DALHOUSIE UNIVERSITY

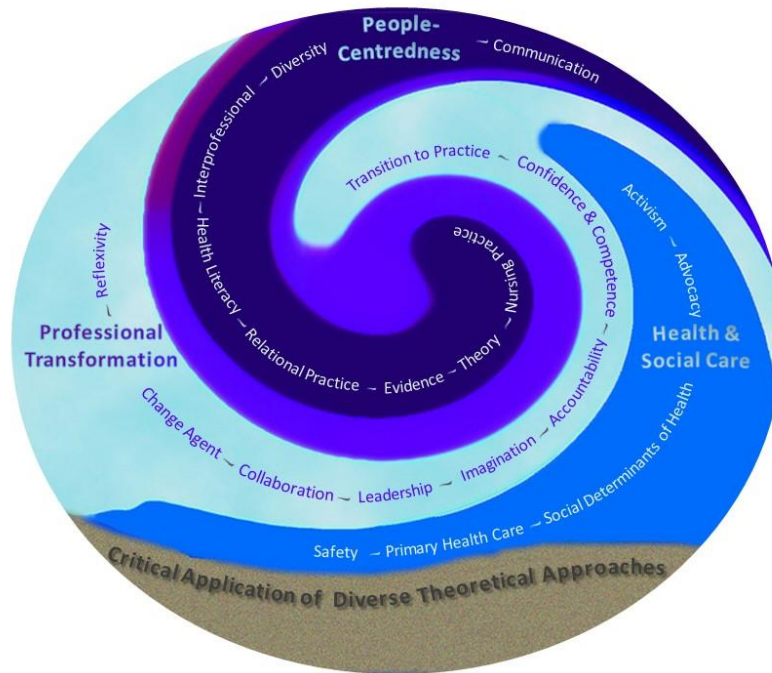# Bachelor of Science in Nursing Degree
Dalhousie University

Curriculum Manual

Editors: Dr. Mary van Soeren and Dr. Shelley Cobbett

Acknowledgements

Many people played a significant role in the planning and development of this updated baccalaureate nursing curriculum. Our students, both current and past, provided us with insights, thoughts, suggestions and feedback to enable us to see education through the eyes of those who are recipients of educators' ideas. Our patients and their caregivers similarly engaged us in discussions to provide direction for a curriculum that is centred on people, health and social care, and professional transformation. Colleagues in practice across all service sectors were responsive to our requests for feedback and willing to trust in the process as we developed this curriculum. A very special thanks to our faculty colleagues who participated in the many café style meetings, working groups, feedback sessions, and who were willing to navigate these waters with us. To the curriculum development team, we thank you for all of your hard work, persistence and dedication to excellence in education. Your collective wisdom has informed the pages of this manual. The guidance and critical feedback from members of the Dalhousie University Centre for Learning and Teaching always refocused us on the principles of learning and teaching – a very special thank you to Dr. Suzanne Le-May Sheffield for her ongoing support and endless hours critiquing our work and providing us with invaluable feedback. Heartfelt appreciation for Dr. Kathleen MacMillan, Director of the School of Nursing, for providing us with the resources, tools, encouragement and unwavering support throughout this process and being instrumental in making this curriculum a reality.

Members of other nursing schools across Canada were generous in sharing their thoughts, ideas and experiences with us as we embarked on this expedition. Thanks to Dr. david Gregory, University of Regina and Dr. Gayle Rutherford and colleagues at the University of Calgary for their support. Appreciation is extended to the internal and external people who provided reviews of our "work in progress" as this curriculum began to unfold. We have individually acknowledged those people/groups in this manual with brief descriptions of the nature of the review/feedback. Without all of these people the development of this innovative curriculum would never have been accomplished. Our colleagues in nursing education at Cape Breton University and St. Francis Xavier University participated and removed barriers to develop a strong collaborative relationship that will continue to transform nursing education in Nova Scotia. Members of the Nova Scotia Department of Health and Wellness and the Department of Labour and Advanced Education were also instrumental in opening doors to discussions across the province about the nature of nursing education in Nova Scotia and these conversations helped inform our curriculum.

It has been quite a voyage to finally come to our "Wave of Learning" Framework, and it is our hope that the joy we had engaging with others in this journey is reflected in the pages of this manual. The "yin and yang" ☯, harmony and balance, that we experienced during this curriculum development expedition will forever be a part of who and what we are. Everyone with whom we worked on this, the people in the health care and academic communities, became our eyes and our ears to ensure that we stayed focused. They kept, and will continue to keep, us accountable to our patients, and the nursing profession.

Mary van Soeren, RN, PhD and Shelley Cobbett, RN, EdD
Editors

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Section 1: Introduction

1.1 Background

In 2013-14 the Dalhousie School of Nursing (SON) determined the need to revise the current undergraduate nursing curriculum. The following document outlines the process and outcomes of current reviews of education and health care literature as well as consultations with stakeholders, other educators and faculty members. The revision resulted in a new highly integrated, 8 semester curriculum for students without previous university entry into Semester 1) and a 6 semester program for students with prerequisite university credits completed upon application (entry into Semester 3). To create this curriculum, members of the SON reviewed documents, held meetings with key stakeholders and experts, developed working groups and completed national environment scans of Canadian nursing school curricula and admission requirements. The systems framework from McCoy and Anema (2012) (Figure 1) was used for our process of curriculum development enabling integration of the mission, vision and values of the SON and the faculty members' philosophies of nursing and teaching and learning into the design of the revised curriculum. This preliminary work led to the adoption of a new pedagogical framework guiding program development and the identification of core themes. This reflection against a backdrop of the SON strategic plan and research pillars (See appendix A) created a new organizing framework for the undergraduate program. The review of the program and graduate outcomes was completed to maintain congruence with legislative changes for the practice of the Registered Nurse. Finally, evaluation of the revised curriculum and transition from the existing curriculum to the novel continuous program was mapped to enable transition for students and faculty. Dalhousie University Senate, which is the final internal approval body for university programs, granted approval for the curriculum in June 2015. Maritime Provinces Higher Education Commission (MPHEC), which is the external body that approves university programs in the Maritime Provinces, granted approval in November 2015 with a planned implementation in September 2016.

"Education is what remains after one has forgotten what one has learned in school"

Einstein

Figure 1: *Curriculum Development Guiding Framework:* **Systems Framework for Curriculum Development (from McCoy & Anema, 2012, p. 17)**
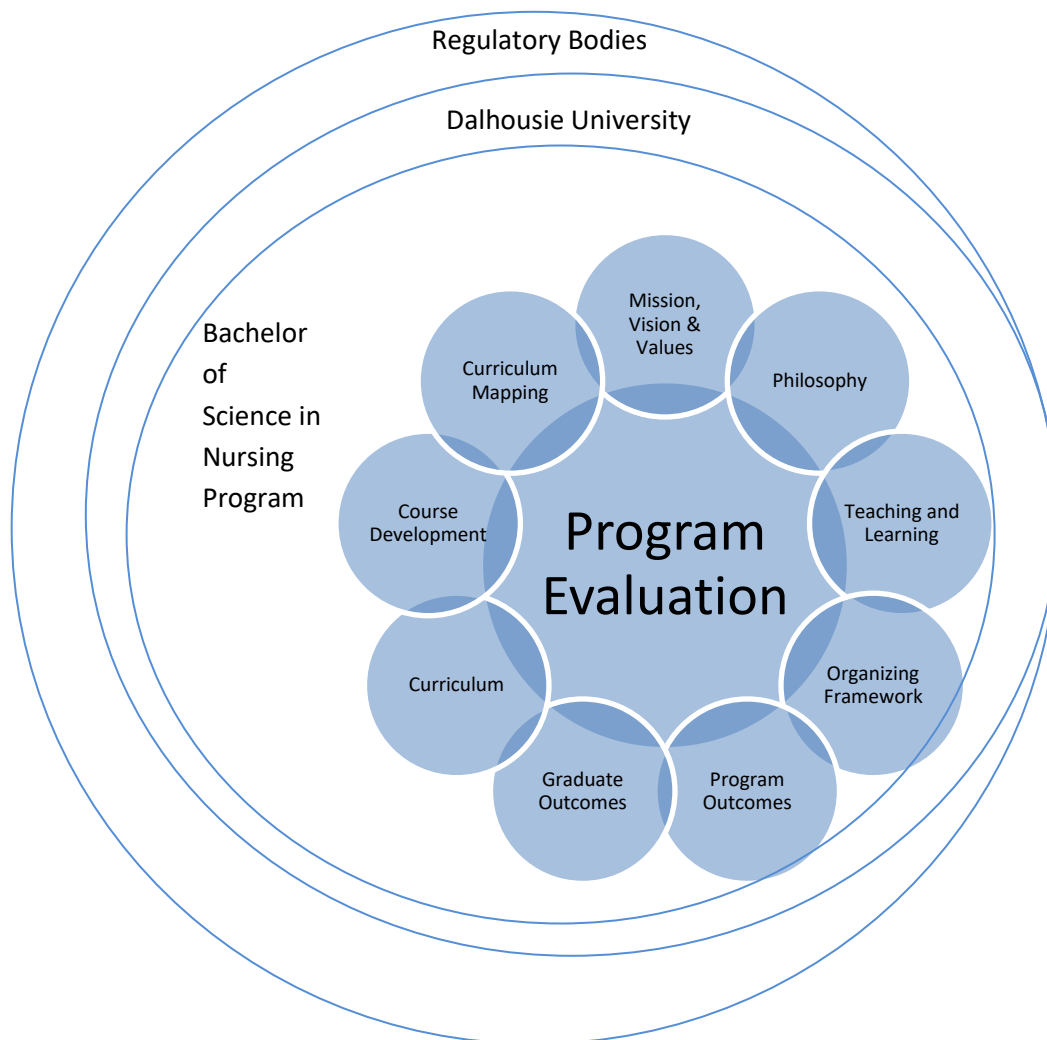
To develop the revised curriculum the following consultation process occurred.

A. Student program evaluation data: The Curriculum Development Working Group, a subgroup of the Undergraduate Studies Committee, reviewed 10 years of student program evaluation data. The highlights included:

   a. Students want more focused clinical opportunities
   b. There is a desire for specialization opportunities within a generalist undergraduate curriculum
   c. Eliminate repetition from courses and emphasize reinforcement of concepts across courses
   d. Faster transition to practice with more apparent linkages between theory and practice
   e. Flexible course scheduling and delivery

  f. Smaller class sizes and opportunities for research faculty to teach undergraduate students
  g. Greater emphasis on research and leadership in practice
  h. More opportunities for clinical service learning

B. Current Students and Practising Registered Nurses: Input into curriculum development was sought from Alumni, practising nurses that were part of the Nova Scotia Nursing Education Review and Dalhousie SON's most recent graduating class (August 2014 for the graduates of 2013). Information and feedback sessions were held at both campuses for current students, first engaging DUNS and Y-DUNS, followed by Year representative sessions.

C. Think Tank: The School of Nursing hosted an invitational think tank at Dalhousie University on November 8 - 10, 2012 on future directions for undergraduate nursing education. Responding to the Canadian Nurses' Association National Expert Commission Report *A Nursing Call to Action*, formal papers/presentations were invited from Dr. Barbara Mildon (President, Canadian Nurses' Association), Dr. Sarah Kagan (University of Pennsylvannia), Dr. Lianne Jeffs (Li Ka Shing Knowledge Institute, St. Michael's Hospital, Toronto) and the Rev. Dr. Tom Keighley, RN (consultant to the European Economic Union on nursing labour mobility). Participants included 15 representatives from service, education and policy who reviewed key papers in advance of the meeting and engaged in dialogue and debate on the preparations of nursing graduates to meet the needs of a rapidly changing health care system. Key messages coming out of the think tank included:

- the need to develop formal, structured partnerships between service and education to address quality and relevance of clinical practica and transition to practice;
- a need for creation of an inventory of innovations in nursing pedagogy for local application and testing;
- a need to create opportunities for students to specialize in a selected area of practice while retaining generalist preparation.

D. Onsite Visit Program Review: An onsite program review was conducted on January 27, 2014 by Dr. Judith MacIntosh, University of New Brunswick) and Dr. Kathleen Potempa, University of Michigan. This review was intended to provide insight into current issues that need to be addressed to enable the SON to move forward with planning for a curriculum revision. Key messages from this review include:

- Undertake a deliberate curriculum revision that sets the vision, philosophy, and framework for the 21st century Dal Nurse
- Align revision with the future directions of health care and the role of 21st century nursing
- Encourage the infusion of both the formal and informal curriculum with opportunities for faculty/students to discuss existing and emerging nursing science as it impacts care
- Pay particular attention to the *quality* of student engagement as opposed to *time intensive* engagement [e.g., quality and progression of clinical vs. hours of clinical]
- Make room in the curriculum for creative engagement and activity of faculty and students as the 'energy source' for innovation
- Find ways for the tenure track faculty to more meaningfully engage with undergraduates especially as role models for research and practice

E. National Environmental Scan: Data were reviewed related to other university nursing programs (12 of the U15 universities) and admission requirements prior to beginning

development of a new nursing curriculum. Nursing schools at an international level are all dealing with the same limitations of resources, content saturated curricula, increasing student admission numbers, and the nursing shortage.

    i. Some schools of nursing have already developed and are implementing an integrated BScN Curriculum, most in partnership with the service sector. For example, University of Calgary and McGill University

    ii. Some Canadian schools of nursing offer an exclusively 6 semester, 2 calendar year model (University of Toronto, University of British Columbia); it is also common as an option in most curricula in Canada and either an option or an exclusive offering in the USA (University of New Mexico and University of Michigan).

    iii. There is wide uptake of simulation learning in almost all nursing programs; Ontario invested $10M in simulation equipment for all nursing programs in 2005. The Dalhousie FHP invested $700K in upgrades to the simulation resources available to the School of Nursing in 2013.

    iv. Over 96% of nursing programs in Canada utilize innovative clinical placements (ICPs) and 63% of schools indicated that their use of Innovative Clinical Placements (ICPs) have increased over the past 5 years. ICPs promote student initiative, engagement, creativity in decision-making, critical thinking and professional relationships with communities.

F. Consultation with other universities

University of Calgary: Onsite visit with Associate Dean Dr. Gayle Rutherford and Curriculum Committee members: University of Calgary's Faculty of Nursing offer an 8 semester integrated nursing curriculum. Professor Shauna Houk, Assistant Director, Undergraduate Student Affairs and Dr. Shelley Cobbett, Co-Lead Curriculum Working Group, completed an onsite visit in Calgary in April of 2014. The faculty shared with us their curriculum development strategy, their innovative curriculum, and lessons learned along the way that helped to inform our Curriculum Development Group in order to strategically position Dalhousie's SON to avoid some of the challenges that they encountered.

University of Regina: Dr. David Gregory gave a presentation to members of the Faculty of Health Professions about the experiences derived in implementing a new curriculum at the University of Regina in June 2014. His presentation was entitled *Realize It Starts With You. At the Crossroads: Revolution in RN Education and Practice.* The main messages from his presentation were framed in the context of the Carnegie Foundation report (Benner, Sutphen, Leonard & Day, 2010): integration of classroom teaching with clinical practice, move from decontextualized knowledge to teaching for a sense of salience, from critical thinking to clinical reasoning and multiple ways of knowing, and from socialization and role taking to professional transformation. Nursing education is to prepare a generalist with opportunities for focused areas of practice. Dr. Gregory subsequently shared material from the University of Regina that helped to align the curriculum framework to continued course implementation.

G. Registered Nurse Education Review in Nova Scotia
In the fall of 2012, Nova Scotia began its' review of undergraduate registered nurse (RN) education programs in their province and to explore changes required to modernize and strengthen their quality, effectiveness, sustainability, and accountability. The Departments

of Health and Wellness and Labour and Advanced Education initiated work with Cape Breton University, Dalhousie University and St. Francis Xavier University to review current programs and delivery models, and strengthen them to better meet current population health and care delivery needs. The goal was to put the province in the strongest possible position to manage emerging population health needs and the changing nursing practices that will be required to meet them. Following establishment of a project charter, a steering committee comprised of university and government representatives, informed by an advisory group that included employer and regulatory body representatives, met and worked extensively since 2012 to develop a collaborative model that would enhance shared planning and delivery of effective RN undergraduate university education. Supporting evidence was gathered, a rapid synthesis review of nursing education models was commissioned and tabled, a paper proposing possible elements of a new model was circulated for discussion, and stakeholders from across the province were engaged to inform the work. After extensive deliberation, the steering committee came to strong and unanimous agreement on the elements of an exciting, new and collaborative model of undergraduate nursing education that puts Nova Scotia at the leading edge of education reform in Canada. The resulting report, Building Our Future, A New Collaborative Model for Undergraduate Nursing Education in Nova Scotia (http://novascotia.ca/dhw/nurses/documents/Registered-Nurse-Education-Review-in-Nova-Scotia-Highlights.pdf) included the following key points:

- Offer a rich mix of shared (common) services, resources and talents to students at each school while also providing specialized skills, programs and talents that are unique to each school.
- Provide a level playing field for students across the province while meeting regional and local needs.
- Improve the student experience within and across schools of nursing and in transition from student to professional.
- Meet the needs of employers in the service sector, including the knowledge and skill of generalist baccalaureate graduates entering highly specialized practice settings.
- Scale up access to distance education learning and a range of programs at each site.
- Reduce costs and duplication of effort and improve efficiency and effectiveness through shared purchasing and deployment of human and other resources.
- Clinical partners' expression of saturation of clinical learning placements
- To ease the burden of hiring and orientation on employers, two graduation dates rather than what occurs now when all nursing students all graduate in May
- Shorter time frame from admission to graduation
- Reduced attrition rates; greater retention as seen with increased enrolment of Advanced Standing Students
- Focused, concentrated clinical placement rotations at specific points in the semesters to ease student placement load and increase continuity of student experience

- Offer specialty focus learning opportunities
- Respond to global nursing faculty shortage through better utilization of current faculty expertise
- Collaborate with other Nova Scotia nursing programs
- Achieve smoother transition to practice for graduates

H. Dalhousie University's Centre for Learning and Teaching: Consultations with the Director for the Centre for Learning and Teaching included more focus on strategies for assessment and evaluation and providing feedback. The SON, in consultation with the Centre for Teaching and Learning, will develop and implement a comprehensive faculty development plan.

I. Dalhousie University School of Nursing Faculty Curriculum Development Sessions

Four faculty café style sessions were conducted by members of the Curriculum Development Planning Group, one at the Yarmouth Campus (June 26, 2014) and three at the Halifax Campus (July 9, 23 and August 13, 2014). A short presentation opened the session with six information stations throughout the room. Faculty were to circulate among the information stations and provide feedback for each of the six areas: current program changes for 2014-2015; program and graduate outcomes; philosophy of nursing; drivers for change; curriculum framework; and, as we move forward, "what are your dreams and fears". Each information station had a means of faculty providing feedback and/or editing draft documents. Approximately 85% of the faculty attended these sessions. Suggestions from faculty were incorporated into the draft curriculum framework used to develop the course foci.

A faculty meeting on August 28th, 2014 was attended by 95% of faculty. A summary of the feedback from the café sessions was presented and a plan for continued consultation developed. Two additional open discussion feedback sessions were requested by faculty members during this meeting. These open discussion faculty sessions were held September 18 and 19, 2014, to provide an opportunity for discussion and critique of a draft curriculum. Approximately 90% of faculty were represented at these two- four hour sessions. Feedback and input (verbal and written) was considered and integrated into the current version of the curriculum outline.

J. There were several key provincial, national and international documents that informed the planning and development of a new integrated curriculum. The concept-based curriculum is being considered or tried in many nursing schools both nationally and internationally (Giddens & Brady, 2007; Mitchell, Jonas-Simpson & Cross 2013). Common themes that guided curriculum development include: greater emphasis on situational learning and cognition, translated as the acquisition of comprehension through exposure to knowledge and concept application in the relevant practice environment (Benner, Sutphen, Leonard, & Day, 2010). Several Canadian Association of Schools of Nursing documents were reviewed related to undergraduate nursing education, innovative clinical placements, accreditation guidelines, to name a few. Appendix B contains a list of the major documents that were reviewed by the Curriculum Development Planning Committee.

K. Formation of a Nova Scotia Schools of Nursing Curriculum Committee: The three universities that offer nursing education in Nova Scotia formed a provincial committee as a forum for discussion of our respective programs as well as to ensure alignment with

some aspects (e.g. admission and progression requirements, sharing of resources, transfer options). This committee is continuing to meet as we implement our programs.

L. External Reviews: Two academic and practice nursing experts were presented with drafts of the curriculum revisions, the main conceptual framework and course structure (Appendix D). They were asked to comment on the curriculum design, the changes to Bachelor of Science (Nursing) program and underlying pedagogy driving the curriculum. Dr. Janet Rush has an extensive academic clinical and research background from Ontario and Dr. Janice Thompson is a Professor and former Dean of the Faculty of Nursing at University of New Brunswick. Both were chosen for their extensive background in nursing education, research, practice leadership and transition to practice expertise. These formal external reviews of the proposed curriculum changes were requested prior to completion of the proposal and the recommendations were incorporated into the proposal. In addition, an external review was completed in October 2015 by Dr. Brendan McCormack and two of his colleagues from Queen Margaret University with a specific focus on the conceptualization and integration of people-centredness. Comments and suggestions were incorporated into the curriculum framework.

M. Patient and Caregiver Experience Reviews: In keeping with the philosophical basis of a people-centred curriculum, the curriculum was presented to people with a past patient experience, or who were currently caregivers of family members, who volunteered to review our proposed curriculum, offering proof of concept and validation for the curriculum approach and integration. Former patients offered their comments, insights and suggestions to the proposed curriculum and viewed the transformation of "What's the matter?" patient focus to "What matters to you?" patient focus as a positive change in nursing's approach to practice from a people-centred perspective.

1.2 Mission, Vision and Values

The curriculum is advancing the vision and mission of the University, the Faculty and the School with an innovative 21st century integrated nursing curriculum that is people-centred while fostering an environment of learning and teaching excellence that is built upon collaboration and respect; preparing the professional and leader of tomorrow in an ever changing health care environment; and, facilitating novel people-centred partnerships within our local, national and global health communities. In addition, the curriculum contributes to Dalhousie University's Strategic Directions, specifically, commitment to excellence in teaching.

UNIVERSITY

Vision

Dalhousie inspires our diverse community to serve Nova Scotia, Canada, and the world through innovative and impactful teaching and research, world-class scholarship, a passion for learning, and a deep sense of social responsibility.**Mission**

To lift the intellectual, social, and economic vitality of our local, national, and global communities through an institution-wide commitment to a world-class student experience, interdisciplinary collaboration, and mutual respect and inclusion in all aspects of our academic, research, and civic priorities.

FACULTY OF HEALTH PROFESSIONS

Guiding Light (Vision)

We engage, explore, and educate to advance health. *Values*

- We strive for excellence
- We embed equity and inclusion in everything we do
- We embrace broad perspectives of health
- We care for our students, staff and faculty
- We collaborate with respect and reciprocity

We commit to viable growt**SCHOOL OF NURSING (Refer to Appendix A)**

Guiding Light (Vision)

Transforming health care through nursing education, research, and scholarship.

Values

- We strive for excellence
- We embed equity and inclusion in everything we do
- We embrace broad perspectives of health
- We care for our students, staff, and faculty
- We collaborate with respect and reciprocity
- We commit to viable growth

1.3 Program Description

The Bachelor of Science (Nursing) program prepares graduates with the academic foundation and evidence-informed professional competency to respond to complex health needs in an evolving health care system. Students critically examine, synthesize and evaluate knowledge to implement effective nursing care in a diversity of roles and settings. Graduates practice within intra- and inter-professional health teams and partner with individuals, families, groups and communities to promote, maintain and strengthen health.

1.4   Program and Semester Level Outcomes

1. Demonstrate application of people-centred nursing art and science through critical inquiry, commitment to life-long learning and evidence-informed practice.

1.1 Semester 3 and 4:

1.1.1.1   Articulate steps in the process of problem-solving and decision-making.
1.1.1.2   Describe sources of evidence for use in nursing decision-making
1.1.1.3   Propose strategies for meeting own learning needs.

1.2 Semester 5 and 6:

1.2.1.1   Identify clinical problems and possible strategies for addressing them.
1.2.1.2   Develop plans of care that are logical and evidence-based.
1.2.1.3   Evaluate nursing care according to client outcomes and standards of practice

1.3 Semester 7 and 8:

1.3.1.1   Use sources of evidence to develop and articulate plans of care

1.3.1.2   Use self-reflection as a means to evaluate learning
1.3.1.3   Articulate partnerships with clients and the role of registered nurses in managing complexity.

1.3.1.4   Synthesize evidence to contribute to imaginative and innovative future-oriented nursing practice and health system change

2.   Practice competently by applying the principles of primary health care with diverse clients in a variety of health care contexts and by responding to emerging trends, technology and concepts in health.

2.1 Semester 3 and 4:
2.1.1.1   Provide nursing care to individuals in the context of populations, community and family.
2.1.1.2   Discuss the roles of nursing: promotive, preventive, curative, palliative, rehabilitative, supportive.
2.1.1.3   Project the impact of specific health or illness issues on populations
2.1.1.4   Develop community interventions that are focused on resources and access in the community

2.2 Semester 5 and 6:

2.2.1.1   Describe the significance of alterations in health.
2.2.1.2   Identify the impact of a health alteration on client needs.
2.2.1.3   Describe the nursing roles and related competencies as they pertain to selected client situations.
2.2.1.4   Propose a plan of care that addresses client needs.

2.3 Semester 7 and 8:

2.3.1.1   Discuss the impact of selected health alterations on individuals, families and populations.
2.3.1.2   Describe preventive and health promotive strategies for selected individuals and families.
2.3.1.3   Explore various nursing areas of practice and nursing roles.
2.3.1.4   Transition to the role of the professional nurse.

3.   Communicate, collaborate and partner with clients, and other members of the health care team to increase capacity and enhance health of populations.

3.1 Semester 3 and 4:

3.1.1.1   Engage in introductory communication skills with clients and colleagues.
3.1.1.2   Identify potential barriers of effective communication and partnership.
3.1.1.3   Develop beginning skills in team communication and group dynamics.

3.2 Semester 5 and 6:

3.2.1.1   Communicate therapeutically with individuals when providing nursing care.
3.2.1.2   Establish partnerships with health team members and with clients.
3.2.1.3   Apply principles of primary health care to individual and family partnerships.

3.2.1.4   Communicate therapeutically with individuals, families and colleagues when providing nursing care.

3.3 Semester 7 and 8:

3.3.1.1   Communicate across a broad range of clients and stakeholders to plan and execute health related and health promotion interventions
3.3.1.2   Utilize multiple resources to facilitate development of healthy populations, communities, families and clients.

4.   Demonstrate ethical, legal and professional accountability in the practice of nursing and remain committed to professional competence through life-long learning.
4.1 Semester 3 and 4:

4.1.1.1   Discuss the legal parameters of nursing practice.
4.1.1.2   Discuss the Code of Ethics and ethical decision-making models.
4.1.1.3   Demonstrate understanding of the RN Standards of Practice.
4.1.1.4   Demonstrate accountability in the performance of nursing roles.

4.2 Semester 5 and 6:

4.2.1.1   Identify ethical issues arising in client situations.
4.2.1.2   Discuss the legal implications of specific issues in nursing practice.

4.3 Semester 7 and 8:

4.3.1.1   Describe ethical and legal implications inherent in nursing practice.
4.3.1.2   Demonstrate accountability in the performance of nursing roles.

5.   Influence nursing and health care through a social and political analysis of current health care issues and application of leadership skills.

5.1 Semester 3 and 4:

5.1.1.1   Discuss current nursing issues within the larger health care context.
5.1.1.2   Identify the social and political implications of selected issues.
5.1.1.3   Examine factors to be considered in planning to address selected issues.
5.1.1.4   Collaborate with colleagues in defining a nursing issue.

5.2 Semester 5 and 6:

5.2.1.1   Propose a range of strategies for addressing selected nursing issues.
5.2.1.2   Demonstrate initiative in addressing an issue in the context of the client.
5.2.1.3   Collaborate with colleagues and health care team members in designing an approach to addressing an issue in clinical nursing practice.

5.3 Semester 7 and 8:

5.3.1.1   Analyze current health care trends and suggest evidence-informed strategies to improve health for communities and clients.

5.3.1.2   Demonstrate strengths-based and transformational leadership and change management skills in beginning professional nursing practice

5.3.1.3   Critique the role of Registered Nurses in leading health care change.

1.5   Graduate Outcomes

Graduates of the BScN program at Dalhousie University demonstrate excellence in nursing practice. Specifically, our graduates will:

1. Be competent and accountable practitioners according to established professional and ethical standards

2. Demonstrate people-centredness in clinical practice

3. Be committed to critical inquiry, reflective, evidence-informed practice

4. Demonstrate ethical, legal and professional accountability in the practice of nursing

5. Be guided by knowledge of the determinants of health

6. Practice according to the principles of Primary Health Care

7. Embrace diversity and inclusion across a variety of health care settings

8. Be effective communicators and able to work in collegial interprofessional relationships with a variety of partners

9. Demonstrate strengths-based and transformational leadership and change management skills in beginning professional nursing practice

10. Influence nursing and health outcomes on a professional, social, and political basis

11. Transition successfully to practice

12. Demonstrate confidence and competence to work within an interprofessional team.

13. Be independent learners and information synthesizers to contribute to imaginative and innovative future-oriented nursing practice and health system change.

1.6   Philosophy of Nursing

- **Beliefs about the discipline of nursing**
  Nursing is practiced in the service of people (individuals, families, communities, locally and globally) as individuals or in teams, with a goal to improving people's lives and capacity to respond successfully to challenging circumstances – physically, biologically, spiritually, emotionally, and psychologically - as a whole, self-determined and valued individual within a particular context. Nurses advocate for a just society and evidence informed social and health system change; support people when they are unable to care for

"We are what we repeatedly do. Excellence then, is not an act, but a habit"

Aristotle

"Education is the most powerful weapon which you can use to change the world"

Nelson Mandela

themselves; teach and coach individuals and communities to attain, maintain and improve their health status and coping capacity; support existing strengths and advocate for choice; contribute as part of a health care team to health promotion and complex care requirements; engage in research and research application to contribute to greater understanding of phenomena affecting the health and lives of people and interventions to mitigate suffering and distress; lead evidence informed change in the interest of individuals and society; and support people and families to achieve a dignified, meaningful, and comfortable end of life. Professional nursing is regulated in the public interest according to standards of practice and ethical frameworks.

- **Beliefs about wellness, health, and illness**

  Health is the capacity of people to respond successfully to life circumstances and challenges, adversity, and developmental alterations in ability/function through the application of innate abilities and strengths, acquired knowledge and skills, and social, emotional and cultural support over the life span. Health is largely determined by factors outside of the delivery of health services.

  Illness is a temporary or ongoing alteration in capacity to respond that requires the application of self-care and/or support from a health professional. Alterations in ability to provide self-care, or care of a family member or significant other may require nursing knowledge and skill to support and provide specific care when self-agency is not adequate to meet care needs. Nurses expand people's capacity for self-agency and self-care to promote choice, self-determination and independence as defined by the individual through teaching, coaching, advocating, modelling, and involvement of other health and social care team members and social/community resources.

- **Beliefs about the recipients of nursing care and their respective role and responsibility in attaining, maintaining and improving health**

  Nursing is a people centered service to humanity. Nurses share their knowledge and expertise with people wherever they live, work and play, whatever their context. Nurses continuously seek opportunities to improve life context and access to factors (determinants of health) that largely impact health status, such as education, housing, food and water security and safety, gainful and meaningful employment, social support and protection from injury (self or external) and illness through effective and evidence informed advocacy, collaboration and leadership. Nurses work with people and communities to identify and augment strengths. Nurses function in teams of health and social care professionals, within complex adaptive systems when interacting with people locally and globally. Nurses have a professional and social responsibility to contribute to the achievement of a just society that raises opportunity for all to achieve a state of health and to contribute to individual and societal achievement, whatever their abilities and circumstances.

1.7 Philosophy of Learning and Teaching
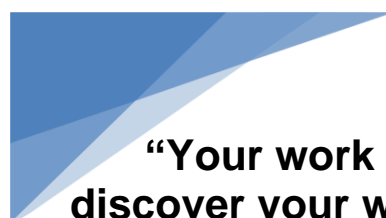
Teaching is not merely the transmission of content based knowledge but a genuine transformation of the learner. People-centred learning should transform the individual, leading to the beginning of a professional transformation. We seek to deliver a curriculum that is creative and prepares the learner for a people-centred practice that is complex, challenging, uncertain, and evolving within a changing health care system and world – for a career that may span several decades. Thus, professional transformation and learning to question, self-reflect, and to learn independently as a core professional imperative is more important than currently known content.

Faculty strive to foster the students' five minds as identified by Gardner (2008) within a learning environment that focuses on interactive significant learning experiences (Fink, 2013). Faculty advance the disciplined and synthesized minds (Gardner) through objective formative and summative assessment strategies (ex. NCLEX style multiple choice/response questions; case study analysis; standardized clinical evaluations). The respectful and ethical minds (Gardner) are promoted through analysis of the application of core professional values, ethical comportment, standards and moral conduct, providing assessment strategies that encourage students to think conceptually and abstractly; and, providing independent, interprofessional and collaborative assessment opportunities to enable students to understand and work effectively in groups, regardless of viewpoint. Lastly, and perhaps most importantly, faculty cultivate the creative mind (Gardner) to equip students with a way of thinking that enables them to be transformational leaders and change agents in a rapidly changing health care system, by providing a wide range of assessment strategies that encourage students to go beyond their current knowledge base and configure new ways of thinking, self-reflect, recommend new practices and formulate new visions. Nursing practice from a people-centred orientation requires maximizing the potential of all of Gardner's Five Minds, with the nurturing of the students creative mind leading to imaginative and novel new ways of collaborating with people to provide optimal health and social care, demonstrating the implementation of the art as well as the science of nursing.

Fink's (2013) Interactive Nature of Significant Learning, which is a revised and updated model since his first writing in 2005, includes six types of learning that move beyond understanding and remembering, and interact to provide significant learning for students. This interaction is accomplished through providing multimodal learning experiences. "In a powerful learning experience, students will be engaged in their own learning, there will be a high energy level associated with it, and the whole process will have important outcomes or results" (Fink, 2013, p. 8).

The six major categories in the taxonomy of significant learning are: foundational knowledge, application, integration, human dimension, caring and learning how to learn (Fink, 2013). *Foundational knowledge* refers to understanding and remembering specific information and ideologies; considered prerequisite knowledge for all other kinds of learning. *Application* requires the student to move beyond understanding to engage in action, which may be critical, practical or creative, leading to the development of certain skills. *Integration* occurs when students discover and understand the connections between different bits of knowledge they have learned and how the act of making new connections provides intellectual power. The *human dimension* refers to students learning something important about themselves, or about others, and enhances their ability to communicate and collaborate. *Caring* emerges when a learning experience changes the degree to which students care about something and is often reflected in the form of new feelings, interests or values, thus enforcing the importance of self-reflection for personal and professional growth. *Learning how to learn,* perhaps the most important for students in higher education, moves beyond reading, understanding, applying and memorizing, to enforce the importance of students learning about the process of learning itself, learning how to engage in different types of inquiry and how to become a self-directed learner, culminating in students continuing to learn in the future, beyond formal education, and to do so with great effectiveness.

"Your work is to discover your work and then with all your heart to give yourself to it"

Buddha

As nursing is a people-centred profession, it follows that teaching and learning should not only be

learner-centred, but also people-centred. Clinical and moral imagination is imparted through a coordinated and goal directed range of strategies such as integrated learning, narrative pedagogy, simulation, theme and context based, and learning and theory application. Professional formation (Benner, 2012) is engaged through active learning, encouraging questioning of received views and social norms and values through a commitment to curiosity and co-learning together (student and teacher). We effectively use technology to meet the contemporary learner where they are and guide safe and effective use of media based learning in a professional program. The traditional lecturer role elevates to the role of facilitation of learning.

Nursing, like many practice professions has the opportunity to apply theory to practice throughout the education of novices. Skilled, knowledgeable and engaged clinical teachers are essential to apply realism through theory application, integrated learning, a wide range of simulation opportunities and clinical and field placements in traditional and non-traditional settings (wherever people live, work and play and need nursing services including community, institution, home, residential care, across the care continuum and through care transitions).

Our teaching faculty create the conditions for significant learning to occur while supporting students to develop a stance of inquiry and creativity and effectively model professional roles, change management, and leadership. We are in the business of "growing colleagues" and changing the future of nursing practice; creating strategic partnerships, advocacy, modeling promotion of diversity of thought, acknowledging what the learner brings to the setting; guiding, coaching, instructing, evaluating and correcting as required. Through role modeling, valuing diversity, and fostering life-long learning skill acquisition, students will be better prepared to meet the demands of an ever-evolving health care system and contribute to population health goals.

1.8 Philosophy of Assessment

Faculty have a holistic view of assessment and evaluation of learning linking competence, confidence, integration and application in professional nursing practice. Good assessment methods reflect the stated course learning outcomes and are congruent with the major themes of the Curriculum Framework. Clearly articulated and documented, properly phrased, student-learning outcomes enable faculty to design evaluation matrices to provide clear guidance to students about expected learning outcomes (Boud, 1995). Student engagement and success is enhanced when the student clearly knows what is expected of them in relation to course assessment (Stevens & Levi, 2005). Assessment of learning is an ongoing process that occurs throughout all courses, not only at the end of a course.

During initial entry into the nursing program, students will be provided with an overview of "how to learn" and various ways of knowing in relation to learning how to learn. Our students are responsible for their own learning and bring a unique set of life experiences, knowledge, skills and backgrounds to the nursing program. They are recognized as self-directed, self-regulating and technically competent (for example, point of care technology experts) and acquire these skills by having these capacities nurtured and role modelled throughout the nursing program with the provision of significant learning experiences and opportunities to engage their disciplined, synthesized, ethical, respectful and creative minds. In turn, faculty can leverage this to become more creative in our ways of co-learning with them. Students are learners while they are in our program and will be prepared to be educators in the future, both formally and informally.

Grading has to be linked to learning outcomes and activities to properly inform students about the quality of their learning and inform teachers of the quality of their teaching methodologies (Walvoord & Anderson, 2010). A main premise is that assessment methods need to be constructed in clear and understandable language, correspond to student learning outcomes, be creative and foster ingenuity, and capture the essence of the information that is to be acquired within the course.

Faculty recognize the inherent power differential in a professor-student relationship and minimize this oppression through clear, detailed, and unambiguous assessment strategies with accompanying evaluation matrices that are embedded in the main curriculum themes, connect to the stated learning outcomes and reflect national (CNA, 2013) and provincial Entry-Level Competencies for Registered Nurses (CRNNS, 2013); and, educational standards for undergraduate education.

1.9 E-Learning Position Statement

"Nursing programs require appropriate resources for classroom, distance, online, laboratory, and practice learning, as well as emerging education modalities" (CASN, 2011, p. 3). Students at Dalhousie report that "online technologies are important to student learning [and] they can enable students to learn better and become more efficient with their learning" (Dalhousie University, 2013, p. 1). It is the position of the School of Nursing that excellence in nursing education and professional development can be attained by using the best practices of distributive learning.

- *Definition of E-Learning*

The term "E-Learning" refers to the use of a wide spectrum of technologies (e.g., email, discussion forums, blogs, collaborative construction websites, video conferencing, screen (video) casting, podcasting and mobile device applications) to provide educational and learning opportunities over distance and time. Student learning occurs in a variety of non-centralized locations. Educators and students can use distributive learning approaches in combination with traditional classroom-based, virtual classrooms, or distance learning courses.

- *Supported Types of Learning*

The SON supports the expansion of teaching modalities that allow increased access to education. This can best be accomplished by utilizing an array of instructional delivery formats that include, but are not limited to, the following:

> Traditional face-to-face (on campus) courses that maximize student interaction with educators, course content and instructional materials
> Digitally enhanced (web based) face-to-face lecture and lab courses integrating online, clinical simulation, and other digital resources
> Blended courses that provide more traditional approaches such as entirely on-campus laboratory instruction coupled with mainly or entirely online lectures
> Blended courses that provide online instruction followed by face-to-face collaborative problem solving or application of concepts and/or skills, e.g. flipped or inverted classroom
> Entirely online courses using various technologies

- *Advantages to Students:*

E-Learning approaches can help students to:

> Become more actively engaged in learning
> Access education from various sources

➤ Customize individual educational goals
➤ Find instructional styles that best fit their learning preferences
➤ Enhance flexibility in learning location and times
➤ Perform collaborative activities, e.g. create communities of practice or engage in collaborative learning with students from other professions and programs with varied schedules
➤ Increase utilization of diverse and current evidence to inform learning/practice
➤ Utilize their advanced access to resources to become course contributors as well as co-learners
➤ Enhance information literacy and the ability to use and create multimedia for knowledge translation
➤ Use distributive learning for health promotion, e.g. public service messages
➤ Develop skills in accessing and critically appraising sources of evidence to inform practice, planning, and policy development
➤ Build competence using technology to access and share information in situ to aid in decision-making and planning.
➤ Develop familiarity with distributive learning modalities that can facilitate access to future professional development opportunities

- ***Components Provided by Nursing Educators***

E-Learning can promote excellence in nursing education when educators can:

➤ Break down isolation due to distance and time
➤ Promote engagement in collaborative learning assignments within and between courses and programs
➤ Vary instructional delivery based on student needs and preferences
➤ Facilitate the expression of diversity of viewpoints on a particular topic to enhance the richness of learning
➤ Provide a wide range of content resources including current and real-world examples
➤ Provide opportunities for global connectivity

- ***Quality***

The technologies available to educators and students to facilitate distributive learning have advantages and disadvantages that need to be clearly understood by faculty, students, and administrators. The most important concerns to be addressed include certification and training of faculty for constructing a pedagogically sound course, copyright issues, online etiquette, and assessment of security and integrity.   Additionally, the instructional technologies must be designed to support and complement teaching and learning principles and facilitate achievement of requisite professional competencies.

"Stakeholder engagement- worth its' weight in gold, and more"

Richard Ketchen

1.10   Statement of Stakeholder Engagement

Our stakeholders are part of a scholarly community of practice with shared goals and objectives for implementing
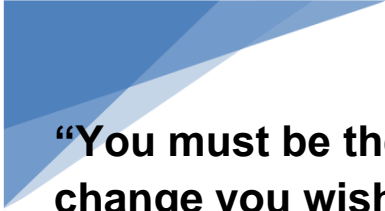
practice change by applying the best available evidence, implementing interprofessional and intra professional collaboration and people-centred, safe care across the continuum of care and the life span. Stakeholders include government and community leaders as well as the people who are recipients of nursing care. Consumers need to be engaged in nursing education as key informants, simulated patient actors, and as partners in research and knowledge generation. Health care delivery organizations have a shared responsibility in context teaching and learning as they are future employers and colleagues who model best practice in evidence informed practice, primary care coordination and interprofessional collaboration, teach about leadership, advocacy and change in complex organizations, and share in successful transition to practice and modeling need for life-long learning and professional service to people. A comprehensive stakeholder engagement plan was developed that enabled us to engage with other schools and faculties internal and external to Dalhousie University, Center for Teaching and Learning, Provincial Regulatory Body, Government Agencies, nursing practice leaders, current and past nursing students, practicing registered nurses, District Health Authorities, Clinical partners, High school Guidance Counsellors, Adjunct Faculty, the Nova Scotia Community College staff and prior patients of our health care system.

Section 2: The BScN Curriculum

2.1 Overview of the Curriculum

The revisions to the BScN curriculum reflect nursing as a unique discipline that is informed by nursing theory, research and critical application of diverse theoretical perspectives. The new curriculum builds on the previous program that emphasized principles of primary health care and social justice. The importance of understanding the influence of history and culture as well as the need for critical discourse to achieve understanding and emancipation of existing knowledge constraints was identified and led faculty to embrace a foundation of various theoretical perspectives, provided to students at various points throughout the program. Critically examining diverse theoretical perspectives enables students to consider power relationships in light of social equity and justice. The idea of emancipation is key because health care systems are in dire need of rebirth and future practitioners need the skills derived through the application of diverse theoretical approaches to nursing and learning to equip them for their future nursing practice role. The idea of "one size fits all" is no longer appropriate in 21st century nursing education as students need a variety of theoretical perspectives from which to practice, creating the ability and knowledge to be people-centred, and to change perspectives as required by an ever-changing population and health care milieu.

The Bachelor of Science in Nursing Degree is a 120 credit hour degree which offers students an integrated curriculum with vertical and horizontal fusion of core themes. The BScN Program is an 8-semester, 3-year program for students with no previous university education and a 6-semester, 2-year program for students with the required pre-requisite university credits/courses. There are two admission points into the one curriculum, occurring in September (for entry into Semester 1 and 3 students) of the academic year and May (for entry into Semester 3 students). Students

"You must be the change you wish to see in the world"

Mahatma Gandhi

entering from high school will start the program in Semester 1 and be required to complete 30 pre-requisite non-nursing credit hours during Semester 1 and 2. Students with the pre-requisite non-nursing courses/credits will enter the program in Semester 3 to begin their course of study. Students with prior post-secondary education or previous degrees will be considered for entry into Semester 3 of the nursing program, as long as they meet the admission requirements. Entry into Semester 3 students will complete 90 credit hours of nursing courses.

The structure of the curriculum is such that each term contributes to the learners' development through engaging with faculty, health care professionals and people with health care needs. There are opportunities for integrated learning throughout the program as well as flexibility for students to choose areas of focus in Semester 6 and 7 to enhance learning within a particular field of interest.

Clinical practica are completed each term, mostly in concentrated blocks of time so there is an opportunity for students to integrate the theoretical material taught in the first part of each term with experiential learning in the final weeks of each semester. Included in clinical practicum courses is simulation learning designed to augment, supplement and provide a safe environment for students to practice difficult or new interpersonal, psychomotor and relational skills.

The complexity of decision making and layering of concepts increases throughout the program to mimic clinical practice. In semester 3 the focus of learning is on beginning concepts of mental health and community theory, population health, primary health care and relational inquiry as these foundational concepts are threaded across all settings and situations where a nurse works in the health care system. Students will learn about respect, holism, power and empowerment, choice and autonomy, empathy and compassion, all pre-requisite learning for the implementation of people-centred nursing care. In semester 4 the students engage in community and family nursing through family interactions in health and social care settings across the life span with an emphasis on health promotion and injury/illness prevention, working with diverse families, vulnerable populations and marginalized people. In semester 5 students learn about acute health challenges, typically with clients in institutional settings, although any health care setting with people experiencing episodic illness may provide a learning opportunity. Students with work with families across the lifespan with episodic interface with the health care system. In semester 6 students are exposed to the complexity of restorative and rehabilitative needs of people in the context of ongoing health challenges and can choose to pursue an area of focus. In semester 7, an opportunity for individualized student driven learning is the focus with course and clinical learning designed to encourage service learning whereby Dalhousie students make direct contributions to the Nova Scotia health care system. In semester 8, a final integrative practicum allows students to complete their program in a variety of settings using mentorship and experiential learning. In the final 2 semesters students are encouraged to engage with the service sector while having faculty support and mentorship to frame and critically analyse the experience.

Although the SON will be graduating a generalist nurse, this program will have sufficient flexibility to enable students to pursue a focus area of nursing practice (e.g. oncology, perinatal, critical and emergency care, palliative care, mental health, public health). In this way students are exposed to opportunities to apply their learning in one area if they have a specific interest or have experiences across a broad range of practice specialties.

2.2 Curriculum Framework

Through an iterative process that involved responses from the faculty stakeholder consultation, the philosophy of education/nursing statement of the SON, review of the Mission, Vision and Values of the SON and Dalhousie University Undergraduate teaching, the SON Program

outcomes and objectives a framework for the curriculum was developed. The framework is represented by a blue ocean graphic representing our maritime ocean connection and indicates graduates from the Dalhousie Baccalaureate degree program are capable of moving into areas of uncertainty and unmet need in health care through education focusing on Health and Social Care, Professional Transformation and People-centredness. The foundation of our framework, the "beach", is a critical application of diverse theoretical frameworks. Both the sand and the ocean emphasize the shifting nature of professional knowledge encouraging transformation of the learner into a people-centred, dynamic and active nurse, through an understanding of nursing historically and into the future.

Figure 2: A Wave of Learning: Curriculum framework model for the Undergraduate Program at Dalhousie University School of Nursing
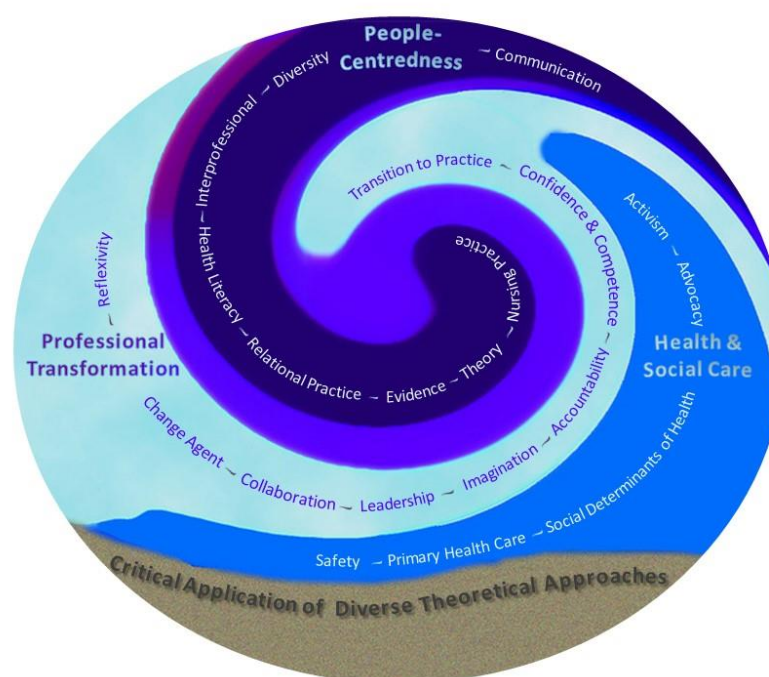
2.2.1 Core Foundational Themes

Our curriculum is centred on three foundational themes: People-Centredness, Health and Social Care, and Professional Transformation. These themes act to anchor the curriculum and learning and teaching into a central focus on health across populations and individuals as well as in the context of the political, social and personal aspects of people's lives. Graduates of our program will apply these themes to their learning and focus with this lens on how they enact their professional lives.

People-centredness has been defined in several ways but one element permeates all definitions- ensuring that the patient/family is at the center of care as an equal partner rather than

being a receiver of care on the periphery. Within our curriculum, people-centredness focuses on the nurse becoming a partner with the people that they engage with in health and social care, embracing respect, holism, power and empowerment, empathy, compassion and autonomy. People-centredness requires relational communication, information literacy and capacity to complete health assessments at the community and individual level. Application of skills learned will impact health and students will become partners with people requiring nursing care using participatory decision-making. Health and social care occurs across a variety of settings with diverse populations. Ultimately students will graduate to critically appraise all aspects of their professional role and activities and utilize, generate and apply evidence to practice.

Both person-centred care and people-centred care can be found in the literature. The SONs decision to adopt people-centredness as one of the three main curriculum themes is related to a broader inclusivity of the term people verses person. When asking current patients and caregivers about what they think about when we say person-centred care, many responded "But what about my family- they are also important in my care?" In making our decision we also took direction from the WHO (2015) Global Strategy on People-centred and Integrated Health Services. People is defined as individuals, families, and communities in local and global environments.

Operationalizing the SONs philosophy of teaching and learning, the faculty will facilitate professional transformation, self-reflection, and foster the students ability to practice people-centred care through questioning and becoming a self-directed learner as core professional imperatives are more important than currently known content. We seek to foster the development of five minds to enable students to impart clinical and moral imagination through a coordinated and goal directed range of strategies to collaborate with patients from a people-centred perspective. Our students are responsible for their own learning and bring a unique set of life experiences, knowledge, skills and backgrounds to the nursing program. They are self-directed; self- regulating; and technically competent and we can leverage this to become more creative in our ways of co-learning with them. Role modelling people-centred learning to and with our students is key to nurturing people-centredness nursing care.

Within the theme of **Health and Social Care**, students focus with increasing understanding of the complexity of the health care system across a variety of settings. The intention of Primary Health Care and the ability to apply these principles across settings forms a basis for practice. Students will learn to apply safety principles in health care across the system. Understanding the determinants of health, developing meaningful relationships and becoming activists in social and political issues will enable students to engage in health care change and focus on underlying health care drivers. Ultimately, students will graduate to engage and apply evidence from a variety of sources, to influence health and quality patient care as a shared interprofessional responsibility and be advocates for a healthy population.

Professional Transformation is a necessary core theme in education as it provides nurses with the competence and confidence to be leaders. Formation is one aspect of transformation, in that students do not begin our program as empty vessels waiting to be filled with knowledge, but rather begin nursing studies with preconceived beliefs, values and attitudes about self, nursing and health care. A goal of our curriculum is to transform their thinking and actions to achieve an understanding and commitment to be relational practitioners, practicing from a people-centred perspective. Students will be independent and interdependent health care professionals with a sense of professional accountability and ethical comportment that is required for innovators, change agents and imaginative practitioners. Nursing education forms the basis for ongoing transformational practice which will allow students to engage in practice, health care and culture required for 21st century nursing. Professional transformation will equip graduates for transition to practice in an uncertain and often difficult health care system, enabling them to practice and role model health and social care from a people-centredness perspective.

2.3 Interactive Nature of Significant Learning Fostering Five Minds

Fink's (2013) Model of Significant Learning is the basis for learning that occurs in the BScN Degree Program. Significant learning is more than putting course content information into the students' short term memory; it is learning that makes a difference in how people live (Fink, 2013). In this model, what students learn becomes part of how they think, what they are able to do and want to do, what they believe is true about life and what they value (Fink), leading to professional transformation, rather than narrowly facilitating socialization. There are two requirements to accomplish significant learning: providing multiple kinds of specific learning that extends beyond understanding and remembering (the disciplined and synthesizing minds); and, helping students connect what they are learning with what they already know, and creating different ways of acting and responding (the creating mind), grounded in respect for all individuals and guided by ethical underpinnings (the respectful and ethical minds). The nurturing of all five minds will assist the student in the application of the art and science of nursing from a people-centred perspective. The Taxonomy of Significant Learning is detailed in the table below

Table 2: Taxonomy of Significant Learning (Fink, 2013)

Major Category	Kinds of Learning
Learning How to Learn	• Becoming a better student • Inquiring about a subject • Self-directing learners
Foundational Knowledge	Understanding and remembering: • Information • Ideas
Caring	Developing new: • Feelings • Interests • Values
Application	• Skills • Thinking • Critical, creative & practical thinking • Managing projects
Human Dimension	• Oneself • Others
Integration	Connecting: • Ideas • People • Realms of life

The taxonomy is not hierarchical but rather relational and even interactive (Figure 3). This model demonstrates that each kind of learning is related to the other kinds of learning and that achieving any one kind of learning simultaneously enhances the possibility of the other kinds of learning being achieved. As a result, as educators we provide opportunities to learn in one area, knowing through the design of our program, significant learning can occur in other dimensions.

The Interactive Nature of Significant Learning provide a framework to guide the development of five minds in our nursing students, namely, the disciplined, synthesizing, creating, respectful and ethical minds (Gardner, 2008). The disciplined mind characterizes discipline specific knowledge, that is foundational knowledge (Fink, 2013), but goes beyond the accumulation of factual or

subject matter to learning to think in a disciplined manner (Gardner). The disciplined mind constitutes a distinctive way of thinking that extends beyond the acquisition of knowledge and the memorization of facts and provides students with a means of learning how to learn. To achieve a disciplined mind, educators must identify important concepts within the discipline, spend a significant amount of time in deep study of the concepts, using a variety of placements that enable students to apply, analyze and synthesize the concepts. The concepts need to be approached in a number of different ways to demonstrate diversity so students are open to a plurality of applications of the main concepts. Good pedagogical practices draw upon several intelligences while maintaining concept focus to deepen genuine understanding. Gardner terms this as conceptual agility, or the ability to creative minds. Lastly, to foster a disciplined mind, educators must provide students with ample opportunities to practice their understanding of the concepts in a variety of settings.

Figure 3: The integration of significant learning through development of simultaneous interconnected learning. (Fink, 2013)
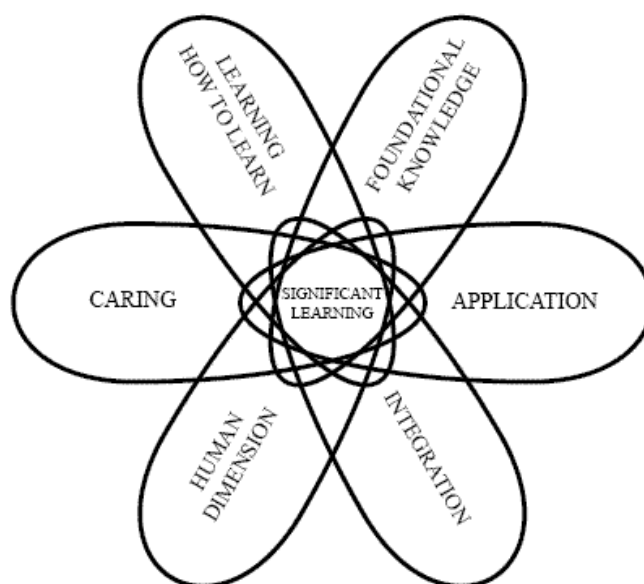
The synthesizing mind, which is paramount to cultivate for the 21st century nurse, requires that the student understand, integrate and objectively evaluate information from a variety of sources to reconstruct the concept application in ways that make sense to others as well as themselves (Gardner). Knowledge is accumulating at the speed of light, reportedly doubling every two to three years (Gardner). Individual learning is often domain specific so fostering the synthesizing mind will enable students to learn concepts that they then can generalize and apply in varying contexts for a broader understanding and application. Examples of kinds of syntheses include narratives, taxonomies, complex concepts, rules and aphorisms, powerful metaphors, images and themes, embodiments without words, theories and metatheory (Gardner). Synthesizing involves setting a goal of what the synthesizer wants to achieve, choosing a starting point and selecting a strategy, method or approach to work towards goal achievement, which will lead students to partnering with people that require health and/or social care, to co-develop goals and a plan of care, demonstrating a people-centred approach to nursing practice. In the Interactive Nature of

Significant Learning, the student using their synthesizing mind is learning and practicing integration. This links directly with findings from Benner who spoke of the need for greater emphasis on teaching for a "sense of salience, situated cognition and action", integrative teaching in all settings, using clinical reasoning and developing capacity to understand multiple ways of thinking and a movement from socialization in nursing to professional formation (Benner, Sutphen, Leonard & Day, 2010, p. 89)

The creating mind, which builds upon the foundation of the discipline and synthesizing minds, engages the student to put forth new ideas, pose questions, spark new ways of thinking to arrive at unexpected answers (Gardner). This mind is particularly important to enable students to practice the art of nursing and to collaboratively work with, and care for, people. Considering the Interactive Nature of Significant Learning (Fink, 2013), the creating mind directs the student to application of the knowledge learned with their disciplined mind and then synthesized to direct new ways of thinking and alternative practices. The creative mind emerges from the interaction of the nurse with the patient, a disciplined mind, the cultural domain in which an individual is working, and the social field which dictates that institutions provide access to relevant educational experiences and opportunities to perform within those environments. The creative mind requires that one think outside of the box, based upon the disciplined mind that has learned the foundational knowledge, and the synthesizing mind that has reconstructed the concept, to partner with the patient to provide people-centred nursing care.

The last two minds, the respectful and ethical mind, consider our relations to other individuals, operationalizing the caring and human dimension of significant learning (Fink, 2013). The respectful mind is concrete, avoids stereotyping individuals, and encourages students to understand others on their own terms, while simultaneously acknowledging and understanding their own beliefs, values and attitudes (Gardner). It is crucial that educator's role model respect for others, especially within the student-educator relationship, which often have an asymmetrical power relationship. The respectful mind enables the student to offer the benefit of the doubt to all individuals that they encounter, avoid "group think" and reserve censure while being open to the possibility that one's judgement may have been wrong.

The ethical mind involves an abstract way of thinking, the capacity to reflect explicitly on the ways in which one does, or does not, fulfill the role of the professional nurse (Gardner). This mind extends beyond the understanding and application of formal Codes of Ethics for nursing and ethical decision-making models to embrace professional transformation; what does it mean to do good work as a professional nurse? Although difficult to evaluate, Gardner directs us to the four Ms as signposts toward the achievement of good work: mission (explicit knowledge of one's goals); models (exposure to positive role models); mirror test- individual (asking "am I a good nurse?"); and, mirror-test- professional responsibility (asking "am I responsible and accountable for my actions as well as my inactions?"). These considerations need to become part of a nurses' mental architecture with preparedness to change course when reorientation is required, leading to assuming responsibility for the quality of nursing work; its excellence, its ethical tenor and its meaningfulness (Gardner).

Fostering these five minds, the disciplined, synthesizing, creating, respectful and ethical minds, provide foundational modes of thinking for students to engage in the Interactive Nature of Significant Learning, providing the basis for a people-centred nursing practice and professional transformation.

2.4 Integrated Learning and Team Teaching

Operationalizing the SONs philosophy of teaching and learning, the faculty will facilitate professional transformation, self-reflection, and foster the students ability to practice people-centred care through questioning and becoming a self-directed learner as core professional imperatives are more important than currently known content. We seek to foster the development of five minds to enable students to impart clinical and moral imagination through a coordinated and goal directed range of strategies to collaborate with patients from a people-centred perspective. Our students are responsible for their own learning and bring a unique set of life experiences, knowledge, skills and backgrounds to the nursing program. They are self-directed; self- regulating; and technically competent and we can leverage this to become more creative in our ways of co-learning with them. Role modelling people-centred learning to and with our students is key to nurturing people-centredness nursing care.

Collaborative (team) teaching is not a new concept, but the approach has resurfaced and found a new relevance in today's global economy (Dyrud, 2010). Collaborative teaching requires faculty to prepare and think about how they will teach what is needed within integrated courses and is different from preparing to teach single instruction-taught courses. Faculty members must work within a team and share the responsibilities of designing and implementing a course, capitalizing on active learning and providing significant learning experiences for students. Successful implementation of collaborative teaching requires administrative support, faculty commitment and is crucial for successful implementation of integrated curricula. Integrating collaborative teaching in nursing education involves collaboration among two or more faculty members assigned to a course in which they provide instruction dependently, interdependently and independently based upon their expertise (Robb & Gerwick, 2013) allowing for a more efficient use of faculty time, while enhancing quality educational experiences for nursing students.

Advantages of team teaching include: easing the pressure on resources; faculty teaching in their areas of expertise tend to be more enthusiastic and passionate about teaching (Yanamandram & Noble, as cited in Robb & Gerwick, 2013); students experience a variety of teaching methods within one course increasing students' interest in course material, critical thinking, and attendance (Gaytan, 2010); and, development of strong collegiate collaborative team relationships resulting in increased morale within a department (Buckley, 2000). On the other hand, disadvantages of team teaching have been identified and include: perceived lack of course ownership may be problematic , resulting from team members feeling the investment in this approach are minimal (Jacob, Honey, & Jordan, 2002); teams may experience personal conflict or members may lack commitment as a productive team member (Yanamandram & Noble, as cited in Robb & Gerwick, 2013); and, personal conflict within the team-teaching group may result in lack of course organization potentially compromising student–instructor communication and instructor-to-instructor communication (Dugan & Letterman, 2008).

For the student, a different learning environment may create anxiety especially among students with long-established traditional classroom expectations (Parente, Duck, Zhae, & Fizel, 2007) and they may express feelings of frustration and confusion when exposed to a variety of teaching styles. To mitigate potential student disadvantages, it is important for team members to clearly and carefully explain the format of the course, course objectives, and the course delivery to enhance the students' understanding of the dynamics of this teaching method (Helms et al., 2005; Sargent, Allen, Frahm, & Morris, 2009).

*"**Think left and think right and think low and think high.***

Oh, the things you can think up if only you try!"

Dr. Seuss

The importance of faculty professional development prior to the creation and implementation of integrated course design and team teaching is of paramount priority. The successful integration of team teaching is contingent upon building effective team partnerships that allow each member of the team to benefit from the advantages associated with this approach (Robb & Gerwick, 2013). Effective faculty partnerships provide a supportive network for addressing the potential disadvantages of team teaching and are built upon the foundational concepts of organization, collaboration, and communication further role modeling to our students the importance of working in teams. The overarching goal of learning within the SON is to provide meaningful and engaging learning opportunities to create a more overt and measurable link between theory in the classroom and application of theoretical knowledge in a practical setting, so that nursing students can explicitly recognize and engage more meaningfully with nursing knowledge and practice, ultimately leading to a skilled professional practitioner.

2.5 Detailed Course Creation Community of Practice

Faculty will design and implement integrated nursing courses utilizing significant learning experiences guided by the Interactive Nature of Significant Learning (Fink, 2013). The design guides faculty in course development that is simple, holistic, practical, integrative and normative (Fink). Learning goals, teaching and learning activities, and feedback and assessment must be connected and integrated with program outcomes and major curricular concepts. Course development will be guided by the 12 steps of integrated course design (Fink):

Initial Phase: Build Strong Primary Components

1. Identify important situational factors
2. Identify important learning goals
3. Formulate appropriate feedback and assessment procedures
4. Selective effective teaching and learning activities
5. Make sure the primary components are integrated

Intermediate Phase: Assemble to Components into a Coherent Whole

6. Create a schematic structure for the course
7. Select or create a teaching strategy
8. Integrate the course structure and the instructional strategy to create an overall scheme of learning activities

Final Phase: Finish Important Remaining Tasks

9. Develop the grading system
10. Debug the possible problems
11. Write the course syllabus
12. Plan an evaluation of the course and of your teaching

Procedural and approval requirements and processes required us to complete steps 1, 2, 9 and 11, leaving seven steps to complete once final program approval was received. When looking at the tasks left to complete, it became apparent that in order to have a highly integrated curriculum, the design phase also needs to be highly integrated with the selection of learning and teaching strategies and activities, the course structure and instructional strategy, as well as appropriate feedback and assessment procedures, all leading to the creation of a schematic structure for each course and semester. Adapting the remaining steps in Fink's course design model to reflect integration and to guide course detailed development is depicted in the diagram below. Dalhousie SON Course Development:

Figure 4: The integration of significant learning through development of simultaneous interconnected learning. (Fink, 2013)
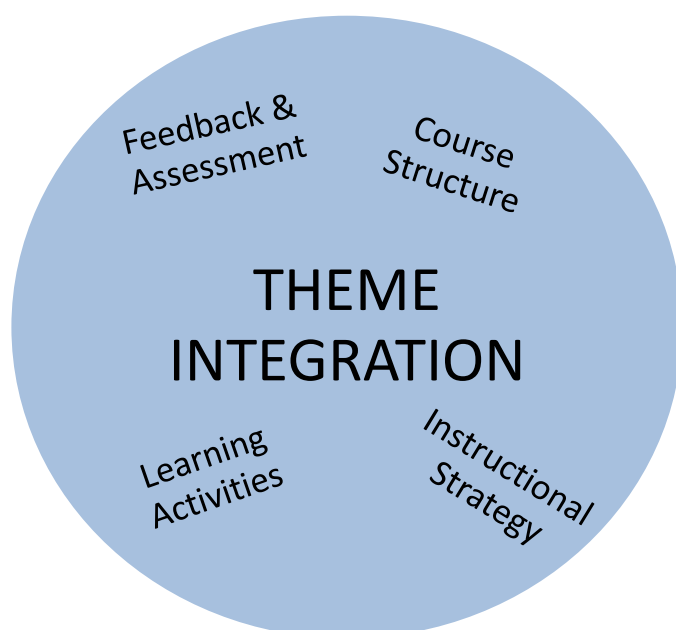
The Detailed Course Creation Phase began in August 2015 with a core group of faculty, The Curriculum Development Team. Learning how to develop integrative course designs that are learner-centered and team taught is transformative in the current climate of nursing education; it requires the development of expertise in pedagogy, including collaborative teaching and role modelling to facilitate active learning rather than passive learning. Active learning requires doing and observing of experiences as well as reflection on what one is learning and how one is learning, individually and collectively. Integrated course design will enable faculty to set more ambitious learning goals, enlarge the kinds of learning activities utilized, create rich learning experiences, provide multiple opportunities for in-depth reflection on the learning process, find alternative ways to introduce students to the content of the course, create a coherent and meaningful course structure, and, to create a dynamic instructional strategy (Fink). Faculty need to make a deliberate and intentional change in the way that they teach, from an individual pedagogical model to a team teaching pedagogy, to move away from passive learning and into the realm of active learning. The approach that the Team chose to guide our learning with course development was to view ourselves as a Community of Practice, with several sub-communities, i.e. within semesters, across semesters, and preparation for collaborative teaching. Semester 3, 4 and 5 are to be fully developed by June 2016; Semesters 6, 7 and 8 to be fully developed by June 2017.

2.6 Program of Study

Semester 1 and 2 focus on required non-nursing courses and include 30 credit hours of study.

Table 1: Non-nursing requirements

	SEMESTER 1 (FALL)
ANAT 1010.03	**Basic Human Anatomy (3 CH)** **Format: Lecture 3 hours or online** This course is offered by the Department of Medical Neuroscience primarily to students in the Schools of Nursing (Section 01). A limited number of seats are available for Special Health Professions. Arts and Science, or Non-Degree students. Note that this course is also offered by DISTANCE EDUCATION (ANAT: 1010.03, Section 02) during the Regular Term (Fall or Winter). Upon successful completion of the course, the student will be able to explain and describe, at a basic level, the gross anatomy and histology of the human body. This course uses an online Virtual Anatomy Laboratory.
PHYL 1001.03 (online version) PHYL 1011.03 (in-class version) X (Fall) of a two-term course	**Human Physiology (2 semesters of physiology)** **Format: Lecture 3 hours, supplemented with tutorials** This is a full-credit introductory human physiology course equivalent to PHYL 1000X/Y.06 when combined with Semester 2. The functions of body organs and body systems, as well as integrative functions of the whole organism are studied. This course is intended primarily for students in the Health Professions.
STAT 1060.03	**Introductory Statistics for Science and Health Sciences** **Format: Lecture 3 hours, tutorial 1 hour** This course gives an introduction to the basic concepts of statistics through extensive use of examples. The topics include experimental design, descriptive statistics, simple linear regression and the basics of statistical inference. Students will learn to use the statistical package MINITAB.
HAHP 2000.03	**Human Growth and Development** **Format: 3 Lecture hours (Optional but recommended)** A study of factors influencing human growth and development from birth to maturity and throughout the lifespan as revealed by observational and experimental studies.
	Open Elective .03
	SEMESTER 2 (WINTER)
BIOC 1420.03	**Introductory Biochemistry for Nursing Students** **Format: Lecture 3 hours, tutorial 2 hours (Optional but recommended)** Topics discussed include the structure, biosynthesis and functions of biologically important compounds, enzymes, control of metabolism, genetic engineering and nutrition. Medical aspects are stressed.
ENGL 1100.03	**Writing for University**

	An introduction to rhetoric and composition, this course is designed to prepare students to write analytic and research papers. Grammatical and rhetorical terms are addressed, and the course includes a number of assignments to hone writing skills from outline to revision.
PHYL 1002.03 (online version) PHYL 1012.03 (in-class version) Y (winter) of a two-term course	**Human Physiology (2 semesters of physiology) Format: Lecture 3 hours, supplemented with tutorials** This is a full-credit introductory human physiology course equivalent to [PHYL 1000]X/Y.06 when combined with Semester 1. The functions of body organs and body systems, as well as integrative functions of the whole organism are studied. This course is intended primarily for students in the Health Professions.
MICI 1100.03	**Health Science Microbiology Format: Lecture 3 hours** An introduction to microbiology and infectious diseases designed for healthcare professionals. It includes a study of the structure and physiology of microorganisms, the ways microorganisms cause disease in man and the way they affect man's wellbeing.
	Open Elective .03

Table 2 outlines our curriculum for Semesters 3 through 8 which include required nursing courses with opportunities for nursing or other electives

Table 2: Nursing Requirements

Semester 3 (15CR) (Fall and Summer)	Semester 4 (15CR) (Winter and Fall)	Semester 5 (15CR) (Summer and Winter)
NURS 2710.06: Nursing and Population Health (6CR) The structures and relationships we live in are fundamental to the development of human potential and nursing practice. Mental and physical health concerns that have significant impact on health and social wellbeing are explored. Community concepts essential for a healthy society are introduced. **Format: Lecture/Seminar equivalent to 6 hrs/week + 1 hr tutorial**	**NURS 2740.06: Nursing and Family Health: (6CR)** Nurses combine knowledge from primary health care and public health, social and nursing sciences, recognizing the uniqueness and diversity in family systems to support transitions that occur across the life course. Understanding health promotion, protection and prevention of illness in the context of family development is the focus. **Format: Lecture/Seminar equivalent to 6 hrs/week + 1 hr tutorial**	**NURS 3710.06: Nursing and Episodic Illness: Preventative Care and Interventions (6CR)** Collaborating with clients across the life course during the acute phase of physical or mental illness requires a focus on preventative and curative care strategies. Utilization of evidence and application of nursing and inter-professional collaborative care and informed decision-making is examined within the context of person, family and society.

		Format: Lecture/Seminar equivalent to 6 hrs/week + 1 hr tutorial
NURS 2720.03: Health and Healing I: Pathophysiology and Therapeutics (3CR) Fundamentals of health and disease patterns, the role of genetics, developmental biology and environment are explored. Cellular mechanisms, inflammatory and infectious responses and cellular biology of cancer are investigated. Diagnosis and therapeutic concepts including preventative therapies and pharmacological and non-pharmacological interventions with consideration of age and cultural variations are introduced. Format: Lecture or online equivalent to 3hrs/week + 1 h tutorial	**NURS 2750.03: Health and Healing II: Pathophysiology and Therapeutics (3CR)** Integrating knowledge of disease, diagnosis and people-centred management is key to successful nursing practice. Specific disease processes related to body systems are described and mechanisms of therapeutic options for management are evaluated. Evidence to support use of pharmacological, non-pharmacological, alternative and complimentary treatments is evaluated. Format: Lecture or online equivalent to 3hrs/week + 1 h tutorial	
NURS 2730.03: Foundations of Nursing Practice (3CR) Ethical, professional, legal concepts and theories guiding professional nursing practice are examined. Professional identity, collaboration, comportment, and reasoning related to nursing practices are developed. Theories and frameworks are used to investigate health and social care constructs and the impact of hierarchal structures on individual, communal and global health. Format: Lecture/seminar or online equivalent to 3 hrs/week	**HLTH 3010.03: Intro to Research Methods (3CR)** This interdisciplinary collaborative learning course provides students with knowledge, skills, and experience in critiquing and integrating health research into practice. Students will learn about the philosophical underpinnings of research, research ethics, design, issues in measurement, sampling, data collection strategies, data analysis and report writing including qualitative, quantitative, and mixed-methods approaches. Format: Lecture, Discussion, Online Delivery	**NURS 3720.03: Professional Formation of Nursing Practice: Leadership Perspectives (3CR)** Leadership is integral to the practice of every nurse. Examining and applying leadership theories and behaviours enable effective practices to be evaluated. The nursing role in conflict resolution, crisis intervention and therapeutic communication to manage complex situations using multiple perspectives is examined. Format: Lecture/seminar or online equivalent to 3 hrs/week
NURS 2715.03: Clinical Integration 1 (3CR):	**NURS 2725.03: Clinical Integration 2 (3CR):**	**NURS 3715.06: Clinical Integration 3 (6CR):**

Integration of foundational nursing skills and practices, such as health history and assessment, safety, infection control, communication and relational inquiry occurs in clinical application settings. Students use multiple learning modalities to master fundamentals of nursing practice. Format: Laboratory and Clinical Experiential Learning equivalent to 110 hrs/term	Population health, family and perinatal theoretical concepts and evidence are utilized in a variety of practice settings. Family health assessments across various family life stages including focused fetal/newborn/child and parental care in dynamic interprofessional settings enable students to apply theory to practice. Format: Laboratory and Clinical Experiential Learning equivalent to 110 hrs/term	Using simulation and clinical experiential learning students apply knowledge related to caring for clients with acute, episodic illnesses from birth to death. Interprofessional practice and evaluation of the impact of collaborative care will be a focus. Format: Laboratory and Clinical Experiential Learning equivalent to 220 hrs/term

Semester 6 (15 cr) (Fall and Summer)	Semester 7 (15 cr) (Winter and Fall)	Semester 8 (15 cr) (Summer and Winter)
NURS 3730.06: Nursing in the Context of Persistent Illness: Prevention and Recovery (6CR) Using nursing and other theoretical frameworks, students focus on clients/families living with chronic and life altering diseases across the life course. Students use the nursing process, relational practice, critical inquiry and evidence to apply principles of disease management and advanced communication with a people-centred, interprofessional approach. Format: Lecture/Seminar equivalent to 6 hrs/week + 1 hr tutorial	**NURS 4705.06: Professional Reasoning & Social Responsibility** Learners synthesize principles of relational inquiry, professional practice, and multiple ways of knowing related to health and social care. This course offers immersive learning experiences to facilitate collaboration with and across diverse populations and communities. In a seminar setting learners engage in critical reflection and scholarly discussion related to clinical experiences, in the context of current trends and issues. Format: Weekly seminar 4 hours per week (Weeks 1-6, 12) Clinical practice 2 days/week (approx. 80 hours in Weeks 2-6)	

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Nursing Elective (3 CR)	Nursing Elective (3 CR)	
Option to pursue focus in Nursing Practice Format: Lecture or online equivalent to 3 hrs/week	Option to pursue focus in Nursing Practice Format: Lecture or online equivalent to 3 hrs/week	
NURS 3725.06: Clinical Integration 4 (6 CR) Students apply theoretical and practical knowledge in caring for individuals and families from conception to death focusing on chronic and/or terminal illness. Significant issues related to life threatening illness, dying, and the promotion of quality of life using a collaborative care model will form the basis for practice. Format: Laboratory and Clinical Experiential Learning equivalent to 220 hrs/term	**NURS 4715.06: Exploratory Nursing Practice (6CR):** Students engage in a broad range of clinical, research or theoretical activities, under the direction of faculty or clinical preceptor/facilitator to complete a project relevant to nursing practice. These learning experiences will assist the student to understand the complexity of the integrated nursing role across a range of settings. Format: Laboratory, Seminar and Clinical Experiential Learning equivalent to 220 hrs/term (potential for continuous placement or concentrated placement over 4 weeks)	**NURS 4725.15 Transition to Practice (15 CR):** Students consolidate nursing knowledge and entry-to-practice competencies through intensive, reflective, mentored practice. Emphasizing the professional nursing role, collaboration, interprofessional teamwork, advocacy, time management, priority setting and leadership are key components of relational practice. Peer-to-peer mentoring and self-directed lifelong learning skill development support preparation for National Licensure examination and ongoing professional development. Format: Clinical Application involving Laboratory and Clinical Experiential Learning: minimum 440 hrs/term

2.7 Admission Requirements

- **Application Process**

Applications for admission into the Baccalaureate of Science (Nursing) will be accepted until February 15th for September admissions. Students (entering at Semester 1 or Semester 3) begin their program of study in either May or September. Application and admission decisions are made by the Registrar's Office.

Following acceptance into the program all pre- clinical requirement documents (Immunizations, Criminal Record Check, CPR- HCP and Standard First Aid) are due on or before September 30.

- **Admission Requirements**

To be eligible to enter the BScN program entering into Semester 1, requirements include satisfactory completion of grade 12 or equivalent with at least five academic university preparatory courses including: English, Biology, Chemistry and Academic Math. A minimum overall average of 70% is required in the five university preparatory courses used to meet admission requirements.

To be eligible to enter the BScN program entering into Semester 3, applicants must have completed at least 30 credit hours, with a minimum grade of **B-** in the required subjects at the Post-Secondary level. Required subjects include university 1000 level anatomy, physiology and/or biological sciences, microbiology, statistics, English and completion of electives. A minimum cumulative GPA of **2.5** based on overall Post-Secondary career or most recent year of studies (30 credit hours).

2.8 Progression and Graduation Requirements

The following outlines our progression, probation, dismissal and graduation requirements.

- **Progression**:

To progress in our program a minimum D grade is required in each non-nursing course and minimum C+ or Pass (P) in each nursing course. Progression in the Program requires a GPA of 2.30 or greater (Semester to Semester) for all years of the program. F and INC are failing grades; ILL and W are considered neutral. Students must pass any pre-requisite courses in the BScN Program in order to progress to the next course in the program.

Students are permitted to repeat any course (including non-nursing courses, core nursing courses including clinical practica and electives) in the BScN program only once. A second failure in any course (including non-nursing courses, core nursing courses including clinical practica and electives) in the program will result in dismissal from the program for 1 year. Students are permitted to reapply to the program. Readmission to the program is not guaranteed and the applicant must demonstrate their preparation to return to studies. If the student is readmitted, subsequent failure in any course (including non-nursing courses, core nursing courses including clinical practica and electives) will result in dismissal from the program. Faculty of Health Professions students who have been dismissed twice will not be allowed to reapply for admission (Dalhousie University Faculty of Health Professions, Regulation 20.1.6)

Probation:

Students with a cumulative GPA of less than 2.29 and greater than or equal to 1.70 who have completed at least 24 credit hours will be placed on academic probation. Students on probation are allowed to continue to register on probation provided their term GPA is at least 2.30. Students will be returned to "good standing" when they achieve a cumulative GPA of 2.30. Students on probation who do not achieve a term GPA of 2.30 will be academically dismissed. Students require a cumulative GPA of 2.30 to graduate. Therefore, students are not able to graduate while on academic probation.

- **Academic Dismissal:**

Students with a cumulative GPA of less than 1.70 who have completed at least 24 credit hours will be academically dismissed for a 12 month period. Students on probation who do not achieve a term GPA of 2.30 or greater will be academically dismissed for a 12 month period. Students who have been academically dismissed will not be allowed to apply for readmission for at least 12 months. Students who have been academically dismissed for the first time and have subsequently been re-admitted after an absence of a 12 month period may re-register on probation.

Students are permitted to reapply to the program. Readmission to the program is not guaranteed and the applicant must demonstrate their preparation to return to studies.

If the student is readmitted, subsequent failure in any course (including non-nursing courses, core nursing courses including clinical practica and electives) will result in dismissal from the program. Faculty of Health Professions students who have been dismissed twice will not be allowed to reapply for admission.

- **Graduation:**

Completion of all required non-nursing and nursing courses, totaling 120 credit hours, and a minimum cumulative GPA of 2.30 is required for the awarding of the Bachelor of Science (Nursing) Degree.

Section 3: Curriculum Details

This section outlines the main themes of each semester and course implementation, beginning in Semester 3 and ending in the final semester of the nursing program, Semester 8.

3.1 Semester 3 to Semester 8

Once a student begins Semester 3 of the nursing program, they will be immersed in nursing courses that are highly integrated and consist of theoretical and practical learning with the integration of knowledge use throughout, and at the end, of each semester. Each semester of study is 15 credit hours. Semester 3 has 4 nursing courses: Nursing and Population Health, Foundations of Nursing, Health and Healing I and Clinical Integration 1. Semester 3 will have 10 weeks of theory and clinical integration throughout the semester with final tests written in Week 10; and, clinical practice in Weeks 11 & 12,. The focus of this semester is on community wellbeing and functioning, and mental health.

Semester 4 has 4 nursing courses: Nursing and Family Health, Nursing Research and Evidence-Informed Practice, Health and Healing II, and Clinical Integration 2. This semester has 9-10 weeks of theory and clinical integration, followed by a 2 week clinical experience and a final exam week. The focus of this semester is on families at all stages and ages of development, as well as families in transitions.

Semester 5 consists of three nursing courses: Nursing and Episodic Illness: Preventative Care and Interventions, Professional Formation of Nursing Practice: Leadership Perspectives, and Clinical Integration 3. Students will have 7-8 weeks of theory and clinical integration, followed by a 4 week clinical practice rotation, and a final exam week. The focus of this semester is on episodic care with people of all ages and stages, including pediatrics, adults, and childbearing families, experiencing interferences with their physical and/or mental wellbeing.

Semester 6 has two required nursing courses and one elective course (3 CR): Nursing in the Context of Persistent Illness: Prevention and Recovery and Clinical Integration 4. This semester includes 7-8 weeks of theory and clinical integration, followed by a 4 week clinical practice rotation, and a final exam week. The focus of this semester is on persistent illness, prevention and recovery with people of all ages and stages, including pediatrics, adults, and childbearing families, experiencing interferences with their physical and/or mental wellbeing, and palliative and end-of-life care. During this semester students will have the opportunity to choose their elective area of study, including specific nursing foci areas for a 3 credit hour course.

Semester 7 consists of 2 required nursing courses and one elective course (3 CR):Professional Reasoning and Social Responsibility and Exploratory Clinical Practice. Within the Professional Reasoning and Social Responsibility course, students complete 80 hours of community clinical practice throughout the first 6 weeks of the semester. The Exploratory Clinical Practice in this semester is 220 hours and is student self-selected with students choosing an area in which they would like to engage in more in-depth learning, as a nursing foci. This semester has 6 weeks of theory and integration followed by a 5 week clinical practice rotation and a final exam week. The

focus of this semester is on advanced clinical reasoning and nursing's' societal responsibility, in a variety of nursing practice environments.

Semester 8 has one 15 credit hour nursing course: Transition to Practice which is a 13 week preceptored clinical practice course. Students will indicate their first three choices for a clinical practicum area and be preceptored with a Registered nurse to complete this course. The main focus of this semester is on transition to practice and includes:

1. **People Centredness**
   Students will articulate the nursing role in the context of people centred, culturally competent, interprofessional care. Students will practice entry level and complex skills that promote safe, effective, relational nursing practice. The use of theories supported by evidence will form the basis of practice and students will articulate how this impacts health outcomes. Students will question and seek information as part of the normal practice of nursing.

2. **Health Systems and Social Care**
   In this transition students apply principles of primary health care to all practice settings and recognize the need for nursing leadership in care delivery. Students are able to advocate for clients and provide safe care through application of evidence and maintenance of standards of practice. The understanding of the impact of social determinants of health and using the lens of critical social theory, students will be patient advocates and active participants in all aspects of the health care system.

3. **Professional Transformation**
   Transition to Practice: students will demonstrate all aspects of Entry to practice Competencies outlined in the CRNNS. These competencies include knowledge and application of legal and ethical standards of practice, accountability for his/her own practice. Students will have the competence to recognize the limitations of knowledge and skills as they transition from student to Registered Nurses and the confidence to seek information from appropriate sources. A sound theory and evidence base provide students with a basis to explore imaginative and innovative thinking and to act as change agents in the health care system. Students demonstrate a thorough understanding of fitness to practice as it relates to self-care and life-long learning.

3.2 Program Evaluation

The Dalhousie University BSCN Program Evaluation Project Plan 2023-2028 is a separate document   and was approved by School Council on[INSERT DATE}.   The semester implementation and evaluation activities and timelines are graphically depicted below. Semester 1 and 2 students will receive an online survey related to their experiences in the non-nursing foundational courses that comprise the first two semesters of the nursing program for students entering the program with no prior university education.

Student and Faculty Program Evaluation Timeline

Semester	Timeline
Semester 1 & 2	• April (student only)
Semester 3	• August • December
Semester 4	• April • December
Semester 5	• April • August
Semester 6	• August • December
Semester 7	• April • December
Semester 8 & Exit	• April • August

Stakeholder Program Evaluation Timeline

Employer Survey	• September • Every 2 years
Post-Graduate Survey	• July • Every 2 years

Glossary of Terms

Active Learning: is a process whereby students engage in activities, such as reading, writing, discussion, or problem solving that promote analysis, synthesis, and evaluation of class content. Active learning requires doing and observing of experiences as well as reflection on what one is learning and how one is learning, individually and collectively.

Capstone Project: is a multifaceted assignment that serves as a culminating academic and intellectual experience for students with most being long-term investigative projects that culminate in a final product, presentation, or performance. Students are encouraged to connect their projects to community strengths, issues or vulnerabilities.

Clinical application: Clinical application includes, but is not limited to, low, medium and high fidelity simulation, online simulation, and nursing practice in laboratories, community and institutional placements.

Health: is the capacity of people to respond successfully to life circumstances and challenges, adversity and developmental alterations in ability/function through the application of innate abilities and strengths, acquired knowledge and skills, and social, emotional and cultural support over the life span. Health is largely determined by factors outside of the delivery of health services.

Illness: is a temporary or ongoing alteration in capacity to respond that requires the application of self-care and/or support from a health professional.

People: individuals, families, and communities in local and global environments.

Primary Care: is the "first line" clinical services that provide an entry point to the health care system.

Primary Health Care: is defined as essential health care made universally accessible to individuals and families within communities by means acceptable to them, through their full participation and at a cost that the community and country can afford. It includes promotive, preventive, curative, rehabilitative and supportive/palliative care and involves the application of the following five principles: accessibility, health promotion and disease prevention, public participation, intersectoral collaboration and appropriate technology. The main focus of Primary Health Care is on preventing illness and promoting health.

Semester: is defined as a 12-13 week period of time that students will be engaged in nursing studies. The beginning of each semester is the same as the term start date as set by the Registrar's office at Dalhousie University for Fall and Winter terms with the end date being different from the set "Term Dates" therefore, to avoid confusion, the School of Nursing refers to our Fall, Winter and Summer periods of learning as Semesters. Fall semester ends on or about November 30, Winter semester ends April 7 and Summer semester ends July 31.

5: Appendices

5.4   Appendix A: SON Guiding Light (Strategic Plan)

Dalhousie University   School of Nursing

The School of Nursing's Strategic Plan is based upon having a guiding light which depicts what we value along with our strategic priorities and their corresponding barometers.

Dalhousie School of Nursing's Lighthouse

Transforming healthcare through nursing education, research, and scholarship

We strive for excellence | We embed equity and inclusion in everything we do | We embrace broad perspectives of health | We care for our students, staff, and faculty | We collaborate with respect and reciprocity | We commit to viable growth

Optimize collaboration with partners | Accelerate EDIA culture | Cultivate a place where you want to learn and work | Amplify and utilize research and scholarship

30% of Alumni feel connected

2 new international partnerships

10 new clinical learning opportunities

3 new affiliate appointments with IWK/ NSHA per year

3 initiatives per year incorporate EDIA framework

50% of faculty and staff engage in professional development related to EDIA

50% of faculty incorporate CRP and UDL in courses

80% of staff report feeling valued in their work

100% of all new employees have an orientation and mentorship

10% increase in student satisfaction with clinical and classroom teaching

3 school-focused activities inclusive of students, staff, and faculty

1 career award application

100% of completed projects have at least 1 KT

10% increase in research grants and scholarly projects

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5.2 Appendix B: Bibliography

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5.3 Appendix C: Program Approval Dates

Document	Approving Body	Date
Concept Paper: BScN Modified Program	School of Nursing, Undergraduate Studies Committee Recommendation to School Council	May 2014
Concept Paper: BScN Modified Program	School of Nursing, School Council	May 2014
Concept Paper: BScN Modified Program	Faculty Council	June 2014
Concept Paper: BScN Modified Program	Faculty of Health Professions, Academic Review Committee	June 2014
Concept Paper: BScN Modified Program	Academic Programs Sub-Committee (APSC)	December 2014
Concept Paper: BScN Modified Program	Senate Academic Research and Programs Committee (SAPRC)	January 2015
BScN Modified Program Proposal	School of Nursing, Undergraduate Studies Committee Recommendation to School Council	February 2015
BScN Modified Program Proposal	School of Nursing, School Council	February 2015
BScN Modified Program Proposal Application	AACHHR	February 2015
BScN Modified Program Proposal	Faculty of Health Professions, Academic Review Committee	March 2015; Final course outline approvals May 2015
BScN Modified Program Proposal	Academic Programs Sub-Committee (APSC)	April 2015
BScN Modified Program Proposal	Senate Academic Research and Programs Committee (SAPRC)	May 2015
BScN Modified Program Proposal- Academic Regulation Changes	Senate Committee on Teaching and Learning	June 2015
BScN Modified Program Proposal	Dalhousie University Senate Committee	June 18, 2015
University Approved BScN Modified Program Proposal Application	Maritimes Province of Higher Education (MPHEC)	November 19, 2015