Large TLEF Project – Final Report

Report Completion Date: (YYYY/MM/DD)

PROJECT OVERVIEW

1.1. General Information

Project Title:	**The School of Nursing undergraduate flexible curriculum delivery model: a seamless approach for preparing future nurses**
Principal Investigator:	**Maura MacPhee**
Report Submitted By:	**Khristine Carino**
Project Initiation Date:	**April 1, 2016**	**Project Completion Date:**	**March 31, 2017**

1.2. Project Summary

When we applied for this TLEF grant, the UBC School of Nursing (SoN) was in the early stages of reviewing the undergraduate curriculum towards submitting a revised curriculum for Senate approval targeted for September 2016. New course descriptions and learning objectives were being planned, with a flexible learning delivery model to better meet student learning needs. The purpose of this TLEF project was to develop, implement and evaluate a seamless curriculum delivery model for the undergraduate accelerated program (20 months). Our proposed model had four linked components: online learning, in-class active learning (e.g., case-based), skills lab simulations and community-based experiential learning. Recognizing that health care continues to evolve rapidly due to shifting population needs, globalization and technology; the flexible curriculum delivery was seen as enabling the SoN to keep pace with health care trend and better prepare our future nurses. Other project objectives were: faculty development (to sustain flexible delivery model post-funding); and enhanced community engagement through purposeful academic-health authority collaborations. Project achievements (deliverables) are summarized in Table 1. The Senate has approved the implementation of the revised curriculum effective September 2017.

1.3. Team Members – *(Please fill in the following table and include **students**, undergraduate or graduate, who participated in your project).*

	Nursing Program	
Cathryn Jackson	Senior Nursing Instructor, Nursing Clinical Skills Lab Coordinator	Co-investigator
Elsie Tan	Senior Nursing Instructor, Clinical Practice Faculty Lead, Community Health Initiative of University Students (CHIUS) Advisory Council, UBC Health Nursing Representative	Co-investigator
Wendy Hall	Professor, AD Graduate Programs, School of Nursing	Co-investigator
Suzanne Campbell	Director, School of Nursing (simulation expert)	Co-investigator
Ranjit Dhari	Lecturer, School of Nursing	Team Member
Joanne Ricci	Senior Instructor and BSN Coordinator-levels 2,3,4 School of Nursing	Team Member
Chandra Waddington	Lecturer, School of Nursing	Team Member
Khristine Carino	Flexible Learning Coordinator, School of Nursing	Project Manager
Namsook Jahng	Instructional Designer, CTLT	Facilitator, Curriculum review workshops
Carrie Hunter	Curriculum Consultant, CTLT	Facilitator, Curriculum review workshops
Andrea Han	Associate Director, Curriculum & Course Services	Consultant, Curriculum review

Student Impact – *Please fill in the following table with **past**, **current,** and **future** courses and sections (e.g. HIST 101, 002, 2017/2018, Sep) that have been/will be impacted by your project, including any courses not included in your original proposal (you may adapt this section to the context of your project as necessary).*

Course	Section/Term/Academic Year
N302 Foundations of Professional Practice	
N303 Introduction to Professional Nursing practice: Adults/Older Adults	
N304 Relational practice-first level	
N305 Introduction to critical inquiry	BSN cohorts from SY 2017-2018 onwards, until the next curriculum revision.
N306 Leadership, ethics, policy-first level	
N333 Professional Nursing Practice with Childbearing women, infants and their families (Maternity)	

and Populations
N337 Professional Nursing Practice with Adults, Older Adults and their Families
N343 Leadership, ethics, policy-last/third level
N344 Nursing Synthesis Project/Capstone
N 335 Professional Nursing Practice with Adults Living with Mental Illness and their Families

1.1. Products and Achievements – *Please __update__ project products and achievements as necessary.*
   Indicate the current location of such products and provide an URL if applicable.

Product(s)/Achievement(s):	Location:
A. CURRICULUM DELIVERY TRANSFORMATION	
1. Standardized template to guide course delivery redesign	**1. BLENDED LEARNING TEMPLATE is available in three online repositories as follows:** (a) Connect- Nursing Sandbox Course Course URL: https://connect.ubc.ca/webapps/blackboard/execute/launcher?type=Course&id=_81231_1&url= • Login ID: lwrite • Password: CNIEAward2016. (b) UBC Blog http://blogs.ubc.ca/flexiblelearningtemplate/ (c) UBC Nursing Portal Flexible Learning Folder (TLEF 2016-2017 Course Design Templates) http://bit.ly/2nGrdJJ **2. E-MODULE PLANNING & DESIGNING & DEVELOPING WORKSHEET** http://blogs.ubc.ca/flexiblelearningtemplate/2017/03/27/forms-and-information/
2. Curriculum delivery map that provides a visual schematic for how core content will be delivered per course and across the curriculum	Curriculum Mapping work sessions were held for N336 (Community Nursing) and N334 (Pediatric Nursing) to: (1) Explore shared content which could be delivered together via Flexible Learning (FL) and other methods, (2) Impact (advantages and disadvantages) of a 13-week rotation on lecture hours and clinical placements, and (3) Identify support needed from CTLT and the FL Coordinator in the development of FL modules. Due to shifting priorities, additional work sessions for N335 (Mental Health) and N333 (Maternity) were cancelled, as well as the deployment of the Curriculum Mapping survey which was aimed to be distributed to SoN faculty. **The CURRICULUM MAPPING SURVEY QUESTIONNAIRE** is at this link: https://survey.ubc.ca/s/SoNcurriculummapping/
3. Curriculum redesign work sessions (i.e. milestone: facilitate curriculum delivery redesign)	*Work sessions were made possible by funding from the Elizabeth Kenny McCann scholarship awarded to Dr. Maura MacPhee, as "in-kind" contribution of the UBC School of Nursing to this TLEF project.* **UBC Nursing Portal Flexible Learning Folder (TLEF 2016-2017 Curriculum Development Review)** http://bit.ly/2oJcGvO **EKM Blog** **1. Curriculum Re-Imagination and Transformation, Dr. Karen Theobald, Queensland University of Technology, Oct 11, 2016** http://bit.ly/2nsNQQV

http://bit.ly/2os0y38

4. Accelerated Program Models for Undergraduate Nurses, Dr. Bernie Garrett (UBC) and Dr. Joanne Ramsbotham, Queensland University of Technology, April 25. 2016.
http://bit.ly/2okBMF3

1. 16 new community based clinical experiences	*Achieved 29 new community-based projects for students. **List of projects and community partners:** https://blogs.ubc.ca/communitynursingmatters/synthesis-projects/
2. Documentation of community-based activities: faculty and student perspectives	**1. Community Nursing Matters Blog** www.blogs.ubc.ca/communitynursingmatters **2. Synthesis Project Videos** blogs.ubc.ca/communitynursingmatters/synthesis-projects/videos/ **3. UBC Nursing Portal Flexible Learning (TLEF 2016-2017 Community Engagement Synthesis Projects)** http://bit.ly/2nGFIx7
3. Evaluation tools for community engagement activities	**1. Community Engagement Formative survey- mentors** https://survey.ubc.ca/s/formsurvmentors/ **2. Community Engagement Summative survey- mentors** https://survey.ubc.ca/s/summsurvmentors/ **3. Community Engagement Formative survey-- students** https://survey.ubc.ca/s/formsurvestudents **4. Community Engagement Summative survey - students** https://survey.ubc.ca/s/summsurvstudents/
4. Co-developed simulation scenarios to offer to our nursing students and health authority nursing staff at health authority sites	Faculty focused on Curriculum Transformation.
C. CONCENTRATED BLENDED COURSES	
1. Delivery redesign of 75% of our courses by the end of Year 1 funding	Faculty opted to delay incorporating more blended learning strategies in their courses, as changes to course content was expected in a revised curriculum.
2. 10-25% blended options per course for all undergraduate courses (currently 23 courses)	Current inventory of courses with Flexible Learning methods, based on a report submitted in December 2015 is in **Appendix 1** (see separate .pdf file).
3. Create a blended learning inventory of actual/potential content	

customized

D. MEASUREMENT OF ENHANCEMENT OF STUDENT LEARNING AND EFFECTIVENESS

Competency assessment screening tools for each of our 4 undergraduate program levels and co-developed simulation scenarios to offer to our nursing students	Due to shifting priorities, only one competency assessment screening tool was developed. Level 1 Critical Competencies Rubric **-See Appendix 2** (separate .pdf file).

D. ENHANCING INTERACTION AND COMMUNICATION

Monthly SoTL brownbag lunches and project workshops for academic and clinical faculty and our health authority partners authority nursing staff at health authorities sites	*These events were made possible by funding from the Elizabeth Kenny McCann scholarship awarded to Dr. Maura MacPhee, as "in-kind" contribution of the UBC School of Nursing to this TLEF project. **Teaching Matters Blog** www.blogs.ubc.ca/teachingmatters
Faculty Development Plan	**RESOURCES** **UBC Nursing Portal Flexible Learning Folder (TLEF 2016-2017 Faculty Development)** http://bit.ly/2nUTaiY **1. Developing your teaching dossier** **2. Professional Practice (professional practice team and description)- See also Appendix 3.**

1.2. Item(s) Not Met – *Please list intended project products and achievements that were not attained and the reason(s) for this.*

Item(s) Not Met:	Reason:
A. CURRICULUM DELIVERY TRANSFORMATION 1. Final deliverable: redesign of 75% of courses C. CONCENTRATED BLENDED COURSES 1. Blended learning inventory or online content per course (commercial, customized): 10-25% of course content/per course offered online 2. Blended Learning Workshops	The undergraduate faculty have had numerous meetings to coordinate 13-week theory/clinical practice options. We have explored how to combine pediatrics with community health (N334-N336), and maternity with mental health (N333/N335). We have encountered insurmountable problems with obtaining sufficient clinical placements and instructors. Our faculty discussed whether or not we should continue to pursue this initiative, and we have agreed to close our work on 13-week combined clinical courses and focus our energies on a new curriculum.

PROJECT EVALUATION

Curriculum Delivery Transformation

- No evaluation methods were conducted. However, recommendations from the results of Work Sessions (CTLT-facilitated curriculum review sessions and N334/N336 13-week rotation feasibility study) were considered by the SoN Curriculum Transformation Committee. The proposed revised curriculum was approved by the UBC Senate for implementation starting September 2017.

Enhanced Experiential Learning Opportunities

- Formative and summative surveys were deployed to students and community mentors. Recommendations from both students and mentors include: (1) Longer period of time for planning and implementation of community-based projects, (2) Ensure project expectations from both students and mentors coincide, (3) Provide internal (i.e. SoN) funding for materials needed for the projects, (4) Consider long-term projects that will be implemented with the participation of succeeding cohorts of nursing students.

Concentrated Blended Courses

- Due to shifting priorities, there was no evaluation for this item.

Enhancing Communication and Interaction

- No evaluation conducted.

*data was analyzed, and perceived limitations. **Note: Please attach copies of data collection tools (e.g. surveys and interview protocols) and any additional data or other relevant items.***

Online surveys were deployed to evaluate Community Engagement activities. These surveys targeted students and community mentors, and data was analyzed qualitatively. The surveys are available at these links:

1. Community Engagement Formative survey- mentors
https://survey.ubc.ca/s/formsurvmentors/

2. Community Engagement Summative survey- mentors
https://survey.ubc.ca/s/summsurvmentors/

3. Community Engagement Formative survey-- students
https://survey.ubc.ca/s/formsurvestudents

4. Community Engagement Summative survey - students
https://survey.ubc.ca/s/summsurvstudents/

presentations, invited talks, etc.) in which you or anyone from your team have or intend to disseminate the outcomes of this project.

Event	Date	Venue	Recipients
Institute for Healthcare Improvement (IHI) Quality & Safety Forum	Dec 7-10, 2016	Orlando, Florida	Ranjit Dhari
BC Patient Quality Forum	Mar 1-3, 2017	Vancouver	Ranjit Dhari Maura MacPhee Rebecca Anthony Mariam Koocheck Khristine Carino
Design and Innovation day UBC APSC	Apr 7, 2017	UBC	Ranjit Dhari Rebecca Burns Brittany Kliment Shelby Slater Joanne Dhari Khristine Carino Maura MacPhee
C2U Expo 2017	May 3, 2017	SFU	Ranjit Dhari
UBC TLEF Showcase	May 4, 2017	UBC	Ranjit Dhari Khristine Carino
BCNU Education Day	May 15, 2017	Hyatt Regency, Vancouver	Ranjit Dhari Maura MacPhee Maryam Koochek Jessica Ardley Rebecca Burns Brittany Kliment Shelby Slater Katelyn Newell Paul Magennis Lauren Mair
IHI Open School Canadian Chapter Network (ICCN) Conference	Jun 10, 2017	UBC	Maryam Koocheck Ranjit Dhari Khristine Carino Maura MacPhee

TEACHING PRACTICES – *Please indicate if __your__ teaching practices or those of __others__ have changed as a result of your project. If so, in what ways? Do you see these changes as sustainable over time? Why or why not?*

ELSIE TAN, CO-INVESTIGATOR, SENIOR INSTRUCTOR, N344 COURSE LEADER
Professional development support is critical in helping faculty develop skills to manage a changing classroom configuration, and to examine pedagogically and pragmatically the integration of technology into the classroom.

RANJIT DHARI, TEAM MEMBER, LECTURER, N336 COURSE LEADER
For student projects we are collaborating more with some community agencies. The relationship and partnerships have become more established so agencies are contacting as with a request for student engagement and participation in their initiatives.

An example of this is the recent request from UGM for N336 students to participate in their once a year 'Summer Connect" event on June 14. Due to some structural changes by UGM the Foot care clinic we currently offer their guests was not offering the same learning opportunity for our students. We have discussed this concern with UGM staff member and requested for us to increase the number of clinics in 6-week rotation. UGM valuing the partnership with UBC SON N336 Course have been agreeable to this ask. UGM became a partner for 3 synthesis projects. Students built capacity of UGM staff on management of diabetes and also developed kits for them to use for a hypoglycemia.

Another example is the Turning Point program. N336 students were engaged with health promotion teaching to residents of the TP program. One of the participants now has become a regular speaker for N336 class presenting about his lived experience of being in residential school, foster homes and struggles with mental and substance use. TP became a partner for our student synthesis projects.

Some of these partnerships are sustainable because of having the relationship with the agency for lengthy time (some now going onto 3 years - UGM) and being in their agency on a regular basis to offer a service e.g. monthly foot care. Other settings are: Evelyn Saller, Pender clinic, Covenant House, Woodward School Strong Start, and Richmond Food Bank.

Challenges and requirements include:
- Time support building the partnerships, organizing face to face meetings, etc.
- Increasing understanding of the UBC SON program so agencies utilize us effectively.
- Funds to use as honoraria or to support student projects
- Capturing all the great work done. Someone like Khristine to support and assist us!

especially an increased appreciation for vulnerable populations. I strongly the contributions students have been able to provide will not only benefit their evolving nursing career but will also leave a lasting impression with the partnerships they formed. This is an invaluable way for the students to "give back to the community" while enhancing individual and group learning.

The acuity of patients who are discharged is ever increasing and the synthesis project is a great example of how students can be involved in all levels of nursing care. This plays out in the classroom as we work to incorporate more of the whole continuum of care--from hospital to discharge and continuing care at home. Students need to learn and appreciate that hospital care is a small portion of the individuals overall care. I can now highlight many aspects of this in the classroom--with a pediatric/family centred care lens--as a result of being involved in the synthesis projects.

Some examples where students were able to make significant contributions to the community, patients, and their family include: development of sex education modules for individuals with spinal cord injuries, foot care clinics for people on the DTES, development of a resource to teach and support staff at the UGM to identify and treat hypoglycemic crisis, reading circles, and outreach pet clinics for homeless individuals. These are just a few of the exemplary examples of student learning and contributions to our partners.

I believe this model of teaching and learning is not only sustainable but vital to the evolving needs of undergraduate nursing education. Faculty and students will be vital in identifying, developing and sustaining community partnerships so this area of nursing can continue to grow.

Moving forward, what we will need is faculty support to work with community programs and agencies to facilitate the development of partnerships to support student learning, funds to support student projects (often students need to purchase supplies such as laminating algorithms, purchasing supplies for the glucose kit, etc...), resources (with support faculty such as Khristine's role) to record and present student work, and time release to arrange meetings with potential partners.

PROJECT SUSTAINMENT – *Please describe the sustainment strategy for the project components. How will this be sustained and potentially expanded (e.g. over the next five years). What challenges do you foresee for achieving the expected long-term impacts listed above?*

The direct, short-term student benefits include:

1) A new curriculum delivery model that incorporates best teaching/learning practices and provides pedagogical and logistical flexibility;

2) New experiential learning opportunities in community-based settings. As healthcare shifts from hospital care to community care, our students will be poised to meet BC Ministry of Health population needs upon graduation;

Sustainable benefits include:

2) Ongoing, self-sustaining project initiatives through faculty training and development. By building faculty capacity, our faculty will be able to independently (or collaboratively) identify course content to offer online; maximize the use of existing resources (e.g., the SoN media room, the Applied Sciences LTRs, commercial resources); and produce and/or edit their own blended learning options for students. As new knowledge needs arise, faculty will be able to offer students more flexible learning options on an as needed basis;

3) An inclusive SoTL community for academic and clinical faculty and our health authority partners. We currently have faculty silos that diminish collaborative SoTL projects and research. Investment in academic-clinical faculty collaborations will provide better linkages and richer student learning opportunities across our curriculum. Our clinical faculty members are valuable liaisons with the health authorities: they nurture and support positive relationships between the SoN and the healthcare sector. Based on experience, these types of positive relationships enable our faculty to obtain quality student clinical placements that potentiate successful transition of students into employment positions after graduation.