual	Create a comprehensive, multidisciplinary orientation and procedure manual specific to the [Name of program] which focuses on improving access and adherence to…medications for [specific patient population].

Appendix F: Educator Pathway Communications Report

Published Articles

1. *Canada's new government addressing nursing shortages through enhanced workplace education*. HRSDC, April 2007.
2. *Educator Pathway project announced*. BCNU Update, Vol. 26(2) April/May, 2007.
3. *Innovative Pathway project aims to reduce the shortage of nursing educators*. BCNU Update, Vol. 26(2) April/May 2007.
4. Cook, K. (2009, February). Conference explores 'greying' of nursing teacher population. *On Campus, 6* (5), 15. On Campus is published by the University of Calgary.
5. McClaren, C. (2009, November). *From art to education, nursing student finds inspiration.* The Ring, UVic.
6. *Nursing knowledge and passion abound*. BCNU Update, December, 2009.
7. *Carving a new pathway toward intersectoral collaboration*. Touchpoints, January, 2010.

Human Resources and
Social Development Canada

Ressources humaines et
Développement social Canada

news release

FOR IMMEDIATE RELEASE

Canada's New Government addressing nursing shortages through enhanced workplace education

VANCOUVER, BRITISH COLUMBIA, April 2, 2007—The Honourable Monte Solberg, Minister of Human Resources and Social Development today announced that Canada's New Government will invest $2,864,481 in a project, *Preparing a Nursing Workforce to Advance Health Services*, to address the critical nursing shortage in Canada's health sector.

"Canada's New Government is taking concrete steps to address nursing shortages," said Minister Solberg. "By investing $2.8 million in this project to recruit and retain nurses, we are ensuring Canada's health care system stays ahead of the curve to provide care to patients in need, when they need it."

Led by the Vancouver Coastal Health Authority, and in partnership with Fraser Health, the Nurses' Bargaining Association, the University of British Columbia (UBC) and the University of Victoria (UVic), and funded by the governments of Canada and British Columbia, this project will prepare, recruit and retain quality nurses, address the critical nursing shortage and improve the quality of nursing educators through the Career Laddering Model. The model will be shared with other health authorities and jurisdictions across Canada.

"The British Columbia government has already created 20 new nursing programs at post-secondary institutions across the province to educate the nurses that we will need in the future," said the Honourable Murray Coell, British Columbia's Advanced Education Minister. "Now, over the next two years, we're investing nearly half a million dollars in 40 spaces for nursing students to earn their master's degrees at UVic and UBC, which will prepare them to teach the next generation of nurses."

The project will use innovative strategies and collaborative partnerships among employers, unions and academic nursing programs, and will receive federal government funding through the Workplace Skills Initiative (WSI).

The Initiative is designed to fund projects that mobilize and transform Canadian workplaces to meet both present and future challenges. The program promotes and tests promising approaches to skills development and improved human resources practices for employed Canadians, encourages employers to invest in the skills of their employees, and informs on Government of Canada labour market policy and programming. WSI funded projects support increased collaboration toward the development of models and instruments for workplace skills. A second call for proposals for WSI has just been launched.

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For more information (media only):   Social Development Canada
Ms. Lesley Harmer   819-994-5559
Director of Communications
Monte Solberg's Office
819-994-2482
Media Relations Office
Human Resources and

THE VOICE OF NURSING

Educator Pathway Project announced

Innovative program will help address the growing shortage of health care educators

PROJECT LAUNCH From left, Pat Semeniuk, VCHA; Barb Milton, FHA; Ida Goodreau, VCHA; Monte Solberg, federal minister; Debra McPherson, BCNU; Jane Milliken, UVic; and Keith Anderson, FHA.

The $4.1 million Educator Pathway Project, which will help recruit and retain nurses by increasing the number of health care educators available in BC, was launched in April.

The three-year pilot project was announced at a joint news conference, held at Vancouver General Hospital in April, with BCNU President Debra McPherson, federal Human Resources Minister Monte Solberg and representatives from the Vancouver Coastal Health Authority, Fraser Health Authority and University of Victoria.

BCNU first began lobbying the federal government to fund innovative education programs in 2005. We later teamed up with the health authorities and eventually convinced Ottawa to invest $2.9 million. The other project partners, including the BC Ministry of Advanced Education, are contributing another $1.2 million.

The Educator Pathway Project will offer selected nurses from the FHA and VCHA a variety of paid educational opportunities and provide them with university credits for courses completed in-house. For example, UBC and UVic will deliver specially-designed, accelerated Masters of Nursing programs that allow nurses to continue working.

Project elements:
• a target group of 600 RNs working in VCHA and FHA will be educated in foundational preceptor/mentor skills
• 198 RNs will have nine additional days of advanced preceptor/mentor development
• 30 RNs, over 55-years-old, will have 30 days to enact their mentorship practice

• 120 novice clinical instructors will have 10 days of instructional skills development
• 60 experienced clinical instructors will have five days of advanced instructional skills
• a final sub-group of 40 RNs will be supported to take an accelerated MSN program and access cross-sector health authority/faculty positions.

Human Resources Minister Monte Solberg told the media gathered at the news conference that the project is a model for the country. "Not only do we have an aging workforce," he said, "but we also have huge competition to attract and retain nurses. So whatever we learn here will be put to good use across Canada."

BCNU President Debra McPherson told reporters that nurses have been asking governments to fund this type of program for years. "It offers our members hope that there's actually a plan in place to begin addressing the lack of clinical support in the workplace.

"The program will encourage nurses in the middle and latter stages of their careers to consider teaching," says McPherson.

"It will also help younger nurses get the education they need in the workplace. It will help us recruit and retain nurses, so it's an important part of our on-going struggle to address the growing nursing shortage."

For more information on the Educator Pathway Project please visit the VCHA or FHA intranet sites, which are accessible to all health authority employees. ❑

UNDERGRADUATE NURSE PROGRAM ALERT

Some health care managers are assigning Undergraduate Nurses to duties that are contrary to the agreement that governs the program.

BCNU is reminding health employers that the Undergraduate Nurse Program does not permit them to use undergraduates to replace registered nurses or registered psychiatric nurses who are away on leaves, nor as workload relief.

Our union is urging employers across BC to provide the necessary orientation to their managers about the program.

The program's key is that undergraduate nurse positions are supernumerary – that is, positions are in addition to the normal staff complement on the ward or unit – and the undergraduates work under the direction of a nursing unit manager or designate.

Managers cannot use undergraduates to avoid replacing regular RN/RPN staff in order to cut costs, or for any other reason.

Undergraduates should consult the Letter of Understanding governing the Undergraduate Nursing Program, which they can find at www.bcnu.org. On our home page, just click on "Important information for student nurses" and scroll down to "Learn About the Undergraduate Nurse Program."

The letter – signed by the Nurses' Bargaining Association and the Health Employers Association of BC – says "Under the direction of a Nursing Unit Manager or designate, Undergraduate Nurses will provide direct nursing care to both stable and unstable patients/clients/residents, commensurate with their level of education and training."

THE VOICE OF HEALTH CARE

Innovative Pathway project aims to reduce the shortage of nursing educators

urses gathered at Vancouver General Hospital in September to celebrate their entry into Masters of Nursing programs as part of the Educator Pathway project, currently underway in the Fraser and Vancouver Coastal health authorities.

The RNs are part of a 14-member cohort being supported to take part in specially-developed Masters of Nursing programs at UBC and UVic.

The programs have a strong focus on education and will provide nurses with the skills, knowledge and ability to take on a new educator role, strengthening the relationship between clinical practice education and the academic world.

Partner representatives congratulated the new students and described the work that went into making this project a reality – a feat that could never have succeeded without the support and commitment of many who saw the unique opportunities it presented.

Aside from congratulations, nurses received $100 university bookstore gift certificates from BCNU President Debra McPherson. Heather Straight, one of the Masters students presently working as a project facilitator with Vancouver Coastal, calls it a lovely surprise. "On reflection," she says, "you get a real sense that all parties want us to succeed and are willing to support us as much as they can."

Beth Davis, currently working in the Medical Imaging department at MSA Hospital, jumped at the chance to participate in the UBC program. "I love clinical nursing and having contact with patients and families," she says. "On the other hand I enjoy mentoring students and novice nurses. This program combines those roles."

Both acknowledged BCNU's role in the project. "This program is good for nurses, so I'm very pleased that BCNU is involved," says Davis. "In order to retain nurses in our health authorities, we need to provide educational and clinical support in the workplace."

"The partnership models the collaborative relationship we're trying to build within health care," adds Straight, who is participating in the UVic program. "All parties realize there is a shortage of nursing educator/leaders and are willing to participate to be part of the solution."

The other participants now attending UVic include

FUTURE EDUCATORS BCNU members gathered at Vancouver General Hospital recently to celebrate their entry into Masters of Nursing programs.

Jackie Murray, Maneet Samra, Bonnie McLeod, Gayle Allison, Shannon Griffin, Tracey Schott, Kathleen Johnston and Susan Martel. In addition to Davis, the other UBC program participants include Sara Tung, Mary Van Osch, Arlene Bernardo and Sheri Van Lochem.

The Educator Pathway project is part of a three-year pilot funded mainly by the federal HRSDC through its Workplace Skills Initiative program. The multi-party collaboration includes the Nurses' Bargaining Association, FHA, VCHA, UBC, UVic and the provincial Ministry of Advanced Education. All partners contribute funds directly, or through in-kind contributions, and project committees have representatives from all partners.

In addition to supporting a maximum of 40 nurses obtain their Masters degrees, the project will educate nurses in foundational preceptor/mentor skills, advanced preceptor/mentor skills and also an array of instructional skills in the clinical area.

For more info on upcoming programs visit the FHA or VCHA websites. □

Conference explores 'greying' of nursing teacher population

By Karen Cook

An upcoming conference hosted by the Faculty of Nursing will turn the nursing shortage focus from the student to the teacher, which, according to conference organizers, is exactly where attention must be paid.

"We've put the cart before the horse by creating more seats for nursing students," says Annette Lane, an assistant professor and co-chair of the annual Western Region Canadian Association of Schools of Nursing conference, Teaching from Within: Supporting Nurse Educators for the Future. "Can we meet the health care demands for more nurses if we don't have nurse educators?"

Part of the WRCASN planning committee: Sylvia Loewen and Linda Shorting (back row), Annette Lane and Cindy Morrison.

The looming shortfall of clinically practicing nurses is mirrored in the ranks of nursing instructors, explains Lane. "The greying of the nurse population is also the greying of the professoriate. Add that to the competing demands of teaching and research, the fact that we are coping with larger groups of students and new modes of learning, and many instructors are feeling stretched and stressed."

Several of the presentations will focus on innovative ways to recast the relationship between practice and academia.

The University of Victoria's Jane Milliken will highlight the Nurse Educator Pathway Project, an initiative involving six organizations, including health regions, the nurses' union and universities in British Columbia. A similar project, the Clinical Teaching Collaborative, a partnership between the University of Calgary, Mount Royal College, Bow Valley College and Alberta Health Services will soon launch in Calgary.

These collaborations allow registered nurses with an interest in clinical teaching to maintain employment while acquiring skills to both educate students and advance their own learning through graduate credits. The objective of these projects is to increase the dwindling pool of educators and enhance the quality and retention of nurses and nurse educators.

"The prevailing wisdom seems to have been that we need to educate more nurses and the faster the better," says Milliken. "This is a quick, but flawed, fix. These particular initiatives … recognize the important role education and mentorship play in nursing."

The conference will be held from Feb. 19 to 21 at the Hotel Arts and is a partnership with the School of Nursing at Mount Royal College.

From art to education, nursing student finds inspiration

By Christine McLaren

Allison. Photo: © 2009 Phillip Chin Photography

Mid-career nursing student and accomplished artist Gayle Allison is convocating this November with the first group of nine students to complete UVic's new nurse educator option in the master's of nursing program.

Advanced practice nurse educators work to create new clinical approaches and patient care models, advise on practice guidelines or new protocols while providing support to nurses and health professionals.

In 2007 UVic's School of Nursing and UBC piloted the Educator Pathway Project. It was developed in partnership with the two lower mainland health authorities and the BC Nurses' Union to help prepare the nursing workforce to advance health services. This project gave birth to the school's nurse educator option—a bridge between academia and practice.

This innovative ground-up approach was ideal for Allison, a public health nurse educator with the Fraser Health Authority. Her work includes supporting new practice initiatives, mentoring new nurses and creating opportunities for reflective learning and change.

The distance option at UVic—unique in BC and accessible nationwide—was a good fit for Allison, who lives in White Rock. "Having the privilege to work while completing my graduate degree helped support reflection on my practice, leading to new insights and new knowledge," says Allison, whose health authority and external graduate scholarships supported education days and a "living lab" workplace.

"The development of this project in full consultation with the health authorities allowed us to develop a program of studies that supports the wide range of educational roles that nurses fulfill in our health and post-secondary systems," says Mary Ellen Purkis, dean of the Faculty of Human and Social Development and a member of the school's development team.

"The faculty in the school offered opportunities to see curriculum role modelled in new and innovative ways," says Allison. "I was encouraged to explore new experiences—the results have transformed the way I think."

Allison has found inspiration from teaching and learning from others. In one of her colourful art pieces she applied the words "living the life you want" within her painting. It seems she has found a way to do just that.

LEGACY MENTOR PROJECT
Nursing knowledge and passion abound

Innovative program helps seasoned nurses share their knowledge with nursing students, new graduates and their colleagues

Nursing knowledge and passion abounded at BCNU this fall when more than 20 of our most experienced nurses and their managers met to celebrate and share their work as part of the Legacy Mentor project.

The project is part of the Educator Pathway, a partnership that involves Vancouver Coastal Health, Fraser Health Authority, UBC, UVic and the Nurses Bargaining Association, with an aim to increase our ability to meet the learning needs of nurses in the ever-changing world of health-care. Funded by Human Resources Skills Development Canada, the BC Ministry of Advanced Education and partner contributions, the project is now in its third and final year.

As a small part of the Pathway, which involves four uniquely focused levels reaching more than 1,000 nurses, 216 supernumerary hours were provided to 29 nurses to devise ways to share their knowledge with nursing students, new graduates and their colleagues before that knowledge was lost as they retired. The results were inspiring and a great introduction to nursing practice for five first-year nursing students who attended the celebration as part of a job-shadowing experience.

Projects were diverse and represented a broad spectrum of practice. While many chose to focus on mentoring, others developed manuals, resource materials, teaching modules, on-line orientation or workshops. Those who participated in the meeting at BCNU provided an impressive and articulate legacy which belied the reality that many had never before created such projects.

A number of participants commented on the sharing of knowledge that occurred, confirming the old adage that it's never too late to learn. One participant said, "My original thought was

The project is part of the Educator Pathway, a partnership that involves Vancouver Coastal Health, Fraser Health Authority, UBC, UVic and the Nurses' Bargaining Association.

that I'd impart my knowledge, but found it was reciprocal and I was learning as well."

As part of her project on immunizing children who fear needles, Mary Ives spoke of the value of taking time to "mine" frontline nursing knowledge.

She has made presentations both locally and nationally and put the information on a blog. Marlys Judiesch, who created an on-line orientation resource, echoed the value of input from frontline staff: "It has to work for them."

Jane Marynowski, a seasoned ER nurse, developed a locator list with grid to tackle the perennial time-waster of searching for equipment. In addition to mapping where to find things, she listed who stocks/supplies them. She created "how to" sheets on use of equipment as well as a charge nurse information package, which included things you won't find in a book, such as what to do if a woman is having her baby in the parking lot. Her manager was so impressed with the project that she has allocated Marynowski four hours a week to continue with the work.

Mary Deane, who mentored new staff on the management of ventilator dependent patients at the George Pearson Centre, delighted in the relationships she built and the conversations she had. "They just left school, I left almost 40 years ago, so we shared . . . when we do critical thinking nobody can hear us. If you do it out loud it opens up clinical discussions."

These were only a few examples of the inspiring projects that are making a difference to healthcare providers and recipients alike. Highlights of the Legacy Mentor project can be found by visiting bcnu.org, scrolling down to What's New/Media and then clicking on Videos. ❑

Partners in Practice

Carving a New Pathway Toward Intersectoral Collaboration

"I recognized that in any leadership role we need to function as both an educator and an administrator."

Among the School's most exciting collaborative initiatives in recent years has been the Educator Pathway Project -- an innovative partnership between university schools of nursing, health authorities, a bargaining association and government ministries to expand the capacity of the health service sector to support the education of both students and practicing professionals. As one component of that initiative, an MSN program option has been designed to develop specialists in clinical education who can serve across settings and contexts.

In November 2009, Beth Davis was among the first graduates of this program option. Building on extensive experience in frontline clinical practice, she is now working in a new role as a clinical nurse educator in the Fraser Health Authority. Beth is very appreciative of the unique opportunity that the Educator Pathway Project provided to allow her to systematically support high quality nursing practice as an educator.

Originally a hospital diploma program graduate who completed a distance BSN through the University of Victoria, Beth enjoyed working in clinical practice and raising a family for many years. But when the time came to focus on her own interests again, she was eager to explore graduate studies at UBC. "I really wanted the opportunity to go to class and have that rich interaction with peers, colleagues and faculty."

"All of those things were obvious when I applied, but other things became obvious once I began," says Beth. "Being part of something so creative and successful has been a wonderful experience – unlike any other in my career. The most significant benefit for me has been that this degree has given me the tools I need to practice as an educator. Before I became aware of the program, I recognized that in any leadership role we need to function as both an educator and an administrator. The Pathway Project focused on education, which was great, but it also allowed me to build in electives, which I used to address the administrative side."

The focus of Beth's new position is on patient education and support for professionals who have education as a component of their role. In her new capacity, she is integrating a number of patient education strategies so that duplication within the system is avoided and professionals have one co-ordinated source for information that will support patients and families. "Part of my job is to bring together stakeholders and determine what is essential for a specific patient population to understand. It is so important that they be given consistent information whether they are in acute care or in the community," Beth says.

"The Pathway gave me the tools to function in a leadership role," Beth explains. "It was great being part of that first group as the program was being created around us." She also recalls being deeply inspired by the collaborative leadership between health authorities, universities, government and the nurses' union that she observed throughout the project. "These groups modeled what can happen when you sit down together with a commitment to a common goal."

Dr. Angela Wolff, a recent UBC Nursing doctoral program graduate who is Director for Clinical Education, Professional Practice and Integration for Fraser Health, and Educator Pathway Project lead for that region, emphasizes how important such roles are for an evolving health care system.

"Clinical education specialists like Beth can help professionals make that important shift between feeling competent in their own skills and being comfortable teaching others what they know." As she explains, "We try to include strategies that nurses can take and put into their practice immediately, like creating a learning plan, choosing words that patients understand, discovering ways to link with colleagues to improve practice or gaining the confidence to give an effective presentation."

"Both Vancouver Coastal and Fraser Health Authorities have benefited from being able to support some of their excellent nurses to expand their educational skill-sets in partnership with the province's leading university programs," says Pat Semeniuk, Regional Director for Learning and Career Development at Vancouver Coastal Health and a UBC Nursing affiliate faculty member, who serves as project lead for the Educator Pathway Project. Although it would normally have been difficult for Beth to complete graduate studies in a timely manner because of her clinical nursing commitments, the Educator Pathway Project provided tuition support, funded release time to attend classes, and a community of scholarship to support her learning program, all of which made an enormous difference to her ability to fully engage in the available opportunities to learn. ⓣ

Graduating students and several representatives of the EPP partnership at the November graduation celebration (L-R: Cora McRae (Fraser Health), Pat Semeniuk (Vancouver Coastal Health)Beth Davis, Sally Thorne (UBC), Marion Clauson (UBC), Angela Wolff (Fraser Health) and Mary Van Osch).

List of Conferences

Conference Sponsor Name of Conference Date	Focus of Presentation/Title	Presenters	Listed Authors
BC Academic Health Council "Practice Makes Perfect" International Conference Vancouver, BC November 4-7, 2007	Preparing a Nursing Workforce to Advance Health Services: A 3-Year Pilot Project to Build Capacity Project Overview	Kathy Scarborough	Pat Semeniuk Kathy Scarborough Maura MacPhee Jane Milliken Marion Clauson
Canadian Association of Schools of Nursing (CASN) Kingston, ON November 21-24, 2007	Working Collaborative with Partners and Curriculum Development	Carol McDonald (UVic), Linda Frost	Carol McDonald Linda Frost Cora McRae
Ethel Johns Research Day Vancouver, BC February 2, 2008	Educator Pathway: A Moral Choice for Positive Learning Environments	Lynne Young (UVic) Linda Frost	Kathy Scarborough Cora McRae
Western Region Canadian Association of Schools of Nursing (WRCASN) Victoria, BC February 21-23, 2008	Educator Pathway: Generating Educator Competency to Create Optimal Interconnected Learning Environments	Carol Mc Donald Cora McRae	Carol McDonald Marion Clauson Cora McRae Linda Frost
CASN Academic Leadership Conference Toronto, ON May 8-11, 2008	Negotiation: Nursing Academics in Innovative Intersectoral Partnership	Carol McDonald Marjorie McIntyre	Carol McDonald Marjorie McIntyre Noreen Frisch Jane Milliken
BCNU Conference Burnaby, BC May 16, 2008	Educator Pathway: Creating an Educator Pathway through Partnership	Marion Clauson Susan Johnston Susan Martel Cora McRae	Marion Clauson Cora McRae Susan Johnston Susan Martel
NETNEP International Conference Research & Innovation in International Nurse Education Dublin, Ireland June 2008	Building Nurse Educator Capacity through Partnership: An Innovative Career Pathway Model	Marion Clauson Patricia Wejr	Jane Milliken Patricia Wejr Kathy Scarborough Pat Semeniuk Sue Murphy Cora McRae Linda Frost
Registered Nurses Association of Ontario Education for the Future of Nursing Toronto, ON October 29-30, 2008	Building Capacity through Innovation. Building Capacity through Building Partnerships and Relationships Across Sectors	Marion Clauson Linda Frost	Marion Clauson Linda Frost Cora McRae
Canadian Nurses Association Leadership Conference…Leaders in Action: Mobilizing Nursing Leadership Toronto, ON February 8-10, 2009	Senior Nurses: An Untapped Resource	Jane Reidel	Jane Reidel

Conference Sponsor Name of Conference Date	Focus of Presentation/Title	Presenters	Listed Authors
Canadian Nurses Association Leadership Conference…Leaders in Action: Mobilizing Nursing Leadership Toronto, ON February 8-10, 2009	Theme: Integrating Education and Practice to Support Leadership – Embracing the Nursing Leadership and Wisdom of our Senior Nurses	Cora McRae Jane Mossop Patricia Wejr	Cora McRae Marion Clauson Patricia Wejr Linda Frost
BCNU National Nursing Week Conference: Sharing our Successes: Surviving and Thriving at Work – Best of BC Innovations Vancouver, BC May 12-13, 2009	Legacy Mentor Project http://www.workingtv.com/sharing-our-successes-2009.html#innov	Heather Straight Jane Mossop	Heather Straight Jane Mossop
CHSRF/CIHR CHAIR HHR in Nursing: The Research and the Reality Vancouver, BC September 30, 2008	Cross Sector HHR Initiative	Pat Semeniuk	Pat Semeniuk
WRCASN: Teaching from within: Supporting Nurse Educators for the Future Calgary, AB February 19-21, 2009	Redefining Curriculum: The Nurse Educator Pathway Project	Lynne Young Marion Clauson	Lynne Young Marion Clauson Cora McRae Linda Frost
WRCASN: Teaching from within: Supporting Nurse Educators for the Future Calgary, AB February 19-21, 2009	Supporting Career Mobility for Nurse Educators	Jane Milliken Linda Frost	Jane Milliken Marion Clauson Linda Frost Cora McRae Pat Semeniuk
BC Focus on Innovation Vancouver, BC February 2009	Project Overview Poster	Michael Davis Pat Semeniuk	Kathy Scarborough Pat Semeniuk Linda Frost Michael Davis Cora McRae Patricia Wejr Sally Thorne Carol McDonald
Ethel Johns Vancouver, BC February 2010	The Process of Transition to a Nurse Education Leader: The Lived Experience of Educator Pathway	Kathy Scarborough Heather Straight Tracy Schott	Kathy Scarborough Heather Straight Tracy Schott
NETNEP Nursing Education In a Global Community: Collaboration and Networking for the Future Sydney, Australia April 2010	Legacy Mentors: Translating the Wisdom of Our Senior Nurses	Marion Clauson Patricia Wejr	Patricia Wejr Marion Clauson Cora McRae Linda Frost Jane Milliken

Conference Sponsor Name of Conference Date	Focus of Presentation/Title	Presenters	Listed Authors
Canadian Association of Schools of Nursing (CASN) Winnipeg, MB May 2010	An Intersectoral Competency-Based Curriculum: The BC Nurse Educator Pathway	Lynne Young	Lynne Young Marion Clauson Frank Gillespie Linda Frost Cora McRae Carol Jillings
Canadian Association of Schools of Nursing (CASN) Winnipeg, MB May 2010	Redefining Curriculum: The Nurse Educator Pathway Experience	Lynne Young	Lynne Young Marion Clauson Frank Gillespie Linda Frost Cora McRae Carol Jillings
Canadian Association of Schools of Nursing (CASN) Winnipeg, MB May 2010	Legacy Mentors: Senior Nurses Sharing Their Passions and Expertise with the Next Generation	Marion Clauson	Marion Clauson Patricia Wejr Linda Frost Cora McRae Heather Straight

Appendix G: Summary of Literature Review

Intersectoral Literature Scan

A literature scan was conducted as part of the Educator Pathway project to identify models of collaboration between academic and health care service organizations within the context of nursing education. Three models were identified as being particularly relevant to the objectives and context of the Educator Pathway – two in Canada and one in the United States. Each model differed along with a number of dimensions that are detailed in the following table.

Summary of Three Models of Collaboration

	Clinical Teaching Scholar (Calgary model)	Adjunct Clinical Instructor (Saskatoon model)	Clinical Scholar (Colorado model)
Origin of Partnership	▪ Clinical Teaching Collaborative ▪ 3-year grant from Alberta provincial ministry ▪ University of Calgary, Faculty of Nursing ▪ Alberta Health Services, Calgary Health Region ▪ Mount Royal College, Faculty of Health and Community Studies ▪ Bow Valley College, Health and Community Care ▪ Informed by Clinical Scholar Model (Colorado)	▪ Saskatoon Regional Health Authority – Nursing Affairs and Nursing Development ▪ Saskatchewan Institute of Applied Science and Technology (SIAST) – Nursing Division ▪ Saskatchewan Ministry of Health (supportive role) ▪ Unions supporting project: Saskatchewan Government and General Employees' Union, and Saskatchewan Union of Nurses	▪ Colorado Center for Nursing Excellence Clinical Scholar Model ▪ University of Colorado Hospital (Denver) ▪ University of Colorado at Denver and Health Sciences Center (UCDHSC) School of Nursing
Qualifications	▪ RNs who have participated in an educational course on clinical teaching	▪ Baccalaureate prepared ▪ Practice expert	▪ Practicing expert with a Master in Nursing with focus on education ▪ Typically 5 years in their specialty + 2 years of employment with the clinical agency

Contractual Arrangements	▪ Project (Clinical Teaching Collaborative) provides salary replacement to the clinical agency for backfill	▪ Secondment agreement ▪ Pilots: five-week clinical rotation, 35 hours per week	▪ Clinical scholar (CS) is employed by clinical agency ▪ Holds clinical appointment with School of Nursing ▪ Clinical Affiliation Agreement is modified to incorporate clinical agencies' and schools' obligations ▪ Addendum specifies hourly salary and benefits for CS coverage of clinical rotations
Responsibilities	▪ Supervision and evaluation of up to two clinical practicum courses per year	▪ Adjunct Clinical Instructor (ACI) and faculty member jointly manage clinical groups ▪ Plan and implement student learning ▪ Evaluate progress	▪ Collaborate with faculty and clinical agency staff development educators to provide: ▪ Clinical instruction and supervision ▪ Coordination of student placement ▪ Evaluation
Recruitment and Selection	▪ Recommended by manager; ability of unit to accommodate; jointly selected by health agency and University/College	▪ ACIs selected jointly ▪ Recruited by managers	▪ CSs are (usually) recommended by clinical agency ▪ School and clinical agency jointly interview and select CSs
Salary	▪ Maintains employment on unit; salary and benefits are provided by clinical agency ▪ Clinical teaching scholars receive an honorarium for their work beyond clinical contact hours ▪ Receive funding credits for master's level courses ▪ Tuition covered by grant and credit conferred toward master's degree	▪ No details	▪ School of Nursing pays out hourly salary for rounds coverage

Training and supports	- Clinical teaching scholar provides educational preparation, orientation, and ongoing support - One-week course	- Orientation sessions - Role of faculty and ACI - Clinical teaching and student supervision - Evaluation of students - Evaluation of project	40-hour preparatory course - Scheduled lunch time seminars

EDUCATOR
PATHWAY