

LAWRENCE S. BLOOMBERG FACULTY OF NURSING

Self-Study 2017

Commissioned by the Vice-President & Provost as part of the University of Toronto Quality Assurance Process (UTQAP)

Dean Linda Johnston
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BLOOMBERG
LAWRENCE S. BLOOMBERG
FACULTY OF NURSING
UNIVERSITY OF TORONTO

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Section 1 Introduction and Context

Section 1 Introduction and Context

Overview

In 2020, the Lawrence S. Bloomberg Faculty of Nursing (hereafter referred to as the Faculty of Nursing) will celebrate a centenary as a foremost leader in nursing education, research and practice (<https://bloomberg.nursing.utoronto.ca/>).

Through the leadership and mentorship of outstanding faculty members, the Faculty's graduates excel in professional practice, lead in nursing research and scholarship, and improve health locally and globally. Faculty, staff, and students are guided by 4 core values: (1) excellence in scholarship and critical inquiry; (2) innovation and creativity; (3) collaborative work across disciplines; and (4) advocacy for social justice.

The Faculty of Nursing was ranked 1st in Canada and 6th in the world in the 2017 QS World University Rankings by Subject for nursing, and is a research-intensive Faculty that embraces the University's tripartite mission of excellence in research, education, and practice. The Faculty of Nursing offers innovative graduate and undergraduate degree programs, drawing on the dynamic partnership and joint academic mission between the Faculty and 9 University of Toronto fully affiliated teaching hospitals; the Toronto Academic Health Science Network (TAHSN) and multiple community providers.

The Faculty of Nursing's history as an educational groundbreaker dates to its genesis in 1920 as the Department of Public Health Nursing through the initiative of Ms. E. Kathleen Russell, a world leader in education innovation. Ms. Russell established the Department of Public Health Nursing as an experiment in educational science. Her vision was to improve upon the traditional hospital-focused training of nurses by including social welfare and public health education - a radical notion at the time. Ms. Russell's determination and foresight bolstered education of nurse leaders in administration, education and public health for Toronto, Canada and the world. Ms. Russell pioneered the first nursing program in Canada to be completely university-based. In 1928, the Department became a unit of the School of Hygiene. In 1933, the department was recognized as an independent School of Nursing. The School's first home at 7 Queen's Park Crescent was made possible through funds from the Rockefeller Foundation. The original 3-year program evolved into a 4-year BScN degree program commencing in 1942. Ms. Russell and the School were lauded internationally for their progressive approach to learning, thus establishing the '*Toronto Model of Education*' around the world.

Education and practice of nurses at the School of Nursing at the University of Toronto continued to evolve. For the next 50 years, educational programs expanded. The Graduate Department of Nursing Science was instituted in 1970 offering a 2-year thesis-based Master of Science in Nursing (MScN) degree program. In 1972, the School of Nursing was granted Faculty status. In 1993, the PhD program was launched. The following year (1994), a 2-year non-thesis professional Master of Nursing (MN) degree program was offered and the thesis-based MScN degree program was phased out.

In 1997, the Faculty of Nursing established an innovative 2-year, second-entry Bachelor of Science in Nursing (BScN). This highly effective approach to undergraduate nursing education has since been adopted across the country.

In 2000, a Post-Master Nurse Practitioner Diploma was launched to educate acute care Nurse Practitioners who had already earned a Master of Nursing degree. This innovative online post-master education opened the door to a range of advanced practice roles for Nurse Practitioners across Ontario, Canada, and the world. In 2000, the Master of Nursing-Nurse Practitioner degree field became the third field of study within the MN program. The 2 existing fields of study at that time were Clinical Nursing and Administration. The Master of Nursing Nurse Practitioner field of study has developed with 3 distinct emphases: Adult, Paediatric and Primary Health Care-Global Health.

In the mid-90's the health sciences sector at the University of Toronto led Canada in the development of cross program initiatives that foster interprofessional educational (IPE) experiences for our health sciences students. In close collaboration with agency and community partners, a mandated IPE curriculum for all health sciences students was introduced and a ground breaking IPE Centre located in the teaching hospitals was established.

In 2007, the Faculty received an historic donation from financier and philanthropist Lawrence S. Bloomberg - the largest ever given to a Canadian nursing school at that time. To recognize this visionary gift, the Faculty proudly became the first named Faculty of Nursing in Canada. In addition to a major expansion in student awards, the funding was allocated towards a 10-year program of institutional change known as the Transformation Agenda. This program set an agenda for the Faculty to focus on the quality of student experience and to build the international reputation of the Faculty as a world-leader in nursing education and research.

Introduction to Programs under Review

The following programs are described in detail in this self-study:

- Bachelor of Science in Nursing (BScN)
- Master of Nursing (MN)
- Post-Master Nurse Practitioner Diploma (described in same section as MN program)
- Doctor of Philosophy (PhD).

The Faculty of Nursing offers 2 professional / academic degree programs of study: a 2-year undergraduate program leading to a Bachelor of Science in Nursing (BScN) degree and a 2-year graduate program leading to a Master of Nursing (MN) degree.

The Post-Master Nurse Practitioner Diploma is a professional diploma program that prepares graduates who already have earned a Master of Nursing (or equivalent) degree to meet the educational requirements necessary to be Nurse Practitioners. The Master of Nursing program includes three fields of study:

- Nurse-Practitioner (adult, paediatric, and primary health care-global health emphases)
- Clinical Nursing, and

- Health Systems Leadership and Administration (previously named Nursing Administration).

The Faculty offers a graduate academic program of study leading to a Doctor of Philosophy degree. There are 3 fields of study within the PhD program: effective care and health outcomes, critical approaches to health care, and nursing health systems. Graduates of this program receive intensive research education and experience.

Our Programs as Professional Education Pathways

Graduates of the BScN undergraduate program meet requirements to write registration examinations leading to the professional designation of Registered Nurse. Graduates are educated to be professional Registered Nurses who work across a wide variety of community and institutional settings to provide nursing care to individuals, groups and societies.

Graduates from the Nurse Practitioner Master of Nursing field, as well as the Post-Master Nurse Practitioner Diploma, are eligible to write registration examinations for the designation of Registered Nurse-Extended Class (with the College of Nurses of Ontario). These students engage in focused education and clinical experiences specific to their chosen emphasis enabling them to sit for registration examinations for the Registered Nurse-Extended Class category.

The Master of Nursing Clinical Nursing and Health Systems Leadership and Administration fields do not lead to specific registration requirements but prepare graduates as advanced practice nurses with a focus on clinical and leadership roles across health care settings.

The PhD Program

Doctor of Philosophy students acquire advanced knowledge and skills in research, theory, and scholarship as well as expert knowledge in their substantive areas. Graduates are well-prepared to develop independent programs of research in their areas of interest. Students, particularly those interested in pursuing an academic career, are also encouraged to develop knowledge and skills related to effective teaching through teaching assistantships, university course work, and engagement in the University of Toronto Centre for Teaching Support & Innovation curriculum.

Academic Success and Integrity

Although there are a number of University of Toronto Governing Council policies and guidelines that have been developed to support the success of students, several are integral to faculty and student life from day to day. Four are highlighted below.

The University of Toronto has clear expectations about student academic integrity and student conduct. These expectations are communicated to all Faculty of Nursing students through orientation sessions, course syllabi, and periodically at special events. Each course syllabus in the Faculty refers to the University of Toronto Governing Council *Code of Behaviour on Academic Matters* (1995, updated 2015). The code sets out what is deemed an academic offence,

procedures in assessing / investigating academic offences, sanctions that may be invoked at the divisional and tribunal levels, as well as the appeal process.

The University of Toronto Governing Council *Standards of Professional Practice Behaviour for all Health Professional Students* (2008) were developed because of the nature of clinical experiential practicums in which health profession students engage as part of their programs. These standards clearly express professional practice and ethical performance expected of all registered undergraduate and graduate students for nursing and other health profession students at the University of Toronto.

The *Code of Student Conduct* (2002), explicitly identifies offences against persons, offences involving property, unauthorized entry or presence, unauthorized use of University facilities / equipment / services, false charges against members of the University community, aiding in the commission of an offence, refusal to comply with sanctions, and unauthorized use or possession of firearms or ammunition.

The University of Toronto Governing Council *University Assessment and Grading Practices Policy* (2002) sets out the principles and key elements that characterize assessment and grading of student work in for-credit courses/activities within the Faculty.

The *Degree-Level Expectations Bachelor of Science in Nursing (excerpt)* Lawrence S. Bloomberg Faculty of Nursing (Appendix 1), the *Master Degree-Level Expectations School of Graduate Studies, University of Toronto* (Appendix 2), and the *PhD Degree-Level Expectations School of Graduate Studies, University of Toronto* (Appendix 3) were developed in line with the Ontario Council of Academic Vice Presidents Undergraduate and Graduate Degree-Level Expectations (OCAV).

Strengths and Challenges

In May 2017, the Faculty's *Strategic Academic Plan 2017-2022 Shaping Tomorrow's Leaders Today* was endorsed by the Academic Board of the University of Toronto (Appendix 4). As the Faculty of Nursing looks to the next 5 years, we recognize the current and future challenges and opportunities.

A goal in the previous strategic academic plan was attracting, retaining and developing faculty and staff. Although we do not plan to increase the overall size of our Faculty, the continued shortage of PhD-prepared nursing faculty across Canada will make filling our current vacancies, and those arising from impending retirements, difficult.

To be a leader and innovator in education we need to provide a state-of-the art simulation laboratory and world-class experiential learning opportunities for our students. Our simulation equipment is in need of a major upgrade. We also need to consider how to expand our clinical placement offerings while maintaining the quality of the learning experience in order to meet the needs of our students.

The context of health care delivery is in constant flux in Canada and internationally. To be successful, we must provide programs that deliver a workforce to meet the changing roles of nurses, clinician scientists and health systems leaders.

Many students are entering Faculty of Nursing programs with significant debt as a result of their previous undergraduate studies. Attracting the best and brightest students to our graduate programs will require an increased capacity to offer financial aid in the form of bursaries and scholarships.

The increasingly challenging national research funding environment will negatively impact our faculty and graduate students' ability to gain major research funds and awards. Securing research funding is critical to maintaining our reputation and attracting high quality research faculty and students.

The Faculty has a reputation for leading the development of innovative programs that meet the changing needs of today's health care environment. Leveraging our history of success in this area will enable recruitment of students who require flexible delivery options.

Undergraduate student numbers will be sustained by our ability to attract high calibre applicants.

Graduate student numbers are set to increase as a result of new graduate program offerings, such as a doctoral level option that would support a range of career pathways and which will appeal to both domestic and international graduate student markets.

Faculty ranking as a top 10 Nursing school in the world positions us to attract the best and brightest students and faculty. Maintaining or exceeding this position could increase interest from international students and faculty and may generate additional opportunities to collaborate in education and research with international institutions.

The Toronto Academic Health Sciences Network (TAHSN) has been a critical partner in Faculty success to date. As TAHSN develops its vision to be an internationally-recognized Academic Health Science Centre enterprise, the Faculty can have an active role in shaping that vision to include nursing research, education, scholarship and practice.

Over the next 5 years, the Faculty will sustain and bolster existing strengths and focus on 5 priorities that will advance our role as a local, national and global leader in nursing education, research and practice. We will do this through an ambitious strategy focused on:

- Embedding the internationalization agenda across all domains of activity within the Faculty;
- Pursuing new knowledge through interdisciplinary research of social, cultural, economic and/or public policy benefit, beyond academia;
- Widening access to, and participation in, educational programs delivered with innovative pedagogies that produce graduates with the attributes required to meet the needs of employers;
- Fostering a productive and sustainable partnership with our affiliated world-leading clinical institutions and community-based service providers; and

- Engaging with our community of friends, alumni and donors to contribute to, and advocate for, our success as an internationally recognized leader in health higher education.

Self-Study Process

This self-study was commissioned by the Provost in January 2017 as part of the University of Toronto Quality Assurance Process (UTQAP). The self-study has been completed through extensive consultation and collaboration with internal and external stakeholders. Internal stakeholders included current students and recent (this past year) graduates, faculty, clinical staff (e.g., preceptors, clinical instructors), and Faculty administrators and staff. External stakeholders primarily included alumni, nurse leaders with our teaching and affiliated health care organizations and related professional organization leaders. Members of our Academic and Administrative Leadership team led information-seeking activities to compile information for various sections of this self-study related to their areas of responsibility. These leaders include:

- Professor and Dean, Linda Johnston
- Professor and Associate Dean Academic, Ann Tourangeau
- Professor and Associate Dean Research and External Relations, Linda McGillis Hall
- Professor Robyn Stremmer, PhD Program Director
- Professor Margaret Blastorah, Master of Nursing Program Director
- Professor Maureen Barry, Undergraduate Program Director
- Professor Monica Parry, Coordinator, Nurse Practitioner field of study
- Mr. Nathan Doidge, Chief Administrative Officer
- Ms. Grase Kim, Assistant Dean Academic
- Mr. Soobong Song, Registrar.

During the self-study document development process, faculty, staff and students were regularly invited to review, and comment upon, sections of the document as they were posted to a dedicated *Blackboard* (the University's online learning management system) site via the University of Toronto portal. Two questions guided the respondents: 1) Are the descriptions relevant and accurate? and 2) Are there omissions that you think should be included? A dedicated email address (UTQAP.nursing@utoronto.ca) was provided as an alternative/complementary mechanism for provision of feedback.

Section 2 Faculty

Section 2 Faculty

Faculty Complement

The Faculty complement comprises faculty members in the following categories: tenure stream, teaching stream, non-tenure stream, part-time lecturers, status-only, and adjunct. In addition, the Faculty works with a large number of clinical instructors and preceptors appointed through the Clinical Education Office. [Section 4](#) and [Section 10](#) in particular highlight the significant turnover in faculty complement since the 2009 review, particularly in relation to tenure stream faculty. Between 2009 and 2017, 16 tenure stream faculty left the University for personal or professional reasons. While 10 new tenure stream faculty were recruited into the Faculty during this time period, close to half (40%) of these are recent hires who started in 2016. At time of writing the Faculty is predicting 6 tenure stream and 3 teaching stream vacancies by July 2018. The Faculty has a current complement of 42.70 Full Time Equivalents (FTE) as shown in Table 2.1. The full-time faculty complement, by name and rank, for 2017-18 is shown in Table 2.2. See Appendix 5 for all tenure stream faculty Curricula Vitae. See Appendix 6 for all teaching stream faculty Curricula Vitae.

Table 2.1. Faculty Complement (FTE)

	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18
Tenure Stream	19.10	17.20	17.50	21.50	22.00	19.00
Teaching Stream	11.00	11.00	11.00	13.00	12.00	13.00
Non-Tenure Stream	4.45	5.10	4.05	3.45	3.20	4.20
Part-Time Lecturer	11.10	12.20	10.80	10.40	8.50	6.50
	45.65	45.50	43.35	48.35	45.70	42.70

Table 2.2. Full-time Faculty Complement for 2017-18

Surname	First Name	Stream	Rank	2017-18
				FTE
Tenure Stream				
Cleverley	Kristin	Tenure	Assistant Professor	1.00
Cranley	Lisa	Tenure	Assistant Professor	1.00
Dale	Craig	Tenure	Assistant Professor	1.00
Mayo	Samantha	Tenure	Assistant Professor	1.00
Widger	Kimberley	Tenure	Assistant Professor	1.00
Gastaldo	Denise	Tenure	Associate Professor	1.00
Parry	Monica	Tenure	Associate Professor	1.00
Puts	Martine	Tenure	Associate Professor	1.00
Rose	Louise	Tenure	Associate Professor	1.00
Stremmler	Robyn	Tenure	Associate Professor	1.00
Dennis	Cindy-Lee	Tenure	Professor	1.00
Hillan	Edith	Tenure	Professor	1.00

Surname	First Name	Stream	Rank	2017-18
				FTE
Johnston	Linda	Tenure	Professor	1.00
McGillis	Linda	Tenure	Professor	1.00
Metcalfe	Kelly	Tenure	Professor	1.00
Muntaner	Carles	Tenure	Professor	1.00
Peter	Elizabeth	Tenure	Professor	1.00
Stevens	Bonnie	Tenure	Professor	1.00
Tourangeau	Ann	Tenure	Professor	1.00
Subtotal Tenure Stream				19.00
Teaching Stream				
Bender	Amy	Teaching	Assistant Professor	1.00
Cambly	Erica	Teaching	Assistant Professor	1.00
Iwase	Maki	Teaching	Assistant Professor	1.00
Mohammed	Shan	Teaching	Assistant Professor	1.00
Simmonds	Anne	Teaching	Assistant Professor	1.00
Walker	Pamela	Teaching	Assistant Professor	1.00
Barry	Maureen	Teaching	Associate Professor	1.00
Beekhoo	Zoraida	Teaching	Associate Professor	1.00
Chavez	Wilfrida	Teaching	Associate Professor	1.00
Fegan	Mary Ann	Teaching	Associate Professor	1.00
Hardie	Catherine	Teaching	Associate Professor	1.00
Khan	Pamela	Teaching	Associate Professor	1.00
Wynn	Francine	Teaching	Associate Professor	1.00
Subtotal Teaching Stream				13.00
Total				32.00

The Faculty has a number of part-time lecturers (6.50 FTE) in the teaching stream (Table 2.3). Many of these individuals also hold positions within clinical organizations and bring that clinical currency, competency and credibility to their teaching; experience highly valued by our students. See Appendix 7 for all part-time faculty lecturer Curricula Vitae.

Table 2.3. Part-time Lecturer Complement for 2017-18

Surname	First Name	Stream	Rank	2017-18
				FTE
Acorn	Michelle	Teaching	Lecturer	0.50
Dhanoa-Yasi	Manjit	Teaching	Lecturer	0.75
Fairley	Laura	Teaching	Lecturer	0.75
Johnston	Sarah	Teaching	Lecturer	0.75
Knechtel	Leasa	Teaching	Lecturer	0.50

Surname	First Name	Stream	Rank	2017-18
				FTE
Louis	Joanne	Teaching	Lecturer	0.75
Luk	Elena	Teaching	Lecturer	0.75
Maser	Catherine	Teaching	Lecturer	0.50
McMurray	Jordana	Teaching	Lecturer	0.75
Ratner Kirschbaum Nitkin	Debora	Teaching	Lecturer	0.50
Total Part-Time Lecturer				6.50

The non-tenure stream Faculty complement comprises 3 Assistant Professors (4.20 FTE). Two of those faculty are part-time and bring their clinical practice and nursing informatics expertise respectively to their teaching (Table 2.4). See Appendix 8 for all non-tenure stream faculty Curricula Vitae.

Table 2.4. Non-tenure Stream Complement for 2017-18

Surname	First Name	Stream	Rank	2017-18
				FTE
Blastorah	Margaret	Non-Tenure	Assistant Professor	1.00
Lok	Jana	Non-Tenure	Assistant Professor	1.00
Merklinger	Sandra	Non-Tenure	Assistant Professor	0.80
Nagle	Lynn	Non-Tenure	Assistant Professor	0.40
Thomson	Heather	Non-Tenure	Assistant Professor	1.00
Total Non-Tenure Stream				4.20

There are 5 status-only faculty who hold a primary appointment with the Faculty of Nursing (Table 2.5). Three of those appointments are at the rank of Professor, with 2 holding endowed Chairs at affiliated hospitals. See Appendix 9 for Curricula Vitae of status-only faculty who hold a primary appointment with the Faculty of Nursing. An additional 13 status-only faculty have a primary appointment other than at the Faculty of Nursing and serve on PhD supervisory committees (Appendix 10).

Table 2.5. Status-only Faculty with a Primary Appointment at the Faculty of Nursing for 2017-18

Surname	First Name	Rank (Status Only)
Colella	Tracey	Associate Professor
Howell	Doris	Professor
Jeffs	Lianne	Associate Professor
McGilton	Katherine	Professor
Stinson	Jennifer	Professor

The professional nature of the programs offered within the Faculty of Nursing means the Faculty has a significant number (n=549) of adjunct appointments (Appendix 11). Individuals holding adjunct appointments to the Faculty provide service in relation to stipend teaching, precepting of students, various committee memberships and as contracted faculty to the Centre for Professional Development.

The Faculty also hires course instructors on a part-time (stipend) basis. Course instructors are hired to teach courses where in-house expertise is unavailable, lacking, or to develop smaller class sizes with different foci. In 2016-17, the Faculty hired stipend course instructors to teach the equivalent of 180 half courses.

Clinical Instruction & Practicum Appointments

Clinical instructors are recruited through referrals and postings directed at experienced clinical instructors. Clinical instructors in the BScN program provide supervision while providing opportunities for students to develop nursing competencies, and demonstrate and encourage the integration of nursing theory and practice to their students. They normally hold, at a minimum, a BScN degree from an accredited nursing program, have several years of nursing practice experience after graduation, are interested in nursing education, and have support from their employer to permit adequate time for field instruction responsibilities. Similarly, preceptors normally hold, at a minimum, an MN degree and have several years of experience working as an advanced practice nurse or Nurse Practitioner. Preceptors within the final undergraduate integration practicum course (NUR470) normally hold a BScN or equivalent and are recruited within partner health care agencies in collaborations between the agencies and our clinical education office staff in consultation with faculty.

The recruitment, application and appointment processes for status-only, and adjunct appointments can be found in the Faculty *Guidelines for Status-Only, Adjunct and Visiting Professor Appointments*. The Faculty offers status-only and adjunct appointments only to individuals who are deemed qualified to make a significant contribution to the educational and research activities of the Faculty. In return, the Faculty makes a commitment to further the academic activities and progress of all faculty appointees, in recognition of contributions they make to the mission of the Faculty in education and research. Generally, status-only and adjunct

faculty participate on MN and PhD student committees, teach courses at the Faculty, and collaborate with faculty on research projects and manuscripts among other contributions. Status-only and adjunct positions are reviewed annually and are typically 3 years in duration. There is no right to renewal but applications for renewal can be submitted and may be granted at the Dean's discretion.

At time of writing searches are open for 3 pre-tenure/tenure stream academic positions, one of which is the *RBC Chair in Cardiovascular Nursing Research*, another is the *Signy Hildur Eaton Chair in Paediatric Nursing Research* and the third is a replacement tenure stream appointment for a retired faculty member.

Support for Faculty Development

Recruitment for the ongoing searches presents both an opportunity and challenge; that being, to attract a strong applicant pool of top scholars / researchers / teachers, to provide appropriate mentors, and to ensure a smooth integration into the Faculty and the University at large. The Faculty is committed to a mentoring system to achieve success of new hires. New faculty members are matched with a mentor to guide them through the tenure process and are also encouraged to seek consultation with any faculty members regarding issues. In addition, the Dean meets with new faculty members regularly to guide and mentor them. New faculty members are encouraged to attend orientation events and ongoing faculty development workshops offered through the Centre for Teaching Support & Innovation (CTSI) and the Centre for Faculty Development (CFD) to enhance their teaching as well as acquire knowledge of teaching resources including *Blackboard*, the University's online learning management system.

University-Wide Initiatives

The University of Toronto and the Faculty of Nursing provide a number of formal and informal resources to support faculty development. Three University of Toronto resources that are utilized most by faculty are the Centre for Teaching Support & Innovation (CTSI), access to the National Centre for Faculty Development & Diversity (NCFDD) through University institutional membership, and the University of Toronto Office of the Vice-President Research & Innovation.

The Centre for Teaching Support & Innovation (CTSI)

CTSI is an invaluable "hub" across the University dedicated to support teaching and learning. Services are available for instructors, graduate students, and teaching assistants. CTSI actively provides leadership on all teaching-related and student engagement issues. A few of the most used services include faculty mentoring for teaching, peer observation of teaching effectiveness, individual consultations on teaching, workshops on documenting teaching (e.g., for teaching portfolio development), short courses on teaching strategies, educational workshops on course design and gathering formative feedback, as well as numerous online learning opportunities. Recently 2 faculty participated in the University of Toronto's Peer-2-Peer Faculty Mentoring for Teaching pilot program as mentees. CTSI provides university-wide leadership and administrative support for the *Student Evaluation of Teaching in Courses* system that our faculty has been

engaged with since 2011. CTSI provides leadership and administration for most educational technologies that serve as the engine for the University Learning Portal and is currently engaged in the *Academic Toolbox Renewal Initiative*.

CTSI is dedicated to the advancement of the scholarship of teaching and learning and has organized a Scholarship of Teaching & Learning Network to link and support faculty across the University who focus their scholarship on teaching and learning, including faculty within the Faculty of Nursing.

Instructional Technology Innovation Fund

The University's Instructional Technology Innovation Fund provides seed funding to catalyze innovative initiatives that have an immediate and direct impact on education and teaching programs. The program is funded by the Provost and administered by the University's Academic & Collaborative Technologies, a partnership between the Centre for Teaching Support & Innovation, and Information and Technology Services. The Faculty of Nursing has been a frequent recipient of these funds with the most recent shown below:

- 2010-2011: Parry, M., et al. *The VITAL Project: Virtual Interactive Teaching and Learning*.
- 2011-2012: Barry, M.A., (Co-PI), Vandeven-Soble, E. (Co-PI), et al. *Smart Device Use across the Curriculum: From Classroom to Clinical Practice Point-of-Care*.
- 2013-2014: Cambly, E., et al. *A Re-Useable Content Assistant on How to Administer Substances by Injection Module for Nursing, Pharmacy and Physician*.
- 2015-2016: Lok, J., et al. *Arterial Blood Gas Interpretation: Development of an Innovative Technology-Enabled Assessment Modules for Undergraduate Nursing, Nurse Practitioner, and Physician Assistant Students*.

National (US-based) Centre for Faculty Development & Diversity

The National Centre for Faculty Development and Diversity (NCFDD) is an independent organization dedicated to the professional development, training, and mentoring of graduate students, post-doctoral fellows, and faculty members. The goal of NCFDD is to support academics in making successful transitions throughout their careers. NCFDD offers workshops, professional training activities, and intensive mentoring programs. Faculty may enroll into the programs easily through their University of Toronto email address. Enrolled faculty have access to weekly motivator messages, monthly curriculum webinars, monthly guest speaker webinars, access to courses, private discussion forums for peer-mentoring and problem solving, monthly writing challenges, career centre information, and access to the member library. Services are accessible to faculty free of charge through the institutional membership. All faculty may access NCFDD services at any time on their own initiative. Anecdotally, pre-tenure faculty have reported favorably on the content relating to 'writing for publication' and 'work-life balance' in particular.

Office of the Vice-President Research & Innovation (OVPRI)

The OVPRI plays an important role in supporting the University as a top public research university in the world. The mission of the OVPRI is to create the most supportive environment possible so that researchers, innovators and learners can do what they do best - advance understanding and apply new knowledge. The OVPRI supports, fosters and promotes the research and innovation culture and activities of faculty and students. A full range of services are provided including guidance to faculty, staff and students on grants and funding, oversight, innovation and entrepreneurship, partnerships, policies and procedures, and institutional awards and honours. The OVPRI website provides detailed information. The Office sends out multiple emails weekly to faculty engaging in research to alert and educate about related information. The OVPRI works with the Offices of the Dean and Associate Dean Research and External Relationships to support faculty in developing their research and facilitating their success in attaining research funds.

Faculty of Nursing Initiatives

The Faculty of Nursing engages in a number of activities to support faculty development in teaching, research and scholarship, and service. Many of these activities are referred to in other Sections of the self-study document. As per article 2.11 of the University of Toronto Workload Policy and Procedures for Faculty and Librarians (WLPP), the Faculty of Nursing has an approved Unit Workload Policy (Appendix 12). This document describes workload parameters for teaching and service activities for several types of academic appointments at the Faculty and was last revised in 2016.

New tenure stream faculty receive start-up grants to support the development of their research programs (see [Section 4-Research](#)). As well, each faculty is provided with a carefully matched faculty mentor to support and guide them through their development as successful and productive tenure stream faculty. The Associate Dean Academic meets with faculty, particularly new tenure stream faculty, to determine what teaching assignment is best for their continuing development.

The Faculty of Nursing Research Office provides monthly newsletters for all faculty and PhD students alerting them of funding opportunities and deadlines as well as opportunities to present their research and scholarship at upcoming scholarly meetings. [Section 4-Research](#) provides more detailed information about the support provided to faculty and students to support research and scholarship.

New teaching stream faculty scholarship development is supported through the Teaching Professoriate Scholarship Awards program within the Faculty. These funds are available for teaching stream faculty to complete initiatives demonstrating their scholarship and assisting them to be even more competitive for accessing funds to continue development of their areas of scholarship. New teaching stream faculty are provided a carefully matched faculty mentor to support and guide them through their development as successful and productive teaching stream faculty. The Associate Dean Academic meets with faculty, particularly new teaching stream faculty, to determine what teaching assignment is best for their continuing development.

Teaching stream faculty are also supported to develop their expertise in relation to particular areas of pedagogy. For example, one member of faculty has been supported to attend a week-long workshop for simulation instructors at the Centre for Medical Simulation at Harvard.

Teaching excellence is promoted within the Faculty through annual nominations for teaching awards for faculty, clinical instructors, and preceptors. Each year, there is a vigorous nomination period that leads to a competitive panel of nominations. Teaching awards are a valued tradition within the Faculty and are awarded each year at the September faculty meeting.

Faculty expressing interest in learning more about academic leadership and leadership roles are supported in their learning. For example, faculty have been supported to complete programs such as the New and Evolving Academic Leaders (NEAL) program conducted through the Centre for Faculty Development at St. Michael's Hospital and the University of Toronto and leadership development programs sponsored by the Canadian Nurses Association.

Section 3 Academic Programs

Section 3 Academic Programs

3.a Bachelor of Science in Nursing Program

3.a.1 Program Description

The University of Toronto, Faculty of Nursing's full-time, 2-year second-entry Bachelor of Science in Nursing (BScN) program provides the foundation for a career in nursing. The Faculty of Nursing has a long history of educating nurses at the baccalaureate level and is renowned internationally for its educational programs and the quality of nursing research conducted by its faculty members. The Faculty of Nursing *Undergraduate Calendar 2017-2018* outlines policies, procedures, and course descriptions related to undergraduate student education (Appendix 13).

The 2-year (20-month) second-entry undergraduate BScN program was first offered in 1997 to a cohort of 15 students. Since then, it has grown to a yearly cohort of 176 students. The 4-year direct entry BScN program was phased out with the last class graduating in 2000 and replaced by the 2-year second-entry undergraduate nursing program. The 20 month program is the only undergraduate nursing program now offered at the Faculty. At all times, there are 2 cohorts of undergraduate students in our program: Year 1 and Year 2 students.

Year 1

Content in Year 1 is focused on theory, research, and practice relevant to the care of patients, families and communities. In the Fall term of the first year, the foci are: health assessment, therapeutic skills and relational skills, discipline and professional issues, and concepts of health across the lifespan. Students address the developmental needs of healthy families, children, and older persons. Clinical practice takes place in hospital and community settings. In the second and third terms of first year, students concentrate on pathophysiology, pharmacology, and care of individuals experiencing acute illnesses that require hospitalization. Concurrently, clinical practice occurs in paediatric, mental health and adult medical-surgical settings. Students are also introduced to theories and concepts guiding community health nursing in Canada and internationally.

Year 2

In the second year of the program, students complete courses related to Nursing and the Health Care System. Students complete 2 consecutive clinical courses that integrate theory, research and clinical practice over both terms. The first concentrates on complexity and coping with persistent illness and the second focuses on primary health care. Students are able to choose a focus and a speciality area of practice within each of these 2 seminar-based clinical courses. The final course prepares students for independent practice after graduation. Students complete an 11-week continuous integrative clinical practicum at the end of Year 2. Each student's placement is chosen in collaboration with faculty and in consideration of future career goals, student strengths and challenges.

3.a.2 Program Objectives

The overall objective of the 2-year Bachelor of Science in Nursing program is to prepare candidates with both university and life experience to meet the challenges of the health care system now and in the future. The program prepares graduates to meet the ever-increasing demands of the health care system for highly skilled and knowledgeable practitioners who care for a diverse range of clients. Nurses work in technologically sophisticated acute care hospitals, long-term care facilities and community settings. Graduates are prepared to collaborate intra-professionally and inter-professionally to address complex health and social issues. These objectives are consistent with the educational and professional practice requirements outlined by both the College of Nurses of Ontario (CNO) and the Canadian Nurses Association (CNA) in documents such as the *Professional Standards* (CNO, 2002), *Ethics Practice Standard* (CNO, 2009), *Competencies for Entry-Level Registered Nurse Practice* (CNO, 2014), and *Code of Ethics* (CNA, 2017).

There are 6 key learning outcomes for students in our program. Graduates of the program will practice nursing safely, competently and ethically by:

- providing nursing care for sick and vulnerable persons,
- promoting health of individuals, families, groups and communities,
- establishing and maintaining interpersonal and therapeutic relationships and partnerships,
- enacting values of equity and social justice in addressing the social determinants of health,
- examining, synthesizing and incorporating multiple knowledges to provide care, and
- collaborating as members of an interprofessional team.

The Faculty of Nursing's core values have been operationalized into 5 curricular themes that were reviewed and revised in December 2016 and form the conceptual basis for the undergraduate program. These themes are safe, ethical and competent practice, scholarship and critical inquiry, interdisciplinarity and interprofessional collaboration, centrality of relationships, and promotion of health and capacity building.

The undergraduate program is consistent with the University of Toronto's mission as outlined in *Towards 2030: A Long-term Planning Framework for the University of Toronto* (2008) and the Faculty of Nursing's *Strategic Academic Plan 2017-2022 Shaping Tomorrow's Leaders Today* (Appendix 4). The university's distinctive role or mission, as indicated in the "Towards 2030" university-wide, Long Term Planning Framework, is that "The University of Toronto will continue to be distinguished by a research-intensive culture, the academic rigour of its educational offerings at all levels, and the excellence of its faculty, staff and students across 3 distinctive campuses and in many partner institutions". Students at the Faculty of Nursing benefit from the research-intensive context by having access to nurse scholars and researchers as teachers and as mentors in their classes and in a summer mentored research program. Students have access to high quality educational offerings and have choice in the selection of second year courses and final practicum clinical placements. Students enrolled in the program benefit from opportunities to work with diverse populations and to practice under the supervision of highly qualified professionals in some of the best health care agencies in Canada. The University of Toronto President Gertler, in his *Three Priorities: A Discussion Paper* (2015) discusses 3

strategic priorities for the University: leveraging our location, strengthening international partnerships and rethinking undergraduate education. Students have access to the best teaching hospitals and community agencies in the country which has allowed the Faculty to attract great students and faculty members. Students have the opportunity to do national and international placements with peer institutions during their program of study. There are long standing arrangements with several rural Canadian agencies for students to complete practicums. Students have had placements in Hyderabad, India for the past 10 years with the same organization and that relationship has continued to grow stronger each year. Undergraduate education has flourished with innovations in the area of simulation, digital technology and experiential learning.

The Faculty of Nursing's 2017-2022 *Strategic Academic Plan* is central to shaping undergraduate priorities and provides a roadmap for the future. This plan provides a set of goals to lead the way, focus priorities, and give direction to move forward as an educational leader in undergraduate education. The plan builds on Faculty strengths and highlights an embedded internationalization agenda, pursuit of new knowledge through interdisciplinary research, educational programs delivered with innovative pedagogies that produce graduates that meet the needs of employers, partnerships with leading clinical and community partners, and engagement with friends, alumni and donors to promote our success as a leader in health care education. These priorities are already well aligned with current strategies related to a focus on international recruitment of students and faculty as well as strengthening and exploring options for international clinical placements; innovative and creative educational programming that is responsive to employer and health care needs; creation of strong relationships with current partners and exploring new partnerships; and engagement with our former students, partners and friends to foster our success as an leader in undergraduate education.

To promote high quality teaching throughout the undergraduate program, the Faculty has developed and widely disseminates the *Guidelines for Undergraduate Teaching (August 2017)*. These guidelines (Appendix 14) provide continuing and sessional faculty with information and reference materials to support successful undergraduate teaching.

3.a.3 Admission Requirements

To be eligible for admission, applicants must have completed at least 10 university full-course equivalents, with at least a mid-B (approximately 75% or 3.0 GPA) average in the final year of study, or the last 5 full-course equivalents of their university education. Of the 10 courses, a maximum of 6 courses can be at the 100-level. Pre-requisites include: one full-course equivalent in Human Physiology, Life Sciences or Physical Sciences, Social Sciences, and Humanities and one half-course in Statistics. Each prerequisite must be completed with at least 60% or C-. Because the BScN program is highly competitive, meeting minimum admission requirements does not ensure admission to the program.

While minimum admission requirements are 2 years of university credits, the applicant pool is so strong (over 700 applicants per year from 2014 to 2016, Table 3.1) that close to 100% of admitted students enter the program with a 4 year completed degree or higher. Between 11 and 15 percent of new admissions have earned a graduate degree (Table 3.2). Admission numbers have

remained stable since 2009 with 174 to 180 students being admitted each year (Table 3.3). Since the beginning of the 2-year program, there have been low attrition rates (Table 3.4) and program completion rates have remained high (Table 3.5) in part related to the high caliber of admissions to our program. Attrition rates have ranged from 2 to 5 percent with the average attrition rate being 3.43% (see Table 3.4). Program completion rates (96-99%) appear a bit higher than expected when compared with the attrition data but some students take parental or medical leaves of absence for as long as one year and graduate the following year. There are currently no part-time study options offered on admission to the program. Because of academic accommodations, there are usually 1 to 4 students each year who are completing the program at a slower pace (Table 3.5).

The average grade point average (GPA) on admission to the program has risen from 3.6 to 3.8 from 2009 to 2016 respectively (Table 3.3). Applicant pre-admission history of academic success in a variety of disciplines, their focused commitment to nursing as a career, the diversity of life experiences they bring, and the effective teaching by faculty are significant factors leading to student success in the 2-year program.

The admission requirements align well with program learning outcomes and curricular themes ([Section 3.a.2](#)). The selection of candidates is made through a careful and thorough process by the Admissions Committee. This process ensures that students offered admission have a history of involvement in extramural or community activities, the potential for high academic achievement, and the capacity to be successful in a program focused on the care of others. By requiring a full-course equivalent in the social sciences and the humanities for admission, the committee encourages a breadth of knowledge across other disciplines. The Admission's Committee looks at various factors including academic and non-academic achievement. As outlined on the website, a successful candidate typically has:

- High academic standing with a GPA of B+ or greater in the final year of the bachelor's degree;
- Broad knowledge of diverse disciplines in the humanities, social sciences, and life sciences;
- Satisfactory grades in all prerequisite courses;
- Excellent relevant references;
- A personal statement that conveys enthusiasm and commitment to nursing; and,
- A strong track record in community involvement, volunteerism and other relevant experiences.

Table 3.1. BScN Student Applications, Offers, and Registrations 2009-2016

	Fall 2009	Fall 2010	Fall 2011	Fall 2012	Fall 2013	Fall 2014	Fall 2015	Fall 2016
Applications	657	662	625	675	666	735	733	745
Offers	248	237	247	271	278	271	254	241
Registrations	174	164	167	175	178	177	180	174
Registered / Offered Yield	70.2%	69.2%	67.6%	64.6%	64.0%	65.3%	70.9%	72.2%

Table 3.2. Percentage of BScN Admissions with Completed Graduate Degrees

Admission Year	% with graduate degree
2010	Not Available
2011	13%
2012	14%
2013	15%
2014	12%
2015	14%
2016	11%

Table 3.3. Full Time Registrations and Admitted BScN Students' Average Entry Grade Point Average (2009-2016)

BScN Program	Fall 2009	Fall 2010	Fall 2011	Fall 2012	Fall 2013	Fall 2014	Fall 2015	Fall 2016
Full Time Registrations	174	164	167	175	178	177	180	174
Entering Averages	3.6	3.7	3.7	3.7	3.7	3.7	3.7	3.8

Table 3.4. Undergraduate Attrition Rates

Admission Year	# student who registered in the following year	# student who did not register	Total	Attrition Rate
2009	168	6	174	3%
2010	159	3	162	2%
2011	160	7	167	4%
2012	168	7	175	4%
2013	173	5	178	3%
2014	168	9	177	5%
2015	175	5	180	3%

Table 3.5. Undergraduate Program Completion Rates (2009-2015)

Admission Year	Degree completed	Degree not completed	Total	Percent completion
2009	168	6	174	97%
2010	161	1	162	99%
2011	160	7	167	96%
2012	172	3	175	98%
2013	172	6	178	97%
2014	170	7	177	96%
2015	173	7	180	96%

Table 3.6. Number of Full-Time and Part-Time BScN Students (2009-2016)

Program		Fall 2009	Fall 2010	Fall 2011	Fall 2012	Fall 2013	Fall 2014	Fall 2015	Fall 2016
Bachelor of Science in Nursing	FT	325	331	327	338	348	354	348	349
	PT	0	1	1	0	2	0	0	4
Program Total		325	332	328	338	350	354	348	353

3.a.4 Curriculum and Program Delivery

Program learning outcomes and curricular themes ([Section 3.a.2](#)) were reviewed and revised extensively during an undergraduate retreat in June 2016 and again in December 2016. An environmental scan was completed and strategic planning documents from provincial, national and international nursing groups were reviewed to examine trends and future directions in relation to nursing education and health care in general. Feedback from students and faculty members was sought throughout the review process. Approval for the revised learning outcomes and curricular themes was provided by Faculty Council in February 2017. These learning outcomes are identified in the Undergraduate Calendar and on the Faculty of Nursing website. They are discussed with new students at orientation to our program in the Fall of first year and referred to consistently throughout the 2-year program. Appendix 15 displays the Undergraduate Degree-Level Expectations mapped to the Faculty of Nursing's Learning Objectives and Program Design.

The program prepares professional nurses who provide safe, ethical and competent nursing care across settings. Students are also prepared for further education at the graduate level (MN, PhD). The undergraduate curriculum has most recently been mapped to the *Competencies for entry-level Registered Nurse Practice* (College of Nurses of Ontario [CNO], 2014) (Appendix 16) in June 2017. The College of Nurses' Ontario framework outlines 5 broad interrelated competency categories that are expected of entry-level practice for registered nurses: professional responsibility and accountability, knowledge-based practice, ethical practice, service to the public and self-regulation.

Throughout the curriculum, students are required to complete all courses. Because of the short 20-month program length and the identified curriculum, students do not have elective courses. However, students do have considerable choice for their Year 2 NUR461-Primary Health Care and NUR460-Coping with Complexity in Persistent Illness course sections as well as choice for clinical practice settings in the final practice course, NUR470-Integrative Nursing Practicum. The Year 1 and Year 2 program requirements and course equivalents are listed in Appendix 17 and the course descriptions are briefly described in Appendix 18.

The overall theory, simulation and clinical hours required for each student in each course is summarized in Appendix 19. Overall, students engage in approximately 532 class theory hours, 72 hours of simulation and 1284 clinical practicum hours.

The curriculum emphasizes use of knowledge from research, theory, professional standards and practice guidelines as well as from patients and families to guide nursing practice. Regular environmental scans guide the development of the undergraduate curriculum to ensure that new

developments in society, health care, nursing knowledge and current best practice are taken into account. Listening to students, faculty members, clinical partner agencies and nurse regulators is important to anticipate the learning needs of students and the needs of society for safe and competent nurses. Yearly BScN post-graduation surveys (Appendix 20) and surveys every 2 years of preceptors (Appendix 21), managers of agencies where students practice as well as employers provide more information to guide curriculum development.

The Faculty of Nursing is a leader in use of simulation-based learning and use of technology for teaching and learning in undergraduate teaching. The sections below describe the simulation program and the many uses of technology in the program.

Undergraduate Nursing Simulation Program

The use of simulation education has changed nursing education. Traditionally nursing curricula were divided - didactic in the classroom versus the lab as a place for skills acquisition. This thinking has evolved and with simulation, the old skills lab has been transformed into a simulation lab where students are able to develop clinical reasoning and critical thinking skills and where student learning can be evaluated in different ways. The use of simulation in undergraduate education started in 2005-2006 when the Faculty moved into the current location at 155 College Street and received a grant for simulation equipment from the Ontario Ministry of Health and Long-Term Care. By 2009, simulation was fully integrated across both years of the curriculum. The program is now well established and regularly evaluated. Students have simulation experience in every clinical course to supplement clinical practice. The Simulation Lab was renovated again in 2009 with a redesigned control room and pan-tilt-zoom cameras and microphones throughout. New SimMan 3G and SimKid mannequins have also been acquired this year through fundraising efforts.

Simulations are developed by faculty members and tailored to students at specific points in their learning. Faculty and students are engaged in a wide range of simulations: role playing (e.g. mental health simulations), standardized patients to teach relational skills, objective structured clinical examinations (OSCEs) using volunteer patients, skill practice using mannequins or task trainers, table top simulation exercises, and simulations with high-fidelity computerized mannequins (adult, child and infant). The focus of each simulation is intentional to address gaps in course content and/or clinical exposure, low volume/high risk situations, interprofessional and intraprofessional communication including transfer of accountability or shift handovers, and patient safety.

To ensure the development of high-quality simulations and consistency across the program as well as to ensure the psychological safety of students, a unique model is used for the delivery of simulation education⁰. A team composed of 5 faculty members with special training delivers simulation across the curriculum. A few team members rotate from year to year to give more faculty exposure and training in simulation education. Two faculty members have trained at established American simulation centers (2009 and 2016) and another is a certified health care simulation educator (2016). Recently, 2 senior students joined the team (2016-17) to provide input on current and future simulations and to gain experience with simulation facilitation. There are 2 facilitators for every simulation – one facilitator being a member of the simulation team

with extra training in debriefing techniques and the other being the clinical faculty member leading the clinical course. The simulation team has other responsibilities including intensive one-to-one remediation for students who are struggling clinically. Simulation is a large component of the remediation process and is tailored to student learning needs and issues identified in their learning contract.

New simulations are created every year, older ones are refined, and the team is invested in using a variety of methods to deliver simulation education. One recent innovation is a multiple patient simulation involving a variety of health care providers that takes place midway through the capstone course and where students practice delegation, prioritization, time management and workload organization. Impromptu student-driven simulations are another recent addition to the simulation program. Scenario development is tailored to the students in the simulation and created in the moment. These simulations are used to prepare pre-graduation students for their final clinical practicum and have been very successful.

Use of Technology in Teaching

The Faculty of Nursing has a strong history of being a leader in the area of technology use for teaching and learning. Classroom response tools such as iClicker® have been in use since 2006 in most undergraduate nursing classrooms. Last year, the Faculty moved to Top Hat® technology as it has greater functionality. Top Hat® works online via an app on student phones or via a website on student laptops and enables a wider range of questions and group activities.

The University's online learning management system, *Blackboard*, is used in every course in the program for easy access to course materials as well for online quizzes and evaluation purposes. Blogs and wikis are used extensively throughout the program. In *NUR370 Pathophysiology and Pharmacotherapeutics: Relevance to Nursing Practice*, student groups are asked to develop a website for their assignment. A commercial electronic charting system was used from 2013 - 2016 for charting during simulations as well as a marked assignment in *NUR371 Introduction to Acute Care: Adult* and *NUR373 Introduction to Care of Children and Families* where students put their assessment data into the electronic chart and formulated a paper-based nursing care plan based on current research. The simulation lab has a computer on wheels for charting during simulations as well as iPods and iPads loaded with e-books and apps for accessing research during simulations and tutorials for *NUR370 Pathophysiology and Pharmacotherapeutics: Relevance to Nursing Practice*. Students in *NUR350 Introduction to Nursing Practice* film themselves performing a dressing change, upload it to a secure server on campus, share it with a peer, and comment on another peer's video for an innovative peer assessment assignment.

Several online modules have been developed by faculty members for student learning using the software Articulate®, an e-learning tool that builds interactive content. Modules include recognition and care of chronic wounds, administering injections and analyzing arterial blood gases. The online version of *NUR430 Research and Scholarship in Nursing* (delivered 2013-2015) used an Articulate® module as well as video guest speakers each week to present the content.

The approach to teaching within the undergraduate program acknowledges and values the importance of integrating the rich personal, educational, and professional backgrounds of students. Learning is made accessible through a wide variety of platforms and attempts are made to communicate effectively within these modes of delivery to ensure the intellectual abilities of students are stimulated and challenged. Class sizes range from 12-16 students (seminar classes) to 175-180 students (entire year cohort of students). Students are in clinical practicums with either a clinical instructor (6-8 students per instructor) or a preceptor (one-to-one) for an average of 504 hours in the first year and 780 hours in the second year. Students are in the simulation lab practicing therapeutic and health assessment skills and later have practice with simulations. The University's online learning management system, *Blackboard* platform is used extensively in all courses. Effectiveness in promoting intellectual and scholarly development across all teaching / learning settings including in-class and technology-facilitated courses, laboratories, and a wide spectrum of clinical settings is continuously evaluated.

Learning Beyond the Classroom

The Faculty of Nursing provides many opportunities for students to learn beyond the classroom and regularly scheduled classes. For example, students have opportunities to learn in the simulation laboratory, in their clinical practicums, in optional career planning workshops and activities, in interprofessional education (IPE) learning activities, and in the Summer Undergraduate Student Research Program. A few of these opportunities are discussed below.

Clinical Practicums

Both current students and recent graduates of the program have emphasized the diversity of clinical placements (all clinical courses) as a major strength of the program. The program capitalizes on the expertise available in a large urban centre with several world-class health science teaching centres and community agencies. This situation is reflected in the diversity of clinical placements in a variety of health care sectors (acute care, long-term care, primary health care, etc.).

All students have a paediatric and mental health placement in a hospital setting. Students in good standing have the opportunity in their final capstone course to choose an out of town placement (provincial or national), a critical care placement or a rural and aboriginal placement after a screening process and interview. International placements have been available for many years as part of an elective course at the end of the program. That experience is moving into NUR461 Primary Health Care-Global Health section in January 2018 and selected students will practice in India or China for 3-4 weeks as part of the curriculum.

Career Planning and Development

Assistance with career planning for undergraduate nursing students begins in the first year of the program and is accelerated in Year 2. Students engage in a resume writing workshop presented by the Registered Nurses Association of Ontario. The Faculty's Advancement Office sponsors a popular Lunch and Learn session. Students meet with nurse alumni from a variety of career paths in a speed-dating setting to learn more about a variety of professions. Before the final

practicum of the program, students take part in a Career Planning and Networking Workshop delivered in conjunction with the University of Toronto Career Centre. The Faculty also hosts 2 interview practice workshops in mid-May of the final year working with Career Center educators. All students in their capstone course have the option to take part in a Mentorship Program where adjunct faculty are matched to pre-graduate students for their 11 week practicum. The mentor provides assistance to students on topics such as career goals, resume development, job search guidance, job interview preparation and mock interviews. In the beginning of the program (2013), 35-50 students and mentors were matched. More recently, the program has grown to 70-85 student mentor pairs annually.

Interprofessional Education

All undergraduate nursing students participate in formal interprofessional education (IPE) curricular activities with students from 10 other health profession programs. The formal IPE curriculum is coordinated by the *Centre for Interprofessional Education* which is a strategic partnership between the University of Toronto and the Toronto Academic Health Sciences Network with the University Health Network as lead hospital. The Centre provides IPE program opportunities to pre-entry to practice students and practice-based health professionals. The eleven health sciences programs engaged in the IPE curriculum includes: Nursing, Dentistry, Kinesiology and Physical Education, Medical Radiation Sciences, Medicine, Occupational Science and Occupational Therapy, Pharmacy, Physical Therapy, Physician Assistant, Social Work, and Speech-Language Pathology. Each program has individually determined the number of IPE learning activities their students are required to attend.

The IPE Curriculum is based on a core competency framework that encompasses a learning continuum, moving towards the goal of optimizing the provision of interprofessional collaborative care. The framework incorporates 3 key constructs: Communication, Collaboration, and Values and Ethics. Each construct outlines core competencies that students will gain as they move across the learning continuum, through Exposure (introductory), Immersion (development and professional placement) and ultimately, Competence (Entry-to-Practice).

Starting in 2017, there is a new integrated interprofessional education curriculum that outlines core scheduled learning activities across programs as well as elective learning activities. Students are required to complete 8 learning activities/courses over the 2-year undergraduate nursing program as well as one elective learning activity that can be taken in either year of the program. Additionally, students may engage in as many electives as they want during their studies.

The required learning activities for 1st year undergraduate nursing students are:

- Teamwork: Your Future in Interprofessional Health Care,
- Roles of Health Professionals and Team Dynamic, and
- Understanding Patient/Client Partnerships.

The required learning activities for 2nd year undergraduate nursing students are:

- Conflict in Interprofessional Life,
- Case-Based Palliative Care,
- Interfaculty Pain Curriculum, and

- IPE Clinical Application.

Students also complete one elective learning activity such as:

- Dying and Death,
- Health Mentor Program,
- Global Health and Human Rights,
- Health Care Team Challenge,
- Health Literacy: Enabling Effective Interprofessional Communication with Patients and Families,
- Responding Effectively to Partner Violence and Sexual Assault, and
- Strategies for Practice and Interprofessional Care.

Learning gained from formal IPE activities is strengthened through focused discussions in nursing courses after scheduled learning events. Students are coached to engage in self-reflection and critical reflection processes through a series of class facilitated discussions.

Currently, nursing student participation in the Interfaculty Pain Curriculum is under review. Both faculty and students have raised concerns about the amount of time students are expected to engage in the Interfaculty Pain Curriculum (3 days in one week) that removes them from both classroom and clinical learning opportunities. Faculty and students are questioning the benefit to spending so much time in one learning event and have numerous concerns about the levels of student clinical knowledge and skills from participating faculties. The Interfaculty Pain Curriculum leadership have taken great care to evaluate the program offered each year (Appendix 22). The Faculty of Nursing has also solicited and received formal feedback about the Interfaculty Pain Curriculum experiences over the past 2 years (Appendix 23). This review is ongoing.

Summer Undergraduate Student Research Program and Research and Mentorship Program

The objective of both these programs is to provide undergraduate students with the opportunity to work on research projects and undertake research activities under the supervision of a faculty researcher. Undergraduate students acquire experience about the research process and are able to explore and develop their research interests in this program. The Summer Undergraduate Student Research Program is a 12-week paid position between Year 1 and Year 2 of the program. Students must achieve a minimum grade point average of A- (3.7) in the first year of studies to be eligible for this summer research program. This program has taken place every summer since 1995. The stipend amount and source of funding, however, has changed over the years. Since 2013, 17-37 students each year have taken part in this very successful summer program.

The Research and Mentorship Program was offered in 2013 and 2014 to students who had a completed graduate degree with high academic achievement and who were interested in doing research throughout their program of studies. A total of 16 students completed the program (7 in 2015 and 9 in 2016). The goal of the program was to nurture future nurse researchers and leaders who had a strong research interest and potential and who may have been future candidates for the PhD program. Students were matched in a one-to-one relationship with a faculty researcher over the duration of the program and participated in research-related activities. The program was

discontinued in 2016 because funding the opportunity was challenging and students were overwhelmed starting a compressed program and were challenged to have sufficient time for research activities, especially in the first year.

3.a.5 Assessment of Learning

The University of Toronto's *University Assessment and Grading Practices Policy (2012)* guides the process and outcomes of student evaluation in the undergraduate program. The policy (page 3 of 9) outlines grading for undergraduate programs within the University. At the Faculty of Nursing, a pass grade is 60% and higher (C- and higher) to reflect the standards of achievement expected for students in the program. Table 3.7 below illustrates grading scheme for undergraduate nursing students.

Table 3.7. Undergraduate (BScN) Grading Scheme

Grade Point Value	Letter Grade	Percentage Range	Meaning
4.0	A+	90-100	Excellent
4.0	A	85-89	
3.7	A-	80-84	
3.3	B+	77-79	Good
3.0	B	73-76	
2.7	B-	70-72	
2.3	C+	67-69	Adequate
2.0	C	63-66	
1.7	C-	60-62	
1.3	D+	57-59	Marginal
1.0	D	53-56	
0.7	D-	50-52	
0.0	F	0-49	

Note: As per the Faculty of Nursing policy, a pass grade is 60% and higher (C- and higher). This is different from some other faculties at the University of Toronto.

Tables 3.8 through Table 3.13 demonstrate how undergraduate achievement is evaluated with respect to learning outcomes and Degree-Level Expectations in the final year of the program by describing the means of assessment and delivery methodologies are identified across courses.

Table 3.8. Alignment of Degree-Level Expectation 'Depth and Breadth of Knowledge' and Program Learning Outcomes with Assessment and Delivery Methodologies

Program Learning Outcome	Graduation-Level Assessment	Delivery Methodologies (All senior year)
Graduates of the program will practice nursing safely, competently and ethically	Examinations: Multiple choice and short answers as well as essay examinations.	Students develop an understanding of theoretical approaches inside and outside the discipline of

Program Learning Outcome	Graduation-Level Assessment	Delivery Methodologies (All senior year)
Graduates of the program will examine, synthesize and incorporate multiple knowledges to provide care.	<p>Group seminar presentations</p> <p>Clinical practicum in both acute care and community settings and final capstone practicum.</p> <p>Theoretical papers</p> <p>Creative Art Project</p> <p>IPE Curriculum (4 mandatory events in final year)</p>	<p>nursing with emphasis on critical inquiry. Relevant Courses: NUR410, 420, 430, IPE curriculum. Students develop critical thinking and analytical skills both inside and outside the discipline of nursing.</p> <p>Relevant Courses: NUR410, 420, 430, 460, 461, 470, MPL202. Students practice developing sustained arguments that they are able to articulate in an essay or oral presentation. Relevant Courses: NUR410, 420, 460, 461, 470</p> <p>Students practice working with interprofessional teams to gain knowledge of other disciplines and their intersections. Relevant Courses: NUR460, 461, 470, IPE Curriculum.</p>

Table 3.9. Alignment of Degree-Level Expectation 'Knowledge of Methodologies' and Program Learning Outcomes with Assessment and Delivery Methodologies

Program Learning Outcome	Graduation-Level Assessment	Delivery Methodologies
Graduates of the program will examine, synthesize and incorporate multiple knowledges to provide care.	<p>Exams with multiple choice and short answer questions</p> <p>Blogs to create sustained arguments related to course readings</p>	<p>NUR430 - Emphasis on ability to critically appraise evidence for clinical practice. The overall goal is to prepare students to find, critique, and appropriately integrate research findings into their nursing practice.</p> <p>NUR420 – Students learn critical inquiry and reflexivity using course readings from humanities</p>

Program Learning Outcome	Graduation-Level Assessment	Delivery Methodologies
		and other disciplines to reflect on clinical practice

Table 3.10. Alignment of Degree-Level Expectation ‘Application of Knowledge’ and Program Learning Outcomes with Assessment and Delivery Methodologies

Program Learning Outcome	Graduation-Level Assessment	Delivery Methodologies
<p>Graduates of the program will practice nursing safely, competently and ethically</p> <p>Graduates of the program will provide nursing care for sick and vulnerable persons.</p> <p>Graduates of the program will examine, synthesize and incorporate multiple knowledges to provide care.</p> <p>Graduates of the program will promote health of individuals, families, groups and communities.</p>	<p>Clinical evaluations for all 3 clinical courses in final year</p> <p>Essay and multiple choice/ short answer examinations</p> <p>Group seminar presentations</p> <p>Theoretical papers</p>	<p>Student learning is assessed through self-evaluations related to their clinical practice learning outcomes and clinical instructors or preceptors do final evaluations of students.</p> <p>Relevant Courses: NUR460, 461, 470.</p> <p>Students are taught critical inquiry and reflexivity for ethical nursing practice.</p> <p>Relevant Courses: NUR420, 410.</p> <p>Students learn to develop supporting arguments in theoretical papers, research papers, blogs and group seminars to show application of knowledge to practice</p> <p>Relevant courses: NUR410, 420 460, 461.</p> <p>Students develop the ability to review, present and critically evaluate both qualitative and quantitative information. Relevant courses: NUR410, 420, 430, 460, 461 and MPL202.</p>

Table 3.11. Alignment of Degree-Level Expectation ‘Communication Skills’ and Program Learning Outcomes with Assessment and Delivery Methodologies

Program Learning Outcome	Graduation-Level Assessment	Delivery Methodologies
Graduates of the program will practice nursing safely, competently and ethically	<p>Essay examinations (NUR420 and NUR410)</p> <p>Group seminar presentations</p>	Students learn to communicate important clinical information to team

Program Learning Outcome	Graduation-Level Assessment	Delivery Methodologies
<p>Graduates of the program will provide nursing care for sick and vulnerable persons.</p> <p>Graduates of the program will promote health of individuals, families, groups and communities</p> <p>Graduates of the program will examine, synthesize and incorporate multiple knowledges to provide care.</p> <p>Graduates of the program will establish and maintain interpersonal and therapeutic relationships and partnerships</p> <p>Graduates of the program will collaborate as members of an interprofessional team.</p>	<p>Clinical practicum in both acute care and community settings and final capstone practicum</p> <p>Theoretical papers</p> <p>Creative art project</p>	<p>members for patient safety. Relevant Courses: NUR460, 461, 470.</p> <p>Students practice interpersonal and therapeutic relationships in clinical practice and in classroom with group presentations and creative art project. Relevant courses: NUR460, 461, 470.</p> <p>Students practice communicating arguments and supporting them in papers, exams, seminars and blogs Relevant courses: NUR410, 420, 460, 461.</p>

Table 3.12. Alignment of Degree-Level Expectation 'Awareness of Limits of Knowledge' and Program Learning Outcomes with Assessment and Delivery Methodologies

Program Learning Outcome	Graduation-Level Assessment	Delivery Methodologies
<p>Graduates of the program will practice nursing safely, competently and ethically</p> <p>Graduates of the program will provide nursing care for sick and vulnerable persons</p> <p>Graduates of the program will promote health of individuals, families, groups and communities.</p>	<p>Clinical evaluations for clinical courses</p> <p>Case studies</p> <p>Essay examinations</p>	<p>Students learn to acknowledge the limits of their knowledge and to seek help from more experienced practitioners when needed in clinical practice. Relevant courses: NUR460, 461, 470.</p> <p>Students learn the importance of self-reflection to assess their own learning need in the practice area. Relevant courses: NUR460, 461, 470.</p> <p>Students are taught to use ethical decision-making tools to analyse complex ethical issues through the use of case studies, clinical examples and case-based exams. Relevant courses: NUR410.</p>

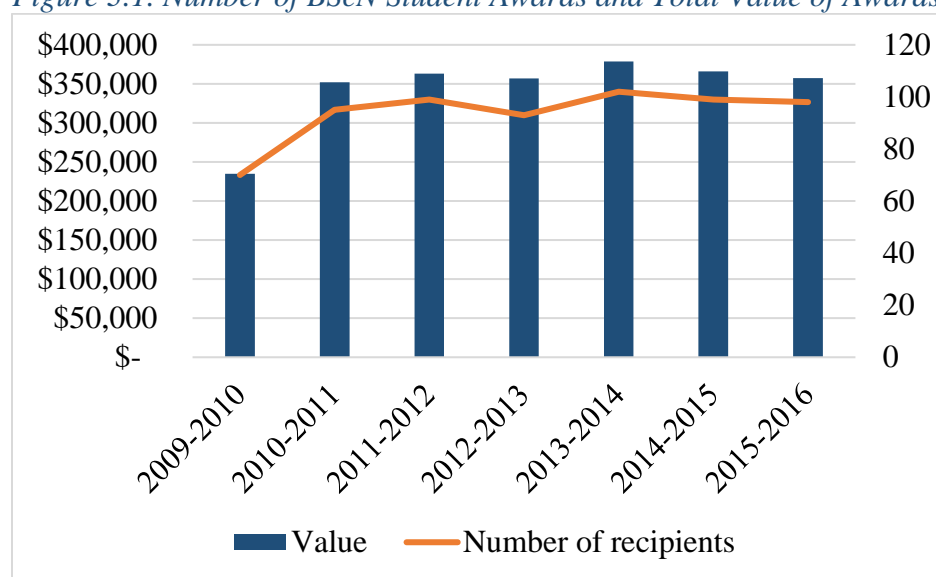
Table 3.13. Alignment of Degree-Level Expectation ‘Autonomy and Professional Capacity’ and Program Learning Outcomes with Assessment and Delivery Methodologies

Program Learning Outcome	Graduation-Level Assessment	Delivery Methodologies
<p>Graduates of the program will practice nursing safely, competently and ethically</p> <p>Graduates of the program will provide nursing care for sick and vulnerable persons.</p> <p>Graduates of the program will promote health of individuals, families, groups and communities.</p> <p>Graduates of the program will enact values of equity and social justice in addressing the social determinants of health.</p>	<p>Clinical evaluations for all clinical placements</p> <p>Theory Paper</p> <p>Case study exam</p>	<p>Students practice increasing autonomy, initiative and decision making in their clinical courses Relevant courses: NUR460, 461, 470.</p> <p>Students develop professional responsibility and accountability teamwork skills in their clinical courses. Relevant courses: NUR460, 461, 470.</p> <p>Students are taught to manage their own learning and use appropriate resources to evaluate evidence and analyze ethical issues Relevant courses: NUR410, 420, 430, 460, 461.</p>

3.a.6 Student Awards

Through generous gifts from donors and friends of the Faculty over the years, the Faculty has established a large number of internal awards. Close to 30% of students receive one or more Faculty internal awards. Almost 15% of new students have their first year fees covered through Schulich Scholarships. Since the majority of these awards are primarily awarded based on financial need, they have contributed to addressing a problem of financial barrier to higher education. Figure 3.1 summarizes the number of BScN awards and the total value of awards received between 2009-10 and 2015-16.

Figure 3.1. Number of BScN Student Awards and Total Value of Awards (2009-2016)



As well as internal Faculty awards, there are a number of prestigious provincial and national awards that are provided by professional organizations (e.g., Canadian Nurses Foundation, Registered Nurses' Foundation of Ontario, and Council of Ontario University Programs in Nursing), that BScN students have successfully received. Since 2009, Faculty of Nursing undergraduate students have won 7 Canadian Nurses Foundation awards (Table 3.14, Column 2), 24 Registered Nurses' Foundation of Ontario awards (Table 3.15, Column 2) and 7 Council of Ontario University Programs in Nursing awards (Table 3.16 Column 2).

Table 3.14. Canadian Nurses Foundation Award Recipients (CNF) 2009-2017

Year	# UG Recipients	# MN & PMNPD Recipients	# PhD Recipients	Total
2009	-	1	2	3
2010	-	1	3	4
2011	1	3	3	7
2012	2	1	1	4
2013	-	-	2	2
2014	-	-	1	1
2015	3	2	1	6
2016	-	2	2	4
2017	1	1	1	3

Table 3.15. Registered Nurses' Foundation of Ontario Award Recipients (RNFOO) 2011-2017

Year	# UG Recipients	# MN & PMNP Recipients	# PhD Recipients	Total
2011	-	2	3	5
2012	3	6	10	19
2013	5	6	8	19

Year	# UG Recipients	# MN & PMNP Recipients	# PhD Recipients	Total
2014	3	2	10	15
2015	5	7	8	20
2016	3	5	5	13
2017	5	3	4	12

Table 3.16. Council of Ontario University Programs in Nursing Awards for Students (COUPN) 2009-2017

Year	# UG Recipients	# MN PMNP Recipients	# PhD Recipients	Total
2009	1	-	-	1
2010	1	-	-	1
2011	1	-	-	1
2012	-	-	1	1
2013	-	-	-	0
2014	-	1	1	2
2015	-	-	-	0
2016	1	1	1	3
2017	1	-	-	1

3.a.7 Student Funding

A number of sources of financial assistance are available to Faculty of Nursing BScN students. These include the Ontario Student Assistance Program (OSAP), University of Toronto Advanced Planning for Students (UTAPS), and faculty-provided bursaries and awards, many of which are need based.

Ontario Student Assistance Program (OSAP)

OSAP is a provincial student loan program which is available to Ontario residents. Other Canadian provinces have similar student loan programs. The vast majority of BScN students are Ontario residents.

The OSAP funding level, both in terms of total amount as well as average amount given to an individual student, has increased modestly over the past 7 years. However, when compared to the increase in tuition costs, the OSAP increase has not kept pace. While the tuition cost increased by 26% from 2009-10 to 2015-16, the increase in OSAP funding in the same period was approximately 9%. For 2015-2016, the participation rate for Nursing was 62%, while it was 66% and 55% for second-entry programs and overall undergraduate programs, respectively. In terms of participation rate, it is generally comparable to other second-entry programs, but it is higher than the overall undergraduate rate. Given that almost all BScN students have completed at least a previous undergraduate degree, many are carrying OSAP debts from their undergraduate programs on top of their student loan for this nursing program. Table 3.17 summarizes the number of BScN nursing students in the Faculty who received OSAP funding as well as the total amounts of funding received by students each year between 2009 and 2016.

Table 3.17. OSAP Funding Received by BScN Students (2009-10 to 2015-16)

Year	Value	Number of recipients	% of students receiving OSAP	Average amount
2009-2010	\$2,662,235	195	60%	\$13,652.49
2010-2011	\$2,809,330	201	61%	\$13,976.77
2011-2012	\$2,829,136	193	59%	\$14,658.74
2012-2013	\$3,091,465	212	63%	\$14,582.38
2013-2014	\$3,823,172	250	71%	\$15,292.69
2014-2015	\$3,441,000	231	65%	\$14,896.10
2015-2016	\$3,232,506	217	62%	\$14,896.34

University of Toronto Advanced Planning for Students (UTAPS)

UTAPS is a centrally funded University of Toronto program designed to reduce the unmet financial needs of students receiving a provincial student loan. UTAPS is also available to students receiving an out of province loan. UTAPS funding has increased significantly over the period, taking some pressure off the financial needs of students. Table 3.18 summarizes the number of BScN nursing students in the Faculty who received UTAPS funding as well as the total amounts of funding received by students each year between 2009 and 2016.

Table 3.18. UTAPS Funding Received by BScN Students 2009-10 to 2015-16

Year	Value	Number of recipients	Average amount
2009-2010	\$ 115,700	85	\$1,361
2010-2011	\$ 142,900	86	\$1,662
2011-2012	\$ 179,900	98	\$1,836
2012-2013	\$ 251,600	112	\$2,246
2013-2014	\$ 422,000	142	\$2,972
2014-2015	\$ 506,599	147	\$3,446
2015-2016	\$ 319,986	123	\$2,602

BScN Student Bursaries

The Faculty of Nursing also has a bursary program which has evolved over the years as student needs have changed. This has been an effective resource to address financial needs of students who may not be eligible for government loan programs or who require immediate assistance. Table 3.19 summarizes the number of BScN students who received a bursary as well as the total amount of bursaries awarded each year between 2009 and 2016.

Table 3.19. Bursaries Received by BScN Students (2009-2016)

Year	Value	Number of recipients	Average amount
2009-2010	\$ 69,355	66	\$1,051
2010-2011	\$ 105,551	80	\$1,319
2011-2012	\$ 108,659	66	\$1,646
2012-2013	\$ 103,400	101	\$1,024
2013-2014	\$ 88,976	83	\$1,072

Year	Value	Number of recipients	Average amount
2014-2015	\$ 62,345	84	\$742
2015-2016	\$ 81,803	99	\$826

3.a.8 Quality Indicators

Student Evaluation of Teaching in Courses (Undergraduate Nursing Program 2015-2017)

In the Faculty of Nursing, all courses are evaluated as required by the *University of Toronto Provostial Guidelines on the Student Evaluation of Teaching in Courses* (2016). The University of Toronto's centralized course evaluation framework and online delivery system is used to evaluate teaching for all courses delivered in the Faculty of Nursing. The *Faculty of Nursing Guidelines for the Student Evaluation of Teaching in Courses* (2016-2017) is attached as Appendix 24. This guideline outlines the procedures for administration of course evaluations within the Faculty, the evaluation format (institutional questions, divisional questions, instructor selected questions), and reporting of assessments. Results of student evaluations of teaching in courses across the Faculty are posted yearly within the university community on a designated *Blackboard* (the University's online learning management system) site. Students, faculty and staff may access the *Blackboard* site to view course evaluation summaries (quantitative data only are posted).

Table 3.20 presents a summary of mean scores on student evaluations of teaching in undergraduate Faculty of Nursing courses (2015-2017). All mean scores were in the higher range between 3.6 and 4.1 out of 5. The 2 highest scores, 4.0 (Q2) and 4.1 (Q3), demonstrated that students felt very favorably about the depth of their learning and their course instructors. The mean score of 4.1 (Q3) echoed feedback from evaluation data collected post-graduation where students consistently have commented very positively on the quality of faculty members and their support of students.

Table 3.20. Mean Scores for Each Item in the Student Evaluation of Courses

Mean Scores for Student Evaluations of Courses – Undergraduate (2015-2017)								
Institutional Questions							Divisional Questions	
Q1	Q2	Q3	Q4	Q5	ICM	Q6	DivQ1	DivQ2
3.9	4.0	4.1	3.6	3.6	3.8	3.6	3.9	3.8

Legend for Table:

Q1 - Question 1: I found the course intellectually stimulating.

Response Options: not at all (1), somewhat (2), moderately (3), mostly (4), a great deal (5)

Q2 - Question 2: The course provided me with a deeper understanding of the subject matter.

Response Options: not at all (1), somewhat (2), moderately (3), mostly (4), a great deal (5)

Q3 - Question 3: The instructor created an atmosphere that was conducive to my learning.

Response Options: not at all (1), somewhat (2), moderately (3), mostly (4), a great deal (5)

Q4 - Question 4: Course projects, assignments, tests, and/or exams improved my understanding of the course material.

Response Options: not at all (1), somewhat (2), moderately (3), mostly (4), a great deal (5)

Q5 - Question 5: Course projects, assignments, tests and/or exams provided opportunity for me to demonstrate an understanding of the course material.

Response Options: not at all (1), somewhat (2), moderately (3), mostly (4), a great deal (5)

ICM refers to institutional mean (mean score for first 5 institutional items).

Q6 - Question 6: Overall, the quality of my learning experience in this course was: ...

Response Options: poor (1), fair (2), good (3), very good (4), excellent (5)

DivQ1 - Divisional Question 1: The course enhanced my understanding of professional nursing practice.

Response Options: not at all (1), somewhat (2), moderately (3), mostly (4), a great deal (5)

DivQ2 - Divisional Question 2: The course highlighted connections between theory and/or research and nursing practice.

Response Options: not at all (1), somewhat (2), moderately (3), mostly (4), a great deal (5)

National Survey on Student Engagement

The National Survey on Student Engagement (NSSE) is used to measure the extent to which students engage in effective educational practices that have been empirically linked with learning. NSSE data allow comparisons between universities and in the case of the Faculty of Nursing, allows comparisons with the top 15 Canadian peer institutions and other universities across Ontario. The U15 comparator universities were Alberta, British Columbia, Calgary, Dalhousie, Laval, Manitoba, McGill, McMaster, Montreal, Ottawa, Queen's, Saskatchewan, Waterloo and Western. The University of Toronto has been participating only since 2004. Participation is on a three-year cycle. BScN students within the Faculty of Nursing participated for the first time in 2011 and again in 2014. Only Year 2 students are included in the survey. In 2011 and 2014, 89 (54.6% response rate) and 73 (42.4% response rate) Year 2 nursing students participated. Response rates in 2014 were higher than the U15 overall (31.7%) and University of Toronto overall (34.5%).

The NSSE questionnaire (2014) has 10 engagement indicators under 4 major themes. The themes (indicators in brackets) include academic challenge (higher order learning, reflective and integrative learning, learning strategies, quantitative reasoning); learning with peers (collaborative learning, discussion with diverse others); experiences with Faculty (student-faculty interaction, effective teaching practices); and campus environment (quality of interactions, supportive environment).

Appendix 25 displays NSSE results from 2014 (all scores are out of 60). Faculty of Nursing and U15 - nursing scores were similar in all categories except for the 2 areas below:

- Faculty of Nursing scores were lower than U15 - nursing on the indicator 'learning strategies' (38.3 / 60 for U15 - nursing and 33.5 / 60 for Faculty of Nursing)
- Faculty of Nursing scores were lower than U15 - nursing on the indicator 'collaborative learning' (37.0 / 60 for U15 - nursing and 29.8 / 60 for Faculty of Nursing).

As well, there were some differences found between scores for University of Toronto - all disciplines and Faculty of Nursing. Faculty of Nursing scores were higher than University of Toronto - all disciplines on all indicators except for 'learning strategies' (33.5 / 60 for Faculty of Nursing and 35.7 / 60 for University of Toronto – all disciplines).

The 'learning strategies' score for the Faculty of Nursing is lower than scores for both U15 comparator nursing programs (approximately 5 points lower) and University of Toronto all disciplines (approximately 4 points lower). In NSSE, students were asked how often during the

school year they identified key information from reading assignments, reviewed notes after class, and summarized what was learned in class or from course materials. The lower Faculty of Nursing scores might reflect the accelerated nature of our nursing program where students engage in large amounts of learning content over a short period of time. Much of the content is learned initially in the classroom or lab and then applied in the clinical practice area. Faculty of Nursing students are mature learners with a previously completed degree and most have already established learning strategies that were developed in their previous studies. They generally understand the university setting well and are savvy about managing their study time. Many may not be using traditional learning strategies.

The Faculty of Nursing also scored lower by 7 points on the indicator ‘collaborative learning’ when compared with U15 comparators for nursing. Students were asked how often they worked on group projects, asked others for help with difficult material or explained it to others, and worked through course material in preparation for exams. The lower score may reflect the competitive nature of our students who are high achievers and focused on achieving high marks. Many of our students have commuting times of more than 2 hours per day, family responsibilities or work after school and have limited time to study after class with peers. Collaborative learning is purposefully integrated in the curriculum but we are doing more work in this area. For example, every undergraduate nursing student must participate in at least 4 formal group presentations over the course of the program. Faculty members use think-pair-share activities in the classroom to encourage students to work with each other and engage with the course content. Students work in small groups in the practice labs, in the simulation lab, and in clinical practice. Students may not think of these experiences as collaborative learning.

When students were asked how they would evaluate their entire educational experience with their institution of study, 91% of University of Toronto - Faculty of Nursing students responded ‘excellent’ or ‘good’ as compared to 77.7% for U15 - nursing and 73.1% for University of Toronto – all disciplines. When asked if they would attend the same institution again for their education if they could start over, 94% of University of Toronto – Faculty of Nursing students said ‘definitely yes’ or ‘probably yes’ compared to 74.3% of U15 – nursing students and 71.6% of University of Toronto - all disciplines students.

Students were also asked if they had participated in high-impact practices (HIPs) during their studies. HIPs facilitate learning outside the classroom, require meaningful interactions between faculty and students, encourage collaboration and provide frequent and substantive feedback. Eighty-one percent of University of Toronto – Faculty of Nursing students had participated in one or more HIPs as compared to 85.2% for U15 – nursing students and 49.7% for University of Toronto - all discipline students.

Success Rates on National Registration Examinations

Graduated student success rates in national registration examinations is a key marker to assess the quality of the program. Table 3.21 shows students’ pass rates over the past 5 years indicating high pass rates consistent with a high quality educational program.

Table 3.21. Canadian Registered Nurse Exam (CRNE) and National Council Licensure Examination (NCLEX) Pass Rates for Ontario Educated First Time Writers

	2010 CRNE	2011 CRNE	2012 CRNE	2013 CRNE	2014 CRNE	2015 NCLEX	2016 NCLEX
U of T	99.3%	98.0%	99.4%	96.1%	98.0%	94.7%	95.7%
Ontario	82.5%	80.3%	81.1%	82.8%	84.7%	69.4%	80.3%

Note. Data compiled from Nursing Registration Exams Report published annually by the College of Nurses of Ontario. Note: The Canadian Registered Nurse Exam (CRNE) was the national registration examination prior to 2015. In 2015, the National Council Licensure Examination (NCLEX) became the national registration exam for Ontario nurses.

Graduation and Employment Quality Indicators

Graduation Grade Point Average

Undergraduate final year cumulative grade point averages ranged between 3.43 (lowest in 2011-12) to 3.55 (highest in 2015-16) with slight variation from year to year. Table 3.22 summarizes this information. As mentioned earlier, 96 to 99 percent of undergraduate students entering the program complete the program (Table 3.5). Attrition rates are low between 2 and 5 percent (Table 3.4).

Table 3.22. Final-Year Cumulative Grade Point Average (CGPA) from 2008 – 2015

Degree	Faculty		2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16
BSCN	Nursing	# of students	150	153	153	165	161	157	173	177
		CGPA Average	3.5	3.4	3.4	3.5	3.5	3.5	3.5	3.6

Graduation Rates

Of the 107 students enrolled in the Faculty of Nursing undergraduate program in 2006, 92.7 % completed their degree within 7 years compared to the Province of Ontario 7-year graduation rate for nursing programs of 84.1%. Table 3.23 summarizes these data and comparisons.

Table 3.23. Seven-Year Graduation Rate (MAESD Methodology) for 2006 Cohort Graduating by 2013*

Program	Cohort	University of Toronto	Ontario Universities
Arts & Sciences (3 campuses at U of T), Music			
Agriculture & Biological Science	93	79.6%	74.0%
Business & Commerce	2,254	76.1%	77.3%
Computer Science	53	66.0%	60.8%
Fine & Applied Arts	96	80.2%	70.2%
Humanities	91	71.4%	69.6%
Journalism	31	83.9%	80.7%

Program	Cohort	University of Toronto	Ontario Universities
Mathematics	25	92.0%	79.1%
Other Arts & Science	6,153	58.4%	74.2%
Other Health Professions	42	85.7%	81.7%
Physical Sciences	15	60.0%	69.1%
Social Sciences	99	79.8%	69.0%
Other First Entry Programs (U of T)			
Architecture & Landscape Architecture	0	X	87.7%
Engineering	1,187	78.6%	76.8%
Kin/Rec/Physical Education	123	91.1%	79.6%
Second-Entry Programs (U of T)			
Dentistry	67	98.5%	97.5%
Education (teacher training)	1,270	98.3%	97.7%
Law	186	96.2%	93.5%
Medicine	219	97.3%	98.7%
Nursing	107	97.2%	84.1%
Pharmacy	245	97.1%	97.1%
Theology	51	78.4%	74.3%
U of T Average	12,407	79.1%	77.2%

Source: Ontario Ministry of Advanced Education and Skills Development (MAESD): Universities' Key Performance Indicators

Post-Graduation Surveys

End of Year Surveys

In the last class of the program, students are asked to identify 3 strengths of the program and 3 areas for improvement. The strengths have consistently been identified as high quality clinical placements, supportive faculty and clinical instructors, and simulation labs. Areas for improvement have varied more over the years but have included less theoretical content, more pathophysiology and pharmacology especially in second year, more time in the lab practicing skills, fewer papers, more transparency in the assignment of clinical placements, and standardized marking and use of rubrics.

Post-Graduation Survey (2014-2016)

Each year since 2014, graduating students have been invited to provide feedback about accomplishment of program learning outcomes as part of an online survey administered approximately 6 months after program completion (Appendix 20). The survey response rates were 29, 33 and 23 percent for the 2014, 2015 and 2016 graduate surveys respectively. Mean scores related to each of the 6 program learning outcomes are presented in Table 3.24. All mean scores range from 3.10 to 3.65 indicating graduates “mostly achieved” or “achieved a great deal”.

Qualitative comments from the 2016 post-graduation survey included concerns related to need for more pathophysiology and pharmacology content especially in preparing for NCLEX (n=3) and desire for more technical skills taught in lab (3 students). Four students commented on the high quality placements and the wide variety of clinical experiences in the program. There were positive comments related to high quality teaching and learning to be a critical thinker and leader in the program. Other concerns mentioned were relational skills course lacking connection to practice (n=1), high travel/commuting costs (1 student), inconsistency in grading practices (n=1), and lack of emphasis on reflection in the program (n=1).

Table 3.24. Undergraduate Student Post-Graduation Survey - Graduating Classes of 2014, 2015 and 2016 (Fall of Graduation Year Distribution)

Program Learning Outcome	2014 Graduates Mean Score n=51	2015 Graduates Mean Score n=58	2016 Graduates Mean Score n=39
Preparation to practice nursing safely, competently, and ethically.	3.10	2.67	2.90
Ability to effectively collaborate within an interprofessional team to provide nursing care.	3.31	3.14	3.26
Ability to incorporate principles of equity and social justice in practice.	3.33	3.05	3.33
Ability to promote the health of individuals, groups, and communities.	3.20	2.97	3.02
Ability to establish effective interpersonal and therapeutic relationships with clients.	3.65	3.43	3.67
Ability to critically examine, synthesize and evaluate knowledge to provide effective nursing care.	3.10	2.76	2.62

Note. Response Options: (0) not at all, (1) somewhat, (2) moderately, (3) mostly, (4) a great deal.

Post-Graduation Survey Two Year Follow-Up for Class of 2014

In the 2016 post-graduation survey (2-year follow-up) for the graduating class of 2014, students were asked their perceptions regarding their achievement of the program learning outcomes (Appendix 20). Table 3.25 below provides a summary of mean scores of student achievement related to each learning outcome. Their responses were compared with their responses in 2014 just after graduation. The survey response rates for 2014 and 2016 were 29 and 45 percent respectively. As might be expected, all mean scores improved from 2014 to 2016 as the graduates became more confident in their practice. The ability to “critically examine, synthesize and evaluate knowledge to provide effective nursing care” improved the most from a mean of

3.10 to 3.65 which is not surprising as that is a higher order skill that comes from foundational knowledge learned in our program and clinical experience.

Some of the comments were related to the overemphasis on theoretical content in the program with not enough pathophysiology content (n=2) as well as the need for more practical experience in the simulation lab on campus (n=2). Several students commented on the quality of the clinical placements and having a positive experience at the Faculty of Nursing (n=7).

Table 3.25. Post-Graduation Survey (Two Year Follow-Up) Class of 2014

Program Learning Outcome	Post-Graduation Survey Mean Score 2014 (n=51)	Post-Graduation Survey Mean Score 2016 (n=20)
Preparation to practice nursing safely, competently, and ethically.	3.10	3.40
Ability to effectively collaborate within an interprofessional team to provide nursing care.	3.31	3.70
Ability to incorporate principles of equity and social justice in practice.	3.33	3.50
Ability to promote the health of individuals, groups, and communities.	3.20	3.55
Ability to establish effective interpersonal and therapeutic relationships with clients.	3.65	3.75
Ability to critically examine, synthesize and evaluate knowledge to provide effective nursing care.	3.10	3.65

Note. Response Options: (0) not at all, (1) somewhat, (2) moderately, (3) mostly, (4) a great deal.

Employment Rates Post-Graduation

According to the Ontario Ministry of Advanced Education and Skills Development (MAESD), 96.4 % of our BScN graduates were employed within 6 months of completing their program and 98.2% within 2 years of program completion. Provincial rates of employment for nursing program graduates of the same year were 92% employed in 6 months and 98.1% employed within 2 years of completion. University of Toronto Faculty of Nursing undergraduate students had higher employment rates than nursing graduates from other Ontario universities particularly at the six-month period. Table 3.26 summarizes these data.

Table 3.26. 2012 Employment Rates for Graduates of Undergraduate Degree Programs

	University of Toronto		Ontario Universities	
Program	6 months	2 years	6 months	2 years
Arts & Sciences (3 campuses at U of T)				
Agriculture & Biological Science	74.2%	90.4%	82.0%	91.4%
Business & Commerce	85.8%	93.4%	89.4%	96.1%
Computer Science	86.7%	100.0%	88.9%	95.9%

	University of Toronto			Ontario Universities	
Fine & Applied Arts	83.8%	92.4%		85.0%	92.4%
Food Science & Nutrition	72.7%	80.0%		88.4%	91.4%
Humanities	98.0%	93.3%		87.3%	91.9%
Journalism	---	---		86.2%	93.6%
Mathematics	75.0%	88.0%		85.7%	90.9%
Other Arts & Science	78.3%	86.0%		85.7%	91.8%
Other Health Professions	85.4%	91.8%		81.7%	92.9%
Physical Sciences	78.0%	88.9%		85.2%	90.1%
Social Sciences	81.7%	89.6%		86.3%	91.9%
Other first Entry Programs (U of T)					
Architecture & Landscape Architecture	---	---		86.0%	91.2%
Engineering	87.5%	91.7%		88.1%	94.0%
Kin/Rec/Physical Education	90.5%	88.0%		91.4%	93.0%
Second-Entry Programs (U of T)					
Dentistry	100.0%	92.9%		100.0%	94.7%
Education	86.1%	95.0%		87.8%	95.6%
Law	91.6%	95.9%		90.8%	91.5%
Medicine	100.0%	98.8%		100.0%	99.5%
Nursing	96.4%	98.2%		92.0%	98.1%
Pharmacy	94.2%	99.1%		95.5%	98.7%
U of T Average	84.5%	92.1%		87.6%	93.6%

Source: Ontario Ministry of Advanced Education and Skills Development (MAESD): Universities' Key Performance Indicators

Provincial and National Comparison Data for National Council States Boards of Nursing Examination for Registered Nurses (NCLEX-RN)

Successful graduates of the undergraduate nursing program are eligible to write the National Council States Boards of Nursing Examination for Registered Nurses (NCLEX-RN) for registration consideration with the College of Nurses of Ontario. Table 3.28 provides the ranking of program graduate pass rates of NCLEX-RN examinations for years 2015-16 and 2016-17. The program consistently ranks within the top university programs within Ontario and Canada. On average, the pass rate for Faculty of Nursing students (first time writers) is 95%.

Table 3.27. Comparison Data for First-Time Canadian-Educated Graduates Writing National Council Licensure Examination for Registered Nurses (NCLEX-RN)® for Years 2015-16 and 2016-17

	April 2015 – March 2016	April 2016 – March 2017
All Programs in Ontario*	2 of 51	5 of 54
All Programs in Canada*	4 of 108	6 of 111
Pass Rate (U of T Compressed Program)	95 %	95%

	April 2015 – March 2016	April 2016 – March 2017
Pass Rate for Ontario	69 %	79 %
Pass Rate for Canada	71 %	80 %
Pass Rate for United States	87 %	80 %

Note. Rank based on percentage of graduates passing NCLEX-RN on first writing. Note: Data retrieved from NCLEX Program Reports-National Council State Boards of Nursing for the periods of April 2015-March 2015 and April 2016-March 2017.

3.a.9 Quality Enhancement

The Faculty of Nursing is committed to high quality teaching and learning and to continuous quality improvement initiatives. Five of the many quality initiatives undertaken to enhance the teaching and learning environment in response to feedback are discussed below. These improvements were made as a result of feedback received from students, graduates, faculty, partnering clinical agencies where students learn, preceptors, and employers of graduates.

NUR430-Research and Scholarship in Nursing

To add online flexibility to the BScN program, the Faculty of Nursing successfully transitioned NUR430: Research and Scholarship in Nursing into a virtual classroom in the Fall of 2013. Students engaged with the content through podcasts, virtual office hours, videos and weekly discussion forums. Through support from the Office of Online Learning Strategies and funding from the Online Undergraduate Course Initiative (OUCI) for this pilot project, the Faculty of Nursing provided high quality education through innovative teaching methods. The challenge to provide an outstanding learning experience outside of a classroom setting was met by creating a variety of innovative resources and activities. The weekly informal video “Koffee with Kim” connected students with the instructor and allowed the instructor to comment on key ideas and questions that resulted from student discussion forums. The lectures delivered via podcasts were well received and contributed to providing a rich learning environment. Participation by Faculty of Nursing research faculty for weekly “Faculty Spotlight” videos showcased their internationally-renowned research and introduced students to the importance of nursing research and scholarship and their link to clinical practice. These new tools helped reinforce the important role evidence plays in patient care and equipped students with the knowledge and skills to incorporate evidence-informed practice in their nursing careers.

After 3 years as an online offering (2013-15), NUR430 transitioned back to an in-class course in 2016. Students appreciated many components of the online course but felt that the more challenging content was better learned in a classroom where they could ask questions in real time. The course was also resource intensive using 7 teaching assistants to lead tutorial discussions. An online course was also perceived as more work by students in an already content-heavy accelerated program. Many of the innovative and successful teaching tools and strategies used in the online version continue to be used in the current in-class course.

Global Health Practicum

As an elective summer course for over 20 years, NUR480 has offered an international experience at the end of the program for Faculty of Nursing students. Since 2006, this course has been

named *NUR480 Critical Perspectives in Global Health Nursing* and involved a 4-week international placement. Students attended preparatory sessions prior to the start of their international placement, blogged about their learning while abroad and met on their return for a debriefing experience. Students have gained experience in urban and rural primary health care as well as community and institutional based settings in resource-constrained areas since the inception of the course. Placements have been in northern Canada, Ethiopia, Grenada, Cambodia, Namibia, India and most recently China. Between 2008 and 2017, 98 undergraduate students had international placements through this elective summer course.

Starting in January 2018, the global health content and practicum will be integrated into the regular curriculum as a section of *NUR461 Primary Health Care* called Global Health. Students will have classes and a 5-week primary health care practicum in Toronto before travelling to India or China for a 4-week practicum. When students return to Toronto, they will complete their other courses and proceed to their final practicum with their peers.

NUR480 was an elective course that was not well placed or linked to the curriculum as it happened after the program was completed. Global health content was not an option for students during their program of studies. For these reasons, NUR480 will not be offered in the summer following the program after the July 2017 cohort of students complete their placement.

Curriculum Undergraduate Support Program (CUSP)

CUSP was formed in the Fall of 2016 in response to faculty concerns about the quality of examination questions and identified content overlap and potential gaps in the undergraduate curriculum. Concerns also arose from student evaluations. CUSP is a working group of the Curriculum Committee and meets 4 times yearly. It is composed of the Undergraduate Program Director, Year 1 and 2 coordinators and a mix of senior and newer faculty members. Any faculty member can attend meetings. It is envisioned as a method of training and supporting new teachers while ensuring the quality and integrity of the undergraduate curriculum. The terms of reference include: reviewing all courses to ensure consistency on an ongoing basis; identifying gaps, overlap and currency of curricular content; providing support and feedback to faculty on syllabi, assignments and examinations; developing a course and communication system (Final Course Report); establishing a historical record of individual course development as a resource for curricular review; reporting back to the Curriculum Committee and Undergraduate Faculty Committee on a regular basis; and promoting greater awareness of content, delivery and practice issues. Some of the changes implemented include a final course report for all courses, a common course syllabus template, and a common first page for examinations. All examinations in the program were reviewed and faculty members were provided detailed individual feedback related to blueprinting content to guarantee fair weighting, ensuring congruence with the national registration exam format including use of alternate format questions, using exam testing centre statistics to gauge effectiveness of multiple choice questions, and guidance for construction of individual multiple-choice questions. Most recently, CUSP has led the initiative to align all course learning outcomes and clinical practice expectations (clinical learning outcomes). The process includes scaffolding outcomes and expectations across the 2 years of the program, aligning them with program learning outcomes and ensuring best practices in their wording and development.

Health and Wellness Initiatives

The 20-month compressed second-entry program may place high levels of stress on students who are already high achievers and who are accustomed to high grades from previous university studies. Students often start this program with significant student debt and are working part-time throughout the program. Some students need support with self-care strategies. The undergraduate program has instituted several initiatives over the last few years to support student health and wellness. An embedded counsellor from the Health and Wellness Centre is also expected to start in winter or spring of 2018.

A Faculty of Nursing Health and Wellness Committee has been in place since 2011 and consists of 3 faculty members and 2 Wellness Representatives from the Nursing Undergraduate Society who meet 3-4 times per year. Joint work includes the Annual Health and Wellness Fair offered in March each year. The Committee strategizes over new or existing wellness offerings such as yoga classes, Hart House farm outing, etc. The Committee is currently exploring the idea of a quiet room for students (device-free space for prayer, meditation and reflection).

In the Fall 2016 term, compassion, resilience and self-care learning opportunities were introduced in the first semester of the program over 2 classes (4 hours) and supported students in the practice of mindfulness. A Fall reading week was instituted as a pilot for both years of the program. Students were advised to “Catch up on readings. Catch your breath.” Based on student and faculty feedback, that pilot was very successful and a Fall term reading week will continue in future years.

Support for students entering the nursing profession and clinical practice is very important. Faculty members meet with groups of 10-12 students for small discussion groups 2-3 times per term to discuss professional identity formation, clinical practice issues, and general concerns. The students also have a robust and popular mentorship program in place where senior second-year students mentor new students in the first year.

Some strategies that have recently been implemented include increasing the variety of assessment strategies introduced into Year 2 in response to student feedback regarding the predominance of essay writing in Year 2; mapping out assessments, spacing them evenly over the semesters and publishing these dates online for student planning; and creating a course syllabus template that details all required readings and provides links to university resources for mental health and academic accommodations.

Preparation for Transition to a New Registration Exam NCLEX-RN

Beginning in January 2015, a new RN entry-to-practice examination was introduced throughout Canada, the NCLEX-RN®. This presented a teaching challenge for educators because the NCLEX-RN® was significantly different in format and content from the previous entry-to-practice examination, the Canadian Registered Nurse Examination (CRNE).

A working group developed the transition plan that was implemented in September 2013. The first class to write the exam was the class entering in September 2013. The plan included the appointment of a dedicated transition coordinator, a detailed timeline, a budget outlining anticipated costs, vendor presentation summaries and evaluations of NCLEX products, anticipated challenges and recommendations. Faculty members were offered a workshop related to the new NCLEX format and best practices in multiple choice question writing to encourage the adoption of the new question formats where possible in the curriculum. More patho-physiology content was added to the second-year curriculum in online modules. A Year 1 practice test was developed using the NCLEX template to expose students early in the program to the NCLEX client needs categories and the types of questions. The Year 1 test was converted to an online version in June 2017. Pre-graduate students also attend an NCLEX workshop developed by faculty to learn more about the examination as well as study strategies. A commercial computer exam that is similar to the NCLEX and predictive of success was purchased for pre-graduate students to write a practice test that provides feedback and remediation just before graduation. A small NCLEX working group continues to meet a few times yearly to monitor pass rates and discuss new strategies to support students in their preparation for this registration examination.

Summary of Program Strengths and Challenges

The undergraduate program has realized many successes and has faced many challenges - both impact student success.

Some of the strengths of the program are:

- High number and quality of applicants for admissions,
- High quality of enrolled students,
- High retention rates,
- Strong academic outcomes as seen by registration exam scores,
- Strong employment success upon graduation,
- Excellent clinical placements as evidenced by student and faculty feedback,
- Faculty members and clinical instructors committed to quality learning as evidenced by student evaluations,
- Commitment to and leadership in using new technologies for high quality learning and assessment, and
- Commitment of Faculty and University of Toronto to supporting students to succeed.

Some of the challenges of the program are:

- Succession planning for leadership within the program,
- Reliance on part-time lecturers for leadership in several large courses,
- High cost of clinical education,
- High student debt as students are completing a second degree, and
- Increasing needs from students experiencing mental health issues and who require accommodations.

3.b Master of Nursing and Post-Master Nurse Practitioner Diploma Programs

3.b.1 Program Description

The Master of Nursing (MN) program at the Faculty of Nursing, University of Toronto, is a 2-year, full-time professional master's degree, normally completed over 6 consecutive semesters. There are 3 fields of study within the MN program: MN-Clinical Nursing, MN-Health Systems Leadership and Administration (HSLA and formerly named Nursing Administration field) and MN-Nurse Practitioner (MN-NP). Within the MN-NP field there are 3 areas of emphasis: NP-Adult; NP-Paediatric, and NP-Primary Health Care-Global Health (PHC-GH).

The Post-Master Nurse Practitioner Diploma (PMNPD) is a 2-year part-time diploma program for Registered Nurses who have already earned a Master of Nursing (or equivalent nursing Master degree) and who want to be a Nurse Practitioner (NP). PMNPD students have already completed the foundational courses (or equivalents) that are common across our 3 MN fields of study in their prior Master degree programs. Consequently, PMNPD students only complete the specialty NP field of study courses and are integrated along with the MN-NP degree students in these courses. PMNPD students also must select one of 3 areas of emphasis: NP-Adult; NP-Paediatric, or NP-Primary Health Care-Global Health (PHC-GH).

The Master of Nursing and Post-Master Nurse Practitioner Diploma fields are guided by graduate Degree-Level Expectations at the University of Toronto. The MN-Nurse Practitioner and the Post-Master Nurse Practitioner Diploma fields are population-based pre-licensure programs that are also guided by national and provincial regulatory frameworks that encompass certification, licensure, standards and core competencies of NPs. The Clinical Nursing and Health Systems Leadership and Administration fields are not pre-registration programs mandated by the Ontario nurse regulatory body, the College of Nurses of Ontario.

In all fields of study (including for those students in the PMNPD program), the program is designed to be completed over 6 consecutive semesters. Students are cohorted, and progress through a prescribed program of study comprising both foundational courses common to all fields (for MN program students), specialized courses based on their field of study, and preceptored advanced practice practicum placements. Students in the MN-Clinical Nursing field have the most flexibility in their program as they are required to successfully complete 2 elective field of study courses as part of their program. The program structure, course descriptions, and teaching-learning approaches for each MN field of study are detailed in [Section 3.b.4](#) Curriculum and Program Delivery.

The Faculty of Nursing *Graduate Student Handbook 2017-2018* outlines policies, procedures, and course descriptions related to graduate student education (Appendix 26). Course descriptions only for all master-level graduate courses are attached in Appendix 27 by foundation courses and by field of study.

Collaborative Specializations

At the University of Toronto, graduate students may enrol in collaborative specializations. A collaborative specialization is an intra-university graduate field of study that provides an additional multi-disciplinary experience for students enrolled in and completing the degree requirements of one of a number of approved Master or PhD programs. Master of Nursing students may enrol in any of the 4 collaborative specializations:

1. Aging, Palliative and Supportive Care
2. Bioethics
3. Resuscitation Sciences, and
4. Women's Health.

There is a lead nursing faculty member for each collaborative specialization. Faculty participate in these collaborative specializations because of their research programs, academic interest in the subject matters, and their expertise. Students complete the additional requirements for the specialization and their specialization completion is noted on the student transcript.

Table 3.28 provides summary information about Faculty of Nursing Master of Nursing students enrolled in specializations (2016-17 and 2017-18) as well as faculty lead participation within the 4 collaborative specializations.

Table 3.28. Summary of Master-Level Student Participation in Collaborative Specializations 2018-2018

Specialization	Faculty of Nursing Lead	Number of MN Students (2016-17)	Number of MN Students (2017-18)
Aging, Palliative And Supportive Care	Kim Widger	2	0
Bioethics	Elizabeth Peter	0	1
Resuscitation Sciences	Louise Rose	5	5
Women's Health	Kelly Metcalfe	2	1
Total		9	7

Strengths, Opportunities and Challenges in the MN Program

The Master of Nursing fields have a number of strengths that contribute to their ongoing success. The Faculty's longstanding reputation as a research-intensive Faculty and a provider of high quality graduate education enables it to attract high quality applicants to all fields. The implementation of hybrid online programs in the Nurse Practitioner and Health Systems Leadership and Administration fields has expanded the pool of applicants for these programs to extend across Canada, and to a limited extent internationally. Attraction of international applicants is an opportunity for further development and growth, and is reflected in the Faculty's current Strategic Academic Plan. However, there are challenges providing programming that is relevant to international students, while at the same time meeting the needs of domestic students to be successful as advanced practice nurses in Canadian health care contexts.

The Faculty's partnerships with health care agencies, including the tertiary and quaternary hospitals of the Toronto Academic Health Sciences Network (TAHSN), community hospitals in Ontario and other provinces, community agencies, and private practices is another strength. These partnerships provide outstanding learning opportunities for students in all fields of study. However, the growth of the Master of Nursing programs, and the expansion of the applicant pool have created challenges in securing placements in some geographic areas and specialties. In particular, there have been challenges in securing placement agreements in some provinces due to competing student demand and/or contractual issues with regional health authorities. In Ontario, there are challenges in securing appropriate primary health care placements due to competition with other schools that offer a primary health care nurse practitioner program. In some cases, students have had to travel outside their local area or even outside their home province to attend practicum. The Faculty works closely with the Provost's office and with individual agencies and providers to maintain and expand its roster of placement partners. In July 2017, the Faculty implemented 2 part-time (.75 Full Time Equivalent) Practicum Placement and Professional Development Officer roles to support students and faculty in arranging practicum placements for Undergraduate and Master of Nursing students. Notwithstanding the positive reputation of the Master of Nursing programs, growth in graduate student enrolment has been challenging. This challenge, and the strategies undertaken to increase enrollment, are discussed further in [Section 3.b.9-Quality Enhancements](#).

By far, the most significant challenges faced by the NP field relate to growing admission numbers and recruitment of quality course instructors (e.g. stipend) to teach students. This challenge is compounded by the delivery of curriculum in an online environment. The NP field has maintained a consistent and significant percentage (56%-60%) of MN admissions since 2012. Increasing admission rates have resulted in multiple sections for each course. This in turn has required the engagement of contracted stipend course instructors. In 2015, 70% of course instructors were stipend instructors. Recruitment of an adequate number of course instructors has been successful. All course instructors are strong clinicians but some have limited formal teaching experience, especially teaching experience in an online environment. A standard of self-reflective teaching practice with a self-reflection guide has been adopted for course instructors. Instructors are asked to use this self-reflection as a focal point of discussion in course review and course planning meetings. Self-reflection is encouraged by the Centre for Teaching Support & Innovation at the University of Toronto and is reinforced within the Faculty of Nursing. Improvement in course evaluation feedback has been noted since 2015 for some of our instructors. The process of recruitment of high quality course instructors in the NP field remains a challenge, particularly as the majority are stipend instructors.

A second major challenge in teaching large numbers of students across multiple course sections is curriculum consistency and student/faculty engagement. This necessitates continuous course review and course planning with all NP course instructors. Based on student feedback, the NP coordinator, with IT support, recently redesigned the *Blackboard* templates for all of the NP courses. This redesign is intended to foster greater consistency across the various instructors/courses, provide clearer direction and access to information, and promote better student and instructor engagement. Weekly podcasts and small/large group discussions have been incorporated into all NP courses and across all course sections. Comments from course instructors include: *"Just wanted to say thanks for re-designing the blackboard course. I think it is great and will make it a lot easier to use – for us and the students! Your work is appreciated!"*

and “*Thanks for all your hard work on the courses. It sure looks terrific*”.

Program Description – Master of Nursing Clinical Nursing Field

The MN-Clinical Nursing field prepares graduates for advanced practice roles such as clinical nurse specialist, nurse educator, professional practice leader, and other related clinical setting roles. The program is offered in an on-campus classroom format. The program underwent revision (considered minor modifications) in 2013-16 and the revised program was implemented in September 2016. Significant changes to the program include the implementation of 2 new, required field of study courses; an additional practicum experience in first year; and a prescribed, sequenced program of study. Further information about the revisions to the MN-Clinical field is included in [Section 3.b.4](#) Curriculum and Program Delivery (Program Innovations).

Program Description – Master of Nursing Health Systems Leadership and Administration (HSLA) Field

The MN-HSLA field replaced the previous MN-Administration field. The previous field underwent significant revision (considered major modification) in 2013-14 and the new MN-HSLA field was implemented in 2014. This field prepares students for administrative and operational leadership roles in health care organizations and related systems in Canada and internationally.

The MN-HSLA field is offered in a hybrid delivery format that includes asynchronous online courses, 2 on-campus residencies, and 2 preceptored practicum placements. Significant changes to the field include the movement from an on-campus, in-class delivery mode to a hybrid (online and on-campus) platform; implementation of 3 new required field of study courses and 2 new research courses; an additional practicum in first year; 2 on-campus residency periods; and a prescribed, sequenced program of study. Further detail on the revision and re-design of the MN-HSLA field is included in [Section 3.b.9](#) Quality Enhancement.

Program Description-Master of Nursing Nurse Practitioner (NP) Field and Post-Master Nurse Practitioner Diploma

The MN-NP and Post-Master Nurse Practitioner Diploma (PMNPD) field is a hybrid population-based pre-licensure educational program guided by graduate Degree-Level Expectations at the University of Toronto, as well as national and provincial regulatory frameworks that encompass certification, licensure, standards and core competencies of NPs. A brief summary of the development of the nurse practitioner role in Canada is provided below as background to understand the program structure and requirements.

Nurse Practitioners were first introduced in Canada almost 40 years ago. In the last decade, articulation of the Nurse Practitioner (NP) role at the level of an advanced practice nurse (APN) was consolidated through various national consensus documents. There have been many developments over the past 40 years with respect to NP education. Below is a highlight of some of these developments.

Developmental Milestones Related to NP Role in Ontario and Canada

The Canadian Nurse Practitioner Initiative (CNPI, 2004-2006) defined the role of the NP as a *“Registered nurse with additional educational preparation and experience who possess and demonstrate the competencies to autonomously diagnose, order and interpret diagnostic tests, prescribe pharmaceuticals and perform specific procedures within their legislated scope of practice”*.

- A significant deliverable of CNPI was the national NP core competency framework in 2005. A second deliverable to the CNPI initiative was the development of a national registration examination for Family/All Ages NPs and in August 2008 the title was protected and the process for registering NPs in the extended class began. Students in Adult and Paediatric NP programs wrote one of the following exams to obtain licensure: American Credentialing Center (ANCC): Paediatric NP Exam or the American Credentialing Center (ANCC): Adult NP Exam. Both exams were focused in primary care. This change meant the NP curriculum needed to move from an acute care focus to one in primary care.
- The Canadian Nurses Association updated the NP core competency framework in May 2010. This update reflected core NP competencies according to 4 categories: 1) Professional Role, Responsibility and Accountability, 2) Health Assessment and Diagnosis, 3) Therapeutic Management, and 4) Health Promotion and Prevention of Illness and Injury.
- Ontario Bill 179, the Regulated Health Professions Statute Law Amendment Act (2009) amended 26 health-related statutes, including the Regulated Health Professions Act (1991) and the Nursing Act (1991). Although Bill 179 was passed in December 2009, the provisions only took effect when regulations were amended and approved by provincial governments. Many of these regulatory amendments affected NP practice, and necessitated timely modifications to the NP curriculum. In 2011 NPs had broader prescribing for laboratory tests, diagnostics and pharmaceuticals and in 2012 NPs were able to admit and discharge patients from the hospital.
- In April 2014, the College of Nurses of Ontario changed the exam provider for Adult and Paediatric students to: The Paediatric Nursing Certification Board's (PNCB's) Primary Care Paediatric Nurse Practitioner Certification Exam and the American Academy of Nurse Practitioners Certification Program's (AANPCP's) Adult-Gerontology Primary Care Nurse Practitioner Certification Exam. The adult exam had a significant change in focus from the adolescent to the older and frail elderly adult, which meant the curriculum needed to be modified to reflect a focus on geriatric care.
- The Canadian Council of Registered Nurse Regulators (CCRNRR) conducted an NP practice analysis in 2014-2015, which resulted in a re-articulation of NP entry-level competencies in December 2016 according to 4 competency categories: 1) Client Care, 2) Quality Improvement and Research, 3) Leadership, and 4) Education. In addition, regulatory changes to the Federal and Provincial Controlled Drugs and Substances (CDS) Act and the Nursing Act enable NPs to prescribe through various CDS competencies beginning in 2017 in Ontario.

- On June 17, 2016 Bill C-14 received royal assent, making it possible for NPs to assist with medical assistance in dying in Canada
- On April 19, 2017 the Ontario government passed regulations enabling NPs to prescribe controlled drugs and substances (CDS)

Developmental Milestones Related to NP Education in the Faculty of Nursing

- The Faculty of Nursing undertook an NP Curriculum Mapping Project in 2011-2012 that integrated the Canadian Nurses Association NP competencies (May 2010) into NP curriculum across all areas of emphasis (Adult, Paediatric and Primary Health Care Global Health [PHC-GH]).
- The University of Toronto Faculty of Nursing's PHC-GH area of emphasis was approved by the College of Nurses of Ontario in 2011, and added as a third area of emphasis to our existing Adult and Paediatric areas of emphases.
- In 2014, the Faculty of Nursing modified the curriculum for the NP-Adult emphasis to reflect a greater focus on gerontology consistent with the move by the College of Nurses of Ontario to the American Academy of Nurse Practitioners Certification Program's (AANPCP's) Adult-Gerontology Primary Care Nurse Practitioner Certification Exam.
- The Paediatric Nursing Certification Board (PNCB) in the United States approved the Faculty of Nursing's MN-NP and PMNPD, paediatric emphasis in 2013 and 2016 for maintenance of high quality standards in NP education. These approvals constitute the only Canadian university with curricular approvals in the United States, and this was done in an attempt to increase the number of applicants to our Paediatric area of emphasis.
- In January 2017, medical assistance in dying and end-of-life care was integrated into the NP curriculum.
- In January 2017, Controlled Drugs and Substances competencies began to be integrated into the NP curriculum, with full integration occurring in July 2017. Curriculum mapping documents were submitted to College of Nurses of Ontario (CNO) in July 2017. On September 26, 2017, the Faculty received approval from the College of Nurses of Ontario for the addition of the Controlled Drugs and Substances Education added to our MN-NP degree and Post-Master Nurse Practitioner Diploma program. With approval, students admitted to the NP program beginning September 2017 will not require a separate CDS course to gain these NP competencies.
- In August 2017 the Faculty undertook a second NP Curriculum Mapping Project that integrated new Canadian Council of Registered Nurse Regulators competencies (2016) into the NP curriculum. It is anticipated that these competencies will be mapped and submitted for CNO approval in September 2018.

The full-time MN-NP field and the part-time PMNPD are offered over a 6-semester timeframe. Both follow the same prescribed sequential program of study comprising 5 specialized courses and preceptored clinical practicums totaling 800 hours. The MN-NP degree program comprises 4 additional foundation graduate courses.

The areas of emphasis in the Nurse Practitioner program are aligned with the College of Nurses of Ontario specialty certification for nurse practitioners. All have a primary care orientation. The

adult NP emphasis (MN-NP and PMNPD) prepare students for NP practice with clients from adolescence to senior years. The paediatric emphasis prepares students for practice with clients from birth through adolescence. Primary Health Care-Global Health is the newest emphasis in the MN-NP and PMNPD field. Students in this emphasis are prepared for eligibility for registration in the Primary Health Care NP specialty in Ontario. This field is unique within Ontario NP curricula in its focus on global health issues in Canada and around the world across all ages, particularly related to social determinants of health and access to health care for marginalized persons and groups.

This innovative population-based field is accessible to students outside Ontario, nationally and internationally. Course-work is online and practicums are individually designed. Students participate in 2 on-campus residency weeks in Year 1 and one 3-day leadership symposium in Year 2. Students also participate in simulation-based learning, virtual classrooms, and combined asynchronous and synchronous discussions. Successful completion of Year 1 courses is required for students to continue in Year 2 of the program.

Students engage in 800 hours of practicum experience across 4 courses in the program:

1. NUR1101 (Adult emphasis) OR NUR1102 (Paediatric emphasis) OR NUR1114 (Primary Health Care-Global Health emphasis) - April to June of Year 1,
2. NUR1115 (Adult emphasis) OR NUR1116 (Paediatric emphasis) OR NUR1117 (Primary Health Care-Global Health emphasis) - September to December of Year 2,
3. NUR1215 (Adult emphasis) OR NUR1216 (Paediatric emphasis) OR NUR1217 (Primary Health Care-Global Health emphasis) - January to April of Year 2, and
4. NUR1221 (Adult emphasis) OR NUR1222 (Paediatric emphasis) OR NUR1223 (Primary Health Care-Global Health emphasis) - April to June of Year 2.

3.b.2 Program Objectives

The MN program and the PMNPD are intended to prepare advanced practice nurses to be professional leaders in their chosen advanced nursing practice field. Outcomes for the program are to prepare graduates who are able to:

1. Demonstrate translational expertise using evidence from nursing research, related academic and clinical disciplines and professional institutions as a basis for advanced nursing practice,
2. Participate in research activities and undertake practice projects consistent with their professional preparation,
3. Demonstrate the ability to continually assess and acquire new skills to manage health issues in individuals, defined populations and care systems, and evaluate the effectiveness of these advanced nursing practices,
4. Mentor others effectively in professional settings,
5. Be well informed and deeply committed to standards of ethical practice,
6. Demonstrate through completion of courses and related scholarly papers and projects, knowledge about theoretical foundations, professional structures, standards, and practices relevant to their identified field of nursing, clinical nursing, or nurse practitioner, and

7. Develop and utilize leadership strategies from experience and academic learning to foster improvement of health and health care at the individual, system, organizational and community level.

Alignment with Degree-Level Expectations

Program objectives are consistent with the School of Graduate Master Degree-Level Expectations (Appendix 2). They address expectations related to depth and breadth of knowledge (obj. 6), research and scholarship (obj. 2), application of knowledge (obj. 1), professional capacity/autonomy (obj. 3, 4, 5), communications skills (obj. 6) and awareness of limits of knowledge (obj. 3). Alignment of the DLEs with program objectives and program design and requirements is detailed in [Section 3.b.4](#) Curriculum and Program Delivery.

Alignment with Faculty of Nursing Strategic Academic Plan

The Master of Nursing and Post-Master Nurse Practitioner Diploma programs are consistent with the University's mission and with the Faculty of Nursing's Strategic Academic Plan. The University of Toronto's mission is to be an "internationally significant research university, with undergraduate, graduate and professional programs of excellent quality" (1992, University of Toronto Statement of Institutional Purpose.) The University's current Strategic Plan reiterates its mandate to benefit society by continuing its research intensiveness and expanding professional graduate programs. Similarly, the Faculty's Strategic Academic Plan focuses on leveraging the research and professional expertise among faculty to serve society through generation and utilization of knowledge and provision of excellent nursing education "to create better outcomes in health care - locally, nationally and across the globe." The MN and PMNPD programs are directed toward achievement of the highest standards of evidence - informed advanced clinical and leadership practice for graduates.

The MN and PMNPD field is aligned with and supports each of the 5 priorities in the Faculty's Strategic Academic Plan. Programs provided in a hybrid online format create opportunities for international students to access graduate preparation for nurse practitioner leadership roles. The faculty is also working to expand placement opportunities for MN and PMNPD students to have international practicum placements (Priority #1 - Global Reach.) All MN students are prepared through research courses to be intelligent consumers and users of research knowledge, and to value the pursuit of new knowledge to inform practice (Priority #2 - Pursuit of Knowledge.) Through ongoing engagement with stakeholders and the use of innovative synchronous and asynchronous approaches, programs are continually updated to enhance accessibility and relevance (Priority #3 - Innovation in Education.) The Faculty's strong relationship with its clinical partners is a key factor for the effectiveness of our graduates programs. By actively engaging with our partners and developing new relationships, we are able to continually enhance student learning opportunities (Priority #4 - Collaborating in Care.) Finally, creation of opportunities for engagement of alumni with students in the delivery of programs, through activities such as preceptorships, guest presentations, and networking opportunities supports ongoing engagement with alumni and students (Priority #5 - Engagement.).

To promote high quality teaching throughout the graduate program, the Faculty has developed and widely disseminates the *Guidelines for Graduate Teaching (August 2017)*. These guidelines (Appendix 28) provide continuing and sessional faculty with information and reference materials to support successful graduate teaching.

3.b.3 Admission Requirements

Applicants to all fields of study in the MN program must satisfy the admission requirements of the School of Graduate Studies as well as specific requirements of the Faculty of Nursing. In order to be accepted for admission, applicants must demonstrate superior academic ability and potential, evidence of strong clinical or professional practice, commitment to the profession, and evidence of, or potential for, leadership. These qualities are assessed through the admissions process (undergraduate transcripts, sample of scholarly work, academic and professional references, Curriculum Vitae, and applicant's expression of professional goals). Each application is reviewed and discussed by at least 2 faculty/adjunct faculty members. Admission requirements for all fields of study in the Master of Nursing program are the same. The MN-NP and Post-Master Nurse Practitioner Diploma students must also have a minimum of 3,900 hours (equivalent to 2 years full-time experience as an RN) of practice before entering the NP or PMNPD programs.

To be considered for admission, applicants must hold:

- A BScN degree of the University of Toronto or an equivalent degree (a BN or BSN is considered equivalent). Applicants must have obtained at least a mid-B (75% or 3.0 GPA) standing in the final year of undergraduate study, and in addition, must have obtained at least a B standing in the next-to-final year
- Current registration as a Registered Nurse or equivalent.

Admission requirements are clearly aligned with selection of applicants who have the capacity to successfully achieve program objectives/outcomes. Ensuring academic ability and potential facilitates students to develop expertise in critical appraisal, interpretation and utilization of evidence, mastery of complex knowledge and skills, and development of understanding and insight into the complexities of health care leadership and professional practice. Evidence of leadership abilities or potential is essential to prepare graduates to provide mentorship, assume roles as leaders and partners in clinical practice, research activities and quality improvement projects, and confront and challenge situations of questionable ethics, injustice, marginalization, and suboptimal care. Evidence of strong professional practice and commitment to the profession ensures students have the contextual understandings and professional grounding to engage in mentorship, confront ethical challenges, and utilize advanced knowledge and skills to improve health and health care.

Applications, offer rates, and applicant acceptance rates for the MN and PMNPD programs have been relatively consistent over the past 8 years (2008-09 through 2015-16). The overall number of applications to the MN program (all fields of study) has ranged between 214 and 301, with a mean of 281.5 applications. Offer rates have been similarly consistent in the MN program,

ranging between 43.4% and 68.6% of MN applicants offered admission. Of these, between 70.1% and 79.7% have accepted the admission offer. Annual application, offer, and acceptance rates are displayed in Tables 3.29, 3.30, and 3.31.

Table 3.29. Master of Nursing: Numbers of Applications, Offers, and New Registrations

	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16
Applications	288	214	295	297	289	285	283	301
Offers	169	142	128	157	157	165	194	183
New Registrants	124	102	102	110	117	126	144	136

Table 3.30. Offer Rate – Comparisons of MN Offer Rates with Life Science faculties and the University of Toronto

	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16
Nursing	58.7%	66.4%	43.4%	52.9%	54.3%	57.9%	68.6%	60.8%
Division IV Life Sciences	28.4%	30.6%	25.6%	25.7%	26.7%	25.5%	26.5%	26.7%
U of T	42.7%	43.1%	38.6%	38.8%	38.7%	39.3%	39.5%	40.0%

Note. 'Offer rate' calculated by dividing the number of offers by the number of applications for a given academic year.

Table 3.31. Acceptance Rate – Comparisons of MN Acceptance Rate with Life Science faculties and the University of Toronto

	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16
Nursing	73.4%	71.8%	79.7%	70.1%	74.5%	76.4%	74.2%	74.3%
Division - Life Sciences	66.3%	60.5%	66.7%	64.6%	63.0%	65.0%	68.4%	63.6%
U of T	61.8%	61.1%	63.2%	61.5%	62.4%	61.1%	59.8%	59.1%

Note. 'Acceptance rate' calculated by dividing the number of new registrants by the number of offers made for a given academic year.

3.b.4 Curriculum and Program Delivery

Students in all Master of Nursing degree programs take a combination of foundational courses that are common across all fields of study and specialized courses relevant to their field of study. MN-Clinical Nursing students must also successfully complete 2 elective field of study courses. One of these may be taken in another program or department.

Program Requirements, Degree-Level Expectations, and Learning Outcomes

Curricula across all fields are designed to support students to meet program objectives and achieve School of Graduate Studies Master Degree-Level Expectations (DLEs). The alignment of DLEs, learning objectives, and program design is summarized in Appendix 29.

Program Structure

The structure for the Master of Nursing program is designed to prepare graduates who can meet the challenges of advanced practice nursing roles. The MN-NP and PMNDP field is designed to prepare graduates to meet the Canadian Nurse Practitioner Core Competencies (Canadian Nurses Association [CNA], 2010) framework in 4 categories: 1) Professional Role, Responsibility and Accountability, 2) Health Assessment and Diagnosis, 3) Therapeutic Management, and 4) Health Promotion and Prevention of Illness and Injury. In addition, regulatory changes to the Federal and Provincial Controlled Drugs and Substances (CDS) Act and the Nursing Act enable NPs to prescribe through various CDS competencies beginning in 2017 in Ontario. The Canadian Council of Registered Nurse Regulators (CCRNRR) conducted an NP practice analysis in 2014-2015, which resulted in a re-articulation of NP entry-level competencies (to be implemented by January 2018) according to 4 competency categories: 1) Client Care, 2) Quality Improvement and Research, 3) Leadership, and 4) Education. The *Curriculum Map, Nurse Practitioner Program (August 2017)* provides a detailed map of the alignment of the NP curriculum with these competencies (Appendix 30).

In all fields of study, students follow a structured program that scaffolds learning to support students to master increasingly complex professional, theoretical, and practical knowledge and skills. Practicum placements are integrated with course content to enable students to contextualize and apply knowledge and skills.

Program faculty in each field of study are experts in their respective fields. Course instructors include both continuing faculty who are engaged in scholarship in the discipline and adjunct faculty who are actively working in their fields (e.g. nurse practitioners, nurse executives.)

The program structures and usual course progression for each of the 3 fields of study as well as the Post-Master Nurse Practitioner Diploma program are outlined in the 4 tables below. Course descriptions for each course can be found in Appendix 27.

Table 3.32. Program Structure: Master of Nursing – Nurse Practitioner Field

Year	Fall Courses	Winter Courses	Spring/Summer Courses
Year 1	NUR1091/92/93 Pathophysiology and Pharmacotherapeutics NUR1022 Research Design, Appraisal and Utilization OR NUR1028 Introduction to Qualitative Research: Methodologies, Appraisal and	NUR1091/92/93 Pathophysiology and Pharmacotherapeutics (continued) NUR1022 Research Design, Appraisal and Utilization OR NUR1028 Introduction to Qualitative Research: Methodologies,	NUR1101/02/14 Advanced Health Assessment and Clinical Reasoning

Year	Fall Courses	Winter Courses	Spring/Summer Courses
	Knowledge Translation	Appraisal and Knowledge Translation	
Year 2	NUR1017 History of Ideas in Nursing Practice in Leadership and Administration OR NUR1034 Program Planning and Evaluation in Nursing NUR1115/16/17 Advanced Health Assessment and Therapeutic Management I	NUR1017 History of Ideas in Nursing Practice in Leadership and Administration OR NUR1034 Program Planning and Evaluation in Nursing NUR1215/16/17 Advanced Health Assessment and Therapeutic Management II	NUR1221/22/23 Nurse Practitioners: Roles and Issues

Note. Where there are multiple course number codes, this reflects the focused courses in each NP emphasis: NP-Adult, NP-Paediatric and NP-PHC-GH.

Table 3.33. Program Structure: Post-Master Nurse Practitioner Diploma Program

Year	Fall Courses	Winter Courses	Spring/Summer Courses
Year 1	NUR1091/92/93 Pathophysiology and Pharmacotherapeutics	NUR1091/92/93 Pathophysiology and Pharmacotherapeutics (continued)	NUR1101/02/03 Advanced Health Assessment and Clinical Reasoning
Year 2	NUR1115/16/17 Advanced Health Assessment and Therapeutic Management I	NUR1215/16/17 Advanced Health Assessment and Therapeutic Management II	NUR1221/22/23 Nurse Practitioners: Roles and Issues

Note. Where there are multiple course number codes, this reflects the focused courses in each NP emphasis: NP-Adult, NP-Paediatric and NP-PHC-GH. This program is part-time as all students have already completed a Master of Nursing or equivalent master's level graduate nursing degree.

Table 3.34. Program Structure: Master of Nursing – Clinical Nursing Field of Study

Year	Fall Courses	Winter Courses	Spring/Summer Courses
Year 1	NUR1017 History of Ideas in Nursing Practice NUR1170 Introduction to Advanced Practice Nursing	NUR1022 Research Design, Appraisal and Utilization Clinical Field of Study Elective Course	NUR1171 Topics in Advanced Practice Nursing
Year 2	NUR1028 Introduction to Qualitative Research: Methodologies, Appraisal and Knowledge Translation Clinical Field of Study Elective Course	NUR1034 Program Planning and Evaluation in Nursing Clinical Field of Study Elective Course	NUR1072 Practice Scholarship

Note. Students in the MN-Clinical field must successfully complete 2 field of study elective courses

Table 3.35. Master of Nursing – Health Systems Leadership and Administration Field of Study

Year	Fall Courses	Winter Courses	Spring/Summer Courses
Year 1	NUR1017 History of Ideas in Nursing Practice NUR1027 Integrated Approaches to Research Appraisal and Utilization Part 1	NUR1151 Theories and Concepts in Nursing Leadership and Administration NUR1127 Integrated Approaches to Research Appraisal and Utilization Part 2	NUR1152 Leading and Managing Effective Health care Teams
Year 2	NUR1161 Advanced Concepts in Leadership and Administration NUR1016 Health Systems, Policy and the Profession	NUR1034 Program Planning and Evaluation in Nursing	NUR1072 Practice Scholarship

Disciplinary Relevance – Preparation of Advanced Practice Nurses

Each field of study program is directed toward preparation of graduates for particular advanced practice roles. The Canadian Nurses Association (CNA) Framework for advanced practice nursing underpins the curriculum for each field. Additional national and provincial regulatory frameworks that encompass licensure, standards and core competencies inform the content and learning activities for each field of study. Engagement of adjunct faculty who are themselves advanced practice nurses/nurse practitioners as practicum preceptors, guest lecturers, and curriculum advisors helps to ensure that content is current, relevant, and at an appropriate level. The Hospital University Nursing Education Committee (HUNEC), is an education advisory group comprising representatives from the Faculty's full and community affiliated hospitals and faculty program representatives. This group meets 5-6 times per year and serves to enhance the educational experience of its Nursing students by fostering partnerships between the Faculty of Nursing and its clinical partners. HUNEC is an opportunity for the Faculty to engage in dialogue with clinical partners about emerging practice changes and issues, expectations of students and graduates, and program delivery challenges. Additional sources of insight into professional and discipline needs as well as related program requirements are gained through regular engagement with stakeholders including employers, students, graduates, and adjunct faculty. Further details about these data sources are discussed in [Section 3.b.8](#) Quality Indicators.

Program Innovations

The program curricula for all 3 fields of study are reviewed and updated on an ongoing basis, based on feedback from students, graduates, TAHSN partners and other employers, faculty, and regulatory bodies. In 2012, the Faculty conducted an internal review of the Master of Nursing program (Appendix 31). Feedback from students, graduates, faculty, employers/partners, and other external stakeholders had suggested several areas for improvement within the MN program. Recommendations included increasing opportunities for students to apply theoretical learning in practice settings; implementation of a capstone project or practice outcome in the final practicum to allow students to integrate learning and apply learnings in a practice context; enriching theoretical content to adequately prepare graduates for leadership in their chosen field of study; and expanding and enhancing the Clinical Nursing and Administration fields of study. Changes made in response to these recommendations are reflected in the current program structure and content, as outlined in [Section 3.b.1](#) Program Description, and described below.

The MN-Health Systems Leadership and Administration and MN-Clinical Nursing fields of study underwent extensive review and redevelopment in 2014 and 2016 respectively.

Innovations in the MN-Health Systems Leadership and Administration Field

Review and revision of the MN-Administration field was conducted in 2013-14 and the new MN-Health Systems Leadership and Administration (HSLA) field was implemented in September 2014. A working group composed of the Dean, Associate Dean Academic, faculty members who had been teaching in the MN-Administration program, and a nurse executive from one of the partner hospitals led this work. Engagement of graduate students through the Graduate Nurses' Student Society (GNSS) was also part of the process.

In developing the new MN-HSLA field, the working group considered information derived from the Degree-Level Expectations for graduate programs, student feedback, the internal review of the MN program conducted in 2012, observations about changing student demographics and a pattern of decreased enrolment in the MN-Administration program. There was a trend toward younger and less experienced students entering the MN program. This may have been due in part to the implementation of BScN entry to practice (instituted in Ontario in 2005), which positioned more nurses with the academic prerequisites earlier in their careers. Students also reported that they were continuing to work at least part-time throughout their graduate program, making it challenging to manage their employment schedules to attend on-campus courses. An environmental scan of other MN programs specifically focusing on leadership and administration revealed limited options for students across Canada. Therefore, the MN-HSLA field was designed to enable students to participate from diverse geographical locations, and with flexibility regarding scheduling of learning activities (hybrid online).

The MN-HSLA field is now offered in a hybrid (combined on-campus residency and online) format, with most of the courses delivered asynchronously online. Students come to campus at 3 points in their program: for a 2-day orientation the week before classes commence in September of their first year; for a 4-day on-campus residency at the end of the winter semester of first year; and for a 2-day on-campus final residency at the end of June in their second year.

Development of content for the MN-HSLA field was informed by several relevant professional frameworks including: Advanced Practice Nursing: A National Framework (Canadian Nurses Association, 2009); LEADS in a Caring Environment Framework (Canadian College of Health Leaders); American Organization of Nurse Executives Framework (AONE, 2004); Carol Huston's 8 Nursing Leadership Competencies for 2020 (Huston, 2008), and the Council of Ontario Universities Degree-Level Expectations for Master's Degree (COU).

Three new required field of study courses were developed to address identified gaps in the previous MN-Administration program to provide students with theoretical and practical grounding in health services leadership and management. The 3 courses are sequenced. *NUR1151 Theories and Concepts in Nursing Leadership and Administration* is the first field of study course. Students take this course in the second semester of their program. This course provides an introduction to current theories and concepts in leadership and administration, organizational behaviour, organization structures, and quality and patient safety theory and principles. *NUR1151* includes a one-week on-campus residency during which students learn directly from senior nurse leaders in health care organizations, have hands-on experience with administrative and operational activities and tools (e.g. strategic planning, staffing, budgeting) and engage in group presentations to their peers.

The second required field of study course, *NUR1152 Leading and Managing Effective Health care Teams*, is taken in the 3rd semester of 1st year. In this course, students develop skills in administrative analysis and decision-making, human resource management, and leadership of interprofessional teams and organizations. This course includes an 80-hour preceptored practicum to expose students to advanced practice nursing administrative roles, the contexts in which these roles are enacted, and the complexities associated with them. The addition of the practicum in their first year supports students to contextualize their learning and is important

given their limited experience with and insights into formal advanced nursing practice leadership roles.

The third required field of study course, *NUR1161 Advanced Concepts in Leadership and Administration* is the third field of study course in the MN-HSLA field. Students take this course in the 1st semester of their 2nd year. This course builds on content introduced in *NUR1151* and *NUR1152* and assists students to expand their insights and repertoire of theoretical and instrumental approaches to leadership and administration. Students extend their expertise in core health care leadership and administration abilities to support leadership in complex contexts, advancement of quality and patient safety, and advanced human resource management issues. Students also explore novel and emerging topics and approaches to leadership in contemporary environments such as complexity leadership, organizational resilience and reliability, “big data”, and health system transformation.

In the stakeholder review undertaken to review and revise the previous MN-Administration field, it was identified that the previous MN foundation courses in qualitative and quantitative research (*NUR1028* and *NUR1022*, respectively) would not meet the needs of MN-HSLA students in preparing them to be informed consumers and users of research evidence. *NUR1028* and *NUR1022* emphasize clinical research in both methodologies (qualitative and quantitative) and examples used in teaching. Stakeholders reported that a qualitative-quantitative division did not serve leadership environments/contexts well and that an integrated approach was more appropriate. Therefore, a new research course for these students (initially implemented as a single two-semester course; subsequently divided into 2 one-semester courses) was developed to address this approach. Students take these 2 courses in the Fall and Winter semesters of their first year in the program. These courses provide students with the skills required to locate, interpret, appraise and utilize research evidence in subsequent courses and in their future practice as nurse leaders. These 2 courses are briefly described below.

NUR1027 Integrated Approaches to Research Appraisal and Utilization Part 1 focuses on critical examination and reflection on research and evidence-based practice, with an emphasis on integration of theory and research to guide practice. Students are supported to develop an understanding of the philosophical foundations of contemporary approaches to knowledge production in nursing and health sciences, and essential competencies in locating, interpreting, critiquing, and using research evidence in practice. Critical analysis of both qualitative and quantitative approaches and their underlying theoretical frameworks enable students to interpret and appropriately integrate research into practice. Research approaches appropriate for describing phenomena are addressed in this course.

NUR1127 Integrated Approaches to Research Appraisal and Utilization Part 2 builds on and extends the content introduced in *NUR1027* and focuses on specific research designs and approaches that explain phenomena and relationships, or involve interventions/actions. Students continue to develop competence in critically appraising, interpreting and synthesizing results from individual research studies and research syntheses. Critical appraisal and interpretation of qualitative and quantitative approaches, mixed methods studies, and research syntheses are addressed in this course. Political and ethical issues in research are also discussed.

The revised curriculum and mode of delivery within the Master of Nursing Health Systems Leadership (HSLA) and Administration program has resulted in the agreement with The Canadian College of Health (CHE) Leaders. The agreement acknowledges the alignment of the Faculty of Nursing HSLA leadership competencies framework (LEADS in a Caring Environment) with the CHE leadership designation requirements (LEADS in Action Project). This agreement ensures that students of the HSLA field who enrol in the CHE Leadership program will receive advanced credit for one major component of the CHE program leading to the *Certified Health Executive* (CHE) designation.

Innovations in the MN-Clinical Nursing Field

The MN-Clinical field was revised in 2014-15 and the new program was first implemented in September 2016. A working group composed of faculty members, the Associate Dean Academic, the Master of Nursing Program Director, an adjunct faculty member who was a practicing advanced practice nurse, and a Graduate Nursing Students' Society member led this work. Interviews with adjunct faculty, students, graduates, and employers were also conducted to identify advanced practice nursing role requirements and role evolutions, as well as perceived strengths and gaps in the current program. The working group considered this feedback as well as feedback gained through the review and revisions to the MN-Health Systems Leadership and Administration program working group which occurred before revisions to the MN-Clinical nursing field (see previous section). Also considered were: the Degree-Level Expectations for graduate education, the Canadian Nurses Association (CNA) Advanced Practice Nursing framework, and the CNA's position statement on the Clinical Nurse Specialist (2009). An environmental scan of MN programs across the country suggested that programs to prepare clinical advanced practice nurses were available across the country. Therefore, it was determined that the MN-Clinical field would remain an on-campus program.

The previous MN-Clinical Nursing field included a combination of foundational courses (*NUR1017 History of Ideas in Nursing Practice*, *NUR1022 Research Design, Appraisal and Utilization*, *NUR1028 Introduction to Qualitative Research: Methodologies, Appraisal and Knowledge*, *NUR1034 Program Planning and Evaluation*), one relational/interpersonal communication course (*NUR1021 Nursing Ethics*, *NUR1043 Theories of Interpersonal Process*, *NUR1032 Group Process and Professional Practice*, *NUR1016 Health Systems, Policy and the Profession*), and 3 elective field of study courses. Students also completed a single preceptored practicum placement in their final semester. Students in the previous program could take courses in the order they chose, with 2 exceptions: 1) *NUR1022* was a pre-requisite to *NUR1034* and thus had to be taken first; and 2) *NUR1072* had to be taken in the final semester of the program, after all other course requirements had been completed. Feedback from students and anecdotal evidence from faculty suggested several opportunities for improvement in program structure and content.

Comparison of the Degree-Level Expectations for graduate programs and Canadian Nurses Association competencies for Advanced Practice Nurses and Clinical Nurse Specialists with the existing program structure identified potential gaps in graduates' breadth of knowledge relevant to advanced practice nursing roles. The "menu-based" approach to course selection and the requirement to complete one relational course meant students were able to develop depth of

knowledge in particular aspects of advanced practice nursing practice (e.g. ethics, group process) through specific relational courses. However, in choosing a particular relational course (e.g. ethics) students were foregoing learning in other areas such as group process, leadership, health policy, or interpersonal relations. Furthermore, the flexible sequencing of courses did not support scaffolding of learning across the program. To address this situation, the new MN-Clinical Nursing program was developed to include 2 required field of study courses. The relational course category was eliminated as all students would receive this content within the new required field of study courses. The new program also adopts a more structured course sequence. The 2 new field of study courses provide students with essential knowledge and skills to undertake advanced practice clinical leadership roles. The first course, *NUR1170 Introduction to Advanced Practice Nursing* is organized around the Advanced Practice Nursing (APN) competencies outlined in the Canadian Nurses Association Framework for Advanced Nursing Practice. This course addresses the advanced practice nurse clinical role, knowledge and skills for advanced clinical nursing practice, knowledge translation within advanced nursing practice, principles of patient safety and quality improvement, and leadership. As part of this course, which is taken in students' first semester of the program, students engage in 8 hours of laboratory simulation learning focusing on advanced assessment skills, and a 72-hour practicum experience with a clinical advanced practice nurse preceptor. The purpose of this practicum is to expose students to the clinical advanced practice nursing role, the contexts in which these roles are enacted, and the complexities associated with them. As with the additional practicum in the MN-HSLA field, the addition of a short practicum in the first year of the program was deemed necessary to contextualize learning and provide beginning insights into the advanced practice clinical nursing role.

The second required clinical course *NUR1171 Topics in Advanced Practice Nursing* prepares students to provide or contribute to the delivery of nursing care at an advanced level by exploring knowledge of the social contexts of health care, interpersonal relations, and group process. This course employs a case-based approach to assist students to critically examine key health/nursing practice issues from multiple perspectives. The course is organized around 4 topic areas: socio-political/critical approaches to health and illness; transitions in health care; interpersonal relations in nursing practice; and group process.

Innovations in the MN-Nurse Practitioner Field and Post-Master Nurse Practitioner Diploma

The MN-Nurse Practitioner and Post-Master Nurse Practitioner Diploma field content is delivered as a hybrid online synchronous/asynchronous learning environment. Case-based examples from practice settings link 'real-life' clinical examples to underlying pathophysiologic concepts. This case-based approach to teaching and learning anchors classroom learning to clinical practice settings. Students link clinical case presentations to the pathophysiologic underpinnings, using clinical reasoning and critical thinking to discuss relevant differential diagnoses, diagnostic tests and therapeutic plans. Integration of a clinical portfolio provides students with tangible evidence of the breadth and depth of their clinical experiences as they transition through the 4 clinical courses of the program. This embedded scaffold is a tool for self-reflection, and is used by the Nurse Practitioner students as a guide to reflect their progression from dependent to independent practitioners. Through self-reflection (assignments, clinical

portfolios and clinical learning plans) students become more aware of their individual strengths and their areas for improvement as they transition through the program.

An overall assessment and evaluation of the NP field via an NP Curriculum Mapping Project was undertaken in 2010-2011. The purpose of this project was to: 1) determine the priorities for curriculum revision/innovation in light of changes to the Ontario Bill 179 and the Ontario Public Hospitals Act, the Canadian Nurses Association NP Competencies (May 2010), and the Ontario College of Nurses NP Standard; and 2) align the program with the changing demographic of applicants. The following changes and innovations have been made to the MN-NP and PMNP Diploma programs:

1. Extended the NP field from a 5-semester program to a 6-semester program. This enabled incorporation of all relevant NP content, ensured all NP practice competencies were addressed, and integrated more inquiry-based learning strategies and research-based assignments into the curricula. Additionally, this allowed for the incorporation of an additional 100 hours of clinical placement time, increasing the required minimum number of hours from 700 to 800 hours, surpassing the minimum required number of program clinical practice hours for NP registration/licensure across Canada.
2. Integrated a symptom case-based approach to teaching in Pathophysiology and Pharmacotherapeutics (*NUR1091/92/93*) and Advanced Health Assessment and Therapeutic Management (*NUR1115/NUR1116/NUR1117*). This integration includes a 15-minute focused video assessment aligned with the case based paper in *NUR1091/92/93*. This video assessment is a strategy used to facilitate the transition from theory to practice, and an attempt to better prepare students for their first clinical placement.
3. Reassigned the advanced health assessment days in the simulation lab in *NUR1101/NUR1102/NUR1114* to a 3-day Leadership Symposium in *NUR1091/92/93*.
4. Reassigned the Residency Week in *NUR1101/NUR1102/NUR1114* from the last week of the course to the first week of the course. This provided students an opportunity to practice health assessments in the simulation lab, and also to successfully pass 3 Objective Structured Clinical Examinations (OSCEs) *prior* to beginning their first clinical placement.
5. Enriched teaching and learning across all NP specialty courses through webinars, voiceover presentations, virtual interactive cases and podcasts.
6. Enhanced course coordination to ensure consistency in curriculum delivery, and to facilitate instructor support and collaboration. An increased enrolment led to more course sections for many courses. For any given course, there are 2-3 adult course instructors, one paediatric course instructor, and 2 PHC-GH course instructors. All NP courses are built collaboratively with all course instructors using a *Blackboard sandbox*. It is in this *sandbox* that course documents are revised and standard templates for *Blackboard* designs applied. When course materials are complete, the *Blackboard* test environment ("sandbox") is copied to each instructor's *Blackboard* section. This format has helped to ensure consistent design and content across individual sections of a course. It has also helped students negotiate *Blackboards* as they transition across courses in the NP program, as all NP courses now have a standard *Blackboard* template.
7. Integrated a clinical portfolio and a standard learning plan into the NP Curriculum during the summer of 2010 to assist students to track clinical experiences and facilitate their

transition from dependent to independent practitioners. The clinical portfolio is a working document where students record their clinical experiences and reflect on their progression from dependent to independent practitioners. The clinical portfolio travels with the student across all clinical NP courses. It is a tool to help students build their clinical competence as they transition from one clinical NP course to the next. It is also a tool used to link the clinical courses, and it informs the student, preceptors, instructor, and the graduate student placement coordinator of any gaps in a student's clinical experience. The student uses the clinical portfolio and the clinical learning plan to direct their clinical experiences. Clinical portfolios help to build a scaffold of practice, so that clinical experiences build on each other, and students successfully transition from dependent to independent practitioners.

In the MN-NP field and Post-Master Nurse Practitioner Diploma, the focus is on students' understanding, mastery, retention, and acquisition of critical thinking skills based on active and cooperative learning. Innovative teaching modalities such as virtual and webinar technologies are integrated into the program, and scaffolding of learning is used to build upon the knowledge, skills and abilities that the students bring to the program. Nurse Practitioner skills are built, using multiple opportunities for learning, with both formative and constructive feedback.

Symptom-based cases from clinical practice are used to link 'real-life' patient examples to pathophysiologic underpinnings, using clinical reasoning and critical thinking to discuss relevant differential diagnoses, diagnostic tests and therapeutic plans. Online simulation using virtual interactive case (VIC) presentations assist to build clinical reasoning skills in online learning classrooms. Cases are based on the top differential diagnoses in primary care, and the burden of non-communicable diseases as defined by the World Health Organization and the Lancet Commissions. Virtual cases provide students with exposure to patients living in rural and urban communities, and exposure to a wide variety of social demographic and co-morbid factors. Virtual cases allow students to build on previous experiences and to learn in a safe environment that fosters self-reflection, clinical judgment and clinical reasoning. Student feedback on this innovation has been very positive. Sample student comments are reported below:

"I just finished the interactive case studies, and I have to say. I absolutely loved going through them. I found them intellectually stimulating, challenging and enjoyable! Kindly provide more resources as such. Thank you."

"I think that this is a great tool to get you thinking outside of the classroom setting and actually applying the theoretical knowledge. A beginning step to bringing knowledge to practice. Thanks for putting so much work into making these knowledge-testing tools. It was stressful but helpful."

"They have helped in determining the best diagnostic and treatment approaches to use. The VIC cases provide an excellent opportunity to apply the theoretical/textbook knowledge that we gain in a controlled setting where it's really ok to make mistakes (and learn from those mistakes). I think it will better prepare us for the real life experience ahead of us...I plan to practice these cases as much as I can, with the thought that this will help to consolidate the theory that is bouncing around in my head! I look forward to more of them. I'm hoping that there will be several VIC cases per module over time (it must be a huge undertaking however!!)"

“I think it's great. I had to work through the first case to get used to it, but once I was familiar with the format I found it really helpful in consolidating and applying what I learned to a patient case. It helps me to think through what are the most pertinent physical exams and diagnostic tests I should focus on. It reminds me of how different clinical manifestations help me to differentiate one type of chest pain from another.”

An integrated clinical portfolio provides students with tangible evidence of the breadth and depth of their clinical experiences, as they transition through the 4 clinical courses of the program. The clinical portfolio is used as a guide to reflect progression from a dependent to an independent practitioner. Students develop goals and provide appropriate resources for their learning based on their experiences and their self-reflected practice using a clinical learning plan.

A second Curriculum Mapping Day took place in August 2017. The purpose of this day was to determine curriculum revisions in light of changes to College of Nurses of Ontario NP competencies (January 2018), Controlled Drugs and Substances (CDS) competencies (December 2016), and College of Nurses of Ontario NP Practice Standard (Revised 2017). The results of this curriculum mapping exercise are detailed in Appendix 30.

Much work was also completed in 2015 to develop, validate and implement virtual interactive case technologies into the curriculum. In collaboration with the Faculties of Medicine and Pharmacy, 8 virtual cases related to the chief complaint of chest pain, 8 cases with fatigue as the chief complaint, 11 cases with headache as the chief complaint, 8 cases with vertigo as the chief complaint, 9 shortness of breath cases, and one oedema case were developed. All cases (n=45) are based on current guidelines and a physician, NP, and a pharmacist have validated all cases that have been integrated into the program.

Modes of Program Delivery

In all 3 fields (MN-Clinical, MN-HSLA, MN-NP) and the PMNPD, students complete the program as a cohort through a prescribed program of study specific to their field. The curriculum is designed to scaffold learning toward mastery of essential competencies in their chosen field of advanced practice nursing. Through written assignments, presentations, case analyses, written tests, simulations, and preceptored practice, students demonstrate their mastery of competencies specific to their advanced practice roles. Specifically, the *Advanced Practice Nursing Competencies* (Canadian Nursing Association, 2009) guide curriculum and program delivery for all fields of study. Although the Canadian Nurses Association identifies only Nurse Practitioners and Clinical Nurse Specialists as advanced practice nurses, the Faculty has determined that these competencies are relevant to students in all fields of study. Additional competencies that inform graduate level outcomes and associated curriculum and assessment procedures include Clinical Nurse Specialist competencies (Canadian Nursing Association 2009/2016) for the MN-Clinical Nursing program; the LEADS in a Caring Environment leadership capabilities framework-LEADS (Canadian College of Health Leaders, 2011; Dickson & Tholl, 2011) competencies for the MN-Health Systems Leadership and Administration program; and the Canadian Nurse Practitioner Core Competency Framework (Canadian Nursing Association 2010), College of Nurses in Ontario Nurse Practitioner Competencies (January 2018), Nurse Practitioner Education Competencies for Prescribing Controlled Drugs and Substances (Canadian Association of

Schools of Nursing, 2016), and College of Nurses of Ontario Nurse Practitioner Practice Standard (Revised 2017) for the MN-NP field and Post-Master Nurse Practitioner Diploma. All fields of study have a final “capstone” practice scholarship course (*NUR1072Y Practice Scholarship* in the MN-Clinical Nursing and MN-HSLA fields; *NUR1221/1222/1223Y Nurse Practitioners: Roles and Issues* in the MN-NP and PMNPD programs) wherein students integrate program learning and begin to enact the advanced practice nursing role appropriate to their field of study.

A variety of delivery modes exist across the 3 fields of study. The Clinical Nursing field of study program is offered on campus and in-class only. The MN-NP, PMNPD and MN-HSLA fields are offered in a hybrid format including online and mandatory on-campus residency periods in each year. All fields of study include preceptored practicum placements in both years.

In the MN-Clinical Nursing field, students engage in simulations, small-group discussions and exercises, analysis of case scenarios, individual and group presentations, scholarly writing assignments, and exposure to practising advanced practice nurses (APN’s) through guest lecturers and panel discussions. These activities, and their 2 preceptored practicum placements support students to understand and apply theoretical concepts and clinical knowledge to practice situations.

In the MN-Health Systems Leadership and Administration field, a combination of synchronous and asynchronous approaches are used. Live webinars by faculty and virtual and face-to-face student presentations provide students with practice in presenting their ideas and defending positions in real time. Asynchronous activities such as online discussions, recorded faculty and student presentations, allow students to engage with material while maintaining flexibility in scheduling. Emerging learning technologies such as Peer Scholar® and Voicethread® provide students with multiple ways to engage with faculty and fellow students, and participate in learning activities. During the Year 1 residency week, students have an opportunity to learn directly from established nurse leaders in the field and engage in hands-on practice with operational activities (budgeting, staffing). Two preceptored practicum experiences support students to integrate and apply learning.

Students in the MN-Nurse Practitioner field and Post-Master Nurse Practitioner Diploma enrol in one area of emphasis (NP-Adult, NP-Paediatric or NP-PHC-GH) and are required to complete 5 courses specific to their area of emphasis. MN-NP and PMNPD field of study courses must be taken sequentially. Modalities of teaching are varied, as are the motivations, goals and expectations of the NP students. Virtual and webinar technologies are integrated into the program, and scaffolding of learning is used to build upon the knowledge, skills and abilities that the students bring to the program. Students build their nurse practitioner skills, using multiple opportunities for learning, with formative and constructive feedback.

Course-work is online and the practicums are individually designed. Students participate in 2 on-campus residency weeks in Year 1 and a 3-day leadership symposium in Year 2. Students also participate in simulation-based learning, virtual classrooms, and combined asynchronous and synchronous discussions. Successful completion of Year 1 courses is required for students to continue in Year 2 of the program.

Students engage in 800 hours of practicum experience across 4 courses in the program (*NUR1101, NUR1102, NUR1114* - April to June of Year 1), (*NUR1115, NUR1116, NUR1117* - September to December of Year 2), (*NUR1215, NUR1216, NUR1217* - January to April of Year 2) and *NUR1221, NUR1222, NUR1223* - April to June of Year 2).

3.b.5 Assessment of Learning

A variety of methods of student learning assessment are used throughout each of the programs. In designing assessments, consideration is given to Degree-Level Expectations (DLEs), program and course objectives, diversity of student learning styles, and professional practice expectations and competencies for advanced practice nurses. Assignment of grades is consistent with the *University Assessment and Grading Practices Policy* (University of Toronto Governing Council, 2012) for graduate programs. The grading scale for graduate courses is outlined in Table 3.36. In all graded MN and PMNPD courses, the minimum passing grade is 70%.

Table 3.36. University of Toronto Grading Scale-Graduate

Letter grade scale	Numerical Scale of Marks
A+	90-100%
A	85-89%
A-	80-84%
B+	77-79%
B	73-76%
B-	70-72%
FZ (Fail)	0-69%

Progression of learning throughout the program toward achievement of Degree-Level Expectations (DLEs), and processes for graduation-level assessment are detailed in Tables 3.37-3.42.

Table 3.37. Assessment of Learning for Degree-Level Expectation # 1. Breadth and Depth of Knowledge

Degree-Level Expectation: Breadth and Depth of Knowledge		
Program Learning Outcome	Graduation-level Assessment	Delivery Methodologies
Objective #6: Demonstrate through completion of courses and related scholarly papers and projects, knowledge about theoretical foundations, professional structures, standards, and practices relevant to their identified field of nursing	MN-Clinical Nursing and MN-HSLA students demonstrate their ability to successfully enact advanced practice nursing competencies in their chosen field of study through the final practicum course. Students develop individualized learning plans in consultation with their	Progressive development of foundational and specialized knowledge is demonstrated through written assignments (briefing notes, analysis of practice issues and topics, admission and discharge notes, client and organization case studies), presentations, online or in-class discussions, written tests, and practice

<i>Degree-Level Expectation: Breadth and Depth of Knowledge</i>		
Program Learning Outcome	Graduation-level Assessment	Delivery Methodologies
administration, clinical nursing, or nurse practitioner	<p>preceptor and course instructor. Learning objectives, strategies and timelines are mapped to the Canadian Nursing Association advanced practice competencies, specific course objectives, and LEADS competencies (MN-HSLA students.) Students complete self-assessments of their progress in meeting advanced practice objectives; preceptors (advanced practice nurses) also assess students' performance with respect to these competencies.</p> <p>Depth and breadth of knowledge is defined in the MN-NP and PMNPD programs through entry-level competencies for safe, ethical and effective Nurse Practitioner practice in Canada.</p> <p>This is reflected in graduates who have an advanced level of education to diagnose, order and interpret diagnostic tests, and prescribe medication and other treatments for diverse client populations in a variety of practice settings. This also includes the knowledge required to address the unique risks associated with prescribing controlled substances. Students demonstrate these competencies throughout the</p>	<p>demonstrations (e.g. OSCE examinations, practicum performance.)</p> <p>MN-Clinical Nursing students are introduced to theoretical, empirical, and clinical/ professional knowledge to support advanced clinical assessments and care planning, management of complex interpersonal and group dynamics, care transitions, and skills in consultation and collaboration. These students have 8 hours of simulation lab practice prior to undertaking their first 72-hours practicum placement, during which they complete an advanced level assessment of a patient, family, or community and develop recommendations for intervention. Relevant courses: NUR1170, NUR1171, clinical elective courses such as NUR1045 Theories of Pain, NUR1046 Persistent Illness, NUR1040 Issues in Women's Health Care, NUR1038 Social Determinants of Health in a Globalizing Context, NUR1036 Advanced Nursing Practice in Oncology.</p> <p>MN-HSLA students develop increasingly complex understanding of theoretical and empirical knowledge from nursing, health and social sciences, and</p>

<i>Degree-Level Expectation: Breadth and Depth of Knowledge</i>		
Program Learning Outcome	Graduation-level Assessment	Delivery Methodologies
	<p>program in written assignments, tests, and their performance in practica. An integrated clinical portfolio provides students with tangible evidence of the breadth and depth of their clinical experiences, as they transition through the 4 clinical courses of the program. The clinical portfolio is used as a guide to reflect progression from a dependent to an independent practitioner. Students develop goals and provide appropriate resources for their learning based on their experiences and their self-reflected practice using a clinical learning plan.</p> <p>This is also demonstrated through success in the Extended Class exam as outlined by the Canadian Council of Registered Nurse Regulators (CCRNRR) in Canada.</p>	<p>administration in areas such as leadership, organizational behaviour, strategic planning, human resources management, governance and regulation, health policy, and health care finance and economics. Students demonstrate learning through written assignments (e/g/ leadership self-assessment, organizational analyses, policy briefing notes), scholarly presentations, and case studies. Relevant courses: NUR1151, NUR1152, NUR1161, NUR1016.</p> <p>MN-NP and PMNPD students develop advanced practice expertise in health assessment, diagnostic testing, differential diagnoses, and management of health conditions relevant to their client population (adult, paediatric, all ages) through the NP specialty courses. Assignments and exercises that support and demonstrate the learning include objective tests, laboratory and online (virtual interactive case) simulations, written admission and discharge summaries, and comprehensive treatment plans and prescriptions. Course objectives support student attainment of the Canadian Nurse Practitioner Core Competency</p>

<i>Degree-Level Expectation: Breadth and Depth of Knowledge</i>		
Program Learning Outcome	Graduation-level Assessment	Delivery Methodologies
		<p>Framework (December 2016, in effect January 2018) according to 4 categories of practice: client care, quality improvement and research, leadership and education</p> <p>Delivery of core competencies is outlined in the following NP specialty courses: NUR1091/92/93, NUR1101/02/14, NUR1115/16/17, and NUR1215/16/17, NUR1221/22/23. The use of objective online multiple choice examinations in MN-NP and PMNPD programs also helps students prepare for RN (Extended Class) examinations in this pre-registration program.</p>

Table 3.38. Assessment of Learning for Degree-Level Expectation # 2. Research & Scholarship

<i>Degree-Level Expectation: Research and Scholarship</i>		
Program Learning Outcome	Graduation-level Assessment	Delivery Methodologies
<p>Objective #2: Participate in research activities and undertake practice projects consistent with their professional preparation</p>	<p>Research and Scholarship is defined in the MN and PMNPD programs as the ability to critically appraise and apply research, best practice guidelines and theory.</p> <p>This is reflected in graduates who are able to identify, collect and evaluate outcomes, contribute to the development of new knowledge, and disseminate knowledge through presentations, scholarly writing/publication and informal discussions.</p>	<p>In research courses (NUR1022, NUR1028, NUR1027, NUR1127) students complete written assignments and objective tests that demonstrate their ability to conduct a systematic search of the literature to locate empirical evidence, interpret and critically appraise research evidence, and utilize research evidence to address a practice issue or question. This expertise is further developed and assessed through written assignments and presentations in NUR1034H Program Planning and</p>

<i>Degree-Level Expectation: Research and Scholarship</i>		
Program Learning Outcome	Graduation-level Assessment	Delivery Methodologies
	<p>In the final practicum course in each field of study (NUR1072, NUR1221/22/23) students identify, implement and evaluate a practice (quality improvement) project in which they mobilize research and other forms of evidence as well as specialized knowledge and change management approaches. This includes conducting a review and analysis of relevant empirical literature to support the strategy.</p>	<p>Evaluation for Nurses, wherein students analyze a practice problem, draw on empirical and contextual information to determine an appropriate strategy, and develop an implementation and evaluation plan to address the problem.</p> <p>Student expectations for research and scholarship are also integrated throughout the specialty field of study courses. In class discussions and online discussion board posts students must demonstrate professionalism, contribute new ideas and/or make connections between ideas, and draw on/reference relevant literature. Students engage in individual and group theoretical and case presentations throughout their programs. In the MN-NP and PMNPD programs, students simulate an interprofessional health care team discussion in a virtual classroom in NUR1115/NUR1116/NUR1117. Similarly, in the MN-Clinical Nursing program students engage in a simulated situation in which they encounter erroneous or inappropriate practice in an interprofessional colleague, in NUR1170.</p> <p>Students in all fields of study identify and develop a change initiative relevant to their clinical practice in their final practicum in NUR1221/22/23 or NUR1072.</p>

<i>Degree-Level Expectation: Research and Scholarship</i>		
Program Learning Outcome	Graduation-level Assessment	Delivery Methodologies
		In all fields of study students write scholarly papers integrating relevant research in their specialty courses.

Table 3.39. Assessment of Learning for Degree-Level Expectation # 3. Level of Application of Knowledge

<i>Degree-Level Expectation: Level of Application of Knowledge</i>		
Program Learning Outcome	Graduation-level Assessment	Delivery Methodologies
Objective #1: Demonstrate translational expertise using evidence from nursing research, related academic and clinical disciplines and professional institutions as a basis for advanced nursing practice	This is reflected in graduates who are able to draw on, utilize, and creatively apply knowledge to engage in advanced practice in their chosen field of study. In the final practicum course (NUR1072 Practice Scholarship, NUR1221/22/23 Nurse Practitioner Practice: Roles and Issues), all MN and PMNPD students undertake a practice project to address an issue or opportunity in their practicum setting. In this project, students use the skills they have developed in research, change management, and in program planning and evaluation to analyze the situation or issue and develop, implement and evaluate an evidence-informed intervention or approach. Application of knowledge is also evidenced in clinical practicums and in the papers NP students complete (e.g. case-based papers, CDS comprehensive paper)	In all fields of study, students are required to demonstrate the ability to analyze practice situations, problems, and questions, and to interpret and synthesize evidence to address these. Through program specialty courses, students develop increasing sophistication in accessing and applying specialized knowledge to actual and hypothetical clinical and administrative situations. These competencies are assessed throughout the program through written assignments in research courses (NUR1022, NUR1028, NUR1027, NUR1127), case study and practicum assignments in field of study courses, and the program planning course (NUR1034). In the final practicum (NUR1072, NUR1221/22/23) students demonstrate their successful transition from students to advanced practice nurses. Students in the MN-NP field and PMNPD also

<i>Degree-Level Expectation: Level of Application of Knowledge</i>		
Program Learning Outcome	Graduation-level Assessment	Delivery Methodologies
		demonstrate evidence through their practicum courses of their achievement of NP competencies. Appendix 30- <i>Curriculum Map, Nurse Practitioner Program</i> provides details regarding the competencies addressed in each NP field of study course.

Table 3.40. Assessment of Learning for Degree-Level Expectation # 4: Professional Capacity/Autonomy

<i>Degree-Level Expectation: Professional Capacity/Autonomy</i>		
Program Learning Outcome	Graduation-level Assessment	Delivery Methodologies
Objective #3: Demonstrate the ability to continually assess and acquire new skills to manage health issues in individuals, defined populations and care systems, and evaluate the effectiveness of these advanced nursing practices	Through practicum courses, students demonstrate progressive development of advanced practice nursing competencies to manage issues in their chosen field of study. In the final practicum course, students are expected to demonstrate performance at an advanced practice level appropriate for their field of study. In this course, students also undertake a quality improvement or practice change project that involves seeking out current knowledge and development and implementation of advanced practice skills in leadership, change management, and	MN-Clinical Nursing and MN-HSLA students complete individual learning plans in their final practicum course NUR1072, which guide their learning in the practicum. Learning plans detail strategies for achieving competencies, how the student will demonstrate achievement, anticipated target dates, outline criteria for evaluation, and demonstrate the student's progress. In the MN-NP and PMNPD programs students develop a learning plan in their first practicum in NUR1101/NUR1102/NUR1114 and continue to build this learning plan as they transition through their clinical courses. The clinical learning plan is a working document that demonstrates students' initiative, responsibility and accountability in defining learning goals based on course competencies. In addition, students complete a clinical portfolio, which is a record of students' clinical experiences. It is a working document where students record ongoing development in regard to NP practice through history taking, physical assessments, clinical reasoning process, communication skills,

<i>Degree-Level Expectation: Professional Capacity/Autonomy</i>		
Program Learning Outcome	Graduation-level Assessment	Delivery Methodologies
	program development and evaluation.	<p>etc. The portfolio is particularly important for documentation of clinical learning and acquisition of professional competencies. This tool will be used to document students' professional growth and development as well as promotion of reflective practice to facilitate both short-term planning of clinical placements and long-term planning of careers. Students update the portfolio as they move through all clinical rotations (NUR1101/NUR1102/NUR1114, NUR1115/NUR1116/NUR1117, NUR1215/16/17 and NUR1221/22/23). These portfolios are also used to direct clinical learning plans and as a tool to display gaps in clinical experiences.</p> <p>Students in all fields and the PMNPD program develop expertise in program development and evaluation, change management, and leadership. In practicum courses, students encounter actual clinical and administrative scenarios requiring them to identify relevant knowledge and skills and to access and utilize this knowledge in practice. Relevant courses include: NUR1170, NUR1152, NUR1101/02/14, NUR1115/16/17, NUR1215/16/17, NUR1034, NUR1072, NUR1221/22/23.</p>
Objective #4: Mentor others effectively in professional settings	In the capstone final practicum course (NUR1072 Practice Scholarship, NUR1221/22/23 Nurse Practitioner Practice: Roles and Issues) students provide leadership to teams in implementing a practice	Ethical frameworks and ethical decision-making in clinical practice are addressed in NUR1170 (MN-Clinical Nursing). MN-HSLA students explore ethical issues in NUR1151 during their residency period. In the MN-NP and PMNPD programs issues of diversity, cultural safety, developmental stage and social determinants of health are integrated into students' assessments, diagnostics, diagnoses and therapeutic plans. End-of-

<i>Degree-Level Expectation: Professional Capacity/Autonomy</i>		
Program Learning Outcome	Graduation-level Assessment	Delivery Methodologies
	change or quality improvement initiative.	<p>life care and medical assistance in dying are addressed in NUR1216/16/17. When prescribing CDS students apply strategies to reduce risk of harm (misuse, addiction and diversion).</p> <p>Students in all fields and the PMNPD program explore theoretical and professional content regarding leadership and professional practice. They demonstrate development of leadership abilities through individual and group presentations, peer review activities and practicum projects. Collaboration with colleagues on group projects and presentations throughout the program supports development of advanced practice competencies in leadership, mentorship, and collaboration (team work). MN-NP and PMNPD students have a 3-day leadership symposium as part of their final capstone course. Relevant courses include: NUR1171 and NUR1072 (MN-Clinical), NUR1152 and NUR1072 (MN-HSLA), NUR1221/22/23 (MN-NP and PMNPD).</p>
Objective #5: Be well informed and deeply committed to standards of ethical practice	Ethical issues and challenges, and ethical decision-making are considered in the implementation of the capstone practicum final project.	<p>Students develop an understanding of professional ethics and ethical reasoning through field of study and practicum courses.</p> <p>Ethical frameworks and ethical decision-making in clinical practice are addressed in NUR1170 (MN-Clinical Nursing). MN-HSLA students explore ethical issues in NUR1151 during their residency period. In the MN-NP and PMNPD programs issues of diversity, cultural safety, developmental stage and social determinants of health are integrated into students' assessments, diagnostics, diagnoses and therapeutic plans. End-of-life care and medical assistance in dying are addressed in NUR1216/16/17. When prescribing CDS students apply strategies</p>

<i>Degree-Level Expectation: Professional Capacity/Autonomy</i>		
Program Learning Outcome	Graduation-level Assessment	Delivery Methodologies
		to reduce risk of harm (misuse, addiction and diversion). Relevant courses include: NUR1170, NUR1151, NUR1115/16/17, NUR1215/16/17.

Table 3.41. Assessment of Learning for Degree-Level Expectation # 5. Level of Communication Skills

<i>Degree-Level Expectation: Level of Communication Skills</i>		
Program Learning Outcome	Graduation-level Assessment	Delivery Methodologies
Objective #6: Demonstrate through completion of courses and related scholarly papers and projects, knowledge about theoretical foundations, professional structures, standards, and practices relevant to their identified field of nursing administration, clinical nursing, or nurse practitioner	By end of their program, students are able to communicate their ideas, arguments, and professional contributions in a scholarly manner, in both written and oral formats. They demonstrate this through in-class or online discussions, written assignments (briefing notes, clinical consultation documentation, referral notes, project proposals and summaries, theoretical analyses), in-class presentations, and a final poster symposium in which they clearly articulate the linkages among theoretical concepts, clinical/practice situations, and hypothetical and actual practice interventions and behaviours. At the final poster symposium, students develop and present a professional poster describing their final practicum project and outcomes. Posters are adjudicated by faculty. Through this assignment students demonstrate their ability to present and defend their work in real-world professional settings.	Students demonstrate competencies in written and oral communication through written assignments and presentations. Through foundation and field of study courses, they develop advanced abilities in articulating the practice and contributions of nursing in their chosen field of study, and develop a deepening understanding of historical and contemporary discourses in nursing and health care. The ability to examine, use and synthesize theoretical ideas to analyze situations and develop and defend arguments is emphasized through written assignments in all courses. Students demonstrate development of competencies in leadership and collaboration through individual and group presentations, peer review activities and practicum projects in field of study and elective (MN-Clinical) courses. Collaboration with colleagues on group projects and presentations supports development of advanced practice competencies in group dynamics and team work.

<i>Degree-Level Expectation: Level of Communication Skills</i>		
Program Learning Outcome	Graduation-level Assessment	Delivery Methodologies
		<p>Throughout the program, students must demonstrate the ability to: 1) collaborate, consult and refer, 2) negotiate and manage conflict, 3) advocate for clients and families, 4) act as a change agent, 5) use developmentally and culturally appropriate communication techniques, and 6) use relational strategies (e.g., open-ended questioning for gathering client histories, consideration of multiple stakeholder perspectives in implementing change).</p> <p>Relevant courses include: NUR1017, NUR1034, NUR1091/92/93, NUR1101/02/14, NUR1115/16/17, NUR1215/16/17, NUR1161, NUR1171, clinical elective field of study courses.</p>

Table 3.42. Assessment of Learning for Degree-Level Expectation # 6. Awareness of Limits of Knowledge

<i>Degree-Level Expectation: Awareness of Limits of Knowledge</i>		
Program Learning Outcome	Graduation-level Assessment	Delivery Methodologies
<p>Objective #3: Demonstrate the ability to continually assess and acquire new skills to manage health issues in individuals, defined populations and care systems, and evaluate the effectiveness of these advanced nursing practices</p>	<p>Students must demonstrate advanced competencies in self-reflection and the ability to be self-directed learners.</p> <p>In all practicum courses (NUR1170, NUR1152, NUR1101/02/14, NUR1115/16/17, NUR1215/16/17, NUR1091/92/93, NUR1072) students complete self-assessments of their learning and developing competence</p>	<p>In all fields of study, students are required to demonstrate the ability to analyze practice situations, problems, and questions, and to locate, interpret and synthesize evidence to address these. These competencies are assessed throughout the program through written assignments in research courses, case study assignments in field of study</p>

<i>Degree-Level Expectation: Awareness of Limits of Knowledge</i>		
Program Learning Outcome	Graduation-level Assessment	Delivery Methodologies
	<p>against course objectives and individual learning plans.</p> <p>The final practicum course in each field of study requires that students identify, implement and evaluate a practice (quality improvement) project through which they mobilize research and other forms of evidence as well as specialized knowledge and change management approaches.</p>	<p>courses, and the program planning course.</p> <p>In all programs, students undertake a structured self-assessment early in the program; this self-assessment guides their development as advanced practice nurses throughout the program, and highlights areas for ongoing development following program completion. Specifically, students in the MN-Clinical Nursing program analyze the APN clinical role and identify the knowledge, skills and attributes they will need to develop to enact this role (NUR1170H). Students in the MN-HSLA field conduct a leadership self-assessment (NUR1151H) and develop a plan for ongoing leadership development. Students in the MN-NP and PMNPD programs develop a clinical portfolio that documents competency development as an NP over the program. They self-reflect and set goals based on awareness of the limits of knowledge to develop clinical learning plans.</p> <p>Also in the MN-NP and PMNPD programs, objective structured clinical examinations (OSCEs) are used to assess advanced health assessment skills in the</p>

<i>Degree-Level Expectation: Awareness of Limits of Knowledge</i>		
Program Learning Outcome	Graduation-level Assessment	Delivery Methodologies
		simulation lab prior to any clinical practicums. Remediation is done in a virtual environment using knowledge and skills obtained from the VITAL (virtual interactive teaching and learning) project (see additional information in Section 3.b.9 Quality Enhancement). Relevant courses: NUR1022, NUR1028, NUR1027, NUR1127, NUR1034, NUR1101/12/14, NUR1072, NUR1221/22/23.

3.b.6 Student Awards

External award opportunities for national awards such as those offered by the Canadian Institutes for Health Research (CIHR) are limited for the professional nursing master's students, since these awards are given mainly to students engaged in original research. Nevertheless, there are a number of external awards that are provided by professional organizations (e.g., Registered Nurses' Foundation of Ontario, Canadian Nurses Foundation, and the Council of Ontario University Programs in Nursing), for which MN and PMNPD students have been quite successful. Table 3.43, 3.44, and 3.45 summarize the number of external student awards received by MN and PMNPD students between 2009 and 2016 from the Canadian Nurses Foundation, the Registered Nurses' Foundation of Ontario, and the Council of Ontario University Programs in Nursing. Since 2009, Master of Nursing and Post-Master Nurse Practitioner students have received 11 Canadian Nurses Foundation Awards, 31 Registered Nurses' Foundation of Ontario Awards, and 2 Council of Ontario University Programs in Nursing Awards.

Table 3.43. Canadian Nurses Foundation Award Recipients (CNF) 2009-2017

Year	# UG Recipients	# MN & PMNPD Recipients	# PhD Recipients	Total
2009	-	1	2	3
2010	-	1	3	4
2011	1	3	3	7
2012	2	1	1	4
2013	-	-	2	2
2014	-	-	1	1
2015	3	2	1	6

Year	# UG Recipients	# MN & PMNPD Recipients	# PhD Recipients	Total
2016	-	2	2	4
2017	1	1	1	3

Table 3.44. Registered Nurses' Foundation of Ontario Award Recipients (RNFOO) 2011-2017

Year	# UG Recipients	# MN & PMNP Recipients	# PhD Recipients	Total
2011	-	2	3	5
2012	3	6	10	19
2013	5	6	8	19
2014	3	2	10	15
2015	5	7	8	20
2016	3	5	5	13
2017	5	3	4	12

Table 3.45. Council of Ontario University Programs in Nursing Awards for Students (COUPN) 2009-2017

Year	# UG Recipients	# MN PMNPD Recipients	# PhD Recipients	Total
2009	1	-	-	1
2010	1	-	-	1
2011	1	-	-	1
2012	-	-	1	1
2013	-	-	-	0
2014	-	1	1	2
2015	-	-	-	0
2016	1	1	1	3
2017	1	-	-	1

Table 3.46 provides information regarding the number of major external student awards received by MN and PMNPD students between 2009 and 2016 from national research council agencies.

Table 3.46. External Fellowships/Scholarships received by MN and PMNPD students (2009-2016)

Academic Year	Master of Nursing			Division IV: Life Sciences		
	Number of Students	All MN Students	% with Fellowships / Scholarships	Number of Students	All Life Sciences Students	% with Major Awards
2009-10	0	209	0.0%	99	1,053	9.4%
2010-11	0	223	0.0%	84	1,102	7.6%
2011-12	0	223	0.0%	122	1,161	10.5%

	Master of Nursing			Division IV: Life Sciences		
Academic Year	Number of Students	All MN Students	% with Fellowships / Scholarships	Number of Students	All Life Sciences Students	% with Major Awards
2012-13	2	229	0.9%	114	1,184	9.6%
2013-14	1	252	0.4%	81	1,222	6.6%
2014-15	2	276	0.7%	78	1,345	5.8%
2015-16	2	277	0.7%	71	1,411	5.0%

Internal Awards and University of Toronto Employment Income

As well as external awards, a number of internal awards have been established for graduate students over the past years through generous gifts from various donors. The most significant award is the Schulich Graduate Award, which was established in 2007. Annually, 25 Schulich awards (valued at \$9,000 each), half of which are awarded primarily based on financial need, are used to attract outstanding students to the MN program.

Continuing MN students benefit from other internal awards. The internal awards refer to scholarships and bursaries (excluding University of Toronto Advanced Planning for Students [UTAPS]) provided by the University. However, almost all such awards given to our students are established at the Faculty. The majority of the awards for MN students are also need-based.

Master of Nursing and PMNPD students can also work on campus as a teaching assistant (TA), research assistant (RA) or in other casual positions. Graduate students also have the opportunity to work in a clinical setting as a clinical instructor (CI) for our BScN students. On average, just under half of total funding for MN students came from part-time employment (mostly TA and CI) at the University of Toronto.

Table 3.47 summarizes the amount of internal award funding and University of Toronto employment income funding received by MN and PMNPD students between 2009-10 and 2015-16.

Table 3.47. Internal awards and University of Toronto employment income received by MN and PMNPD students (2009-2016)

Academic Year	Awards	Stipend	UT Employment	Grand Total
2009/2010	\$334,400	\$46,750	\$228,067	\$609,217
2010/2011	\$255,594	\$25,632	\$270,324	\$551,550
2011/2012	\$339,218	\$23,428	\$231,508	\$594,153
2012/2013	\$380,162	\$20,901	\$324,585	\$725,648
2013/2014	\$419,199	\$5,703	\$412,483	\$837,386
2014/2015	\$341,699	\$107	\$388,416	\$730,222
2015/2016	\$428,502	\$1,222	\$248,360	\$678,084

3.b.7 Student Funding

A number of sources for financial assistance are available to Faculty of Nursing Master of Nursing (MN) and Post-Master Nurse Practitioner Diploma (PMNPD) students. These include the Ontario Student Assistance Program (OSAP), University of Toronto Advanced Planning for Students (UTAPS), and Faculty-provided bursaries and awards, many of which are need-based.

Ontario Student Assistance Program (OSAP)

Since 2011, graduate nursing students have been eligible for OSAP funding, although their participation rate is well below that of the undergraduate students and the average loan amount is also much lower, perhaps reflecting the fact that most graduate students work at least on a part time basis while pursuing their studies. However, a recent sharp increase in the OSAP program participation rate of MN graduate students is apparent. The participation rate among all full time domestic graduate students for 2015-2016 was 21%. In terms of the dollar value, the OSAP amount received by MN and PMNP students has increased almost ten-fold since 2009-2010. The peak reached in 2015-2016 does not appear to be an aberration. It is not clear what contributed to the recent high demand on OSAP. It is possible that a combination of changes in employment status (fewer students are working while studying), demographics (students are starting their graduate studies at a younger age) or increasing education costs is influencing the demand for student government loans. Table 3.48 summarizes MN and PMNPD student OSAP funding received between 2011-12 and 2015-16.

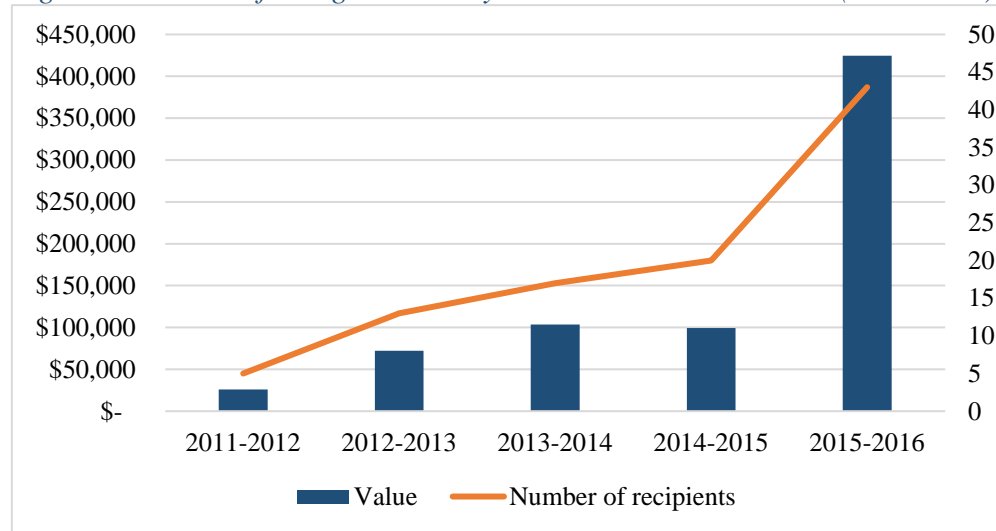
Table 3.48. OSAP funding for MN and PMNPD students (2011-12 to 2015-16)

Year	Value	Number of recipients	% of students receiving OSAP	Average amount
2011-2012	\$ 50,563	7	3%	\$ 7,223.29
2012-2013	\$ 88,064	12	4%	\$ 7,338.67
2013-2014	\$ 114,212	17	6%	\$ 6,718.35
2014-2015	\$ 173,278	26	8%	\$ 6,664.54
2015-2016	\$ 454,220	44	14%	\$ 10,323.18

University of Toronto Advanced Planning for Students (UTAPS)

The growth in demand for OSAP has been mirrored in UTAPS. The popular, but very costly, program has been phasing out. For 2016-2017, the total UTAPS amount was decreased to \$93,423, even though the OSAP amount increased from previous years. For graduate students in the professional programs at the University of Toronto, including Faculty of Nursing graduate students, the UTAPS program is being replaced with the Scotia Bank Professional Student loan program. In light of these recent changes, the Faculty of Nursing is in the process of instituting a bursary program for graduate students. Currently, the School of Graduate Studies at the University of Toronto also provides emergency bursary support to all graduate students. Figure 3.2 summarizes MN and PMNPD student UTAPS funding received between 2011-12 and 2015-16.

Figure 3.2. UTAPS finding received by MN and PMNPD students (2011-2016)



3.b.8 Quality Indicators

A number of indicators are being used to assess the quality and success of the MN programs. These include: formal and informal student feedback; external surveys of students; application and enrolment data; graduate student success and completion rates; and feedback from preceptors, practicum host agencies, and employers.

Student Feedback

Feedback from students is obtained formally via a number of sources such as student evaluation of teaching in courses, end of program meetings with students, and post-graduation surveys.

Student Evaluation of Teaching in Courses

In the Faculty of Nursing, all courses are evaluated as required by the University of Toronto Provostial Guidelines on the Student Evaluation of Teaching in Courses (2016). The University of Toronto's centralized course evaluation framework and online delivery system is used to evaluate teaching for all courses. The Faculty of Nursing's *Guidelines for the Student Evaluation of Teaching in Courses* is attached as Appendix 24. This guideline outlines the procedures for administration of course evaluations within the Faculty, the evaluation format (institutional questions, divisional questions, instructor selected questions), and reporting of assessments. Results of student evaluations of teaching in courses across the Faculty are posted yearly within the university community on a designated *Blackboard* site. Students, faculty and staff may access the *Blackboard* site to view course evaluation summaries (quantitative data only are posted). Results are reviewed by course instructors and by the Master of Nursing Program Director, the Associate Dean Academic and the Dean. Course evaluations for Nurse Practitioner courses are also reviewed by the Coordinator, Nurse Practitioner field.

Student feedback from course evaluations varies across programs, courses, and instructors. However, some themes have emerged over the past several years. This includes an apparent preference on the part of students for less student-led presentations and seminars, and more content delivery by instructors; high expectations regarding faculty engagement and availability, especially in online courses (this is one of the most frequently cited reasons for student ratings of both high and low levels of satisfaction with a course); dissatisfaction and confusion with co-teaching models used in some courses (i.e. where 2 or more faculty collaborate to teach a course – primarily in the MN-HSLA field); overall quality of teaching; teaching strategies (especially use of the discussion board in online courses); and relevance and clarity of expectations for assignments.

Table 3.49 summarizes average scores for all graduate courses delivered over the past 5 terms. Overall satisfaction with course instruction is high with most mean scores approaching ‘mostly’. Of particular note are the consistently high scores for Institutional Question 3 and Divisional Question 2 which address the quality of the learning environment. Mean scores for these questions are high in both in-class and online sections and courses.

Table 3.49. Mean scores for each item in the Student Evaluation of Courses (2015-2017)

Mean Scores for Student Evaluations of Courses – Graduate (2015-2017)								
Institutional Questions						Divisional Questions		
Q1	Q2	Q3	Q4	Q5	ICM	Q6	DivQ1	DivQ2
3.9	3.9	4.2	3.8	3.8	3.9	3.6	3.8	4.0

Legend for Table

Q1 - Question 1: I found the course intellectually stimulating.

Response Options: not at all (1), somewhat (2), moderately (3), mostly (4), a great deal (5)

Q2 - Question 2: The course provided me with a deeper understanding of the subject matter.

Response Options: not at all (1), somewhat (2), moderately (3), mostly (4), a great deal (5)

Q3 - Question 3: The instructor created an atmosphere that was conducive to my learning.

Response Options: not at all (1), somewhat (2), moderately (3), mostly (4), a great deal (5)

Q4 - Question 4: Course projects, assignments, tests, and/or exams improved my understanding of the course material.

Response Options: not at all (1), somewhat (2), moderately (3), mostly (4), a great deal (5)

Q5 - Question 5: Course projects, assignments, tests and/or exams provided opportunity for me to demonstrate an understanding of the course material.

Response Options: not at all (1), somewhat (2), moderately (3), mostly (4), a great deal (5)

ICM refers to institutional mean (mean score for first 5 institutional items).

Q6 - Question 6: Overall, the quality of my learning experience in this course was: ...

Response Options: poor (1), fair (2), good (3), very good (4), excellent (5)

DivQ1 - Divisional Question 1: This course helped me progress toward achievement of my educational goals.

Response Options: not at all (1), somewhat (2), moderately (3), mostly (4), a great deal (5)

DivQ2 - Divisional Question 2: The course environment provided a supportive community for learning.

Response Options: not at all (1), somewhat (2), moderately (3), mostly (4), a great deal (5)

End of Program Feedback from Students

The Associate Dean Academic meets in person with groups of MN students during on-campus activities in the final week of their programs. Students are invited to report in an open forum to 2 general questions: 1) What went well throughout the program? 2) What could be improved to help you be even more successful throughout the program? These informal discussions are documented (in aggregate format) and shared with program faculty.

Post-Graduation Surveys

Since 2014, graduates have been surveyed electronically approximately 6 months following completion of their program regarding the extent to which they feel they have achieved the program objectives.

Overall, respondents indicated achievement of program objectives and enactment of the associated outcomes post-graduation, with responses to most items and across all MN and PMNPD graduates in the ‘moderate’ to ‘mostly range.’ Of note, 2-year follow-up with respondents who also completed the self-assessment at 6 months post-graduation suggests that graduates continue to advance in their achievement of almost all program objectives as they progress in their advanced practice roles. This finding was particularly evident in responses to the questions related to use of evidence, ongoing development of knowledge and skills, and use of leadership strategies. In addition, the majority of respondents indicated they were employed in a role that required or preferred graduate education at the time of the survey; for most of these respondents, this was a new role, attained after graduation. This suggests a high level of employability of our graduates in advanced practice nursing roles. There was some variation in qualitative data results. While most responses were positive, some respondents did indicate opportunities for improvement in some aspects of the program, specifically course selection in the MN-Clinical Nursing program and practicum placement challenges in the MN-NP and PMNPD programs. Some graduates of online programs also indicated they would have preferred a mixture of in-class and online program delivery. Graduating students of 2017 will be surveyed electronically in November 2017. Students who graduated 2 years ago in 2015 will be resurveyed, if they had given consent to do so in their 2015 survey response. Please see Appendix 32 for a summary of responses by program and graduation year.

External Surveys of Students – Canadian Graduate and Professional Student Survey

The results of the Canadian Graduate and Professional Student Survey (CGPSS), which is administered to our graduate students every 3 years (2010, 2013, 2016 are the most recent reports) are also reviewed by all faculty and used to review and revise the curriculum and its delivery.

Results of the 2013 and 2016 CGPSS suggest several opportunities for improvement in the MN program (Appendix 33). Response rates were substantially lower in 2016 (34.7% vs. 60.7% in 2013). For those MN students who did respond in 2016, there appeared to be an overall decrease in satisfaction with the program. In particular, ratings with respect to the quality of teaching, relevance of content, and relationships with and support from faculty were lower in 2016 than in

2013. While the majority of students still indicated they would “definitely” or “probably” select the same university and field of study, the percentage of respondents in each category decreased. Students also reported lower levels of satisfaction with the availability and/or quality of advice they received regarding financial supports and academic guidance.

Revisions to our curricula and cohorting of students throughout their programs were made based on student feedback. These are summarized in the following section on “Program Changes in Response to Student Feedback” and detailed in [Section 3.b.4 Curriculum Delivery](#) under “Program Innovations.” In response to students’ expressed need for more information regarding financial supports and academic guidance, the Faculty has included information regarding awards, bursaries and academic supports in new graduate student orientations. Information regarding awards is shared electronically with students throughout the program, and students are encouraged to apply for internal and external awards as appropriate. Faculty “check in” regularly with students through formal mechanisms (webinars, residency weeks) and informally through email, virtual and on-campus office hours, and as part of classroom activities. During recruitment, application and intake activities, faculty and staff emphasize with prospective applicants the financial demands of graduate education, and direct them to appropriate resources. Further information regarding interventions to support students with financial and academic guidance is outlined in the following section “Program Changes in Response to Student Feedback”.

Consultation with Graduate Student Representatives

Regular contact with our Graduate Nurses’ Students Society (GNSS) is also an informal method of receiving feedback about the quality of the programs. One faculty member serves as formal liaison with GNSS, and the Dean meets regularly with GNSS executive. A process for formal consultation with GNSS has been consistently adopted when planning changes to the graduate programs. For example, a GNSS representative was included on the planning committees when reviewing and revising the MN-HSLA and MN-Clinical Nursing programs.

To ensure feedback is used to improve our program, student and graduate feedback is discussed regularly at our Master of Nursing Program Committee.

Program Changes in Response to Student Feedback

Review of this feedback has informed revisions to course content and structure (e.g., separation of full-year courses into 2 half courses in the Nurse Practitioner and MN-HSLA fields); instructional approaches (e.g. implementation of VIC [Virtual Interactive Cases] in the NP program; increased instructor-led presentations/lectures in NP and MN-HSLA fields); resources and guidance for faculty regarding pedagogical approaches; and decisions regarding occasional stipend faculty. Our continuing and occasional stipend faculty are encouraged to access University teaching resources through the Centre for Teaching Support & Innovation, which many do. For example, in developing the program and courses for the new MN-HSLA field, 3 of the program faculty and one of the education technologists attended a 2-day workshop on course design. New and occasional stipend faculty receive a formal orientation to graduate teaching, including orientation to online approaches provided by the Faculty’s education technologists.

The Master of Nursing Program Director is in regular contact with graduate faculty and is available for consultation.

A recent trend in qualitative feedback data from student evaluations suggests that MN students in the NP and MN-HSLA fields may prefer a more balanced approach to the hybrid delivery format, with the option to take some of their courses on campus in a more traditional in-class setting. Consequently, some classes in the NP program on campus were delivered using webinar technology to enable remote participation by students. To date, few students have elected to come to campus, and only a small number have participated remotely in the synchronous lectures/discussions (webinars are always recorded and archived for students who are unable to participate “live.”). Other options are being explored to address this preference on the part of some students.

The Canadian Graduate and Professional Student Survey (CGPSS) results suggest that financial challenges are a concern for many students, with 61% of students in 2016 and 54.6% in 2013 identifying work/financial commitments as a major obstacle to their academic progress. Some students report difficulties managing academic workload due to their need for full-time professional employment. The Faculty is actively seeking more donors to provide additional financial support for students.

CGPSS data suggest that students would value more academic advising and guidance. In 2016 only 33% (36% in 2013) indicated the quality of academic advising and guidance was “excellent” or “very good”. This concern has been discussed at the MN Program Committee. Anecdotally, it is believed that students seek advice related to management of work/school/home balance, course selection and scheduling, practicum planning, and strategies for approaching assignments. A number of interventions have been implemented to address these student issues. There is a “program lead” faculty role for each field of study. Students are introduced to these individuals during orientation, and encouraged to contact them as needed. Course instructors actively monitor student program in courses (both in class and online) and initiate contact with students who appear to be struggling. The Master of Nursing Program Director is also available to meet with students, and many take advantage of this. Where appropriate, students are helped to access other resources, such as *Accessibility Services* and the *Health Sciences Writing Centre*. A standardized cohort program structure has been implemented in all fields of study (September 2014 for MN-HSLA, and September 2016 for MN-NP, PMNPD and MN-Clinical students.). This provides structure and clarity for students and supports them to progress through the program with optimal course sequencing. This structured approach has also enabled the Faculty to better predict the course enrollment numbers and to schedule elective courses for MN-Clinical Nursing students to allow optimal access.

Student Completion and Success Data

The time to completion for MN students has remained fairly constant at 1.6 to 2.0 years. The increase from 1.8 to 2.0 years noted in 2013-14 is the result of a change in the program delivery format. All MN programs now normally progress over 6 consecutive semesters. The time to completion data suggest that the majority of students are meeting these timelines.

Student retention and completion rates (i.e. percentage of full-time students who remain in the program and complete within 3 years) have remained relatively stable from 2001-2002 to 2013-2014 (the last year for which there are data.) On average, 93.4 % of full-time MN students complete their program within 3 years (range 89-100%), with 95% of students in this time period completing their programs within 5 years. Retention rates for part-time MN students have been lower, with an average of 84.6% of part-time MN students completing their program within 5 years (range 73-100%). The Faculty discontinued the part-time MN program option more than a decade ago but a small number of students remained in the program beyond the closure of the part-time MN Program option.

The Faculty implemented a survey in 2014 of preceptors and agencies that host our graduate students. While response rates for this survey have been low, the data suggest that preceptors and organization/nursing leaders are very impressed with the level of preparation of MN graduates. Anecdotal feedback from some preceptors in the MN-Clinical and MN-HSLA fields over the past 2 years suggests that they were unclear about the practicum objectives associated with the different courses (particularly with respect to the new practica implemented in first year), and the Faculty's expectations of them as preceptors. To address this, an orientation webinar was implemented this year to orient preceptors to the program and the specific practicum courses. Feedback from preceptors has been very positive.

MN-Nurse Practitioner and Post-Master Nurse Practitioner Diploma Students' Examination Pass Rates

The MN-NP and PMNPD programs are pre-registration programs, preparing graduates to write the RN Extended Class examinations for registration as a Nurse Practitioner in Ontario or other jurisdictions. Nurse Practitioner extended class licensure exam pass rates reflect student integration of content or curriculum with competence to practice as an NP. In 2015, 41 adult NP students wrote the American Academy of Nurse Practitioners Certification Program to gain licensure to practice in the extended class. The pass rate was 90%, and the total program average score exceeded the national average in the United States (US), and also met or exceeded the US national average across all exam categories: assessment, diagnosis, planning and evaluation. The adult exam pass rates for first time writers for Ontario NP student graduates has consistently improved since 2012, and has been reported by the College of Nurses of Ontario at 91.1% in 2015. Although consistent improvement is noted, there was less improvement between 2014 and 2015, indicating improvements are still necessary across all exam categories and NP courses.

Recognizing that this might be both a content and a process issue, some of the graded papers in the NP courses have been replaced with multiple-choice exams to give students more opportunity to identify content strengths and weaknesses, practice taking a multiple-choice exam, and better prepare for their extended class licensure examination. Steps have already been taken to integrate multiple-choice questions in a random format of 50 questions into the NP curriculum. This provides students with an opportunity to test their knowledge and practice taking a multiple-choice exam throughout their program.

Students from the paediatric emphasis also write a US-developed exam, delivered by the Paediatric Nursing Certification Board (PNCB). In 2015, 22 students wrote the PNCB exam with

a 95% pass rate, which exceeded the US National average. Paediatric exam pass rates for first writes for Ontario NP students have been consistently better than the Canadian comparator (McMaster University).

In 2015, 20 students in the PHC-GH emphasis wrote the Canadian NP Family/All Ages Exam (CNPE) and achieved a pass rate of 95% (1 failure). Improvements have been made in the PHC-GH pass rates since 2013, when students first began writing the extended class exam. Despite these improvements, the one failure in 2015 brings our pass rates below most of the comparator universities in the Council of Ontario University Programs in Nursing (COUPN), who achieved 100% pass rates. Unlike the COUPN NP programs, and the adult and paediatric NP programs, our PHC-GH emphasis does not receive exam category pass rates. This makes it more difficult to target specific curriculum deficiencies. With a recent change in the Canadian Nurse Practitioner Exam (CNPE) oversight, all Primary Health Care (PHC) programs in Ontario will now have access to the same exam reports.

Preceptor and Employer Survey Feedback Results

Preceptors, managers of agencies where students practice, and employers of graduates are surveyed every 2 years regarding the performance of students during placement and of Faculty of Nursing graduates who are employed. These data are reviewed and considered in program planning.

Overall, feedback from preceptors and employers is quite positive. Respondents highlighted students' professionalism, commitment to learning, and preparation for practicum. While in most cases it is not possible to separate out feedback about graduate students from that related to undergraduate students, some comments are specific to graduate students. This feedback is generally positive, and consistent with the overall results of the survey. Appendix 21 provides a summary of recent preceptor/manager survey feedback. Overall, respondents have characterized students/graduates as professional, enthusiastic, and self-directed. In particular, they have noted students' readiness to undertake professional roles, demonstration of leadership, advocacy for patients/clients and competence in using evidence to inform practice. Preceptors of nurse practitioner students valued the detailed learning plans that students developed and used in the practice setting. The areas that were scored the lowest (although still above 3 on a 4-point scale) were priority-setting and ability to manage conflicts. The Faculty continues to strategize with its placement partners to provide additional support to develop these skills within the practice setting. For example, partners at the TASHN hospitals have indicated they would welcome student participation in continuing education activities they provide such as conflict management workshops.

3.b.9 Quality Enhancement

General Enhancements

The internal MN Program review conducted in 2012 identified a number of opportunities to extend and enhance the quality and outcomes of the MN program. The observations and

recommendations of the reviewers have guided the development of curriculum programming and program delivery improvements.

Each of the MN programs has undergone extensive review and revision, and these changes have been detailed in the Program Innovations element of [Section 3.b.4](#) Curriculum and Program Delivery.

Based on student feedback related to challenges students experienced determining their own course sequencing, all MN and PMNPD students now follow a prescribed course sequence. These changes were introduced as part of the revisions of the MN-HSLA (2014) and MN-Clinical Nursing (2016) programs, and instituted in MN-NP and PMNPD programs in 2016.

The Faculty continues to engage many Toronto Academic Health Sciences Network (TAHSN) nurse leaders and advanced practice nurses in learning activities with graduate students by engaging TAHSN partners in preceptorship, panel membership, guest lecturing, clinical simulation training and student assessment (e.g. OSCE examinations in the NP program). Over the past 5-7 years, there have been significant increases in use of simulation training in our MN and PMNPD programs. Students in the MN-NP and PMNPD programs spend 20 hours in simulated clinical learning and assessment in their first year in preparation for the first clinical practicum. MN-NP and PMNPD students also use Virtual Interactive Cases (VIC) to enhance online learning of clinical assessment, diagnostic, and therapeutic management skills in their second year. In the Fall of 2016, an 8-hour simulated learning activity was introduced in the MN-Clinical Nursing program to support students moving into their practicum course in their first semester.

Educational technology resources have doubled over the past decade with an additional full-time education technologist. These experts work with faculty to develop and continually improve online instructional approaches and identify new technologies to support student learning. Significant investments have been made in new technologies to provide variety in online learning strategies. Course instructors use webinar technology (Blackboard Collaborate®) to enable synchronous presentations and discussions with students. Peer Scholar® technology was implemented in 2016 to facilitate student engagement in peer review in *NUR1072H Practice Scholarship* and *NUR1034H Program Planning and Evaluation for Nurses*. Voicethread® technology was introduced in 2016 allowing students to interact with faculty and other students orally, in text, and through video presentations. The specially-equipped distance learning classroom (Room 270) has supported real-time and face-to-face classes while enabling students to participate online. Recording and archiving of presentations ensures that online students who are unable to participate in real-time are not disadvantaged. The size of online courses is carefully monitored and controlled. Students have indicated that larger class sizes were a disincentive to engagement in online discussions. In 2016-17, the maximum number of students per online course was reduced from 25 to an average of 20-22.

ProctorU® technology was introduced in 2013 to address potential risk to academic integrity in online examinations in the MN-NP, PMNPD and MN-HSLA fields. Proctors use webcams and screen-sharing software to authenticate student's identity and observe students taking their exams in off-campus locations.

Over the past 2 years, practicum courses have been converted from pass/fail to graded courses. Now students receive a letter grade in all courses. Specifically, *NUR1101/02/14 Advanced Health Assessment and Clinical Reasoning* and *NUR1115/16/17, NUR1215/16/17 Advanced Health Assessment and Therapeutic Management*, and *NUR1221/22/23 Nurse Practitioner Practice: Roles and Issues* changed from pass/fail to graded courses in spring 2015; *NUR1072Y Practice Scholarship* changed from pass/fail to a graded course in spring 2017. These changes were based on feedback from students that they prefer to receive a grade on the written assignments and/or presentations included in these courses (all practicum courses include written assignments) and faculty observations that the quality of work on written assignments in pass/fail courses was lower than that in graded courses. For graduate courses with a clinical component, students receive a pass/fail grade for the practicum component that is based on the instructor's evaluation (informed by preceptor and student self-evaluations) of achievement of practicum objectives. Students must pass the practicum component to pass the course. The letter grade is consistent with the School of Graduate Studies' policy on grading, and is based on the graded assignments and a passing practicum grade. Students who do not pass the practicum component of a course receive a failure for the course regardless of the results of other course evaluation methods.

Although challenges related to generational cohorts exist, the Faculty is eager to increase enrolment in all fields of study in the Master of Nursing program. To that end, the Faculty has engaged in a number of activities to communicate and market the programs to qualified applicants. With the Fall 2016 application cycle, program advertisements were made through Facebook, LinkedIn and Google, reaching an estimated 84,000 individuals. Of these, approximately 225 individuals accessed the information. This strategy will continue next year. The MN program was actively promoted through on-site visits and presentations at partner agencies and participation in job fairs and other education events.

Initiatives to Enhance the Quality of the NP Program/Learning and Teaching Environment

The Faculty continuously reviews Nursing Registration Exams Reports for extended class registration to assess students' performance with respect to current NP Core Competencies and NP Scope of Practice updates. In 2012, the extended class licensure exam pass rates for Nurse Practitioner - Adult graduates was 78% (n=45). Exam pass rates improved to 87% in 2013 (n=38), 90% in 2014 (n=29), 90% in 2015 (n=40), and fell to 82% in 2016 (n=44). This improvement in pass rates between 2012 and 2015 may be reflected in a re-mapping and restructuring of the NP curriculum in 2010-2011. The drop in pass rates in 2016 may reflect the changing demographic of NP students (e.g. less experienced as an RN). There was a significant increase in admission numbers in the NP program starting in 2009, although the overall number of applications remained the same. Thus, more students who just met the minimum admission requirements of a 'B' average and 3900 hours of clinical experience were admitted. Specifically, in 2014 almost 70% of the Adult NP emphasis applicants were admitted compared to 2009 when less than 50% of the Adult NP emphasis applicants had been admitted. This may have resulted in an increased proportion of NP students entering the program with a less robust foundation of knowledge and skills in Registered Nurse clinical practice from which to build competence in NP practice. The exam pass rates for the Paediatric NP students at this time did not change

significantly. There was a more stable number of applications and admission rates in this cohort of students.

As noted, in 2010 - 2011, an overall assessment and evaluation of the NP program via an NP Curriculum Mapping Project was undertaken. The purpose of this project was to: 1) determine the priorities for curriculum revision in light of changes to Ontario Bill 179 and the Ontario Public Hospitals Act, the Canadian Nurses Association NP Competencies (May 2010), and the College of Nurses of Ontario NP Standards; 2) align the program with the changing demographic of applicants, and 3) determine what development and support could be provided to improve recruitment and retention of high calibre NP program stipend faculty.

In August 2017, a Curriculum Planning Day was held to discuss the results of the curriculum mapping project with 25 instructors, past and current students, and preceptors. The format for the day consisted of large and small group sessions to encourage thoughtful and deliberate discussion about course readings, method and number of evaluations, course structures, etc. It was clear from attendees at the Curriculum Planning Day that students were not adequately prepared for the expanded scope of NP practice. This was exacerbated by a younger and less experienced demographic of the current NP applicant. Based on the NP Curriculum Mapping Project and the NP Curriculum Planning Day a number of changes were made to the NP curriculum (detailed in Section highlighting Innovations in the NP program).

The NP program has also investigated the ability to provide ‘hands-on’ advanced assessment skills to remote students through a virtual environment. This VITAL project, *Virtual Interactive Teaching and Learning*, engaged students living outside the greater Toronto area (GTA) in remote advanced health assessments and physical examination skills in the simulation lab. Remote students were paired with local students in the simulation lab. Local students became the ‘hands’ for the remote student conducting a focused physical examination. Funding from the Nursing Education and Research Development Fund at the Faculty of Nursing enabled us to determine that advanced health assessment skills could be provided in a virtual environment to national and international students using standardized patients in a simulation lab environment. These technologies can now be used to provide remedial focused assessments for students. Most importantly, we now use these technologies for remedial evaluation of students if they are unsuccessful in an OSCE examination.

A process has been established to extract data from the electronic student evaluation database (Linking Health Professionals®) to inform faculty and students on student competency completion as students enter their final course in the program. This process better informs students and course instructors of unmet NP competencies as students near program completion.

3.c PhD Program

3.c.1 Program Description

The Faculty of Nursing's Doctor of Philosophy in Nursing (PhD) degree is designed to prepare scientists and scholars with the analytical and research skills required to expand knowledge of clinical, theoretical, and health systems issues. Graduates are leaders in research and scholarship, clinical practice and health care administration, occupying positions of influence in academia and education, policy and practice, nationally and internationally. Students elect to study in one of 3 general research fields:

1. Effective Care and Health Outcomes:

Students in this research field focus on rigorous evaluations of conventional and innovative forms of nursing and health care, using randomized controlled trials, theory-driven evaluations, and systematic reviews of the evidence. Studies are conducted in formal and informal health care settings, addressing a wide variety of health and illness issues in, for example, maternal-newborn health, cancer care, genetics, critical care, cardiovascular disease, acute and chronic pain in adults, infants and children, oral health, mental health, palliative care, and in the area of sleep. The required field of study course is *NUR1087*: "Foundations of Clinical Research."

2. Critical Approaches to Health and Health Care:

Students in this research field explore issues in health and health care using a range of critical and social theories as a foundation. Students learn a number of research methodologies, with an emphasis on qualitative, participatory, and theoretical inquiry. Students in this field of study examine health disparities that stem from interconnected and marginalizing social relations of gender, income inequality, disability, racism and heteronormativity, as well as the historical, ethical and political basis of health care. In this field, there is a strong focus on migration, and international/global health. The required field of study course is *NUR1085*: "Topics in Critical Perspectives in Health and Health Care."

3. Nursing Health Systems:

Students in the nursing health systems field of study engage in research methods from social and health sciences, biostatistics, and economics, to investigate questions related to nursing and health services resource planning, organization, management, financing, and delivery. Research foci include health human resources, nurse migration, nursing effectiveness, nursing and health outcomes, nurse costing, quality work environments, health care teams, technology, patient safety, and nursing leadership. The required field of study course is *NUR1086*: "Nursing Health Services Research Methods."

PhD students must enrol on a full-time basis. The program is designed for students to complete the degree in 4 years of full-time study. All requirements for the degree must be completed within 6 calendar years from the date of the student's enrolment in the program.

Collaborative Specializations

PhD students may enrol in any of the 5 following collaborative specializations:

1. Aging, Palliative and Supportive Care
2. Bioethics
3. Global Health
4. Resuscitation Sciences, and
5. Women's Health.

Table 3.50 provides summary information about Faculty of Nursing PhD students enrolled in specializations (2016-17 and 2017-18) as well as faculty participation within the 5 collaborative specializations.

Currently, the Faculty is in the process of engaging in the collaborative specialization on 'Addiction Studies'. Professor Kristin Cleverley has indicated her interest in being the faculty lead within this collaborative specialization as this is one of her areas of expertise. She has several graduate students who intend to enrol with this program as part of their graduate studies.

Table 3.50. Summary of PhD Student Participation in Collaborative Specializations 2016-2018

Specialization	Faculty Lead	Number of PhD Students (2016-17)	Number of PhD Students (2017-18)
Aging, Palliative and Supportive Care	Kim Widger	3	5
Bioethics	Elizabeth Peter	3	4
Global Health	Carles Muntaner	3	3
Resuscitation Sciences	Louise Rose	0	0
Women's Health	Kelly Metcalfe	0	1
TOTAL		9	13

3.c.2 Program Objectives

The PhD program is designed to prepare scientists and scholars with the analytical and research skills required to expand knowledge of clinical, theoretical, and health systems issues. Graduates of the PhD program will demonstrate:

1. Superior understanding of the theoretical foundations of nursing science;
2. A broad appreciation of the relationship between nursing science and the scientific basis of other health disciplines;
3. In-depth knowledge and specialization related to a selected aspect of nursing science;
4. The ability to design and conduct research studies of relevance and importance to nursing science;
5. Commitment to ethical scholarship and collaboration in furthering knowledge with a critical and objective perspective on research; and,
6. The ability to contribute to the education of undergraduate and graduate nursing students.

Program objectives are consistent with the School of Graduate Studies Doctoral Degree-Level Expectations. They address expectations related to depth and breadth of knowledge, research and scholarship (Objectives 1, 2, 3, 4), application of knowledge (Objectives 4, 6), professional capacity/autonomy (Objective 4, 5, 6), communications skills (Objectives 2, 3) and awareness of limits of knowledge (Objective 5).

Alignment of the DLEs with learning objectives and program design is detailed in Appendix 34. The PhD program is consistent with the University's mission and with the Faculty of Nursing's Strategic Academic Plan. The University of Toronto's mission is to be an "internationally significant research university, with undergraduate, graduate and professional programs of excellent quality" (1992, University of Toronto Statement of Institutional Purpose.) The University's current strategic plan reiterates its mandate to benefit society by continuing its research intensiveness and expanding graduate programs. Similarly, the Faculty's Strategic Academic Plan focuses on leveraging the research and professional expertise among faculty to serve society through generation and utilization of knowledge and provision of excellent nursing education "to create better outcomes in health care - locally, nationally and across the globe." The PhD program is directed toward achievement of the highest standards of knowledge generation and scholarship to educate graduates who become leaders in nursing research, education, health care and policy.

The PhD program is aligned with and supports each of the 5 priorities in the Faculty's Strategic Academic Plan. The guaranteed funding package for PhD students includes international students. The new Erasmus agreement with University of Lleida is an example of an international program providing in-bound and out-bound international experience (Priority #1 - Global Reach.) All PhD students are rigorously prepared to be independent researchers and scholars through research courses and the conduct of their thesis projects (Priority #2 - Pursuit of Knowledge.) PhD students have many opportunities to learn from and contribute to the innovative online and in-class courses offered at the Faculty of Nursing by serving as Teaching Assistants in our Master's and Undergraduate programs. PhD students also avail themselves of the many opportunities to increase their understanding of, and acumen in teaching in higher education offered through the Centre for Teaching Support & Innovation (CTSI) and the Graduate Professional Skills Program. PhD students are engaged to contribute to program curriculum and building of learning communities (Priority #3 - Innovation in Education.) The Faculty's strong relationship with its clinical partners is essential to the success of PhD student research projects. By actively engaging with clinical and research partners and developing new relationships, the Faculty ensures that student research reflects standards of care and answers questions important to patients, caregivers and health care professionals (Priority #4 - Collaborating in Care). Opportunities for engagement of students and alumni consistently occur in the delivery of the PhD program, through activities such as appointment to PhD supervisory committees, delivering guest lectures and workshops, and networking opportunities supports ongoing engagement of faculty and students with alumni (Priority #5 - Engagement).

Strengths, Opportunities and Challenges in the PhD Program

The PhD program has a number of strengths that contribute to its ongoing success. The Faculty's longstanding reputation as a research-intensive Faculty with a depth and breadth of areas of

research expertise and as a provider of high quality graduate education enables the Faculty to attract high quality applicants to all fields of study. Faculty members have an excellent success rate in national and international grant funding and demonstrated research impact, ensuring that students are exposed to cutting-edge research that affects health care system outcomes. PhD students, including international students, benefit from a financial funding package to support their studies. Notwithstanding the strengths of the PhD program, average time to completion for PhD students is longer than in most other University departments. This issue, and the strategies undertaken to address it, are discussed further in [Section 3.c.8](#), Quality Indicators and Quality Enhancements.

Attraction of international applicants is an opportunity for further development, and is reflected in the Faculty's current Strategic Academic Plan. There are challenges in attracting advanced practice nurses to return for PhD education, given the demands of their clinical roles, a desire from the individual and employer to maintain those roles, and the loss of personal income experienced with a return to full-time graduate studies. Given that our PhD students are significantly older (average age of current PhD students is 37 years) than graduate students in other doctoral programs at the University of Toronto, domestic applicants to our programs tend to have family and financial demands that keep them tied to their current geographical location, with most applicants being from Southern Ontario. Further challenges include the current national health research funding climate. Over the past 8 years, there has been a reduction in health professional-specific graduate student award opportunities at tri-council granting agencies, including Canadian Institutes of Health Research (CIHR), and Social Sciences and Humanities Research Council (SSHRC) which excluded funding of any students conducting research related to health. Filling current faculty member vacancies and impending retirements will be essential to maintaining a full cadre of professors to supervise PhD students.

3.c.3 Admission Requirements

Potential applicants may learn about PhD studies at the University of Toronto through the School of Graduate Studies website, which links with the Faculty of Nursing website to provide details of the PhD program. The website encourages those interested to consult with the PhD Program Director to discuss their research interests, academic background and potential fit with the program and possible supervisors, prior to completing an application. Potential applicants are then encouraged to meet with potential supervisors to determine a fit and possible thesis topic prior to submitting their application with one of those supervisors. As interested applicants are often engaged in clinical work and are familiar with the research programs of Faculty of Nursing professors, they may also contact potential faculty supervisors directly rather than proceeding through the website or contacting the PhD Program Director.

Applicants to the PhD program must satisfy the admission requirements of the School of Graduate Studies as well as specific requirements of the Faculty of Nursing. Those requirements are:

- Applicants must hold a master's degree or its equivalent in nursing or related field with at least a B+ standing from a recognized university.
- All English language requirements must be met at the time of application. An interview may be required.

Meeting minimum admission requirements does not ensure admission to the program.

In order to be considered for admission, applicants must demonstrate superior academic ability and potential, evidence of research experience and research outputs, commitment to research and scholarship in nursing, and evidence of (e.g. research funding, published papers or conference presentations), or potential for (e.g. success as a research assistant), research ability. These qualities are assessed through the admissions process, which requires submission of undergraduate and graduate transcripts, a sample of scholarly work, academic references, the Curriculum Vitae, and the applicant's statement of research interests and fit with the proposed supervisor's program of research. Each application is reviewed and discussed by at least 3 faculty members.

Prior to 2016, students were eligible to transfer from the MN Program directly into the PhD Program under the following admission requirements: must currently be enrolled in the MN program at the Faculty of Nursing, must have completed 2 required MN courses, both with a minimum grade of A (*NUR1017 History of Ideas in Nursing* AND *NUR1022 Research Design, Appraisal and Utilization* or *NUR1028 Introduction to Qualitative Research*, and has the agreement of an identified supervisor.

These admission requirements were modified in response to curriculum revisions in the MN fields of study. The revised criteria for MN to PhD program transfer are listed below. These MN to PhD program transfer criteria were revised to reflect current courses taken by MN students in the 3 fields of study. Students may be considered for transfer from the MN program to the PhD program if they meet the following criteria:

For MN-Clinical Nursing students, the student must have completed 4 courses; 2 completed with a minimum grade of B+ and the following 2 required courses, both with a minimum grade of A:

1. *NUR1017 History of Ideas in Nursing*
2. *NUR1022 Research Design, Appraisal and Utilization*

Students must also have obtained agreement of an identified supervisor.

For MN-Health Systems Leadership and Administration (HSLA) students, the student must have completed 4 courses; 2 completed with a minimum grade of B+ and the following 2 required courses, both with a minimum grade of A:

1. *NUR1017 History of Ideas in Nursing*
2. *NUR1127 Integrated Approaches to Research Appraisal and Utilization*

Students must also have obtained agreement of an identified supervisor.

For MN-NP students, the student must have completed 4 courses; 2 completed with a minimum grade of B+ and the following 2 required courses, both with a minimum grade of A:

1. *NUR1022 Research Design, Appraisal and Utilization*
2. *NUR1028 Introduction to Qualitative Research*

Students must also have obtained agreement of an identified supervisor.

Applications, offer rates, and applicant acceptance rates for the PhD program have been relatively consistent over the past 8 years (2008-09 through 2015-16). The yearly number of applications to the PhD program (all fields of study) has ranged between 12 and 30. Offers each year have ranged from 7 to 19. Yearly acceptances range from 6 to 15. Annual application, offer, and acceptance rates are displayed in Tables 3.51, 3.52, and 3.53. Both offer rates and acceptance rates are consistently higher than those of other University of Toronto Division IV departments and the University of Toronto overall.

Table 3.51. PhD Program: Applications, Offers, and New Registrations

	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16
Applications	30	27	21	14	17	12	22	25
Offers	17	16	11	9	11	7	10	19
New Registrants	15	13	9	9	10	6	8	15

Table 3.52. PhD Program Offer Rate Comparisons with Division IV Life Science Faculties and the University of Toronto

	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16
Nursing	56.7%	59.3%	52.4%	64.3%	64.7%	58.3%	45.5%	76.0%
Division IV Life Sciences	39.1%	43.2%	36.8%	35.5%	35.6%	36.3%	34.4%	37.6%
U of T	29.7%	27.4%	25.1%	21.9%	22.8%	24.6%	24.6%	25.2%

Note. 'Offer rate' calculated by dividing the number of offers by the number of applications for a given academic year.

Table 3.53. PhD Programs Acceptance Rate Comparisons with Division IV Life Science Faculties and the University of Toronto

	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16
Nursing	88.2%	81.3%	81.8%	100.0%	90.9%	85.7%	80.0%	78.9%
Division IV Life Sciences	69.6%	66.6%	71.3%	76.2%	70.8%	66.5%	70.9%	67.4%
U of T	62.3%	64.6%	64.7%	67.3%	65.5%	65.6%	65.4%	62.1%

Note. 'Acceptance rate' calculated by dividing the number of new registrants by the number of offers made for a given academic year.

3.c.4 Curriculum and Program Delivery

There are 3 components to achieve candidacy: completion of 5 courses (3.0 Full Course Equivalents), successful completion of the literature review paper, and successful defense of the thesis proposal.

Program requirements are conveyed to potential applicants through the application process, and are re-introduced in an orientation session led by the PhD Program Director in the July before the students' first term in the PhD program. Students are made aware of the 4-year plan for completion of the PhD, with the first 2 years focused on completing course work and proposal writing. Following proposal defense, the third year of studies should focus on conducting the research and the final year for analysis and writing. Figure 3.14 illustrates the expected four-year road map for completing the PhD program.

Figure 3.3. Four Year Road Map for the PhD Program

Mapping template for completing the PhD requirements in 4 years				
	Year 1	Year 2	Year 3	Year 4
Path to Candidacy: 1. Course work 2. Lit Review 3. Proposal defense	<i>Course Work:</i> NUR1081 NUR1085 for Critical Approaches students 1 methods 1 substantive <i>Proposal development:</i> -by April 30 set committee membership & problem statement, literature review paper	<i>Course Work:</i> 1086H/1087H Fall for HSR/ECHO students 1 methods or substantive <i>Literature Paper Sept 15</i> <i>Proposal Defense</i>		
Ethics (after proposal defense)				
Data collection (from ethical approval usually max 1 year)				
Analysis (variable depending on method)				
Writing				
Final Oral Exam				

Course Requirements

Students must complete (with minimum average of B+ standing) 5 courses comprising 3 full course equivalents (FCE) including:

- *NUR1081 PhD Seminar* (1.0 FCE)
- one field of study course (0.5 FCE) that includes *NUR1085*, *NUR1086*, or *NUR1087*
- one methods course (0.5 FCE) relevant to the field of study and dissertation plans
- one substantive course (0.5 FCE) relevant to the field of study and dissertation plans
- one other methods or substantive area course (0.5 FCE).

The required course components of the PhD program are generally offered in-class only. Assignment of grades is consistent with the University of Toronto University Assessment and Grading Practices Policy (2012) for graduate programs. Students may choose to take additional graduate level courses either in the Faculty or other departments at the University. Course descriptions for all required PhD courses are attached in Appendix 35.

All first-year PhD students are enrolled in the full-year course, *NUR1081 PhD Seminar*, which aims to foster development of a learning community amongst students. Through small group discussions, as well as presentations by peers and guest speakers, students are guided in the formation of their literature review methods and development of rationale for their proposed thesis research.

As part of the required activities for completion of *NUR1081*, students must attend the annual PhD Research Symposium. The Symposium includes opportunities to present their literature review progress (first-year students), research plans (second-year students) and other research accomplishments (upper year students). The PhD Research Symposium has sessions on grant writing, writing for publication, postdoctoral fellowships, developing international connections, and networking, to foster professional and career development. All first-year and second-year students must attend and present, while all upper year students in the funded cohort must attend in their third and fourth years.

Literature Review Paper

The processes and outcomes leading to student success in completing the literature review paper takes place as soon as the student enters the program. The literature review paper is normally completed by December of the second year. The guidelines for this paper are attached (Appendix 36).

Written Proposal and Oral Defense of the Proposal

Students are normally expected to defend their thesis proposal by the end of the second year of their program. Students may seek a one-year extension but the School of Graduate Studies requires that students successfully defend their thesis proposal no later than the end of the third year. Guidelines for the written proposal and its defense are attached as Appendix 37. Only following a successful proposal defense may PhD students proceed to obtaining Research Ethics

Board (REB) approval for their study. For many students, this may first include a Scientific Review at one or more of the clinical affiliated institutions, followed by REB at those institutions, and then administrative REB review and approval at the University of Toronto. Twice yearly supervisory committee meetings must be held to ensure regular assessment of student progress toward completion of data collection, data analysis and final write-up of the thesis. When the student's supervisory committee agrees the student's work is ready, the student proceeds to the final oral examination.

Final Oral Examination

The supervisory committee determines that the PhD student is ready to proceed to the Final Oral Examination. An examination committee is struck, following School of Graduate Studies procedures. Supervisory committee members typically serve as voting members of the examination committee, although if there are more than 3 committee members, those members will attend the examination as non-voting members. An internal examiner who has an appointment at the University of Toronto is suggested by the supervisor and approved by the PhD Program Director. The supervisor also suggests a reviewer external to the University of Toronto. The suggested external reviewer's curriculum vitae is reviewed and approved by the School of Graduate Studies.

3.c.5 Assessment of Learning

The key milestones to be achieved in the PhD program (completion of 5 required courses, literature review paper, successful completion and defense of the thesis proposal at an oral exam, and the final oral examination of the dissertation) are designed for students to clearly demonstrate achievement of the PhD-level expectations. Each means of assessment evaluates PhD student writing ability, critical thinking skills, and clarity of oral and written communication. Tables 3.54 to 3.58 outline how PhD degree-level achievements are assessed with respect to program learning outcomes.

Table 3.54. Assessment of Degree-Level Expectation: #1. Breadth and Depth of Knowledge & #2. Research Scholarship

Assessment of Degree-Level Expectation: Breadth and Depth of Knowledge & Research Scholarship		
Program Learning Outcome	Graduation-level Assessment	Delivery Methodologies
Objective 1: Superior understanding of the theoretical foundations of nursing science.	Students demonstrate their understandings of the theoretical foundations of nursing, the situation of nursing research in relation to research in other health disciplines and their in-depth knowledge related to their field of study through successful completion of: the	Progressive development of foundational and specialized knowledge is demonstrated through coursework and its written assignments and presentations, the literature review paper, the written proposal, the proposal defense, and the final oral examination. Engagement in
Objective 2: A broad appreciation of the relationship between nursing science and the scientific		

<i>Assessment of Degree-Level Expectation: Breadth and Depth of Knowledge & Research Scholarship</i>		
Program Learning Outcome	Graduation-level Assessment	Delivery Methodologies
<p>basis of other health disciplines.</p> <p>Objective 3: In-depth knowledge and specialization related to a selected aspect of nursing science.</p>	<p>required courses NUR1081 PhD Seminar and NUR1085/6/7 required PhD methods course; the literature review paper, the proposal defense, and the final oral examination.</p> <p>Intermediate assessments are provided throughout the program in the form of supervisory committee records, which evaluate student progress toward achievement of milestones.</p>	<p>additional learning opportunities to strengthen critical appraisal skills (e.g. journal club), gain professional skills (e.g. presentation skills courses), learn of other programs of research (e.g. attending research rounds in another department) further strengthen PhD students' depth and breadth of knowledge and research skills.</p>

Table 3.55. Assessment of Degree-Level Expectation: Level of Application of Knowledge

<i>Assessment of Degree-Level Expectation: Level of Application of Knowledge</i>		
Program Learning Outcome	Graduation-level Assessment	Delivery Methodologies
<p>Objective 4: The ability to design and conduct research studies of relevance and importance to nursing science.</p>	<p>Design of the thesis study, and the defense of the proposal and then the final oral examination of the thesis assess the PhD student's ability to design and conduct research of importance to nursing science and health care.</p>	<p>Required coursework (NUR1081 and NUR1085/6/7) is focused on development of relevant research that answers questions of importance to nursing. Work with the PhD supervisor and supervisory committee serves to provide feedback on the PhD student's proposal, and to assist the student in overcoming challenges to developing or executing their project, thereby strengthening the student's skill in research design and conduct.</p>

Table 3.56. Assessment of Degree-Level Expectation: Professional Capacity/Autonomy

Assessment of Degree-Level Expectation: Professional Capacity/Autonomy		
Program Learning Outcome	Graduation-level Assessment	Delivery Methodologies
Objective 5: Commitment to ethical scholarship and collaboration in furthering knowledge with a critical and objective perspective on research.	PhD students require Research Ethics Board approvals in order to conduct their thesis research.	Students gain knowledge related to good clinical research practices through the online Tri-Council Policy Statement ethics training and additional ethics sessions available at the University of Toronto and affiliated clinical agencies.

Table 3.57. Assessment of Degree-Level Expectation: Level of Communication Skills

Assessment of Degree-Level Expectation: Level of Communication Skills		
Program Learning Outcome	Graduation-level Assessment	Delivery Methodologies
Objective 3: In-depth knowledge and specialization related to a selected aspect of nursing science. Objective 6: The ability to contribute to the education of undergraduate and graduate nursing students.	By the end of the program, PhD students demonstrate through a successful Final Oral Examination that they have developed expertise in a specific area of nursing science. PhD students who serve as Teaching Assistants receive feedback in the form of student evaluations and an evaluation from the professor to whose course they were assigned.	Progressive development of foundational and specialized knowledge is demonstrated through coursework and its written assignments and presentations, the literature review paper, the written proposal, the proposal defense, and the final oral examination. PhD students receive formal training from the Teaching Assistant Training Program in the Centre for Teaching Support & Innovation, as well as mentoring from the professors with whom they work.

Table 3.58. Assessment of Degree-Level Expectation: Awareness of Limits of Knowledge

Assessment of Degree-Level Expectation: Awareness of Limits of Knowledge		
Program Learning Outcome	Graduation-level Assessment	Delivery Methodologies
Objective 5: Commitment to ethical scholarship and collaboration in furthering knowledge with a critical and objective perspective on research.	Through coursework and engagement in proposal development, students receive feedback on their ability to accurately attribute and reference others' research contributions.	Working with the PhD supervisor and supervisory committee serves to provide feedback to the student on the PhD student's proposal and appropriate referencing of others' work.

3.c.6 Student Awards

Each year, the Chair of the Awards Committee and the Faculty of Nursing Research Office hold sessions to assist students in preparation of external awards applications. The Faculty of Nursing Research Office and staff support development of these student applications and keep students aware of upcoming application deadlines via a monthly research newsletter. External awards such as the Ontario Graduate Scholarship (OGS), Canadian Institutes for Health Research (CIHR) Fellowships, CIHR and the Canadian Social Sciences and Humanities Research Council (SSHRC) Doctoral Fellowships made up most of the external awards between 2009 and 2016. Unfortunately, with changes to grant agency policies and procedures, students' competitiveness for external awards has declined. For example, the Social Sciences and Humanities Research Council no longer accepts applications in which health research is a focus, which renders most Faculty of Nursing PhD students' ineligible to compete for awards from SSHRC. Canadian Institutes of Health Research doctoral and fellowship competitions now group Health Professional Students with basic science applicants. As our students are typically involved with human subjects research with a longer timeline to data acquisition and publication, they are disadvantaged when compared to basic science students who typically have thesis-based masters and resultant publications (our students typically have course-work master's degrees), and publications from their thesis work earlier in their program. Hence, there are relatively modest numbers of federal scholarships awarded to Faculty of Nursing PhD students. Table 3.59 summarizes the external awards received by PhD students between 2009 and 2016.

Table 3.59. External Fellowships and Awards Received by PhD Students (2009-2016) in Comparison to University Division - Life Science Students

	PhD Nursing			Division: Life Sciences		
Academic Year	Students with Fellowships / Scholarships	All PhD Students	% with Fellowships/ Scholarships	Students with Fellowships / Scholarships	All Students	% with Fellowships/ Scholarships
2009-10	10	79	12.7%	458	1,833	25.0%
2010-11	13	74	17.6%	431	1,834	23.5%
2011-12	12	66	18.2%	525	1,900	27.6%

	PhD Nursing			Division: Life Sciences		
Academic Year	Students with Fellowships / Scholarships	All PhD Students	% with Fellowships/ Scholarships	Students with Fellowships / Scholarships	All Students	% with Fellowships/ Scholarships
2012-13	8	58	13.8%	451	1,885	23.9%
2013-14	8	51	15.7%	417	1,905	21.9%
2014-15	8	46	17.4%	444	1,898	23.4%
2015-16	8	52	15.4%	443	1,892	23.4%

As well as external awards from large provincial and national research councils, there are a number of external awards that are funded by professional organizations (e.g., Registered Nurses' Foundation of Ontario, Canadian Nurses Foundation and Council of Ontario University Programs in Nursing), for which PhD students have been quite successful. Faculty of Nursing PhD students are consistently recipients of the prestigious Canadian Nurses Foundation Awards, with at least one recipient every year from 2009-2017. Many Faculty of Nursing PhD students have received Registered Nurses' Foundation of Ontario awards; there have been almost 50 awardees over the past several years. From 2009 to 2016, 3 PhD graduates have received the prestigious Council of Ontario University Programs in Nursing Doctoral Dissertation Award, which recognizes a PhD graduate from an Ontario university who has demonstrated excellence in nursing research through the completion of his/her dissertation. Tables 3.60 to 3.62 below provide summaries of awards received by PhD students from the Canadian Nurses Foundation, The Registered Nurses' Foundation of Ontario and the Council of Ontario University Programs in Nursing respectively.

Table 3.60. PhD Award Recipients from the Canadian Nurses Foundation (CNF) 2009-2017

Year	# UG Recipients	# MN & PMNPD Recipients	# PhD Recipients	Total
2009	-	1	2	3
2010	-	1	3	4
2011	1	3	3	7
2012	2	1	1	4
2013	-	-	2	2
2014	-	-	1	1
2015	3	2	1	6
2016	-	2	2	4
2017	1	1	1	3

Table 3.61. PhD Award Recipients from the Registered Nurses' Foundation of Ontario (RNFOO) 2011-2017

Year	# UG Recipients	# MN & PMNP Recipients	# PhD Recipients	Total
2011	-	2	3	5
2012	3	6	10	19
2013	5	6	8	19

Year	# UG Recipients	# MN & PMNP Recipients	# PhD Recipients	Total
2014	3	2	10	15
2015	5	7	8	20
2016	3	5	5	13
2017	5	3	4	12

Table 3.62. PhD Award Recipients from the Council of Ontario University Programs in Nursing Awards for Students (COUPN) 2009-2017

Year	# UG Recipients	# MN PMNPD Recipients	# PhD Recipients	Total
2009	1	-	-	1
2010	1	-	-	1
2011	1	-	-	1
2012	-	-	1	1
2013	-	-	-	0
2014	-	1	1	2
2015	-	-	-	0
2016	1	1	1	3
2017	1	-	-	1

3.c.7 Student Funding

Securing adequate funding is an essential component for ensuring successful completion of a graduate degree. Students in professional programs such as our Master's programs, typically "self-fund" their expenses through a variety of means including student loans, lines of credit and employment income. A limited number of graduate awards are also available through the Faculty of Nursing and from external organizations such as professional associations. PhD students within the first 4 years of their candidature in the Faculty of Nursing, are eligible for the "funding package"; the amount and composition of which are determined at the Divisional level. The value and composition of the 2017-18 funding package is outlined in the Faculty policy (Appendix 38).

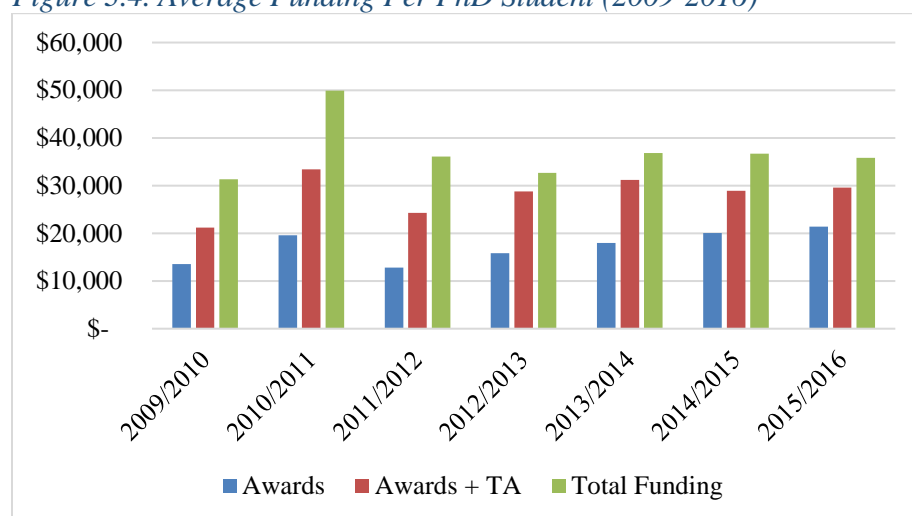
As of 2017-18 a new parental leave policy is in place for PhD students who are in receipt of a funding package. Parental Grants of up to \$4,000 are provided to eligible student parents during the approved leave of one session or more. Birth mothers may be eligible for a second instalment of up to \$4000 to support parental leaves of 2 sessions (8 months) or more in duration. The total amount of the Grant is calculated based on other non-employment related supplemental University funding the student may have available.

PhD Student Funding (funded cohort)

The funding package of \$15,000 plus tuition fees has a total value of approximately \$22,000 to \$23,000, depending on the tuition fee amount. The actual funding received by an individual student may be considerably higher than the minimum funding level. Figure 3.4 summarizes the

amount of funding, on average, received by each student in the funded cohort between 2009-10 and 2015-16.

Figure 3.4. Average Funding Per PhD Student (2009-2016)



PhD Student Funding: Domestic and International

In response to the University of Toronto's strategic priority to attract more international students, the Faculty has been increasing enrolment of international students since 2012. However, this has also put significant pressure on the financial resources of the Faculty.

Since international fees are significantly higher than those of domestic students, their overall funding level is much higher (e.g., in 2015-2016, \$21,550 versus \$8,448). Five of the 32 funded students in 2015-2016 were international students. Table 3.63 and Table 3.64 summarize funding provided to domestic PhD students and international PhD students respectively.

Table 3.63. Total Funding for Domestic PhD Students (funded cohort) (2009-2016)

Academic Year	Awards	Stipend	U of T Employment	Grand Total
2009/2010	\$338,471	\$253,103	\$192,131	\$783,705
2010/2011	\$411,550	\$347,167	\$289,992	\$1,048,708
2011/2012	\$245,690	\$247,334	\$241,400	\$734,424
2012/2013	\$310,344	\$74,500	\$281,543	\$666,387
2013/2014	\$352,434	\$119,374	\$290,686	\$762,494
2014/2015	\$422,358	\$199,361	\$219,537	\$841,256
2015/2016	\$528,690	\$185,864	\$236,108	\$950,662

Table 3.64. Total Funding for International PhD Students (funded cohort) (2009-2016)

Academic Year	Awards	Stipend	U of T Employment	Grand Total
2011/2012	\$23,263	-	-	\$23,263

Academic Year	Awards	Stipend	U of T Employment	Grand Total
2012/2013	\$53,763	\$15,730	\$15,632	\$85,125
2013/2014	\$61,733	\$10,052	\$12,869	\$84,654
2014/2015	\$118,927	\$11,500	\$19,418	\$149,845
2015/2016	\$156,800	\$14,125	\$24,799	\$195,724

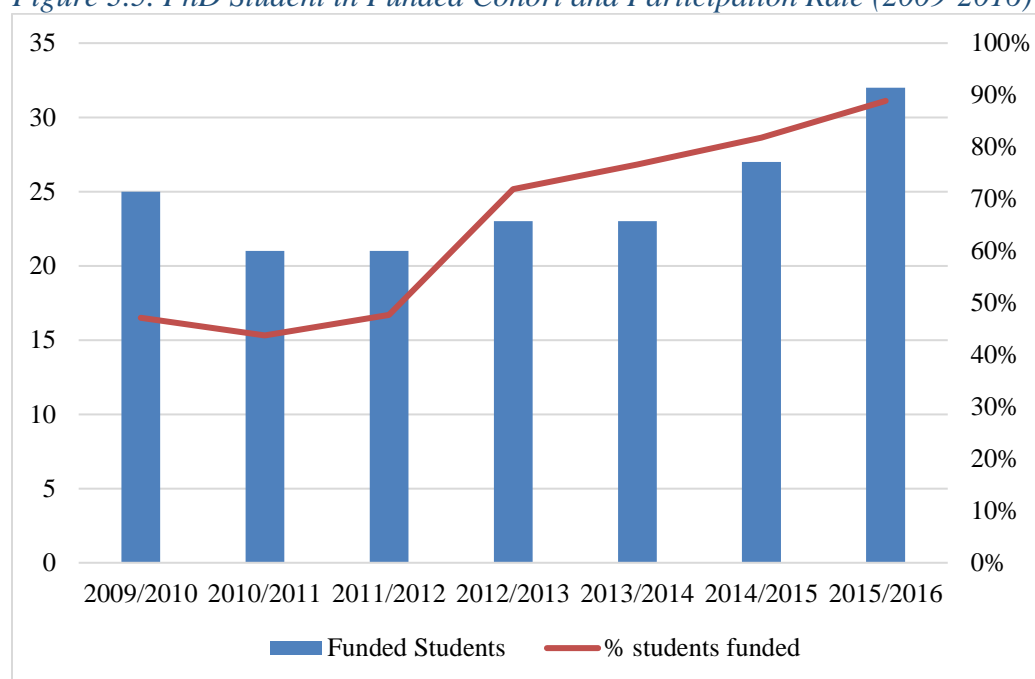
PhD Student Funding Package Participation Rate

The participation rate is defined as the percentage of PhD students who receive the PhD funding package among the eligible population (PhD students in years 1 to 4). The participation rate has been increasing over the years and it is now close to 90%. Nearly all admitted PhD students are receiving funding from the Faculty. Those who do not request funding are often working full time which makes them ineligible for funding. Table 3.65 and Figure 3.5 below summarize the PhD funding participation rates from 2009-2016.

Table 3.65. PhD Student Participation in the Funding Package (2009-2016)

Academic Year	Funded Students	Eligible for Funding	% eligible students funded
2009/2010	25	53	47%
2010/2011	21	48	44%
2011/2012	21	44	48%
2012/2013	23	32	72%
2013/2014	23	30	77%
2014/2015	27	33	82%
2015/2016	32	36	89%

Figure 3.5. PhD Student in Funded Cohort and Participation Rate (2009-2016)



PhD Students Not Eligible for the Guaranteed Funding Program

PhD students are eligible to participate in the guaranteed funding program only in the first 4 years of PhD studies. For PhD students beyond Year 4, other sources of funds are sought. A large portion of the awards for this group of students comes from the Doctoral Completion Award, which is given to students who are in Year 5 or 6. For the academic year 2014-2015, no awards were given and the funds were carried over to 2015-2016. Table 3.66 summarizes the amount of funding received by PhD students who are outside the funded cohort.

Table 3.66. Amounts of funding (from all University of Toronto sources) for PhD students outside the funded cohort (2009-2016)

Academic Year	Awards	Stipend	UT Employment	Grand Total
2009/2010	\$123,601	\$219,784	\$129,041	\$472,426
2010/2011	\$62,356	\$242,916	\$66,400	\$371,672
2011/2012	\$71,267	\$36,333	\$59,431	\$167,031
2012/2013	\$58,000	\$1,000	\$30,109	\$89,109
2013/2014	\$34,664	\$3,000	\$7,494	\$45,158
2014/2015	\$4,000	No Awards	\$4,306	\$8,306
2015/2016	\$110,533	\$1,125	\$2,413	\$114,071

3.c.8 Quality Indicators

A number of indicators are used to assess the quality and success of the PhD program. These include: formal and informal student feedback; external surveys of students and graduates; and graduate student success and completion rates.

Student Completion and Success Data

Time to Completion

The time to completion for PhD students in the Faculty of Nursing has been longer than most departments (Table 3.67). Initiatives introduced since 2013 to decrease time to completion are outlined in [Section 3.c.9](#) Quality Enhancements. The decline in time to completion from a high of 7.5 years in 2012-2013 suggests these initiatives are effective.

Table 3.67. PhD - Faculty of Nursing - Time to Degree Completion (TTC) Compared to Life Sciences Division and all University of Toronto

	Nursing		Life Sciences		All University of Toronto	
Graduation Year	Number of Graduates	Mean TTC (years)	Number of Graduates	Mean TTC (years)	Number of Graduates	Mean TTC (years)
2008-09	11	6.2	240	5.9	697	5.7
2009-10	7	6.3	255	5.8	738	5.6
2010-11	8	6.3	259	5.8	789	5.7
2011-12	10	6.7	300	6.1	806	5.8
2012-13	7	7.5	301	5.9	868	5.7
2013-14	14	6.1	319	6.0	855	5.9
2014-15	7	6.7	308	6.0	910	5.9
2015-16	9	6.2	277	5.7	853	5.9

PhD Student Attrition

PhD student attrition and completion rates are variable year to year but most years in the 2009-2015 period saw less than 15% attrition and 40% or greater completion rates. Table 3.68 outlines PhD student attrition rates between 2009 and 2015. In earlier years (before 2013) a number of students left the program in their fourth year. Table 3.69 outlines PhD completion rates (2009-2015).

Table 3.68. PhD Student Attrition Rate

Admission Year	# student who registered in the following year	# student who did not register	Total	Attrition Rate
2009	11	2	13	15%
2010	5	4	9	44%
2011	9	0	9	0%
2012	10	1	11	9%
2013	5	0	5	0%
2014	7	1	8	13%

Admission Year	# student who registered in the following year	# student who did not register	Total	Attrition Rate
2015	13	2	15	13%

Table 3.69. PhD Degree Completion Rate

Admission Year	Degree completed	Degree not completed	Total	Percent completion
2009	4	9	13	31%
2010	5	4	9	56%
2011	6	3	9	67%
2012	7	4	11	64%
2013	2	3	5	40%
2014	0	8	8	Not available
2015	0	15	15	Not available

Student Feedback

Feedback from students is obtained formally via a number of sources such as student evaluation of teaching in courses, meetings with students, and post-graduation surveys.

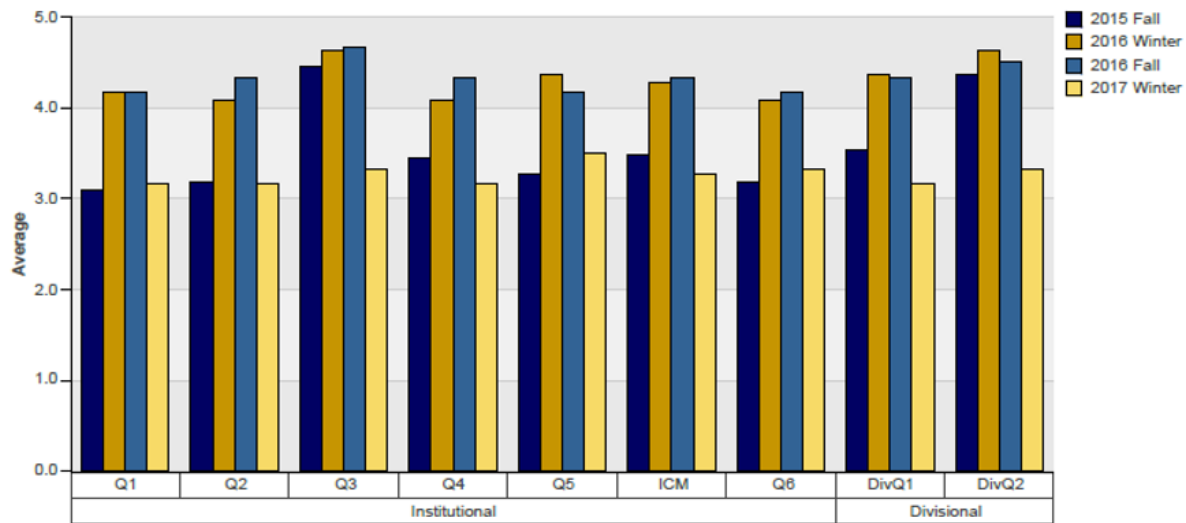
Student Evaluation of Teaching in Courses

Individual course evaluations are completed each semester by students, as outlined in the Faculty's *Guidelines for the Student Evaluation of Teaching in Courses (May 2016)* (Appendix 24). The results are reviewed by course instructors and by the PhD Program Director, the Associate Dean Academic and the Dean. Figure 3.7 summarizes average scores from student course evaluations for the required courses *NUR1081* and *NUR1085* from 2015-2017. Overall scores are excellent, with 4 out of 6 of the summarized courses having mean scores greater than 4 out of 5 ("very good" rating) across all questions. Two sections of *NUR1081* PhD seminars received overall mean scores in the "good" rating (i.e. 3 out of 5 rating). In response to feedback gathered in group feedback sessions with PhD students, this year's section of *NUR1081* will deliver more content in the first term of the course to remedy students' concern that the course was not moving them forward on their literature review assignment early enough in the first year.

Figure 3.6. Summary of Student Evaluation of Required PhD Courses by course (2015-2017)

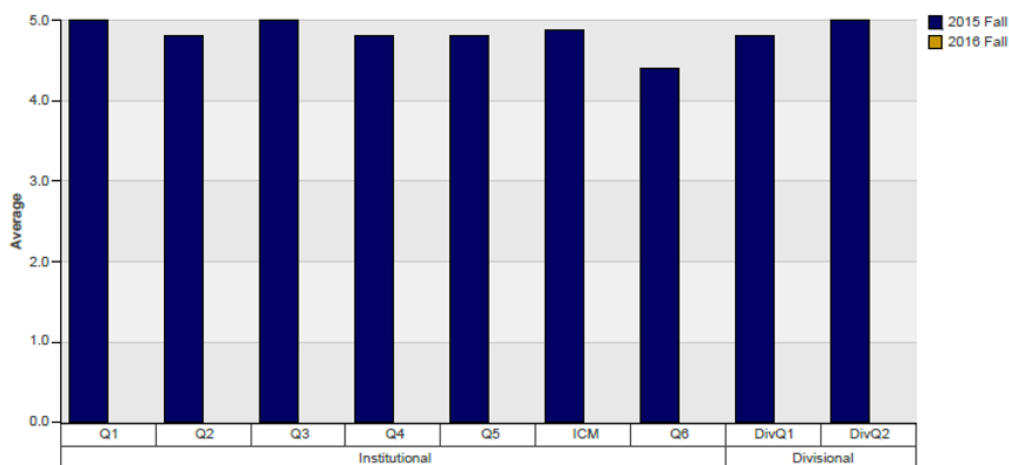
NUR1081 - PhD Seminar

Session	Total Sections	Total Invited	Total Responded	Response Rate
2015 Fall	1	14	11	79%
2016 Winter	1	14	11	79%
2016 Fall	1	8	6	75%
2017 Winter	1	8	6	75%



NUR1085 - Topics in Critical Perspectives in Health and Health Care

Session	Total Sections	Total Invited	Total Responded	Response Rate
2015 Fall	1	6	5	83%
2016 Fall	1	5	2	40%

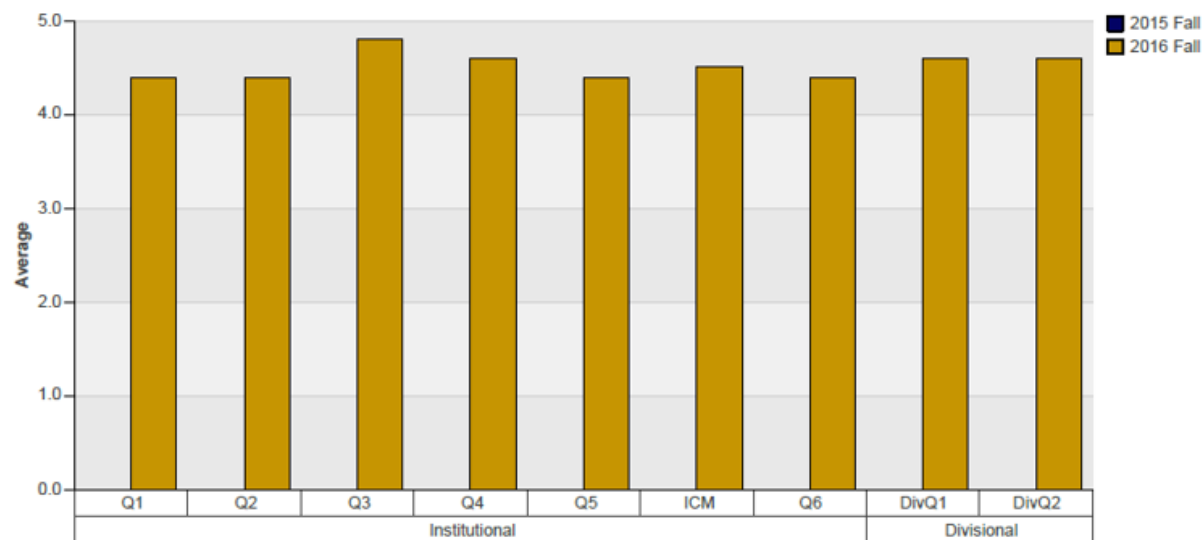


Note. Results from 2015 only are presented (threshold number of responses not achieved in 2016).

Figure 3.6 continued

NUR1087 - Foundations of Clinical Research

Session	Total Sections	Total Invited	Total Responded	Response Rate
2015 Fall	1	2	2	100%
2016 Fall	1	5	5	100%



Note. Results from 2016 only are presented (threshold number of responses not achieved in 2015).

Legend for Figure 3.6

Q1 - Question 1: I found the course intellectually stimulating.

Response Options: not at all (1), somewhat (2), moderately (3), mostly (4), a great deal (5)

Q2 - Question 2: The course provided me with a deeper understanding of the subject matter.

Response Options: not at all (1), somewhat (2), moderately (3), mostly (4), a great deal (5)

Q3 - Question 3: The instructor created an atmosphere that was conducive to my learning.

Response Options: not at all (1), somewhat (2), moderately (3), mostly (4), a great deal (5)

Q4 - Question 4: Course projects, assignments, tests, and/or exams improved my understanding of the course material.

Response Options: not at all (1), somewhat (2), moderately (3), mostly (4), a great deal (5)

Q5 - Question 5: Course projects, assignments, tests and/or exams provided opportunity for me to demonstrate an understanding of the course material.

Response Options: not at all (1), somewhat (2), moderately (3), mostly (4), a great deal (5)

ICM refers to institutional mean (mean score for first 5 institutional items).

Q6 - Question 6: Overall, the quality of my learning experience in this course was: ...

Response Options: poor (1), fair (2), good (3), very good (4), excellent (5)

DivQ1 - Divisional Question 1: This course helped me progress toward achievement of my educational goals.

Response Options: not at all (1), somewhat (2), moderately (3), mostly (4), a great deal (5)

DivQ2 - Divisional Question 2: The course environment provided a supportive community for learning.

Response Options: not at all (1), somewhat (2), moderately (3), mostly

Graduate Nursing Students' Society Communications

Regular contact with our Graduate Nursing Students' Society (GNSS) is an informal method of receiving feedback about the quality of the program. One faculty member serves as a formal liaison with GNSS, and the Dean meets regularly with GNSS executive. A process for formal consultation with GNSS has been consistently adopted when planning changes to the PhD program. For example, a GNSS representative was included on the Awards Committee when reviewing the 2017-2018 PhD funding package.

Canadian Graduate and Professional Student Survey

The results of the Canadian Graduate and Professional Student Survey (CGPSS), which is administered to our graduate students every 3 years (2016 is the most recent report) are also reviewed by all faculty and used to review and revise the curriculum and its delivery. Appendix 33 shows CGPSS results from 2016. Results across the most recent CGPSS data indicate that Faculty of Nursing PhD students highly rate the quality of teaching, research training, and dissertation support received. Scores are higher than or comparable to other U15 Nursing programs, and much higher than other disciplines at University of Toronto and other Ontario Universities. Student ratings were slightly lower for opportunities for engagement in interdisciplinary work, contributions to grant writing and publications with faculty, and attendance at scholarly meetings, indicating target areas for improvement in the PhD program. The CGPSS results also suggest that financial challenges are a concern for many students, with 30% of students in 2016 identifying work/financial commitments as a major obstacle to their academic progress. The PhD Supervisors' Committee and the Awards Committee will continue to address financial support issues for PhD students in the upcoming year.

Post-Graduation Surveys

Post-graduation surveys are sent to our graduates about 5-6 months after program completion to ask them about their professional lives since graduation, and to determine our success in meeting program objectives. Please see the Post-graduation survey results for 2015 and 2016 in Appendix 39. Graduates were asked to what extent they felt they had achieved each of the program objectives (e.g. "I have a superior understanding of the theoretical foundations of nursing science"). Responses across all 6 items were in the "a great deal" or "mostly" range, with very few individual exceptions. Seven of the 8 respondents were employed in a role that required a PhD degree.

PhD Graduate Employment

The 10,000 PhDs Project was an initiative of the School of Graduate Studies to determine the current (2016) and previous employment positions of the 10,886 individuals who graduated with a PhD from the University of Toronto from 2000-2015. Only internet search strategies were used to seek publicly available information. In that time period, the Faculty of Nursing had 98 graduates, most of whom were in tenure track academic (48%) or other post-secondary education roles (23%). The Faculty of Nursing graduate rates of employment in academic positions is 2 to

3 times that of other departments at the University of Toronto. Please see the summary Faculty of Nursing report of 10,000 PhD Graduates attached as Appendix 40.

Table 3.70. Main Employment Sectors of All PhD Graduates, 2000-2015

Department/ Division/Faculty/UofT	Total Graduates	Post- secondary- Education (Tenure- track)	Post- secondary Education (Other)	Private Sector	Public Sector	Charitable	Individual	Other (Deceased)	Unknown
Faculty of Nursing	98	47 47.96%	23 23.47%	0 0.00%	16 16.33%	1 1.02%	3 3.06%	0 0.00%	8 8.16%
Life Science	3707	668 18.02%	1067 28.78%	650 17.53%	50 15.11%	129 3.48%	51 1.38%	6 0.16%	576 15.54%
UofT	10886	2850 26.18%	2711 24.90%	1996 18.34%	1051 9.65%	313 2.88%	286 2.63%	36 0.33%	1643 15.09%

3.c.9 Quality Enhancement

Three method courses (*NUR1085, 1086, 1087*) were developed to provide students greater in-depth methods expertise in each of the 3 fields of study. Students are required to take the one course related to their field of study. In addition to *NUR 1081 PhD Seminar* and one of *NUR1085 Topics in Critical Perspectives in Health and Health Care, NUR1086 Nursing Health Services Research Methods* or *NUR1087 Foundations of Clinical Research*, students are required to complete 3 other courses; one each of a methods and a substantive area course, and one other course (either substantive area or methods). Students and their supervisors determine the nature of these courses based on each student's learning needs related to thesis proposal development and conduct of the research project. The Faculty also offers courses on Knowledge Translation, Global Health, Statistics, and Qualitative Research Methods in which PhD students commonly enrol. Students are expected to complete the required 5 courses in the first 2 years of the PhD program and before candidacy is granted.

The monthly PhD Faculty meeting with faculty who supervise PhD students serves as a forum to bring forward ideas for discussion and action related to improved student progress and experience, as well as to discuss and evaluate best practices for PhD student supervision. A number of changes to PhD milestones have been generated through this forum. At the end of the 2015-16 and 2016-17 academic years, the PhD Program Director conducted focus groups with PhD students and supervisors. These sessions allowed students to share what elements of the program were furthering their learning and should be continued or enhanced and what learning and professional development needs could be better met. A number of initiatives have been implemented to support program delivery and student success based on these consultations.

These initiatives are discussed below in 2 general areas: academic program and student life/professional development.

Academic Program

1. In 2013, with an aim toward moving students more quickly to writing their thesis proposals and decreasing time to candidacy, a required literature review paper was introduced and proposal requirements were changed to align the thesis proposal with the detail and length comparable to a Canadian tri-council grant application. In 2015-2016,

the guidelines for the literature review and proposal were reviewed by faculty and students and revised to provide greater clarity of expectations and assessment of these 2 program milestones. This program requirement serves to ensure students have the requisite research knowledge, as well as knowledge synthesis and writing skills, to be successful in the conduct and timely completion of a thesis project.

2. In 2015-16, the *Record of PhD Supervisory Committee* form (Appendix 41) was revised to more clearly delineate student progress made since the last committee meeting and expected outputs and timeline for their achievement prior to the next meeting. These changes were undertaken following consultation with PhD supervisors, who also agreed to require that each student have, at minimum, 2 formal and documented supervisory committee meetings each year. The previous requirement was one committee meeting per year as is required by the School of Graduate Studies. These changes were also initiated in an effort to decrease student time to candidacy and time to degree completion.
3. A formal annual review of student progress is held with the Dean, Associate Dean Academic, PhD Program Director, and Registrar. Student committee reports and progress toward milestones are reviewed and students at risk or off-track are identified. The PhD Program Director follows up and offers support to the student and supervisor. This review of progress occurs informally throughout the year, with the Registrar and PhD Program Director keeping track of student progress, as well as reaching out to students and supervisors who are due for committee meetings, or who are approaching deadlines (e.g. in third year of the program and have not yet reached candidacy, in sixth year of program and have not scheduled the Final Oral Exam). Tracking student progress has been enhanced in the last 2 years with greater focus being placed on reducing time to completion. When requests for extension to candidacy or program completion are needed, the PhD Program Director works closely with the student and supervisor to ensure that a detailed plan for completion of work is developed to support the request for an extension and to provide guidance and accountability while the extension is in place.
4. In recent years, there have been several new tenure stream faculty hires. Focused orientation to graduate student recruitment and supervision was implemented for those new faculty members via a 2-hour workshop focused on best practices in graduate student supervision.
5. Students requested more content, delivered earlier in *NUR1081 PhD Seminar* to better align with the Faculty goal to move students quickly to writing their literature review paper. Also for the first time in September 2017, based on PhD student and supervisor feedback, the first day of the required seminar course *NUR1081* was a full day session, and the first term of the course includes increased social engagement opportunities with faculty, upper year PhD students, and presentations from a number of campus resource groups aimed at fostering student resiliency (e.g. Health & Wellness Centre, Student Success, Conflict Resolution Centre).
6. Feedback from students and supervisors in the Critical Approaches field of study made clear that from a student writing perspective, it made more sense for *NUR1085* to be

offered in the second term of the first year; this change will be made for the 2018-2019 year.

7. Course entry requirements for the Intermediate Statistics course offered in the Faculty in 2017-2018 have been strengthened and explicitly communicated to students as student and faculty member feedback made clear that unprepared students were enrolling in the course and shifting the nature of class discussions and progress to a more introductory level.
8. The Faculty is eager to increase enrolment in all fields of study in the PhD program. To that end, the Faculty has engaged in a number of activities to communicate and market the programs to qualified applicants. The PhD program was actively promoted through presentations at partner agencies and participation in job fairs and other education events. For the 2016-17 and 2017-18 application cycles, first-year MN students with grades meeting minimums needed to transfer into the PhD program were invited to meet with the PhD Program Director to discuss the possibility of transferring from the MN to the PhD program. In the past 2 years, 2 MN students have successfully transferred into the PhD program.

Student Life/Professional Development

1. In response to student feedback related to the desire for more professional development opportunities, workshops were arranged during 2016-17 including presentations by the Research Ethics Board, Conflict Resolution Centre (Getting the most out of the student-supervisor relationship), and Faculty Communications Officer (Media engagement strategies). Given positive student feedback, these will continue 2017-2018 year.
2. The Graduate Nursing Students' Society (GNSS) created and maintains a mentorship program in which students in later years (often matched based on supervisor or alignment with research area) mentor students in early program years. This is a voluntary program and participation rates are very high.
3. The GNSS routinely offers formal programmed opportunities to support student health and wellness and professional development. All PhD students participate in orientation experiences that emphasize Faculty of Nursing and campus resources to support their success and wellness.
4. In the 2016-2017 academic year, PhD students initiated a Journal Club, attended monthly by a core group of 8-10 PhD students, and a rotating roster of faculty members. Each month, 2 papers are discussed, one with a qualitative approach and one with a quantitative approach. Each paper is presented and critiqued with 2 students taking the lead. Student and faculty response was very positive.
5. In the 2017-2018 academic year, a PhD student Blackboard site is being introduced for sharing information, relevant articles, online learning opportunities (e.g. webinars, online

courses) and to promote social engagement and strengthen the sense of community amongst students across all years of the PhD program.

6. In response to feedback received in 2016, all PhD students are provided with a defined workspace with access to individual desktop computers, locked storage space, and printer access. Students are grouped by research area to foster a sense of community. The physical spaces are modern, bright, and well-resourced to support student success. In prior years, students may have had to share computer and space with another student.
7. Starting this academic year, PhD students are eligible to apply for a 3-month outbound exchange with the University of Lleida in Spain.

Section 4 Research

Section 4 Research

Introduction

Since the 2009 Provostial review of the Faculty, the Faculty of Nursing has continued to experience substantial growth in its research programs and productivity. This growth has involved the development of new programs of research with students and postdoctoral fellows that are positively impacting health and health care systems in Canada and internationally. Faculty of Nursing researchers are at the forefront of nursing science. The nature of Faculty of Nursing research situates prominently within the 3 PhD fields of study (*Effective Care and Health Outcomes*, *Nursing Health Systems*, and *Critical Approaches to Health and Health Care*), demonstrating the integration of teaching and research. Faculty of Nursing's faculty researchers address personalized medicine and the biology of disease, genetics, global health, public health, health human resources, health care delivery and policy, outcomes, patient safety and quality, human development and health through the lifespan in their research activities spanning the newborn to the elderly, the biology of disease to public health, society and families to the individual. Our undergraduate and graduate students are offered opportunities to experience research through active engagement with faculty in their programs of research within these research fields.

Faculty of Nursing nurse researchers have rich relationships with the Toronto Academic Health Sciences Network (TAHSN). TAHSN incorporates all health institutions (i.e., Baycrest Health Sciences, Holland Bloorview Kids Rehabilitation Hospital, Centre for Addiction and Mental Health, Sinai Health System, St. Michael's Hospital, Sunnybrook Health Sciences Centre, the Hospital for Sick Children, University Health Network, and Women's College Hospital) affiliated with the University of Toronto as well as several associate members (North York General Hospital, Trillium Health Partners, St. Joseph's Health Centre, and Michael Garron Hospital). This unique collaboration is designed to lead all aspects of health in Canada through improving patient care, conducting innovative research, providing world-class education, and participating in knowledge transfer and translation. Faculty of Nursing researchers both contribute to and benefit from this complex health ecosystem. TAHSN membership enables our researchers to build and participate in interdisciplinary research teams, ensuring that all aspects of health research have a nursing perspective.

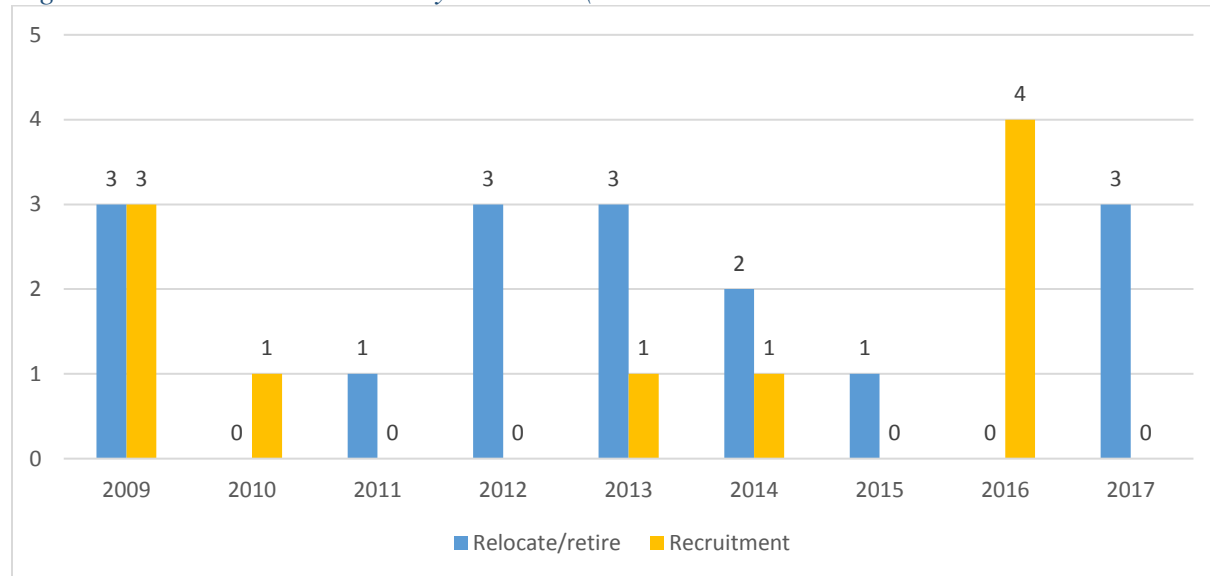
The following acronyms are used repeatedly in this section:

- CIHR Canadian Institutes of Health Research
- MRC Medical Research Council
- MOHLTC Ontario Ministry of Health and Long-Term Care
- SSHRC Social Sciences and Humanities Research Council
- TAHSN Toronto Academic Health Sciences Network.

Faculty Research Activity – Research Faculty Complement

Throughout the past 8 years (2009-2017), the Faculty of Nursing has experienced considerable change in the tenure stream faculty composition that has impacted on research productivity. A number of faculty retirements occurred along with turnover as several faculty relocated externally (Figure 4.1).

Figure 4.1 Tenure Stream Faculty Turnover (Recruitment and relocation/retirement Numbers)



Over this time period, 16 tenure stream faculty members left the University, ten of whom relocated for personal or professional reasons (Table 4.1). While 10 new tenure stream faculty were recruited into the Faculty during this time period, close to half (40%) of these are recent hires who started in 2016, thus their impact on faculty research productivity has yet to be fully realized. In addition, 3 of the faculty who started during this eight-year timeframe were not retained (¹ in Table 4.1). Six (60%) of the new hires are graduates of the Faculty of Nursing doctoral program (² in Table 4.1), while 4 were external recruits (two of whom were not retained). All of the new hires were junior researchers hired at the rank of Assistant Professor.

Table 4.1. Yearly Changes in Tenure Stream Faculty Complement (2009-2017)

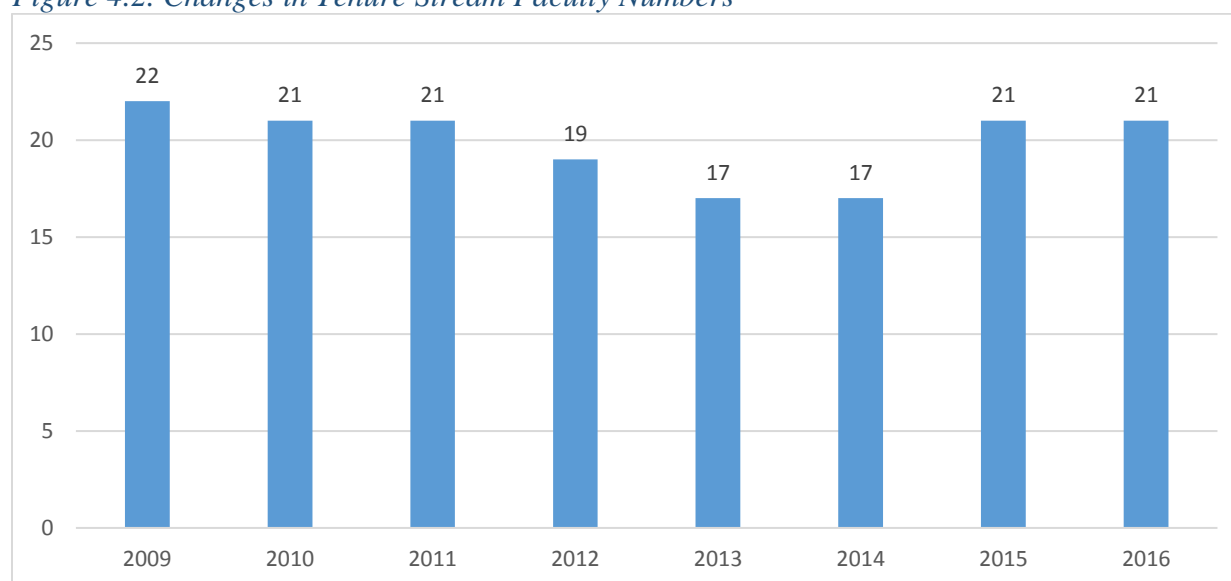
Year	Academic Rank	Retirement / Relocation / Secondment	Academic Rank Recruits
2009	Associate Professor	Relocated - department chair (McMaster U, CA)	
	Associate Professor	Relocated - husband took position (Colorado, US)	
	Assistant Professor	Relocated - position in hospital (SickKids, CA)	
	Assistant Professor ¹		Assistant Professor
	Assistant Professor		Assistant Professor ²
	Assistant Professor		Assistant Professor
		3	3
2010	Assistant Professor ¹		Assistant Professor ²
		0	1
2011	Professor	Retirement	
		1	0

Year	Academic Rank	Retirement / Relocation / Secondment	Academic Rank Recruits
2012	Associate Professor	Relocated – research chair (U Montreal, CA)	
	Associate Professor	Relocated – research chair, (York U, CA)	
	Assistant Professor ¹	Relocated – Assistant Dean (U South Florida, US)	
		3	0
2013	Professor	Retirement	
	Assistant Professor ¹	Relocated - husband took position (China)	
	Assistant Professor	Relocated – research chair (McMaster U, CA)	
	Assistant Professor		Assistant Professor ²
		3	1
2014	Professor	Retirement	
	Professor	Retirement	
	Assistant Professor		Assistant Professor ²
		2	1
2015	Professor	Secondment –senior research post (US grant agency)	
		1	0
2016	Professor	Secondment – senior research post (US grant agency)	
	Assistant Professor		Assistant Professor
	Assistant Professor ¹		Assistant Professor
	Assistant Professor		Assistant Professor ²
	Assistant Professor		Assistant Professor ²
		0 (1 ongoing from previous year)	4
2017	Associate Professor	Retirement	
	Assistant Professor ¹	Relocated – hospital (Kingston, CA)	
	Professor	Relocated - US	
		3	0
Total		16	10

Notes. ¹ Began and left position at Faculty during this time period; ² PhD graduate of LSBFON.

The greatest outflow of faculty members took place between 2012 and 2015, with 9 faculty leaving during this time period. Thus, the faculty complement reduced from 22 tenure stream faculty positions in 2009 to 17 in 2013, a reduction in 5 full-time faculty, several of whom were highly active research professors (Figure 4.2). The 4 new faculty members hired in 2016 restored the tenure stream faculty complement to 21. Faculty recruitment is ongoing to replace the 3 faculty members who retired/relocated in 2017, at both the Assistant Professor rank, as well as the Associate/Full Professor rank.

Figure 4.2. Changes in Tenure Stream Faculty Numbers



Currently, the Faculty has a tenured/tenure stream faculty complement of 20 (Table 4.2), comprised of a balance of 9 full professors, 6 associate professors, and 5 pre-tenure assistant professors engaged in research activity. In addition, 3 active researchers hold status appointments at the Professor rank with the Faculty (Table 4.2), while a fourth is ranked as an Associate Professor. Three of these status professors hold research chairs in teaching hospitals affiliated with the Faculty (Professors Howell, Jeffs and Stinson) while the fourth is a Research Scientist (Professor McGilton).

Table 4.2. Tenure Stream Faculty Complement and Status Affiliates (July 2017)

Tenured/Tenure Stream Faculty		
Name	Rank	Faculty Complement
Dennis, Cindy-Lee	Professor	1
Hillan, Edith	Professor	1
Johnston, Linda	Professor	1
McGillis, Linda	Professor	1
Metcalfe, Kelly	Professor	1
Muntaner, Carles	Professor	1
Peter, Elizabeth	Professor	1
Stevens, Bonnie	Professor	1
Tourangeau, Ann	Professor	1
Angus, Jan ¹	Associate Professor	1
Gastaldo, Denise	Associate Professor	1
Parry, Monica	Associate Professor	1
Puts, Martine	Associate Professor	1
Rose, Louise	Associate Professor	1
Stremmler, Robyn	Associate Professor	1
Cleverley, Kristin	Assistant Professor	1
Cranley, Lisa	Assistant Professor	1
Dale, Craig	Assistant Professor	1
Mayo, Samantha	Assistant Professor	1

Tenured/Tenure Stream Faculty		
Name	Rank	Faculty Complement
Widger, Kim	Assistant Professor	1
Total Tenured/Tenure Stream Faculty		20
External Faculty Affiliates – Ranked Status Professors		
Colella, Tracey	Associate Professor	
Howell, Doris	Professor	
Jeffs, Lianne	Associate Professor	
McGilton, Katherine	Professor	
Stinson, Jennifer	Professor	

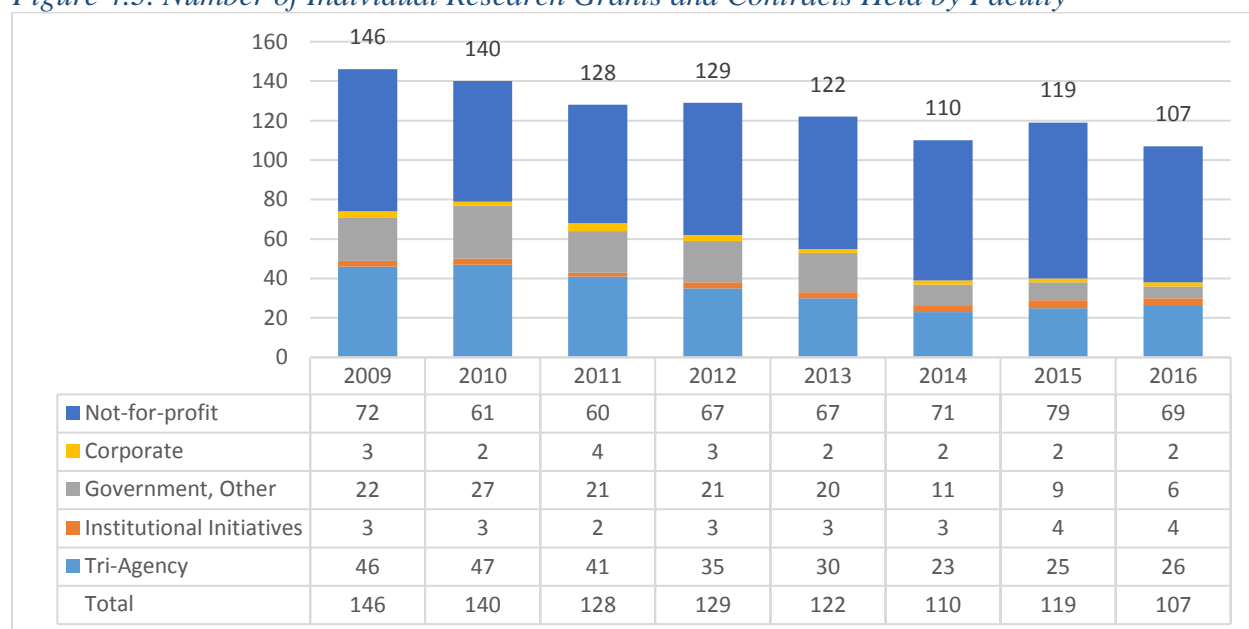
Note. ¹ Retired June 30, 2017; excludes faculty on secondments, leaves or in Provost's Office (e.g., S Nelson)

Faculty Research Activity – Scope, Quality and Relevance

Faculty Research Funding – Number of Grants

Given the changes to the tenure stream faculty composition since 2009, it is not surprising that there has been variability in the overall *number* of grants and contracts received for research at the Faculty – with a reduction in the total number of grants obtained from 146 in 2009 to 107 in 2016 (Figure 4.3).

Figure 4.3. Number of Individual Research Grants and Contracts Held by Faculty



A decline has been seen in all areas of funding, with the greatest impact evident on the Tri-Council agency grant volume (numbers) decreasing from 46 to 26. A number of external factors beyond faculty turnover have also had a strong influence on this decline. Specifically, the Tri-Council funding environment went through unprecedented change during this time period, with one of the Tri-Council agencies (Social Sciences and Humanities Research Council - SSHRC) excluding all grants related to health research from their funding envelope. As a result, faculty members who had successfully submitted grants to SSHRC in the past, along with other

researchers across the country shifted their grant submissions to the only remaining broad health research funding Council in existence: the Canadian Institutes for Health Research (CIHR). This created an even higher level of competition with overall CIHR applicant numbers increasing, without a corresponding increase in available funds.

At the same time, following a review of their funding history, CIHR underwent a ‘reform’ resulting in changes to the existing funding programs. Traditionally, CIHR had offered 2 ‘open operating grant’ competitions annually, as well as several individual ‘strategic’ grant competitions. Beginning in 2014, the CIHR open operating grant competition ran only once before being closed permanently, and transitioning to a model involving either large ‘foundation’ or smaller ‘project’ grant competitions effective 2015. This transition resulted in a decline in funding provided by CIHR to the Canadian research community in 2014, as the number of CIHR grant competitions markedly decreased that year. In addition, numerous problems with the new CIHR grant review and administration processes were identified (Kent, 2016). This led to a great deal of concern being voiced across the Canadian research community. As a result, the Government of Canada’s Minister of Science commissioned a fundamental review of research funding which confirmed the imbalance and disparity experienced by Canadian health researchers during this time, reporting that the success rate for CIHR declined to 13 %, compared to the other Tri-Council agencies (i.e., SSHRC: 23%; NSERC: 60%) (Naylor et al., 2017, p. 175).

Beyond the Tri-Council agencies, government funding support also declined during this time period as previous competitions closed, were “paused” or merged (e.g., MOHLTC) (Ontario Ministry of Health and Long Term Care, 2013a), resulting in the number of *government grants and contracts* held by faculty decreasing from 22 to 6 (Figure 4.3). This included the end of funding support for a nursing research unit led out of the Faculty that had been funded by the Ministry of Health and Long-Term Care (MOHLTC) for almost 3 decades, with an annual funding stream to the Faculty of close to \$1 Million dollars.

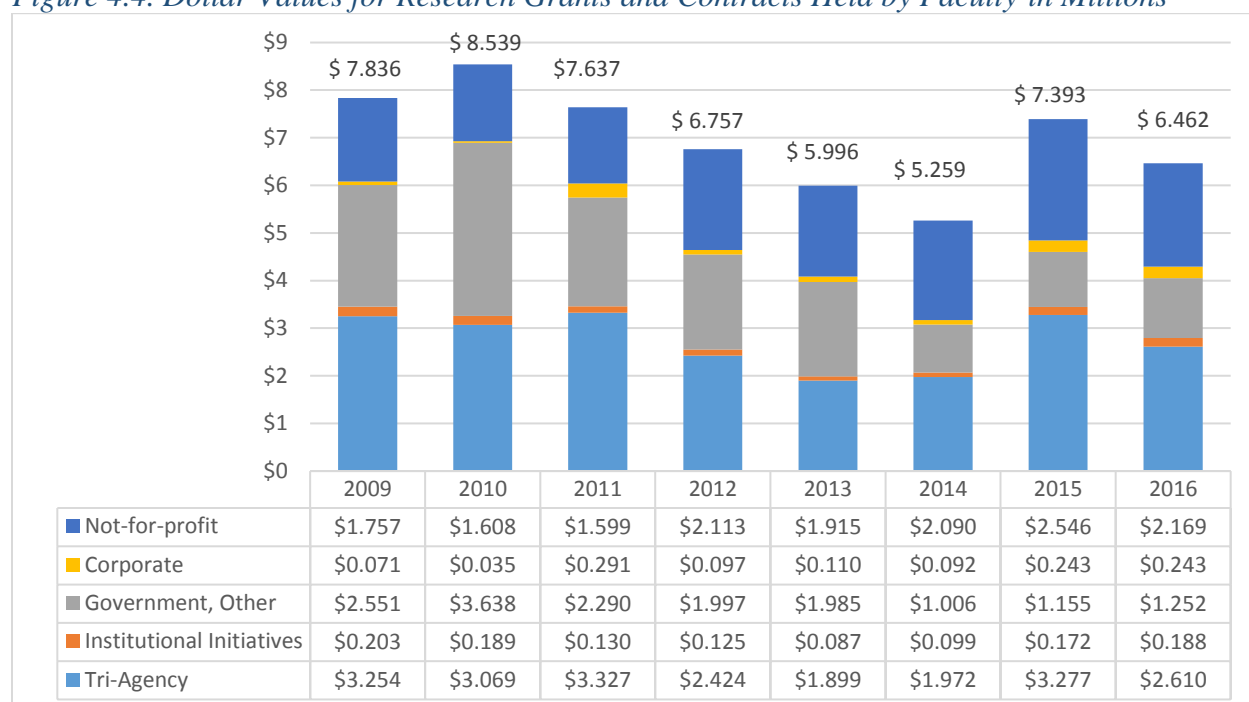
As a result of the changes in the external funding environment, faculty researchers sought strategic grant funding from other agencies, with greater success achieved in this area. For example, while *not-for-profit* funding initially decreased from 72 grants awarded in 2009 to 60 in 2011, it has steadily increased since then, to a high of 79 in 2015 and 69 in 2016 (Figure 4.3). In addition, *corporate* funding awarded has remained relatively steady over this time period. Finally, internal *institutional* funding available through the University has remained constant with an increase in number of grants funded to nursing faculty over the past 2 years. These increases are likely representative of the high caliber of tenure stream faculty that have been hired, who have successfully competed for both external and internal University-wide funding opportunities for new faculty.

Faculty Research Funding-Dollar Value of Funding

Despite these challenges, the value in actual dollars obtained by faculty for research grants and contracts remained high between 2009 and 2011, ranging between \$7.8 to \$8.5 to \$7.6 million annually (Figure 4.4). As faculty retirements and turnover took place, and the external funding environment changed, the level of funding dollars obtained by faculty declined over the next 3 years to \$5.2 million in 2014. However, since that time, an increase in the dollars obtained by

faculty for research over the past 2 years has been realized with \$7.3 million awarded in 2015, and \$6.4 million awarded in 2016 as shown in Figure 4.4.

Figure 4.4. Dollar Values for Research Grants and Contracts Held by Faculty-in Millions



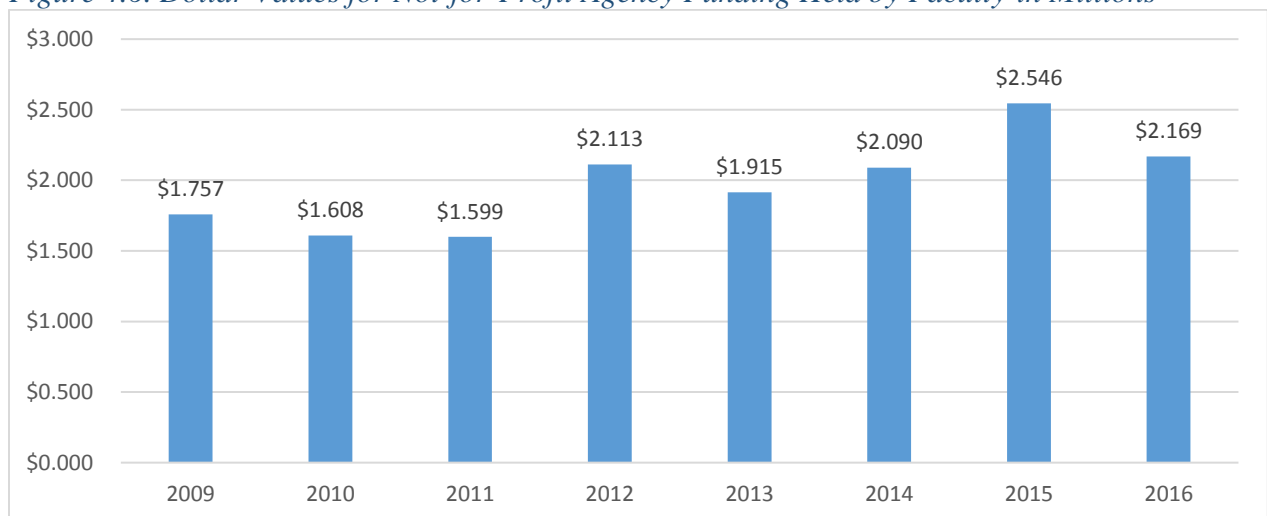
This recent shift represents a substantial funding improvement at a time when the external funding environment remains flat, demonstrating the strength (and fundability) of the research being conducted by faculty researchers. Two notable trends have emerged. First, Tri-Council funding received by faculty has shown a marked positive increase in the past 2 years, with funding levels almost at the previous \$3 million annual level that had been achieved between 2009 and 2011 (Figure 4.5). Taken in the context of the CIHR funding success rate of 13% reported in the recent Federal fundamental science review, faculty researchers are competing successfully for CIHR funding in comparison to all other health science researchers across the country.

Figure 4.5. Dollar Values for Tri-Council Funding Held by Faculty-in Millions



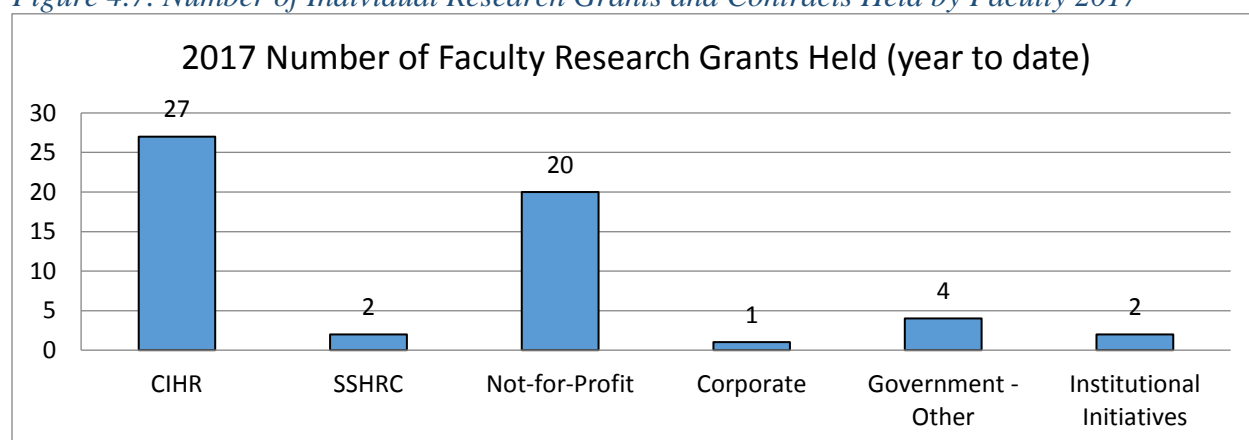
Secondly, the Faculty is performing well in funding opportunities available through the not-for-profit sector; consistently achieving funding levels of over \$2 million annually, higher than had been achieved between 2009 and 2011 (see Figure 4.6). This positive trend in funding further demonstrates the importance and relevance of faculty research.

Figure 4.6. Dollar Values for Not-for-Profit Agency Funding Held by Faculty-in Millions



More recent data reflecting the year-to-date funding level for the current year of 2017 (Figure 4.7), demonstrates that the positive shift in funding held by faculty seen in 2015 and 2016 is being sustained.

Figure 4.7. Number of Individual Research Grants and Contracts Held by Faculty 2017

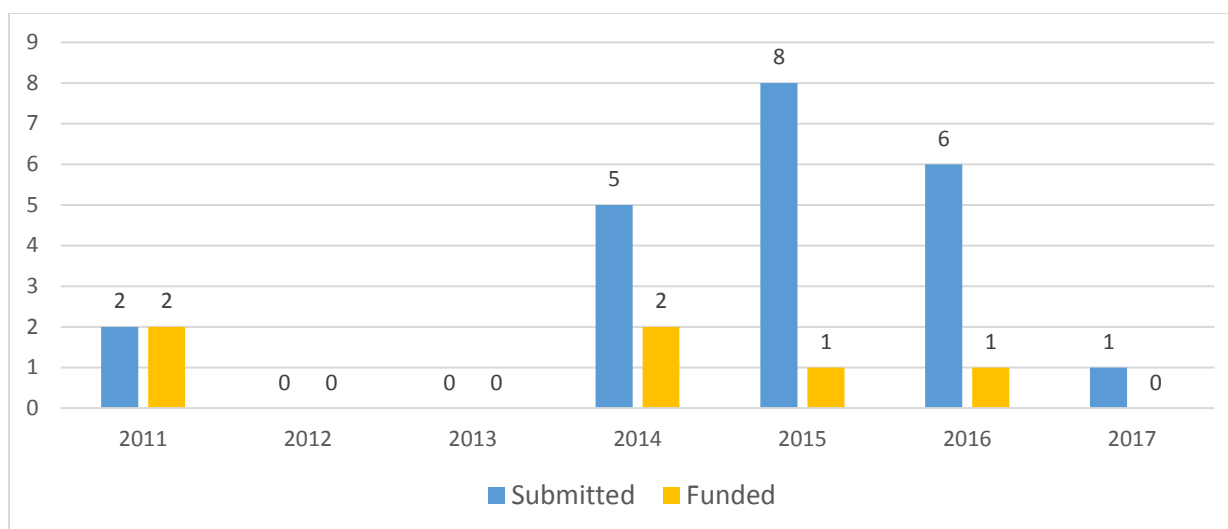


At mid-year in July 2017, faculty researchers had already exceeded the number of Tri-Council agency grants held compared to the past 3 years, (23 in 2014; 25 in 2015; and 26 in 2016) with 29 total to date in 2017. This includes new grants obtained through SSHRC, a Tri-Council agency that had previously declined funding to health researchers, and only in 2017 announced that selected types of health research would be considered for funding. Tri-Council grants awarded can be expected to rise further for the 2017 year as the data available at the time of preparation of this report do not include research funds held by faculty researchers who are affiliated with our TAHSN hospital partners, many of whom hold Research Chairs, Professorships and Scientist roles, and are highly productive and successful in grant funding competitions.

Faculty Research Funding-International Competitions

In recent years, in addition to research funding from within Canada, a number of faculty researchers have submitted grant applications as the principal investigator to international research grant funding agencies (Figure 4.8). Two grants were submitted in 2011, both of which were successful. Five grants were submitted in 2014, 2 of which received funding; 8 in 2015 with one funded; 6 in 2016 with one funded; and one to date in 2017. Adjudication results from 2 of these competitions are pending. The majority of funding sought to date has been from the US/Americas. Specific details on the individual applications are provided in Appendix 42.

Figure 4.8. International Research Grants Submitted/Awarded



Research Chairs and Professorships

Since the 2009 review, the Faculty has experienced growth in the number of research chairs and professorships held by tenure stream faculty members across the 3 fields (Table 4.3). Research chairs and professorships are awarded to faculty members who have demonstrated international leadership in their field in both academic excellence and research scholarship. Currently 6 research chairs and 3 professorships are held by faculty members - more than any other nursing faculty in Canada. Most of these are endowed, several of which are in collaboration with affiliated academic health science centres (¹ in Table 4.3). Two of the chairs awarded to Faculty of Nursing's faculty between 2009 and 2017 were as a result of interdisciplinary searches, one with the Faculty of Medicine (see² in Table 4.1) and the other with an affiliated health care setting (³ in Table 4.3).

Table 4.3. Research Chairs and Professorships Held by Faculty

Term(s)	Faculty	Title
<i>Effective Care and Health Outcomes Field</i>		
2016-present ¹	Cindy-Lee Dennis	Ontario Women's Health Council Chair in Women's Health
2015-present	Kelly Metcalfe	Lawrence S. Bloomberg Faculty of Nursing Limited-Term Professor in Cancer Genetics
2015-present ¹	Kristin Cleverley	Centre for Addiction and Mental Health Psychiatric and Addiction Nursing Research Chair
2014-present ¹	Jennifer Stinson	Mary Jo Haddad Nursing Chair in Child Health Research
2014-present ¹	Louise Rose	TD Nursing Professor in Critical Care Research
2011-2016 ²	Cindy-Lee Dennis	Shirley Brown Chair in Women's Mental Health Research
2008-2012 ¹	Sean Clarke	The RBC UHN Chair in Cardiovascular Nursing Research
2008-2013	Louise Rose	Lawrence S. Bloomberg Faculty of Nursing Limited-Term Professor in Critical Care
2007-present	Cindy-Lee Dennis	Canada Research Chair in Perinatal Community Health (Tier 2)
2004-present ¹	Doris Howell	The RBC UHN Chair in Oncology Nursing Research
2003-2013	Arlene Bierman	Ontario Women's Health Council Chair in Women's Health
2000 -2015 ¹	Bonnie Stevens	The Signy Hildur Eaton Chair in Paediatric Nursing Research
1996-2011 ¹	Ellen Hodnett	Heather M. Reisman Chair in Perinatal Nursing Research
<i>Critical Approaches to Health and Health Care Field</i>		

Term(s)	Faculty	Title
2006-2012 ³	Patricia McKeever	Bloorview Kids Foundation Chair in Childhood Disability Studies
2004-2009 ¹	Carles Muntaner	Centre for Addiction and Mental Health Psychiatric and Addiction Nursing Research Chair
<i>Nursing Health Systems Field</i>		
2013-present ¹	Lianne Jeffs	St. Michael's Hospital Volunteer Association Term Chair in Nursing Research
2013-present	Linda McGillis Hall	Kathleen Russell Distinguished Professor
2010-2012	Ann Tourangeau	Lawrence S. Bloomberg Faculty of Nursing Limited-Term Professor in Patient Safety
2008-2009	Diane Doran	Lawrence S. Bloomberg Faculty of Nursing Limited-Term Professor in Patient Safety
2000-2010	Linda O'Brien-Pallas	CHSRF/CIHR Chair in Nursing Human Resources

In addition, while the philanthropic gift provided to the Faculty by Lawrence S. Bloomberg was directed primarily towards student supports, some of that funding was directed towards the creation of 2 Research Professorships for faculty. These were held by Professor Louise Rose in the area of Critical Care from 2008-2013, Professors Diane Doran 2008-2009 and Ann Tourangeau 2010-2012 in the area of Patient Safety, and currently by Professor Kelly Metcalfe (2015 to the present) in the area of Cancer Genetics. Two endowed research chairs are currently vacant (i.e., Signy Hildur Eaton Chair in Paediatric Nursing Research; RBC UHN Chair in Cardiovascular Nursing Research), with positions posted, and interviews planned in the next six-month period for both. A third research chair is vacant and being redeveloped with the affiliate site (i.e., Heather M. Reisman Chair in Perinatal Nursing Research). In addition, discussions are currently underway with at least 2 other affiliate hospital sites to develop additional nursing research chairs or professorships.

In comparison to other top QS ranked universities, the Faculty of Nursing ranks second to only the University of Pennsylvania in number of chairs/professorships, and stands out as a leader in this area in Canada (Table 4.4).

Table 4.4. Research Chairs and Professorships Held by Top Ranked QS University Nursing Schools

School	QS Nursing Ranking 2017	Chairs	Professorships	Total
University of Pennsylvania, US	1	13	14	27
Johns Hopkins University, US	2	3	5	8
Kings College, London, UK	3	1	1	2
University of Manchester, UK	4	1	1	2
University of Technology Sydney, AU	5	1	0	1
University of Washington, US	6		6	6
University of Toronto, CA	6	9	3	12
University of California San Francisco, US	8	6	1	7
University of Michigan, US	11	0	10	10
University of North Carolina, US	14	0	9	9
University of Alberta, CA	16	4	1	5

School	QS Nursing Ranking 2017	Chairs	Professorships	Total
University of British Columbia, CA	20	1	1	2
McMaster University, CA	27	3	0	3
McGill University, CA	39	2		2
University of Ottawa, CA	40	3		3
University of Calgary, CA	51-100	5	2	5
Western University, CA	51-100			
Ryerson University, CA	NR	2		2
University of Victoria, CA	NR	1		1
University of Manitoba, CA	NR	1		1
Queen's University, CA	NR	1		1
Université Laval, CA	NR	1		1
Université de Montréal, CA	NR	4		4

Research Personnel Awards

Researchers from the Faculty of Nursing have also achieved substantial success in research personnel award competitions, both at the national and provincial levels (Table 4.5). Research personnel awards are designed to support the development and retention of emerging research scientists who have been judged by their peers as outstanding in their field of study. These programs support training and early career development by providing some salary support to the faculty for the research and scholarly activities of these select investigators. Research personnel awards held by faculty researchers include Canadian Institutes of Health Research (CIHR) New Investigator Awards; Medical Research Council (MRC) of Canada/National Health and Development Research Program (NHRDP) Career Scientist Awards; Ontario Ministry of Health and Long-Term Care (MOHLTC) Career Scientist Awards and Nursing Senior/Junior Career Awards. Effective 2015, all of these programs have been discontinued both nationally and provincially, and to date, no new early career researcher award competitions exist, with the exception of occasional awards offered through strategic funding competitions (e.g., CIHR Embedded Clinician Scientist).

Considered to be one of the most prestigious awards in the country, the *CIHR New Investigator Award* supports researchers in the early stages of their career who have shown promise as independent investigators by providing assistance for them in establishing their program of research. This program provides opportunities for new investigators who are within the first 5 years of the beginning of their independent research career, to develop and demonstrate their independence in initiating and conducting health research. Faculty have consistently held these esteemed awards from their inception in 2002 until the program was closed in 2015, receiving a total of 8 awards over the duration of the program (Table 4.5 and Appendix 43). The majority of these (7) were held during the eight-year time period since the last Faculty review (2009 onwards), with 3 currently funded. All but 2 of these awards were held by faculty within the *Effective Care and Health Outcomes* research field, while one was held by a faculty member in the *Critical Approaches to Health and Health Care* field and the other by a researcher in the *Nursing Health Systems* field.

Prior to the development of CIHR, a 10-year initiative between the Medical Research Council (MRC) of Canada and the National Health and Development Research Program (NHRDP) was created to provide career and research support for nurse scientists in Canada. At that time, the MRC was the major federal agency responsible for funding biomedical research, with the overall objective of improving the health of Canadians through funding research in the health sciences and training researchers. The NHRDP provided research funding support for national health issues related to health and well-being, public health, and health care, as well as the training and career development of researchers in health-related disciplines, with a key priority of developing female scientists. Two faculty members received these awards (Table 4.5 and Appendix 44).

Table 4.5. Faculty Research Personnel Awards – 2009 to present

Date	Granting Agency	Faculty Recipient	Research Field
National Competitions			
May 2016 – April 2020	CIHR Embedded Clinician Scientist	Craig Dale	Effective Care and Health Outcomes
July 2014 – June 2019	CIHR New Investigator	Martine Puts	Effective Care and Health Outcomes
July 2013 – June 2018	CIHR New Investigator	Louise Rose	Effective Care and Health Outcomes
July 2013 – June 2018	CIHR New Investigator	Jennifer Stinson	Effective Care and Health Outcomes
July 2008 to June 2013	CIHR New Investigator	Robyn Stremmler	Effective Care and Health Outcomes
July 2007 to June 2012	CIHR New Investigator	Kelly Metcalfe	Health Care and Health Outcomes
July 2006 to June 2011	CIHR New Investigator	Jan Angus	Critical Approaches to Health and Health Care
March 2005 to February 2010	CIHR New Investigator	Cindy-Lee Dennis	Effective Care and Health Outcomes
Provincial Competitions			
April 2010 – March 2014	MOHLTC, Nursing Senior Career Award	Ann Tourangeau	Nursing Health Systems
July 2010 – June 2015	MOHLTC, Career Scientist Award*	Louise Rose	Effective Care and Health Outcomes
July 2009 – June 2012	MOHLTC, Nursing Senior Career Award	Linda McGillis Hall	Nursing Health Systems
July 2009 – June 2012	MOHLTC, Nursing Senior Career Award	Diane Doran	Nursing Health Systems
July 2009 – June 2012	MOHLTC Nursing Junior Career Award	Jessica Peterson	Nursing Health Systems
July 2009 – June 2012	MOHLTC Nursing Junior Career Award	Lianne Jeffs	Nursing Health Systems
July 2009 – June 2012	MOHLTC Nursing Junior Career Award	Raquel Meyer	Nursing Health Systems
July 2009 – June 2010	MOHLTC Career Scientist*	Jennifer Stinson	Effective Care and Health Outcomes
July 2004 to June 2009	MOHLTC Career Scientist	Kathy McGilton	Nursing Health Systems

NOTE: * funding suspended during granting period

More recently, CIHR has offered occasional opportunities for research personnel awards in strategic research areas. The *Embedded Clinician Scientist Award* was developed to enable health care innovation through the support of clinical leadership. The award is particularly oriented towards improving patient experience and outcomes and quality of life for those with chronic conditions, providing early and mid-career regulated health professionals who are clinicians the protected time they need to conduct research. Applicants develop a partnership with a health system organization (e.g., a hospital), to facilitate their program of clinical research. The first year the opportunity was offered was 2016, and a faculty researcher received one of the 2 research personnel awards that were given in that competition across the nation (Table 4.5).

The Ontario Ministry of Health and Long-Term Care (MOHLTC) has supported outstanding researchers in the province throughout different stages of their careers, to carry out independent research in health systems and services in Ontario. The overall goal of the *Career Scientist* program was to facilitate the development of health research personnel in Ontario. Faculty of Nursing's faculty have a longstanding record of achievement in these awards. Nine faculty members held these awards between 2008 and 2015; 3 senior scientists, 2 mid-career and 4 junior investigators (Table 4.5). Two of the researchers funded were in the *Effective Care and Health Outcomes* research field and 7 in the *Nursing Health Systems* area (Table 4.5). These built on the previous 6 MOHLTC career scientist awards held by faculty members between 1993 and 2008 (Appendix 44). In 2010, funding for the MOHLTC general Career Scientist Program was suspended, resulting in 2 of the faculty members who held these awards being impacted (see* in Table 4.5). One of these (J Stinson) had funding halted mid-award, while the other (L Rose) never received any funding, despite receiving formal notification of receipt of the award (Ontario Ministry of Health and Long-term Care, 2013b).

Research Capacity Development Awards

The Ontario provincial government also provided awards recognizing research excellence across a variety of domains – health care and all other sciences. Between 1999 and 2005, the Premier's Research Excellence Awards (PREA), recognized researchers' contributions by providing recipients with 5 years of funding support for student training at all levels (e.g., undergraduate, graduate, doctoral and postdoctoral). In 2005, this program was renamed the Early Researcher Award. Since the last Provostial review in 2009, 2 faculty members have received these awards, following the previous faculty successes between 1999 and 2008 (Table 4.6).

Table 4.6. Ontario Government Research Capacity Development Awards

Year	Faculty Recipient	Research Field
2014-2017	Lianne Jeffs	Nursing Health Systems
2011-2016	Robyn Stremler	Effective Care and Health Outcomes
2003-2008	Linda McGillis Hall	Nursing Health Systems
1999-2004	Diane Doran	Effective Care and Health Outcomes
1999-2004	Bonnie Stevens	Effective Care and Health Outcomes

Visiting Professors

The fall 2007 announcement of the generous \$10 million donation from philanthropist and financier Lawrence S. Bloomberg provided the opportunity to globally expand our innovation and excellence in research. To generate increased opportunities for international collaboration, a Visiting Professor program was developed. Prior to 2009, 2 international scholars visited the Faculty – Professor Alex Molassiotis from the University of Manchester, United Kingdom in 2007-2008 and Professor Wendy Chaboyer from Griffith University in Australia in 2008-2009. Since the 2009 Provostial review, the Faculty has continued to engage Visiting Professors through the Frances Bloomberg International Distinguished Visiting Professorships (Table 4.7). Areas of focus have been broad, resonating with contemporary challenges or inquiry in the profession. Current Frances Bloomberg International Distinguished Visiting Professor, Donna Sullivan Havens, joined the Faculty from the School of Nursing at the University of North Carolina at Chapel Hill. As Visiting Professor, she is engaging faculty, students, health researchers and others about shaping health systems to promote desired outcomes by increasing nurse involvement in health care decision making. Professor Walter Sermeus, University of Leuven in Belgium brought his expertise on how to use big data to drive decision making in health care to the Faculty during the 2015-2016 academic year. In 2014-2015, Professor Margo Pritchard of the Australian Catholic University, shared her expertise as clinical trialist in child health development and behavioural surveillance in high risk neonatal groups. Anne-Marie Rafferty, Professor of Nursing Policy at Kings College London, visited the Faculty in 2013-2014 to advance knowledge in research and policy in relation to enhancing our understanding of nurses' contributions to care. Tom Keighley (2012-2013) provided expertise in nursing policy and leadership, while Professor Pamela Mitchell, University of Washington, visited the Faculty in 2010-2011 and shared her knowledge on translating evidence-based care, particularly related to critical care nursing. Finally, Judith Oulton, former Chief Executive of the International Council of Nurses, joined the Faculty for 2009-2010 and contributed her significant expertise in global nursing policy and further developing international nursing partnerships.

Table 4.7. Frances Bloomberg International Distinguished Visiting Professors – 2009 to 2017

Name	Institution	Country	Year
Karen Luker	University of Manchester	United Kingdom	2017-2018
Donna Havens	University of North Carolina, Chapel Hill	United States	2016-2017
Walter Sermeus	Leuven University	Belgium	2015-2016
Margo Pritchard	Australian Catholic University	Australia	2014-2015
Anne-Marie Rafferty	Kings College London	United Kingdom	2013-2014
Tom Keighley	Keighley Associates	United Kingdom	2012-2013
Pamela Mitchell	University of Washington	United States	2010-2011
Judith A. Oulton	International Council of Nurses	Switzerland	2009-2010
Wendy Chaboyer	Griffith University	Australia	2008-2009
Alex Molassiotis	University of Manchester	United Kingdom	2007-2008

Faculty Research Strengths – Recognitions and Awards

Faculty researchers are well recognized internationally, nationally and locally for their excellence and commitment to high quality nursing research and education (Table 4.8). Since 2009, faculty members have received 13 international, 1 European, 1 North American, 10 national, 6 provincial and 4 local *nursing research awards*. In addition to nursing awards, faculty researchers have achieved considerable recognition through *interdisciplinary awards*, including 2 international, 2 North American, 8 national, 3 provincial and 3 local awards (Table 4.8).

The field of nursing offers numerous opportunities to recognize research excellence through *nursing awards and distinctions*, and faculty members has excelled in achieving those recognitions. At the international level, 11 faculty members have been inducted as fellows into the American Academy of Nursing, one of the leading academic nursing societies in the world, 10 of these since the time of the last faculty review in 2009 (Table 4.8). In addition, 1 faculty member is a fellow of the European Academy of Nursing Sciences, the leading European nursing academic society. Most recently in 2016, a faculty member was inducted into the International Nurse Researcher Hall of Fame by the Sigma Theta Tau International Honor Society of Nursing.

At the national level, faculty have frequently been recognized by the Canadian Nurses Association, and to add to our past recipients of major awards from this leading professional Canadian body, in 2010 Professor Emerita Gail Donner received the *Jeanne Mance Award*, the highest award for a nurse in Canada. This marked the 7th time this distinction was bestowed on a faculty member since 1982. Faculty members have also received the *Canadian Nurses Association Order of Merit for Nursing Research* twice (Professor Ellen Hodnett in 2012; and Professor Bonnie Stevens in 2014) since the inaugural award was received by a faculty member in 2008 (Professor Linda McGillis Hall). Faculty members have also received the *Canadian Association of Schools of Nursing Award for Excellence in Nursing Research* twice since the last review (Professor Kelly Metcalfe in 2014; and Professor Linda McGillis Hall in 2011), as well as the prestigious *Ethel Johns Award for Distinguished Service to Canadian Nursing Education* (Professor Emerita Gail Donner in 2010). In addition to international and national accolades, faculty have demonstrated research excellence at the provincial and local level as well. Three faculty members have been recognized for their capacity to translate research to practice by the *Council of Ontario University Programs in Nursing* – Professor Jennifer Stinson in 2014; Professor Louise Rose in 2015; and Professor Kelly Metcalfe in 2016. Finally, numerous faculty members have been recognized for their research excellence by our local *Sigma Theta Tau International (Honor Society of Nursing)* chapter including, since 2009, Professors Dale, Cleverley, Jeffs and Parry).

Table 4.8. Faculty Recognitions and Awards

Award Name	Organization	Recipient	Scope	Year(s)
Nursing Awards				
International Nurse Researcher Hall of Fame	Sigma Theta Tau International Honour Society of Nursing	Linda McGillis Hall	International	2016
Fellow	American Academy of Nursing	Edith Hillan Jennifer Stinson Kelly Metcalfe	International	2017 2017 2016

Award Name	Organization	Recipient	Scope	Year(s)
		Freida Chavez Lianne Jeffs Kathy McGilton Lynn Nagle Louise Rose Bonnie Stevens Linda Johnston Sioban Nelson Judith Shamian Linda McGillis Hall		2016 2015 2015 2015 2015 2015 2014 2012 2009 2007
Leadership Award in Nursing Research	Registered Nurses Association of Ontario	Craig Dale Jennifer Stinson	Provincial	2017 2016
Scholarship into Nursing Practice	Council of Ontario University Programs in Nursing	Kelly Metcalfe Louise Rose Jennifer Stinson	Provincial	2016 2015 2014
Dorothy M. Pringle Award of Excellence for Nursing Research	Sigma Theta Tau International - Lambda-Pi-at-large Chapter	Craig Dale Kristin Cleverley Lianne Jeffs Monica Parry Robyn Stremmler Kathy McGilton Ann Tourangeau Linda McGillis Hall	Local	2017 2016 2015 2011 2008 2007 2006 2002
Strategic Contribution to Nursing Education	Council of Ontario University Programs in Nursing	Lianne Jeffs	Provincial	2015
Research Excellence Award	Canadian Council of Cardiovascular Nurses	Monica Parry	National	2014
Excellence in Nursing Research Award	Canadian Association of Schools of Nursing	Kelly Metcalfe Linda McGillis Hall	National	2014 2011
Nursing Excellence in Pain Management Award	Canadian Pain Society	Salima Ladak Jennifer Stinson	National	2014 2010
Order of Merit for Nursing Research	Canadian Nurses Association	Bonnie Stevens Ellen Hodnett Linda McGillis Hall	National	2014 2012 2008
Fellow	European Academy of Nursing Science	Linda Johnston	European	2011
Ethel Johns Award	Canadian Association of Schools of Nursing	Gail Donner	National	2010
Interprofessional Nursing Project Award	Canadian Pain Society	Michael McGillion	National	2010
JeanneMance Award*	Canadian Nurses Association	Gail Donner	National	2010
Interdisciplinary Awards				
Fellow	Canadian Academy of Health Sciences	Kelly Metcalfe Linda McGillis Hall	National	2017 2010 2009

Award Name	Organization	Recipient	Scope	Year(s)
		Sioban Nelson Bonnie Stevens Ellen Hodnett LindaO'BrienPallas Dorothy Pringle Diane Doran		2006 2005 2005 2005 2005
Fellow	Royal Society of Canada College of New Scholars, Artists and Sciences	Kelly Metcalfe	National	2017
Best Paper Award	Women's College Research Institute	Kelly Metcalfe Kelly Metcalfe	Local	2015 2010
Lecturer Award	Society of Reproductive and Infant Psychology	Cindy-Lee Dennis	International	2015
Knowledge Translation Award	Canadian Institutes of Health Research	Bonnie Stevens	National	2014
Diamond Jubilee International Visiting Fellow	University of Southampton	Doris Howell	International	2014
Distinguished Career Award	Canadian Pain Society	Bonnie Stevens	National	2014
Helping Hands of Hope Award	Mood Disorders Association of Manitoba	Cindy-Lee Dennis	Provincial	2014
Research Mentorship Award	Academy Health - Interdisciplinary Research Group on Nursing Issues	Linda McGillis Hall	North American	2013
Hope Inspiration Award	Mood Disorders Association of Ontario	Cindy-Lee Dennis	Provincial	2013
Fellow	Atlantic Philanthropies Health & Aging Policy Fellows Program	Arlene Bierman	North American	2012
Early Career Award	Canadian Pain Society	Michael McGillion	National	2013
Chief of Staff Choice Award for Research Leadership	Toronto East General Hospital	Louise Rose	Local	2011
Order of Canada (Officer)	Governor General of Canada	Mary Ferguson Pare	National	2011
Roger Broughton Young Investigator Award	Canadian Sleep Society	Robyn Stremler	National	2011
10 Torontonians to Watch	Toronto Star	Kelly Metcalfe	Local	2009
Canada's 100 Most Powerful Women	Women's Executive Network	Judith Shamian	National	2009
Honours				
Honorary Degree	Dalhousie University	LindaO'BrienPallas		2016
Honorary Doctor of Laws	Trent University	Judith Shamian		2012

From the *interdisciplinary* perspective, faculty researchers have been recognized internationally through honours received including a lecturer award from the *Society of Reproduction and Infant*

Psychology (Professor Cindy-Lee Dennis: 2015), and the *Diamond Jubilee International Visiting Fellow Award* (Professor Doris Howell: 2014) (see Table 4.7). From the North American perspective, faculty researchers have been recognized by *Academy Health* for research mentorship (Professor Linda McGillis Hall: 2013) and achieved fellowship with the *Atlantic Philanthropies Program* (Professor Arlene Bierman: 2012). Nationally, a number of faculty have been elected to the *Canadian Academy of Health Sciences (CAHS)*, a constituent of the Council of Canadian Academies, since it was established in 2005. CAHS fellows have demonstrated a history of outstanding performance in the academic health sciences in Canada, and are recognized nationally and internationally for their contributions to the health sciences. Three faculty members have been elected to the CAHS since 2009: Professor Sioban Nelson in 2009, Professor Linda McGillis Hall in 2010, and Professor Kelly Metcalfe in 2017; bringing the number of faculty elected to 8. Most recently, in 2017 Professor Kelly Metcalfe was elected to the Royal Society of Canada - College of New Scholars, Artists and Scientists, the first time a Faculty of Nursing faculty member has received this award. Several other interdisciplinary national awards have been achieved by faculty since 2009, including the prestigious officer of the *Order of Canada* by alumni Mary Ferguson Pare in 2011 - the second highest honour for merit in the system of orders, decorations, and medals in Canada. In addition, over this time period, the distinguished career award from the *Canadian Pain Society* was received by Professor Bonnie Stevens in 2014, an early career award from the Canadian Pain Society in 2012 and 2013 for Michael McGillion, and most notably, Professor Bonnie Stevens received the prestigious *CIHR Knowledge Translation Award* in 2014, the first occasion for a nurse recipient.

Faculty of Nursing faculty have been recognized with significant degree honours as well, with Emerita Faculty Judith Shamian and Linda-Lee O'Brien Pallas both receiving honorary doctorates from Trent University and Dalhousie University respectively in recent years.

Appropriateness of Research Activity – Comparisons

Publication and Citation Rankings - International

The Faculty has experienced substantial growth in publication outputs and citation rankings since the 2009 review. This improvement is most evident globally in the 2016 and 2017 QS World University Rankings by Subject where the Faculty was ranked as the 3rd (2016) and sixth (2017) best nursing school in the world, surpassing all other Canadian nursing schools. The rankings are based on the results of an assessment of academic reputation, employer reputation, citations per faculty and an index based on scholarly publication productivity and impact. Of particular interest to these rankings is the contribution that faculty research productivity has made to achieve these metrics (see Table 4.8). Specifically, the Faculty ranked fourth in both citations per paper (93.4) and H-index citations (93.7).

Table 4.9. *QS Ranking by Subject – Nursing (2017)*

	University of Pennsylvania	Johns Hopkins University	Kings College London	University of Manchester	University of Technology Sydney	University of Toronto
Academic Reputation	98.9	91.6	100	95.8	95.2	85.9
Employer Reputation	66.6	71.6	65.1	74.8	92.3	75.6
Citations per Paper	98.3	96.2	93.4	93.2	94	93.4
H Index Citations	99.6	100	94.3	90.4	84.5	93.7
Overall Score	95.7	93.5	92.8	91.3	91.3	89.8

Publication and Citation Rankings – Nationally and North America

This positive trend in rankings is also seen in the publication outputs and citation rankings calculated using the Thomson Reuters InCites® resource, with data current as of February 2017 for material published between 2011 and 2015. These data limit comparisons to the 76 leading research universities in North America (members of the U15 [Canada] and/or the Association of American Universities, and University of California, San Francisco) and are categorized by fields of study, with the most relevant to the Faculty being nursing; followed by health care sciences and services; oncology; psychiatry; critical care medicine; and public environmental and occupational health. *Publication counts* within InCites® include all forms of publication from Thomson Reuters covered journals; they exclude editorials, letters, corrections and abstracts. Publications include all faculty at the University who published in the identified area, although few (if any) faculty outside of nursing publish in nursing journals. Research areas are defined by a set of journals indexed by Thomson Reuters; thus, there is overlap between fields. *Citation counts* within InCites® represent citations to date for papers published between 2011 and 2015 as of February 2017. Citation counts refer to the number of times a particular publication is cited by other authors, thus considered to be a strong marker of research impact and utilization.

In the *Nursing field of study*, the University of Toronto ranks 1st among U15 Canadian peers in rankings of publications and citations, 6th for publications and 2nd for citations in relation to public peers (Canadian and US), and 10th for publications and third for citations in relation to all peers (Table 4.10). Our standing across non-nursing domains is also significant (Table 4.10); the University ranks highly for publications and citations in Public, Environmental and Occupational Health; Oncology; Health Care Services and Sciences; Psychiatry; and Critical Care Medicine. Canadian peers are the *U15 group of research universities* in Canada and include the University of Alberta, University of British Columbia, University of Calgary, Dalhousie University, Université Laval, University of Manitoba, McMaster University, McGill University, Université de Montréal, University of Ottawa, Queen’s University, University of Saskatchewan, University of Toronto, University of Waterloo, and Western University. *Public Peers* are publicly funded universities in the United States and Canada. All peers include private universities (e.g., Harvard, Yale) in addition to the other groups.

Table 4.10. Thomson Reuters InCites® Publication and Citation Rankings by Nursing Field of Study for Top Ten Universities in Rankings

Publications Rankings				Citations Rankings			
Institution	All Peers	Public Peers	U15 Peers	Institution	All Peers	Public Peers	U15 Peers
Nursing							
Penn	1			Penn	1		
Harvard	2			UCSF	2	1	
Hopkins	3			Toronto	3	2	1
UCSF	4	1		Michigan	4	3	
Pittsburgh	5	2		UNC C Hill	5	4	
Michigan	6	3		Harvard	6		
Duke	7			Hopkins	7		
Washington	8	4		Pittsburgh	8	5	
UNC C Hill	9	5		Duke	9		
Toronto	10	6	1	Alberta	10	6	2
Public, Environmental & Occupational Health							
Harvard	1			Harvard	1		
Hopkins	2			Hopkins	2		
UNC C Hill	3	1		Washington	3	1	
Toronto	4	2	1	UCSF	4	2	
Washington	5	3		Columbia	5		
Columbia	6			Toronto	6	3	1
UCSF	7	4		Emory	7		
Michigan	8	5		UNC C Hill	8	4	
UCLA	9	6		Yale	9		
Emory	10			UBColumbia	10	5	2
Oncology							
Harvard	1			Harvard	1		
Toronto	2	1	1	Toronto	2	1	1
Hopkins	3			Hopkins	3		
UCSF	4	2		UCSF	4	2	
Penn	5			UCLA	5	3	
Duke	6			Pittsburgh	6	4	
Michigan	7	3		Duke	7		
Stanford	8			Penn	8		
Pittsburgh	9	4		Michigan	9	5	
Ohio State	10	5		Vanderbilt	10		
Health Care Sciences and Services							
Harvard	1			Harvard	1		
Toronto	2	1	1	Toronto	2	1	1
UCSF	3	2		McMaster	3	2	2
Hopkins	4			Hopkins	4		
Michigan	5	3		UCSF	5	3	
Washington	6	4		Ottawa	6	4	3
Penn	7			Michigan	7	5	
UCLA	8	5		Washington	8	6	
McMaster	9	6	2	Penn	9		
Duke	10			CaseWestern	10		
Critical Care Medicine							
Harvard	1			Harvard	1		

Publications Rankings				Citations Rankings			
Pittsburgh	2	1		Toronto	2	1	1
Toronto	3	2	1	Pittsburgh	3	2	
Penn	4			Penn	4		
Washington	5	3		Washington	5	3	
Hopkins	6			McMaster	6	4	2
UCSF	7	4		UCSF	7	5	
Michigan	8	5		Hopkins	8		
Vanderbilt	9			Michigan	9	6	
Col Boulder	10	6		UBColumbia	10	7	3
Psychiatry							
Harvard	1			Harvard	1		
Columbia	2			Columbia	2		
Toronto	3	1	1	Yale	3		
Yale	4			Toronto	4	1	1
Pittsburgh	5	2		UCLA	5	2	
UCLA	6	3		Pittsburgh	6	3	
Hopkins	7			Hopkins	7		
U San Diego	8	4		U San Diego	8	4	
Penn	9			Penn	9		
Stanford	10			Stanford	10		

Publications in Highly Ranked Journals

In the past year (April 1, 2016, to March 31, 2017), Faculty of Nursing's faculty published 148 journal articles, of which 122 were published in 87 ranked journals. Fifteen articles were in top-25 ranked journals across a range of fields. Of particular note, given the size of the faculty complement, is the fact that faculty members were first author on 35 of these articles, and 15 of these were published in journals ranked in the top 25 of a domain. While first author status is a marker of particular significance in weighing an author's contribution, our faculty frequently co-author with current and previous undergraduate, doctoral and post-doctoral students, demonstrating a commitment to supporting and mentoring new and aspiring researchers.

Field of Nursing: Thomson Reuters InCites® Publications

Selected examples are provided as evidence of faculty publications in top-ranked nursing journals. Specifically, in the past year, Professor Sioban Nelson has published with post-doctoral fellow Paola Galbany-Estragués in the InCites® top-ranked field of Nursing journal, *International Journal of Nursing Studies* (2016; IF 3.755). As well, Ann-Kristin Bjørnnes, the Faculty of Nursing's current 2016-2017 Kierans Postdoctoral Fellow, is first author on an article in the 2nd highest ranked Nursing journal, *European Journal of Cardiovascular Nursing* (2016; IF 2.763). Co-authors include her supervisor Monica Parry and past Kierans Postdoctoral Fellow Marit Leegard. Professor Linda McGillis Hall led publications this year in *Nurse Education Today*, the 4th highest ranked journal in the field of Nursing (2016: IF 2.533) as well as in the 6th highest ranked Nursing journal, the *Journal of Nursing Scholarship* (2016; IF 2.396) with doctoral and undergraduate research students. Similarly, Professor Kathy McGilton has published an article with her doctoral student in the 17th ranked *Journal of Nursing Management* (2016; IF 1.905), while Professor Craig Dale and colleagues, including his doctoral supervisor

Professor Jan Angus and post-doctoral supervisor Professor Louise Rose recently published in the 18th ranked Nursing journal, the *American Journal of Critical Care* (2016; IF 1.884). In 2015, Professor Jan Angus was first author on a publication in the 13th ranked nursing journal, *Journal of Advanced Nursing* (2015; IF 1.741). Professor Ann Tourangeau also led a publication in the *Journal of Advanced Nursing* that year with 3 of her graduate students (2015; IF 1.741), while Professor Elizabeth Peter published in the 23rd ranked nursing journal, *Nursing Ethics* with 2 of her graduate students. Professor Robyn Stremler was first author on a publication in the 24th ranked nursing journal, *Research in Nursing and Health* (2015: IF 1.693), and in 2010, Professor Denise Gastaldo led a publication in the 61st ranked nursing journal, *Nursing Inquiry* (2010: IF 1.143).

Other Fields: Thomson Reuters InCites®

Faculty researchers regularly contribute to a number of fields of study outside of nursing, including paediatrics, anesthesiology, clinical neurology, transplantation, oncology, medicine (general and internal), psychiatry, rehabilitation, critical care medicine, social sciences and biomedical, and health sciences and services, further demonstrating the scope and reach of faculty research. For example, in the past year in the field of **Paediatrics**, Professor Bonnie Stevens is first author on an article in the 3rd ranked journal *Paediatrics* (2016; IF 5.705), while Professor Linda Johnston published an article in *Paediatrics* with Professor Margo Pritchard, the 2015-2016 Frances Bloomberg International Distinguished Visiting scholar. More recently, Professor Kim Widger also leads an article in 2017 in that same journal. In addition, Professor Jennifer Stinson appears as a co-author on post-doctoral fellow Sarah Ahola Kohut's article published in *Pain* (2016; IF 5.455), ranked 3rd in the field of **Anesthesiology** and 19th in the **Clinical Neurology** field, while In the field of **Transplantation**, Professor Samantha Mayo was first author on the 7th ranked *Bone Marrow Transplantation* paper (2016: IF 3.570). Professor Kelly Metcalfe, was first author on an article in the 8th ranked *JAMA Oncology* (2015: IF 16.559) in the **Oncology** field, and also had a first author article in the 4th ranked *British Medical Journal* in the **Medicine, General and Internal** field, (2014: IF 19.967). In the field of **Psychiatry**, Professor Cindy-Lee Dennis authored a publication in the 10th ranked *Acta Psychiatrica Scandinavica* (2016, IF 6.790) that included recent Kierans Postdoctoral Fellow Kobra Fallah-Hassani. In addition, Professor Martine Puts has published an article with doctoral and undergraduate research students in *Supportive Care in Cancer*, ranked 12th in **Rehabilitation**, (2016; IF 2.698), and Professor Doris Howell also led a publication this past year in that same journal. In the field of **Critical Care Medicine**, Professor Louise Rose led an article in the 15th ranked *Journal of Critical Care* (2016: IF 7.442), while Professor Carles Muntaner was first author on a publication in the 35th ranked journal in the **Social Science and Biomedical** field (2015: IF 0.690). As well, Professor Kristin Cleverley is lead author on a publication in the 38th ranked *BMJ Open* (2016; IF 2.271) in the **Medicine, General and Internal** field and Professor Lisa Cranley has a first-authored publication In Press in that same journal. Finally, Professor Lianne Jeffs published in the 49th ranked **Health Sciences and Services** journal, *BMC Health Services Research* (2016; 1.827).

A particularly distinguishing characteristic of the Faculty is the high number of *Cochrane Reviews and Reports* (14th ranked, Medicine, General & Internal, IF 6.124), with 12 to date as first author, including such influential papers as those by Professor Bonnie Stevens on sucrose

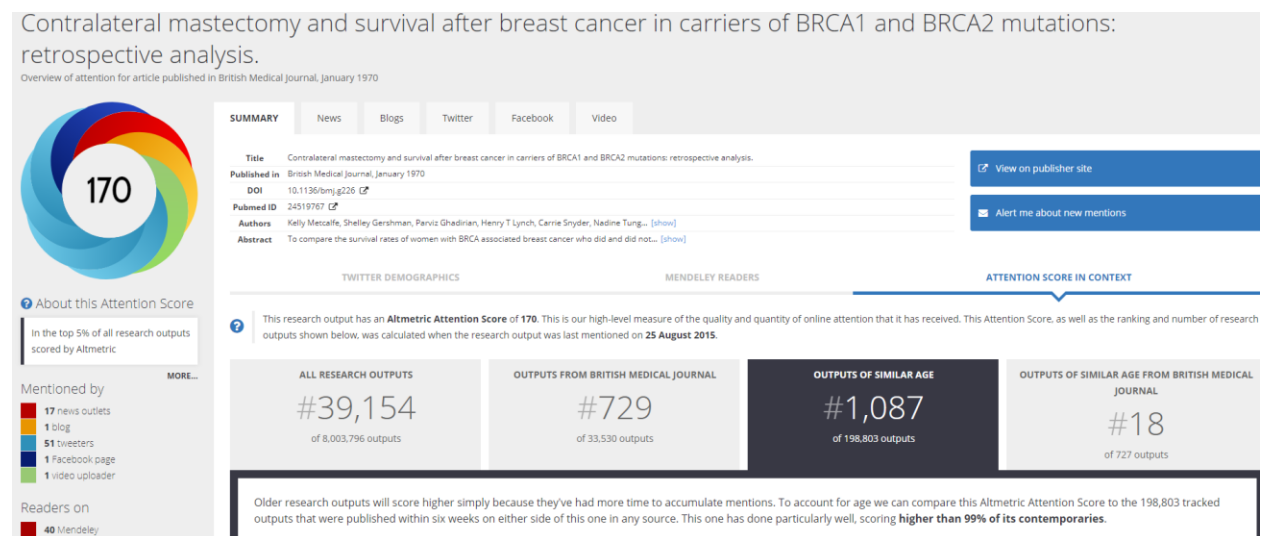
for analgesia in newborn infants; Professor Ellen Hodnett on women and childbirth; Professor Cindy-Lee Dennis on interventions for antenatal depression; and Professor Louise Rose on mechanical ventilation in critically ill patients.

Other Notable Research Citations

The “*most cited*” article is a category used by journals to demonstrate the uptake of a particular journal article by counting how often other authors refer to it in their own work. Professor Emerita Linda O’Brien Pallas co-authored a paper with Laureen Hayes, a Research Associate to the CHSRF/CIHR Chair in Nursing Health Human Resources held by Professor O’Brien Pallas in the Faculty. Published in the top-ranked journal in the field of nursing, the *International Journal of Nursing Studies* in 2006 (43(2), 237-63), it remains the most cited article from that journal today, ranking in the 99th percentile of nursing papers of the same age and type, demonstrating the continued influence of research led by Faculty of Nursing nursing faculty (International Journal of Nursing Studies, 2017).

The “*Altmetric Attention Score*” is a weighted count of all of the online attention found for an individual research output. It includes mentions in public policy documents and references in Wikipedia, the mainstream news, social networks, blogs, etc., and is considered an indicator of the attention the article has received. Professor Kelly Metcalfe’s 2014 publication in the *British Medical Journal* earned an Altmetric Score of 170, a particularly high measure (Figure 4.9). The paper scored higher than 99% of papers published in a similar timeframe and, more accurately, was in the top 5% of all research outputs tracked by Altmetrics at the time (Altmetrics, 2014).

Figure 4.9. Altmetrics Citation



Professor Jennifer Stinson’s program of research is focused on helping children who suffer from cancer, arthritis, and other painful conditions to manage pain themselves. This work was profiled in the *Harvard Business Review - Innovation* section, as an example of how innovation can be nurtured through institutional support within an organization. Her **Pain Squad App** is now

widely used at the Hospital for Sick Children, making a difference to how pain is reported and managed, and is available for free on the App Store from Apple (Duncan, 2013).

Professor Carles Muntaner is a leading researcher in the field of health inequalities research, who has collaborated widely with international researchers and has a notable publication record. In 2015, a bibliometric analysis published in one of the most important journals in the field, *Social Science and Medicine* (2015, 141, 100-108), recognized Professor Muntaner as the 9th most productive author in the field of health inequalities/health equity, with (at the time) 99 publications to his name (Bouchard et al., 2015).

Faculty researchers have an established track record of excellence in academic publishing. An analysis by Hack and colleagues in 2010 identified the top 20 Canadian nursing academics based on *Scopus h-index* for all published journal articles and for first authored papers. In that analysis, faculty researchers comprised 6 of the top 20 Scopus h-indices. Professor Bonnie Stevens led, ranked second and with an h-index of 26, followed by Professor Carles Muntaner (3rd, h-index 23), Professor Ellen Hodnett (5th, h-index 21), Professor Kelly Metcalfe (7th, h-index 19), Professor Cindy-Lee Dennis (18th, h-index 15) and Professor Sean Clarke (20th, h-index 14). A similar pattern was reflected in ranking of first-authored journal papers at the time, with Professor Cindy-Lee Dennis ranking 5th, Professor Carles Muntaner ranking 6th, Professor Bonnie Stevens ranking 8th, Professor Kelly Metcalfe ranking 10th, Professor Diane Doran ranking 16th, Professor Ellen Hodnett ranking 17th, and Professor Arlene Bierman ranking 19th. In both cases, University of Toronto nurse researchers represented the largest proportion (7 researchers in each category) of academics ranked in the top 20 of the Canadian citation analysis (Hack et al., 2010).

Research Activities for Undergraduate and Graduate Students

Undergraduate Students

The Undergraduate Summer Research Program provides nursing students with the opportunity to explore their research interests and experience the research process first-hand by working on projects supervised by a faculty researcher. Undergraduate students participating in the program spend the summer working on faculty research projects while earning a stipend. Students participate in a diverse range of projects that expose them not only to the wide range of research areas that our faculty investigate, but also different research methods and aspects of the research process (e.g., literature review, data collection, and data analysis). Research students participated in studies that included: working to enhance the quality of end-of-life care for children with cancer; looking at the role of co-morbidity, frailty and functional status in the decision-making process for older adults with cancer and their care teams; evaluating the effect of a breastfeeding intervention; oral pain evaluation in critically ill patients; a longitudinal study of the mental health of youth as they transition from child to adult health services; nurses' role in antimicrobial use; women who manage arthritis and cardiac pain; facilitation as a key influence on knowledge translation; and the effects of exercise on adults with lymphoma. The summer research program has grown in popularity, from 13 students in 2009 to 39 students in 2015. The number of students participating annually varies based on funding support and faculty availability over a particular summer period. In 2016, 29 students were placed with faculty researchers

demonstrating that students see this program as a valuable complement to their nursing education (see Table 4.11).

Table 4.11. Undergraduate Summer Student Research Program Activity 2009-2017

Year	Number of Students In Program	Number of Faculty Supervisors	Number (Percent) of Undergraduate Summer Research Students Who Enter UofT Graduate Programs Later
2009	13	7	5 (38%)
2010	10	6	3 (30%)
2011	13	9	5 (58%)
2012	12	9	3 (25%)
2013	22	13	N/A
2014	22	13	N/A
2015	39	18	N/A
2016	29	18	N/A

NOTE: data on graduate registration from Registrar's Office, LSBFON

In addition, the undergraduate summer student research program may contribute to student interest in furthering their nursing education. During the period from 2009 to 2012, between 25 and 58% of program participants returned to the University for graduate studies (see Table 4.10). This reflects a time period when the program supported between 10 and 13 students. As the program size increased to accommodate higher numbers of students from 2013 onwards (i.e., 22-39), the numbers who return to the University for graduate study in the near future may also increase.

Graduate Students – PhD and Postdoctoral

The research-intensive environment at the Faculty of Nursing provides an optimal setting for *postdoctoral fellows* (PDFs) to transition from graduate student studies to independent scholarship. PDFs with the Faculty of Nursing are trainees who are provided with the opportunity to further their research skills while working with an experienced faculty mentor. Since 2009, 29 PDFs have visited the Faculty (Table 4.12), with almost half of those coming from outside Canada including Brazil, Columbia, Spain, Norway, Switzerland, Finland, Israel and the United States. The remainder came from within Canada or locally here in Toronto.

The Tom Kierans International Postdoctoral Fellowship program provides an opportunity for international junior scholars to visit the Faculty of Nursing for up to one year full-time and work on an approved program of research. Support for this distinguished post-doctoral fellowship was provided by a gift from Lawrence S. Bloomberg. Four of the PDFs visiting the Faculty since 2009 were participants in this program (*Table 4.12).

Table 4.12. Postdoctoral Fellows 2009-2017

Fellow Name	Faculty Supervisor	Recruitment	Years
2009			
Roberta Cardoso	Bonnie Stevens	International - Brazil	2009-2009
Sayra Cristancho	Adam Dubrowski	International - Colombia	2009-2009

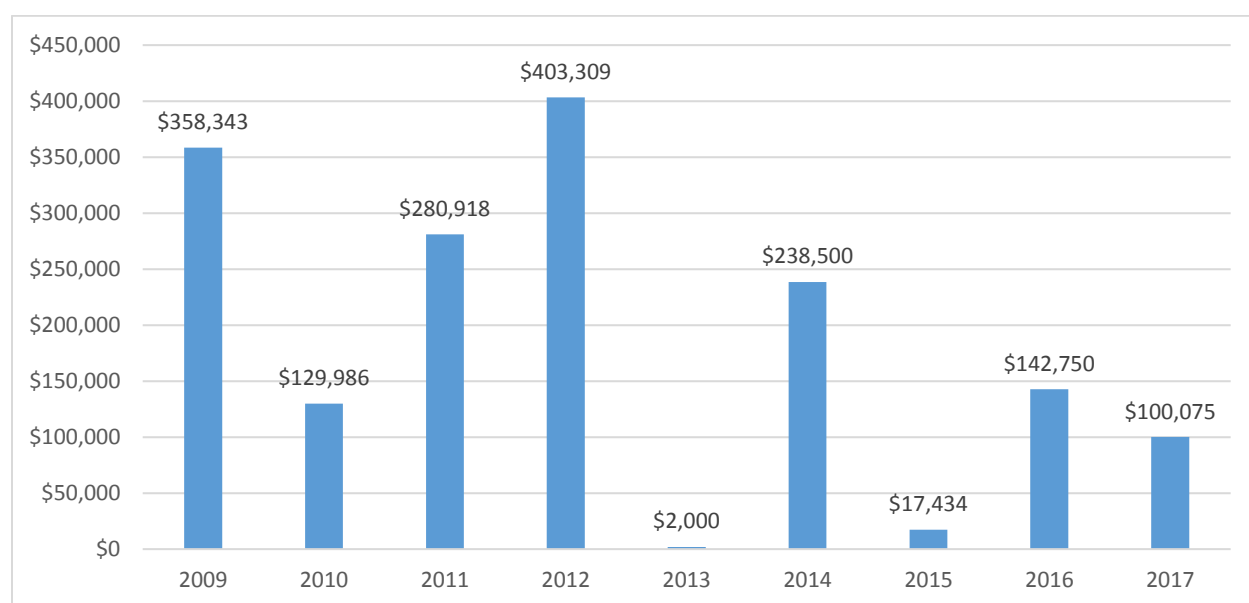
Fellow Name	Faculty Supervisor	Recruitment	Years
Teresa Moreno Casbas*	Sean Clarke	International - Spain	2009-2010
Marit Leegaard	Judy Watt-Watson	International - Norway	2009-2009
Sara Promislow	Adam Dubrowski	Local - Toronto	2009-2009
Maria Schubert	Sean Clarke	International - Switzerland	2009-2010
2010			
Mia Quint Rappaport	Edith Hillan	Local - Toronto	2010-2011
2011			
Judith Godin	Diane Doran	National - Ottawa	2011-2012
Mika Nonoyama	Louise Rose	Local - Toronto	2011-2012
2012			
Marilyn Aita	Robyn Stremmler	National - Quebec	2012-2013
Sara Ahola Kohut	Jennifer Stinson	Local - Toronto	2012-2016
Hans de Ruiter*	Jan Angus	International - USA	2012-2013
Julie Trudel	Doris Howell	National - Quebec	2012-2013
Aeleah Soine	Sioban Nelson	International - USA	2012-2013
2013			
Ivonete Schuler Buss Heideman	Denise Gastaldo	International - Brazil	2013-2014
Pnina Mor	Kelly Metcalfe	International - Israel	2013-2016
2014			
Louise Boyer	Ann Tourangeau	National - Quebec	2014-2016
Maria Gloria Gallego Caminero	Sioban Nelson	International - Spain	2014-2014
Craig Dale	Louise Rose	Local - Toronto	2014- 2014
Kobra Falah-Hassani*	Cindy-Lee Dennis	International - Finland	2014-2016
Krista Keilty	Robyn Stremmler	Local - Toronto	2014-2017
Chitra Laloo	Jennifer Stinson	National - Ontario	2014-2016
2015			
Paola Galbany Estragues	Sioban Nelson	International - Spain	2015-2016
Saeed Moradian	Doris Howell	International – United Kingdom	2015-2018
2016			
Kathryn Birnie	Jennifer Stinson	National – Nova Scotia	2016-2019
Ann Kristin Bjoernnes*	Monica Parry	International - Norway	2016-2018
Maria del Mar Pastor Bravo	Sioban Nelson	International - Spain	2016-2017
Flavia Casasanta Marini	Cindy-Lee Dennis	International - Brazil	2016-2018
2017			
Marina Bastawrous Wasilewski	Louise Rose	Local – Toronto	2017-2018

Note. * Tom Kierans International Postdoctoral Fellowship recipient

PhD and Postdoctoral Research Funding Awards

While the Faculty has had a number of postdoctoral trainees annually, funding support for these has varied and is difficult to report accurately as a number of Postdoctoral Fellows were managed through the TAHSN hospital sites. In addition, competitive peer-reviewed research funding received for both doctoral and postdoctoral trainees to support their individual research has declined over the past 8 years (Figure 4.10, and Appendix 44). This reflects the competitive funding environment and the decline in funding support for research that has been observed in Canada from the major granting councils over the latter part of this past decade.

Figure 4.10. PhD and Postdoctoral Peer Reviewed Research Funding 2009 – 2017



In past years, PhD students have been highly successful in obtaining fellowships from CIHR – the primary funder of doctoral research in the country (e.g., 5 students held CIHR fellowships during 2009-2010). Students have also benefited from not-for-profit research organizations offering trainee funding, such as the Canadian Lung Association and the Ontario Respiratory Care Society. However, in recent years, while there has been an increase in the number of applicants to both the PhD and Fellowship programs, the number of award recipients has remained constant. For doctoral research awards, this means that between 2004 and 2008, the number of applicants ranged from 804 to 930 with 239 to 415 doctoral research awards made. In contrast, from 2009 to 2014, the number of applicants ranged from 1117 to 1463 (a high in 2011-2012), with the number of doctoral students receiving awards ranging from 154 in 2014-2015 (with 1261 applicants) to 212 awards in 2011-2012 with over 1400 applicants. A similar picture is seen with the CIHR Fellowship competition, which is open to licensed health professionals at the doctoral or post-doctoral level. Between 2004 and 2008, the number of applicants ranged from 899 to 1023 annually, with awards ranging from 248 to 178. However, from 2009 onwards there was a stark increase in the number of applicants, to 1259 rising up to a high of 1318 in 2011-2012; yet award numbers remained more or less constant, from 181 in 2014-2015 with 1132 applicants to a high of 224 in 2009 with 1259 applicants (CIHR, 2015).

Summary and Future Considerations

The Faculty has experienced considerable research growth, in particular related to the translation and uptake of research outputs, as demonstrated in publication and citation metrics. These high rankings are especially impressive, given the changes to the external research funding environment, as well as faculty recruitment and retention challenges experienced over the past 8 years.

An increase in faculty funding success has been noted in the past 2 years, however, the potential to sustain a high level of research funding success will be a challenge in the future. Key concerns

are recent changes in the external funding environment in Canada, particularly in the not-for-profit sector, as a number of these organizations have merged their research grant competitions due to the lack of growth in research funding in Canada (e.g., Canadian Cancer Society and Canadian Breast Cancer Foundation) (Reguly, 2017). This has created a further reduction in the number of opportunities available for health researchers (including Faculty of Nursing faculty) in Canada. In addition, Health Canada, the Canadian Health Services Research Foundation, the Provincial Ministry of Health and the Public Health Agency of Canada offered more opportunities for grant applications or contracts in the past than we see now. While faculty have made some attempts over time to obtain research grant funding outside of Canada, success in this area has varied, as have the numbers of grants submitted. It is likely that with the increasing reach of the faculty internationally, opportunities for non-Canadian research funding will become more achievable. Future efforts should be directed at identifying and supporting these opportunities.

The Faculty has been consistently successful over the years in obtaining salary support from research personnel awards with a very high number or yield of personnel awards for a small Faculty. This trend can be expected to diminish with the closure of many of the early investigator salary award competitions from a variety of funding councils. While the Faculty is strategic in encouraging and supporting new research faculty to apply for any of these opportunities that emerge, the loss of these programs marks a major shift that can be expected to have a substantial impact on the Faculty. Future internal opportunities targeting donors to fund programs for professorships for new faculty should be considered to offset some of this impact.

In an effort to improve faculty success in grant and award competitions, a 2011 internal Faculty assessment of *research supports* needed by tenure stream faculty was conducted by the Associate Dean Research and External Relations. As a result, 2 new positions were added to the Faculty research office – a research manager to oversee the day-to-day functions, management of research grant funding and research staff for all faculty members, as well as provide support and guidance for grant submissions (position filled in December 2012); and a research data analyst to support the analytic needs of faculty and doctoral/postdoctoral trainees (position filled in April 2015). Delays in hiring occurred as a result of the need to develop new job specifications and gain University Human Resources approval for both of these new positions.

In addition to these additional human resources, newly appointed tenure stream faculty hired over the 5-year period from 2013 to 2018 are to receive material support through an internal Faculty research grant provided from the Faculty of Nursing's budget "reserve" accounts. The purpose of this internal grant program was to provide new tenure stream faculty with funding for pilot work to be used in preparing for and submitting a larger peer-reviewed research grant (e.g. Tri- Council/other strategic competition). Finally, each new tenure stream faculty member is designated a faculty mentor to guide them in developing a program of research. A follow-up review of the effectiveness of this host of research supports for new faculty was conducted by the Associate Dean Research in 2016, and a positive impact was reported as evidenced in recent new faculty research funding success and publication outputs since the program was instituted. Suggestions for improvements for the mentorship program in the future were also highlighted. Overall, given the unpredictable nature of the external funding environment, and the decline in funding for new investigators available at this time, the existing human and material supports should be retained to aid the Faculty in maintaining and improving current research success.

While the Faculty offers research opportunities for students in the undergraduate and doctoral programs, there is an obvious gap in this area with the graduate Masters program. Future efforts should be focused on developing an experiential research opportunity for engaging these students with our leading faculty researchers. Due to the nature of the Masters of Nursing program, it is likely that this would be best achieved as a ‘research-to-practice’ or ‘translating research to clinical settings’ model. In addition, while the undergraduate summer student research program is quite robust, funding to sustain it is becoming limited. To enable this opportunity to continue in the future, a targeted donor may need to be sought, to provide ongoing support for the program.

Finally, while the benefits of the close relationship the Faculty has with TAHSN hospitals are quite evident, this relationship sometimes results in faculty researchers who are based in hospitals in research chairs or professorships, submitting and managing their research funds through hospitals, rather than the Faculty/University. As many of these researchers are highly productive, this can have a substantial impact on the Faculty and University market share for nursing research funding. Specifically, the ability for the Faculty to obtain additional broad research support, such as is provided through the Canada Research Chairs program is compromised if Faculty grants go through a hospital rather than the University. In addition, the accuracy of research data for summarizing faculty research success is affected (e.g., grants submitted and awarded; grant success rates). Future efforts should be directed towards developing an approach to these funding arrangements that is mutually beneficial to both the Faculty/University and the partner TAHSN sites.

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Section 5 Organization and Financial Structure

Section 5 Organization and Financial Structure

Governance Structure

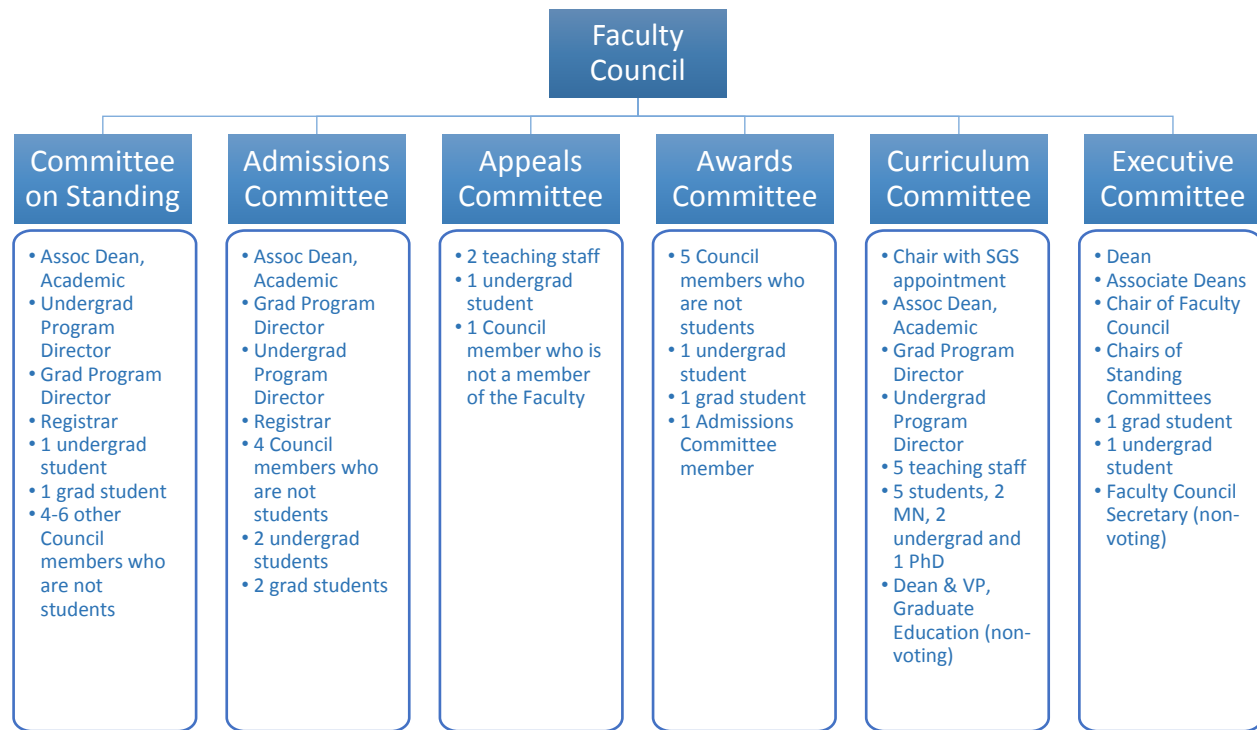
The Faculty Council of the Faculty of Nursing includes academic and administrative staff, students, alumni, community members, and the University. The Council exercises its powers and duties under the provisions of the University of Toronto Act, 1971, as amended.

Faculty Council and its Standing Committees make decisions about academic policies that impact student learning, and student, faculty and staff working experiences. Academic policy sets out the principles for, general directions of, and/or priorities for the teaching and research activities of the Faculty. The Council also acts in an advisory capacity, tendering advice to the administration of the Faculty on operational matters (see Appendix 45 for membership of the Faculty of Nursing Committees 2016-2017 and 2017-2018).

Council's specific responsibilities include determining the standards of student admission, awarding scholarships and bursaries, policies related to student progress and standing, approving proposals of new academic programs and major modifications to existing academic programs (the latter 2 subject to approval by the University's Governing Council). Council does not have authority over administrative or financial matters, which are in the jurisdiction of the Dean, who is the Chief Executive Officer of the Faculty. The Dean reports directly to the Vice-President and Provost.

The Faculty Council Organizational Chart (Figure 5.1) shows the full membership and the reporting and communications relationships of the Faculty Council with its Standing Committees. Faculty Council is composed of all teaching staff, one administrative staff member elected by and from the administrative team, 2 elected undergraduate students elected by the Nursing Undergraduate Society, 5 elected graduate students (3 MN and 2 PhD) elected by the Graduate Nurses' Student Society, 2 alumni representatives from the Faculty Alumni Association, and up to 2 Emeritus Professors appointed by the Dean. The Council also has 15 ex-officio voting members, 3 of which are external stakeholders appointed by the Dean. Proposed amendments to membership have been submitted to Governing Council for feedback and will be brought to Faculty Council for consideration in November 2017.

Figure 5.1. Faculty Council Organizational Chart



The membership and terms of reference for each Committee are defined in the Council By-Laws. See Appendix 46 for Constitution and By-Laws of the Faculty Council.

Executive Committee considers notices of motion and sets the agenda for each Council meeting. Committee members typically meet 4 times each academic year.

Committee on Standing implements the University Grading Practices Policy and recommends the approval of course grades to the Dean. It regularly reports to Council on final course grades and marking trends. Committee members typically meet on a monthly basis.

Curriculum Committee discusses and makes recommendations to Council on matters of curriculum. It regularly reports to Council on approvals of minor modifications to academic programs. Committee members typically meet 8 – 10 times per year.

Admissions Committee and its sub-committees assess the qualifications of applicants and approve admission of qualified applicants to all academic programs of behalf of Council. It regularly reports to Council on admission numbers, and makes recommendations to Council in regard to admission policy.

Awards Committee selects candidates for awards and financial assistance. It regularly reports to Council on awards adjudication, and makes recommendations to Council on awards and funding policies.

Appeals Committee makes decisions within the Faculty on academic appeals by an undergraduate student. It reports to Council on its decisions.

The Council elects annually, at its final meeting of the year and from among its members, a Chair and Vice-Chair for the succeeding year. Administrative and alumni representatives are elected for a 2-year term. All other constituencies elect/appoint their representatives each year, except for teaching staff, who are all members of Faculty Council if they hold an academic appointment of 50% or more. There are normally 4 regular meetings of the Council each academic year. Notice of a meeting including a proposed agenda shall be given to members at least one week in advance of the meeting. A schedule of the meetings can be obtained from the Secretary of the Faculty Council.

The Constitution was last amended and approved by the Faculty Council on March 21, 2012 and approved by the Executive Committee of the University of Toronto Governing Council on May 7, 2012. The Constitution may only be amended with the approval of the Faculty Council and the appropriate body of the Governing Council of the University of Toronto. The by-laws were last amended and approved by Faculty Council on November 4, 2015 and do not require Governing Council approval. The records of Faculty Council meetings are maintained by the Secretary of Faculty Council and are publicly available on the Faculty's website.

Organizational Structure

The Faculty of Nursing is a single department Faculty. The Dean is a full-time academic member of the Faculty and has ultimate responsibility for the overall direction of the Faculty and for the allocation and management of its resources, in particular, for authority over the budget, appointments, and promotions. The senior management team is comprised of the following:

- Dean, Linda Johnston
- Associate Dean, Research and External Relations: Linda McGillis Hall
- Associate Dean, Academic Programs: Ann Tourangeau
- Director, MN Program: Marg Blastorah
- Director, Undergraduate Program: Maureen Barry
- Director, PhD Program: Robyn Stremmler
- Chief Administrative Officer: Nathan Doidge
- Director, Advancement: Jen Williams
- Executive Director, Centre for Professional Development: Leslie Vincent.

The strength of this current leadership team is a shared understanding of the goals of the Faculty. There is a strong sense of commitment and collegiality from within this group towards fulfilling the mission of the Faculty. One challenge ahead is that there will be periods of change and transition as the current Associate Dean Research and External Relations ends her term on December 31, 2017. An Interim Associate Dean Research and External Relations, Prof Kelly Metcalfe, has been appointed with the approval of the Provost and commences a one-year term in January 2018. The term of the Associate Dean Academic ends July 2018. An Interim Associate Dean Academic will be appointed in December 2017.

Administrative Staff

The Faculty's appointed administrative complement includes 7 non-unionized staff members (Chief Administrative Officer, Assistant Dean Academic, Registrar, Business Manager, Research Manager, Director of Advancement and Dean's Executive Assistant), and 27 unionized staff (equivalent of 26.0 FTE) including part-time and full-time members of the 1998 United Steelworkers of America bargaining unit (Table 5.1).

Over the past 5 years, the administrative complement has grown by 27%, or 7.0 FTE. This is largely due to additional administrative support in the Clinical Education Office to meet the growing number of placements in the graduate program and the increasing demands to track additional requirements for our placement partners (4.5 FTE filled between 2014 and 2017). The decision to grow the Clinical Education Office was also supported by recommendations from the 2010 Canadian Association of Schools of Nursing accreditation review of the undergraduate program. Recommendations included targeting efforts to strengthen student clinical placement processes. In addition to increases in Clinical Education, the redevelopment of the Health System Leadership and Administration program to a hybrid online program required additional expertise and capacity in online teaching technology (1.0 FTE filled in 2015). In 2011, an internal Faculty assessment of research supports required by tenure stream faculty was conducted and led to the addition of a position to support the analytic needs of faculty and doctoral/postdoctoral trainees (1.0 FTE filled in 2015). Finally, an additional part-time position was added to the Business Office to allow for assistance and back-up coverage during periods of peak finance and payroll activity (0.5 FTE filled in 2017). No further changes to the administrative staff complement are planned in the foreseeable future. Table 5.1 provides a summary of the staff complement between 2012-13 and 2017-18. Appendix 47 illustrates the Faculty of Nursing's Organizational Chart.

Table 5.1. Staff Complement: Full-Time Equivalent (FTE)

	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18
Administrative FTE						
PM FTE	6.00	7.00	7.00	7.00	7.00	7.00
USW FTE	20.00	21.00	23.00	23.00	24.00	26.00
Total	26.00	28.00	30.00	30.00	31.00	33.00

Advancement Office

The Advancement Office at the Faculty of Nursing comprises the Director of Advancement, an Alumni Relations and Annual Fund Officer and a part-time Administrative Assistant (total 2.4 FTE). The office has 2 primary responsibilities: to identify, cultivate, solicit and steward donors, and to support alumni engagement with the Faculty.

As part of the Boundless Campaign at the University of Toronto (launched in 2001 and expanded in 2016), the Faculty's goal has been to raise 25 million dollars in support of highest prioritized needs. Working with colleagues at the Division of University Advancement (DUA), stretch goals are determined annually based upon previous years' giving, new prospect opportunities and benchmarking across divisions in the University of Toronto, and others. Annual business plans

are developed by the Advancement Office and monthly reports focusing on revenues, meeting targets and other key metrics are distributed by DUA. The information within the reports is extracted from a shared database; Arbor. This planning and reporting cycle is initiated by DUA which provides oversight and prospect coordination to advancement offices across the University.

Funding priorities are developed by the Dean and approved by the Provost. Key priorities for the Faculty include: student awards (with an increased focus on access), Chairs and Professorships, TAHSN hospital partnerships for shared priorities, indigenization of the curriculum, and the Simulation Laboratory.

A key focus this year, and in the coming years, is expanding prospecting to include strategies for corporate giving and gift planning. The Annual Fund has been declining over the past few years, and new prospect opportunities, resulting from alumni relations activities, will be vital to ensure the health of this Fund. Stewardship of donors remains a top priority for the Faculty. To date, over 20 million dollars has been raised towards the Campaign goal of 25 million dollars.

Recent years have seen an increase in giving to the Faculty and this has been primarily driven by realized bequests. While the focus continues to be growth at the major gift level (gifts of \$25,000 or greater), in line with DUA objectives, gift planning is a vital philanthropic tool for the Faculty of Nursing and will continue to be prioritized. Below are the campaign totals for the Faculty of Nursing for the past 5 years of the Boundless Campaign.

The Campaign totals (2013-2018) are:

- 2013-2014 \$177,826
- 2014-2015 \$413,534
- 2015-2016 \$199,399
- 2016-2017 \$1,003,235
- 2017-2018 \$1,304,449 (Year to Date)

Strong alumni relations programming is key to ensuring that alumni remain committed volunteers and donors to the University. Communications tools, such as Pulse magazine and a quarterly e-newsletter, help to ensure the Faculty of Nursing's 10,000 living alumni receive important Faculty news and updates. Most alumni are located within the GTA with opportunities to join in Faculty events annually.

Spring reunion activities bring together all alumni with a focus on those from honoured years. These events coincide with 'Alumni Weekend', a DUA initiative that takes place University-wide. Throughout the year, public lectures and presentations provide alumni and donors with additional opportunities to participate. A key presentation during Nurses Week showcases the Frances Bloomberg International Distinguished Visiting Professor.

Mentorship is an important engagement tool for alumni. Currently, the Faculty of Nursing Advancement Office supports 2 programs in this area: Golden Notes (letters from alumni to students) and Networking with Nurses Luncheons. Both initiatives provide opportunities for engagement by alumni with students; sharing knowledge and giving career guidance.

Soliciting feedback from participants and those unable to attend helps to refine events and activities. Each event is followed with a survey and the feedback is incorporated into the next planning cycle for each activity.

In the past, faculty have participated in DUA-driven alumni relations activities including; ‘University of Toronto in Your Neighbourhood’, ‘Kids Passport at Spring Reunion’, and as speakers for DUA events. The coming years will see continued and increased participation in these initiatives and others.

Financial Structure

The University of Toronto’s budget allocation process is a key tool for the implementation of the University’s academic plan and academic priorities. To best support the University’s academic priorities, the budget model has 3 basic objectives:

- Provide a high degree of transparency, enabling all levels of University administration and governance to have a clear understanding of University revenues and expenses;
- Introduce broadly-based incentives to strengthen the financial health of the University by increasing revenues and reducing expenses; and
- Encourage a higher level of engagement of all senior levels of administration in budget planning for academic divisions and in recommending priorities and budgetary allocations for shared services.

The budget model provides a simple methodology for attributing revenues and the costs of shared services to all divisions. In this model, a major portion of the budgetary allocation to an academic division is referred to as “net revenue”, which is equal to its share of the University’s gross revenue less its share of expenses and its contribution to student aid and to a University-wide fund; the University Fund. A division’s net revenue reflects its programs, student enrolments, fundraising activities, research, etc. Hence, divisions benefit as these activities bring more revenue. Divisions can benefit when, in cooperation with central service units, they are able to make more efficient use of the shared resources.

The remainder of the divisional budget is the allocation a division receives from the University Fund. This allocation is entirely non-formulaic, and is intended to provide funding in support of the University’s academic plans. In part, it ensures that the total budget of a division is determined by the University’s own priorities rather than by those of an external body. The process of attributing revenues and costs to a division is based on simple, readily available and verifiable parameters, such as number of students, number of faculty, space area occupied, etc. These measures are referred to as revenue drivers and cost drivers. Cost drivers used in the attribution process to divisions are based on ‘cost bins’. For example, total revenue is the cost driver for attributing the cost of financial management and tuition revenue is used in determining divisional shares of the student aid budget. Most cost drivers including student enrolment and attributed revenue used in the allocation of the cost bins are based on slip-year data, while a few are based on in-year projections. Revenue attributions to divisions continue to be determined based on projected values. In other words, when a division plans to increase enrolment, its

budgeted revenues will increase accordingly. However, its attributed costs for that year will not. If the planned increase is achieved, this will be reflected in cost attributions for the following year.

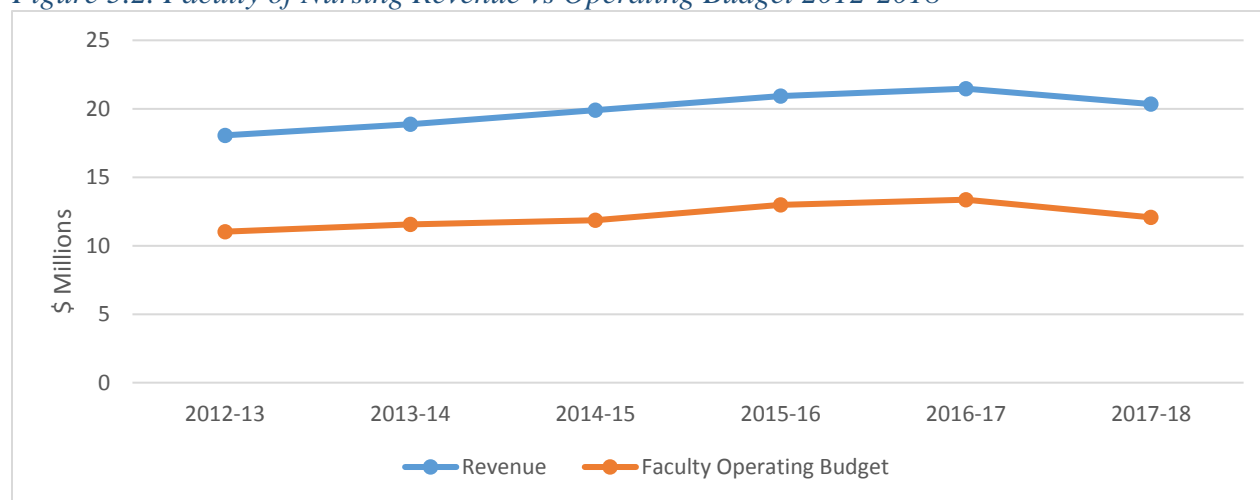
Each year, actual year-end results for revenue and expense vary from the University's budget. Year-end variances are flowed to academic divisions and appropriate adjustments either charged or credited to each division in the following year (referred to as a "slip year basis"). The adjustment of budget to actuals for the 2006-07 year was very critical, thus followed a detailed approach which eventually set the University Fund Reference Level for each division going forward. The reference level guarantees that future University Fund allocations will not drop below the initial allocation for each division. Ongoing annual adjustments of budgets to actuals are managed in 2 stages. The first stage is a calculation and communication of estimated enrolment-driven variances. No adjustment is processed on an in-year basis. The second stage is a final calculation of all adjustments and the processing of budget transfer on a slip-year basis.

Faculty Operating Budget

The Faculty of Nursing's operating budget has increased steadily over the past 5 years, largely as a result of increasing tuition fees and growing enrolment. In 2017-18, the operating budget decreased as a result of a reduction to 2017-18 enrolment targets.

Figure 5.2 shows the total revenue generated by the Faculty of Nursing, as well as the Faculty's Operating Budget over the past 5 years. Revenue generated over and above the Faculty's Operating Budget contributes to the University's shared expenses.

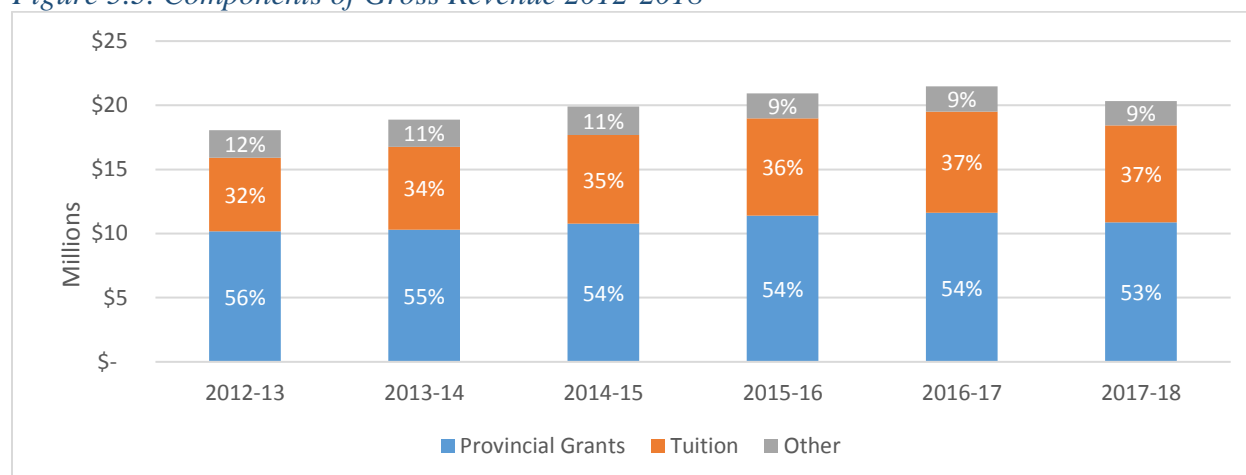
Figure 5.2. Faculty of Nursing Revenue vs Operating Budget 2012-2018



The largest source of revenue for the Faculty of Nursing is derived from enrolment, that is, government grant funding and tuition. Similar to other Faculties, the proportion of revenue attributed to government grants has been steadily declining. In 2012-13, roughly 56% of Nursing revenues were derived from government grants. By 2017-18, this figure has dropped to 53% and the trend is expected to continue for the foreseeable future (Figure 5.3). Similarly, revenue from sources other than enrolment has been decreasing, partially due to the recent

decline in research grants held by Nursing (and corresponding lower overhead recoveries), and partially due to lower yields on University financial investments. Offsetting these decreases has been increasing tuition revenue, the result of a combination of increasing tuition fees as well as increased graduate enrolment.

Figure 5.3. Components of Gross Revenue 2012-2018



Government Grant Revenue

Ontario grants are based on the unit known as the Basic Income Unit or BIU. Once the BIU value for the University is calculated, the province distributes funding evenly across all BIUs. Students eligible for BIU funding are domestic undergraduate students, domestic Master's students and domestic students who are within the first 4 years of a PhD program. The grant eligibility factor is based not on headcount, but on "eligible full-time equivalent" (eFTE) where part-time students are the equivalent of 0.3 of an eligible FTE.

In 2017-18, the Government of Ontario will be implementing its new university funding formula. Although the change is expected to be revenue neutral in the first year, enrolment-based grants from the existing BIU system will be restated to a new Weighted Grant Unit (WGU) system. The University is currently assessing the impact of these changes and may make changes to its budgeting model as a result.

Tuition Revenue

Tuition revenue is driven by student enrolment and generated by all students (domestic, international, full time, part time, graduate and undergraduate) at varying fee levels, depending on their status and program. Revenue from tuition fees is attributed to each division based on divisional student FTEs and tuition fee levels. Tuition fees are set annually by the University, under a Tuition Fee Framework, established by the Ontario government. Essentially, the current Framework (for 2013-14 to 2016-17) permits an overall University average tuition fee increase of 3%, with a maximum of 5% increase for professional and graduate programs such as ours. Therefore, Nursing has a limited ability to increase revenue by increasing fees. The University chose not to increase tuition fees for PhD students in 2014-15 and again in 2017-18 to account

for tuition increases in other resource-intensive professional programs, and so as not to exceed the overall increase cap of 3%. Table 5.2 summarizes Nursing program fees between 2012-13 and 2017-18.

Table 5.2. Nursing Program Fees

	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18
Domestic						
BScN	\$ 9,031	\$ 9,295	\$ 9,576	\$ 9,996	\$ 10,468	\$10,753
MN	\$ 11,379	\$ 11,916	\$ 12,470	\$ 13,353	\$ 14,012	\$ 14,688
MN-NP	\$ 11,844	\$ 12,394	\$ 12,940	\$ 14,167	\$ 15,338	\$ 15,466
PhD	\$ 8,416	\$ 8,447	\$ 8,425	\$ 8,448	\$ 8,491	\$ 8,480
Post MN-NP	\$ 8,004	\$ 8,365	\$ 8,744	\$ 9,736	\$ 10,960	\$ 10,894
International						
BScN	\$ 30,482	\$ 34,183	\$ 37,404	\$ 41,078	\$ 45,180	\$ 49,485
MN	\$ 30,349	\$ 34,059	\$ 37,238	\$ 41,065	\$ 45,024	\$ 49,360
MN-NP	\$ 30,814	\$ 34,524	\$ 37,708	\$ 41,879	\$ 46,350	\$ 50,138
PhD	\$ 18,826	\$ 19,701	\$ 20,578	\$ 21,550	\$ 22,603	\$ 23,692
Post MN-NP	\$ 12,404	\$ 14,321	\$ 15,562	\$ 17,528	\$ 19,882	\$ 21,086

**Figures include tuition and mandatory incidental fees for one year of full-time study*

Impact of Enrolment

As shown in Table 5.3, undergraduate enrolment has remained flat over the past 5 years and consistently met targets. Variability in undergraduate enrolment is largely due to attrition each year before the University's official enrolment count date (annually on November 1st). Nursing generally admits more undergraduate students than targeted with the expectation that one or 2 students will leave in the first few months of the program.

Graduate enrolment, which includes all MN, post MN-NP and PhD students, steadily increased to its peak in 2015-16 and has fallen slightly in recent years. Preliminary numbers for 2017-18 show graduate enrolment is likely to remain at 2016-17 levels.

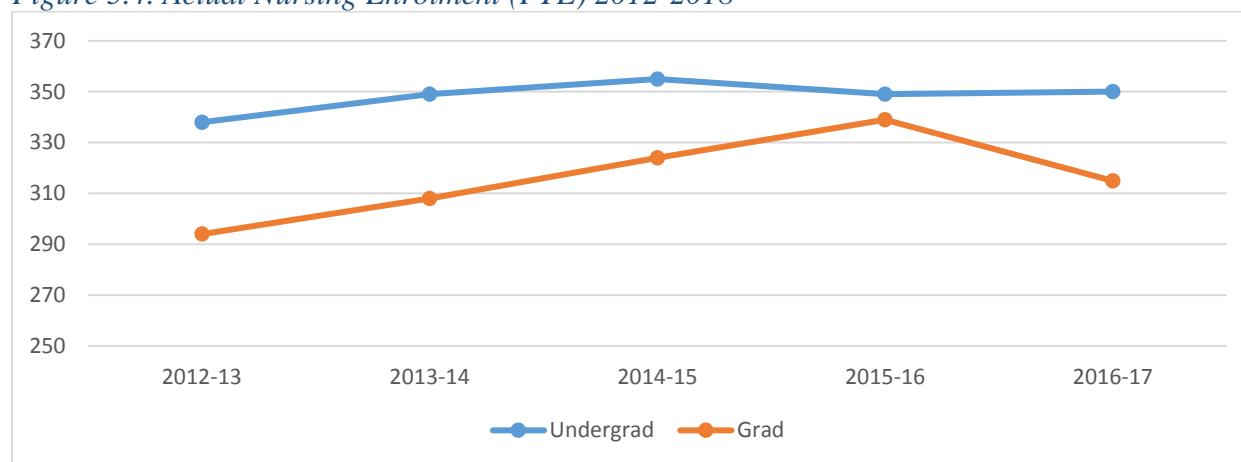
Table 5.3. Nursing Enrolment (FTE) 2012-2017

	2012-13	2013-14	2014-15	2015-16	2016-17
Undergrad					
Plan	338	346	349	351	351
Actual	338	349	355	349	350
Grad					
Plan	305	321	348	379	378
Actual	294	308	324	339	315

Enrolment is the single largest factor influencing Nursing's operating budget and graduate enrolment is the most variable component of that. Although graduate enrolment was increasing several years ago, recently it has fallen (Figure 5.4). Given the operating budget is adjusted on a

slip-year basis (i.e., in the following year) to account for enrolment shortfalls, not meeting target by a large number creates significant management challenges. In 2016-17, graduate enrolment was under target by 63.0 FTE (17% below target). The impact of this shortfall in 2016-17 is the reduction of nearly 1 million dollars to the 2017-18 budget. In order to avoid similarly dramatic adjustments to the operating budget in future years, Nursing decreased its 2017-18 graduate intake target by more than 20.0 FTE. The new target still presents a challenge but will reduce the size of future budget adjustments and allow other University faculties to plan for additional graduate seat funding. The combined result of being substantially below-target in 2016-17, as well as lowering enrolment targets in 2017-18, is a total budget adjustment of 1.3 million dollars in 2017-18. Although some cost efficiencies can be found, it is anticipated that at least 1 million dollars of the adjustment will be drawn from operating reserves built up from previous years. With roughly 2.5 million dollars in accumulated operating reserves, the Faculty can comfortably handle the 2017-18 adjustment but this is not sustainable in the longer term and increasing enrolment, reducing expenses or pursuing additional revenue streams will remain a critical focus for the Faculty in the coming years.

Figure 5.4. Actual Nursing Enrolment (FTE) 2012-2018



Divisional Income

Divisional income comprises revenues collected directly by the academic divisions. For Nursing, the greatest contributor to divisional income is income from endowments. Endowment income is derived from 3 main sources: student award endowments, Research Chairs endowments, and general Faculty support endowments (e.g., Rockefeller Foundation Endowment). In 2016-17, endowment investment income totalled \$674,980 for student awards, \$349,885 for Research Chairs, and \$25,876 for general Faculty support. In addition to the returns from the long-term investments of the endowment capital, divisions receive interest on short and medium-term investments of the Expendable Funds Investment Pool - that is, unused investment payouts from previous years. This tends to be rather small as a percentage of total operating revenue and fluctuates with market conditions.

In 2007, the Faculty of Nursing received a 10 million dollar gift from Lawrence S. Bloomberg with a substantial portion of this allocated for investments in innovative technologies (e.g., virtual curricula) and development of the continuing nursing education program. This 10-year

gift provides roughly 400 thousand dollars per year of expendable funds to Nursing and allows the Faculty to remain at the forefront of e-learning and innovative teaching without drawing on its operating budget. Annual funding from this donation will gradually reduce through 2019-20 and 2020-21 as expendable funds from the original gift are depleted. Going forward it will be important for the Faculty to find other sources to fund these important initiatives in order to retain our leading reputation and avoid drawing on the operating budget.

Funding for Canada Research Chairs also contribute to divisional income, as do indirect cost recoveries on research grants and contracts. The Canada Research Chair program provides \$100,000 in salary and research support for outstanding university researchers on a competitive basis, awarded to each university based on its share of research funding by the federal granting councils. Nursing currently has one Tier 2 Canada Research Chair with the second 5-year term ending July 2018. The University recently approved renewal of the Tier 2 Canada Research Chair and the Faculty's nominee, to commence August 2018 subject to Canada Research Chair approval processes. As Nursing currently has fewer grant funds than in previous years, the Faculty receives less income from research overhead cost recoveries. However, most recent data suggests that research awards and related overhead cost recovery is returning to higher levels. The Faculty of Nursing also rents out its space within the Health Sciences Building including classrooms, meeting rooms and the Simulation Laboratory. Through 2016-17, revenue generated through facility rentals totalled approximately \$20,000.

Centre for Professional Development

The Centre for Professional Development (CPD) began in 2008 following the donation by Lawrence S. Bloomberg which included start-up and limited operating funding for 10 years. Once operational, the Centre set a goal of returning revenue to the Faculty net of operating costs. In 2017-18, a financial analysis was conducted and concluded that the Centre has generated a modest financial return to the Faculty over the past 4-year period. Summarized results of the analysis are shown in Table 5.4.

Table 5.4. Centre for Professional Development - Financial Analysis 2013-2017 (Canadian Dollars)

		2013-14	2014-15	2015-16	2016-17
Revenue					
	Registration Fees	565,503	441,370	359,754	475,673
Expense					
	CPD Staff	211,306	215,723	256,702	266,736
	Course Instructors	172,370	129,418	96,540	128,650
	Supplies & Services	76,004	66,763	60,100	58,983
		459,680	411,904	413,342	454,369
Net Income (Loss)					
	Net Income (Loss) before Levy	105,823	29,466	(53,588)	21,304

	2013-14	2014-15	2015-16	2016-17
Less University Fund Levy*			(264)	(3,700)
Net Income (Loss) after Levy	105,823	29,466	(53,852)	17,604
Add Bloomberg Funding	6,590	58,525	73,961	52,915
Net Income (Loss) with Bloomberg Funding	112,413	87,991	20,109	70,519

Note. * University Fund Levy was introduced in 2015-16 as a levy on divisional teaching revenues above a specified reference point

As shown in Table 5.4, year-over-year profitability is highly variable and, excluding Faculty of Nursing funding, 2015-16 ended with a net loss. Over the 4-year period of the analysis, the Centre generated a total of approximately 100 thousand dollars in profit (excluding funding support provided by the Bloomberg donation). This translates to a profit margin of approximately 5% (i.e., 5 cents of every 1 dollar generated by the Centre was returned to the Faculty of Nursing as operating profit).

University-Wide Costs

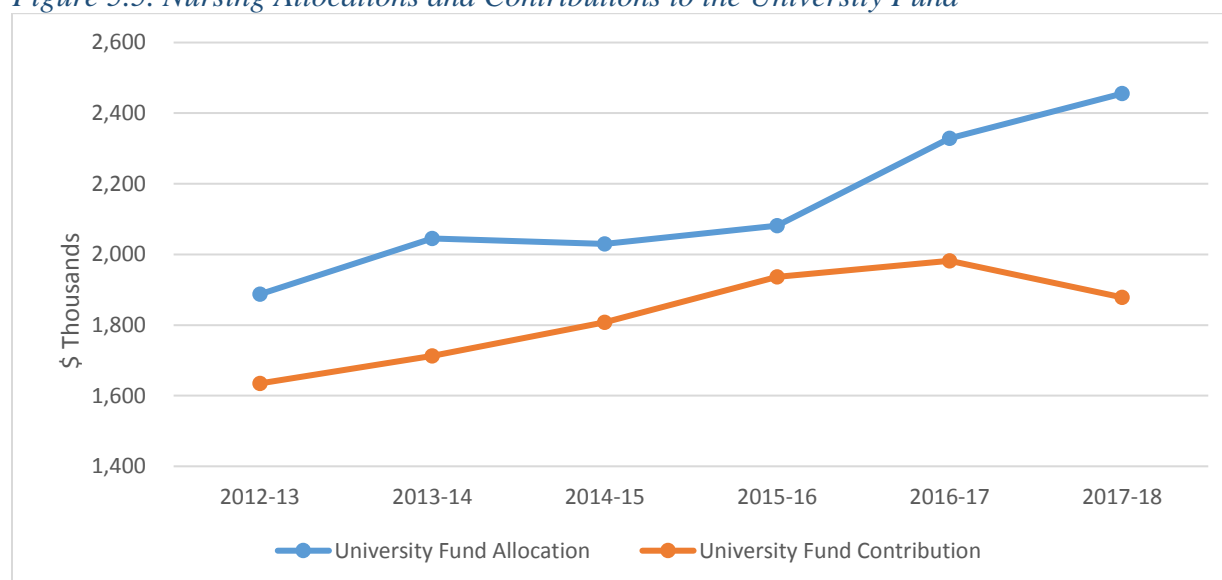
Academic divisions all contribute to University-wide costs and Nursing's contribution in 2017-18 was over 5.6 million dollars. The long-range projection is that costs will increase such that by 2021-22, it is projected that Nursing's share of University-wide costs will be 6.7 million dollars.

University Fund Contribution

The University Fund is the primary mechanism for adjusting budgetary allocations to support academic planning. The University Fund contribution is calculated as 10% of total attributed revenue from operating grant, tuition fee, investment income and other income. The fund is used by the Provost to balance a complex set of academic priorities and needs across University divisions. For the past 5 years, Nursing has been a net beneficiary of the University Fund with a cumulative net allocation of nearly 1.3 million dollars. In 2016-17, Nursing's University Fund allocation was increase by \$250,000 to offset increasing costs of clinical education, particularly in the Nurse Practitioner field. The Faculty of Nursing is not a member of the Ministry of Health and Long-Term Care-funded Council of Ontario University Programs in Nursing Primary Health Care Nurse Practitioner consortium and as a result does not receive additional Ministry funding for clinical education, unlike consortium participants. The 2016-17 additional University Fund allocation was intended to assist the Faculty of Nursing with increasing costs of arranging clinical placement for students, particularly Nurse Practitioner students. In 2017-18, Nursing's University Fund allocation increased again resulting in Nursing receiving a total of \$577,000 more than it contributed to the Fund. The increase was due to an additional allocation of \$130,000 to base budget to support the creation of a wellness counsellor position that augments existing resources in support of student mental health. In addition to the University Fund allocation increase in 2017-18, Nursing's University Fund contribution also decreased as a result of lowered enrolment targets and corresponding reduction in projected revenue. Figure 5.5 shows

the funds received (i.e., the allocation) by the Faculty of Nursing versus the funds contributed to the University Fund.

Figure 5.5. Nursing Allocations and Contributions to the University Fund



Student Aid

Student Aid is an operating-funded source for student aid that is a pooled university resource. Nursing contributes based on its share of total tuition revenue and the funds are distributed to students based on need. In addition to the contributions made to the University's central student aid program, the Faculty of Nursing also provides direct student aid of approximately \$950,000 annually through existing Faculty-held student awards and endowments.

Expenditures

The operating budget covers all operations of the Faculty, most significantly all academic and administrative staff salaries, as well as clinical instruction and teaching assistantships, supplies and services, local infrastructure and debt service payment costs (Table 5.5). Compensation costs grow on a year-over-year basis in accordance with collective agreements and salary settlements with faculty and staff. Operating funds allocated to student awards fluctuates year over year but has generally been increasing in recent years, partially due to low endowment investment returns which means the Faculty must provide a greater "top-up amount" to meet minimum award payouts as defined by certain award agreements. Ancillary fees collected from students increased substantially over the past 2 years primarily due to the phasing in of increased Nurse Practitioner preceptor honorarium fees. As of 2016-17, Nursing is recovering the full cost of Nurse Practitioner preceptor honorarium fees from students through ancillary fees (\$4,000 per student over the 2-year program).

Table 5.5. Operating Budget: Allocation of Expenses (in Canadian Dollars)

	2012-13	2013-14	2014-15	2015-16	2016-17
<i>Salaries</i>					
Faculty	5,436,604	5,342,172	5,426,483	6,003,265	6,249,279
Admin Staff	1,695,325	2,138,212	2,156,749	2,278,553	2,430,713
Other (TAs, CIs, Sess.)	1,766,740	2,069,673	2,087,580	2,070,324	2,033,499
Benefits	1,847,654	1,921,153	1,937,729	2,133,377	2,189,883
<i>Subtotal Salaries</i>	<i>10,746,322</i>	<i>11,471,210</i>	<i>11,608,542</i>	<i>12,485,519</i>	<i>12,903,373</i>
<i>Other Expenses</i>					
Services	1,004,498	1,127,723	862,900	802,748	836,765
Supplies	194,749	137,058	151,277	207,942	112,816
Debt Service Payments	738,591	726,373	726,373	726,373	726,373
<i>Subtotal Other Expenses</i>	<i>1,937,837</i>	<i>1,991,154</i>	<i>1,740,550</i>	<i>1,737,062</i>	<i>1,675,954</i>
Student Awards	174,463	287,651	294,531	395,089	361,817
Divisional Income & Recoveries	(1,263,749)	(1,459,643)	(1,381,186)	(1,377,200)	(1,081,011)
Student Ancillary Fees	(195,785)	(219,095)	(289,078)	(492,522)	(703,740)
Total Expenses	11,399,088	12,071,277	11,973,358	12,747,948	13,156,393

Long-Range Budget Projections: Challenges & Opportunities

An important component of the University's budget model is the process for budgetary reviews for both academic and service divisions. Academic divisions prepare multi-year budget plans based on the University's long-range budget guidelines and their own academic plans, including enrolment projections, new program offerings, etc. By necessity, multi-year projections are estimates based on a number of assumptions. The process is distinctly different from the detailed and exact figures that are used in the preparation of actual budgets. For academic divisions, the review process informs approvals for faculty appointments and the allocation of the University Fund, at the recommendation of a broadly-based advisory committee.

With a modest 2.5 million dollar accumulated operating reserve in place, the long-range projections for Nursing are positive as compensation increases are expected to be balanced by growth from tuition revenue and increased divisional income. As previously stated however, a critical component of this projection is meeting enrolment targets in the graduate program, reducing program expenses, or establishing new divisional revenue streams. Several initiatives are underway to support Nursing meeting this goal including the development of a new program stream, as well as a review of graduate program fees to ensure we remain competitive against peer institutions. Anecdotal student feedback suggests our graduate programs are more expensive than competitors but more analysis is needed to confirm this. Although maintaining, or even reducing tuition fees seems incongruous to increasing overall revenue, it may be possible that lowering fees will increase enrolment which could lead to a net increase to overall revenue generated. Divisional revenues are expected to grow over the short-term as a result of 3

Research Chairs being filled in 2017-18 and 2018-19, with subsequent salary recovery, as well as the introduction of new continuing education programming aimed at international participants. Balancing this growth however, funding from the Bloomberg donation will gradually fall through 2019-20 and 2020-21 as expendable funds from the original gift are depleted. Over the very long-term, debt service payments of approximately 743 thousand dollars per year are scheduled to end in 2027 which will provide much-needed relief to the operating budget.

Section 6 Resources and Infrastructure

Section 6 Resources & Infrastructure

Faculty Space Profile

The Faculty of Nursing was relocated to 155 College Street, known as the Health Sciences Building, in 2006. This building is ideally located in proximity to Toronto's Discovery District including the MaRS (Medical and Related Sciences) building as well as several major teaching hospitals including the University Health Network, Mount Sinai Hospital, Women's College Hospital and the Hospital for Sick Children.

The Health Sciences Building brings the Faculty of Nursing together with related disciplines including the Dalla Lana School of Public Health and its Institute for Health Policy, Management & Evaluation. The building also houses several large academic spaces (classrooms, seminar rooms and auditoriums) that are centrally managed by the University's Academic and Campus Events group. The building is wheelchair accessible and very close to major public transit routes.

In 2013-14, the Faculty of Nursing underwent a Space Utilization Study, conducted by the University's Campus and Facilities Planning Office, in preparation for renovations to the 1st and 3rd floors. The renovation, completed in 2015-16, at a cost of 1.7 million dollars resulted in major improvements to the utilization of Nursing's space. Examples of these improvements include the creation of a large student study, lounge and club space on the 3rd floor as well as a technically-advanced classroom on the 1st floor that can be used for Simulation Laboratory 'break out' teaching space.

Occupancy and NASM Space

The Health Sciences Building is approximately 17,843 gross square meters comprising 9,136 net assignable square metres (NASM) of program space. Under the University's budget model, divisions incur occupancy costs which take into account cost of utilities, maintenance and caretaking, facilities and service costs on a per NASM basis. The Faculty of Nursing occupies a total of 3,528 NASM in the Health Sciences Building, primarily on the first 3 floors which includes administration, laboratory, teaching, research and student space.

The Council of Ontario Universities space guidelines, also known as the Building Blocks space standards, are the benchmarks routinely used within the Ontario university system to determine space requirements at a campus level. Based on these guidelines, a breakdown of the Faculty of Nursing's space is shown in Table 6.1.

Table 6.1. Space Utilization in the Faculty of Nursing

	Inventory (Nasms)
Teaching/Research/Academic Support	
Class Labs	552
Research Labs	44
OFFICE - ACADEMIC & NON-ACADEMIC	
Faculty Offices	901
Research Offices	354
Grad Student (Phd) Offices	304
Non-Academic Staff Offices	372
Office Service	657
SUBTOTAL ACADEMIC FACILITIES	3,183
CAMPUS FACILITIES	
Classrooms	43
Library Facilities & Campus Study Space	51
Student Club & Lounge Space	251
SUBTOTAL CAMPUS FACILITIES	345
GRAND TOTAL	3,528

Academic and Campus Events space in the Health Sciences Building accounts for a total of 877 NASMs and includes 9 classrooms on the 1st, 6th and 7th floors which are booked centrally and are available for the University as a whole. In August 2016, the 6th floor auditorium which accommodates 250 people, was fully renovated with new seating and tablets. Other centrally available classrooms in Health Sciences Building are scheduled for upgrades in 2018-19 and 2019-20.

According to the 2013-14 Space Utilization Study, it was concluded that the Faculty of Nursing had an office space surplus of 56% based on Council of Ontario University standards. While the standards suggested the Simulation Laboratory was particularly large, the Study concluded that the lab was in fact appropriately-sized for the Faculty of Nursing given the equipment and furnishings required to run nursing simulations. The report also acknowledged some surplus space was necessary due to the variability in research space requirements as research projects come and go over time. Overall, the Faculty of Nursing office space was deemed to be both appropriate and adequate to meet the current and foreseeable needs of the Faculty.

Office Space

All appointed faculty, administrative managers, and key administrative staff have private offices. Active Professors Emeriti have shared offices with a maximum of 3 occupants per office. The International Visiting Professor and Postdoctoral Fellow also have private office space. The Centre for Professional Development is allocated an office suite including several individual

offices and a meeting room. The Health Sciences Writing Centre and University of Toronto Centre for the Study Pain, both collaborative initiatives with other health sciences faculties, are also allocated private offices within Faculty of Nursing space. Finally, a private office has also been allocated to a Wellness Counsellor who will meet individually with students.

Instructional Facilities

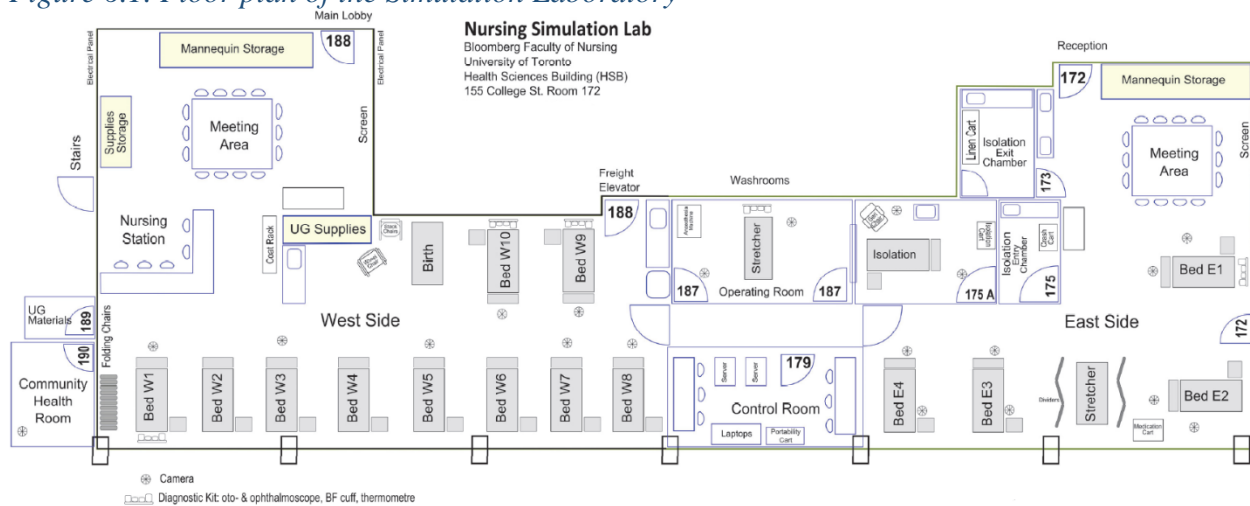
Aside from the 9 Academic and Campus Events spaces in the building, Faculty of Nursing space includes a classroom (room 124) that is exclusively available to Nursing. This classroom was updated as part of the 2015-16 renovation project and can be divided into 2 smaller rooms by a movable wall. Each of the smaller rooms can seat up to 24 people. The classroom features advanced audio/visual technology including integration with the neighbouring Simulation Lab to facilitate observing activity in the Lab as well as breakout sessions.

Nursing also has a multimedia seminar room (room 270) that is equipped with several flat screen monitors for presentation viewing and videoconferencing. Events in this room can be recorded so they are available for online viewing. In addition, guest speakers from around the world have been hosted, via webcast, to provide their insight and expertise to students and faculty through technology housed in this seminar room.

Simulation Laboratory

The Simulation Laboratory is approximately 4,000 square foot space and is equipped with an inpatient ward with twelve beds and a large nursing station, a critical care unit with 4 patient beds, the Bluma Appel Isolation Room including an ante and exit room, a full operating room, one-bed post-anaesthesia care unit and a home care setting living space that also works as an interview or ambulatory clinic room (Figure 6.1). More information about the Simulation Laboratory is found in [Section 7](#), Academic Services.

Figure 6.1. Floor plan of the Simulation Laboratory



Research Activity Space

There are 398 NASM of research activity space in Nursing, which mainly comprises offices and work space for use by Principal Investigators, Research Assistants, and Post-Doctoral Fellows involved in project/grant based research activities. A portion of the building's basement is also allocated as "Research Lab" storage space for Nursing.

Student Areas

Designed as a space for students to take a moment and pause during a hectic day, meet with their peers, grab a snack, or participate in student government, Nursing opened its renovated student lounge in summer 2015. Located on the 3rd floor this space has capacity for 102 people and includes a large kitchen, vending machines, and flexible seating arrangements for students to relax and work in. Wireless print stations are also installed here allowing students to print from anywhere in the lounge on their own laptops. The space can also be divided into 3 independent zones with movable walls allowing for concurrent use of the space. The student lounge also includes the offices of the Nursing Undergraduate Society and Graduate Nurses' Student Society, as well as flexible meeting rooms to accommodate various student groups. Outside the student lounge, there are over 100 lockers designated for undergraduate nursing students. When demand for lockers is high, they are assigned to students by lottery.

A private desk and file storage on the 3rd floor is available to all Nursing PhD students who request it. Whenever possible, students with similar areas of research are seated in close proximity to one another as a way to facilitate discussion and collaborative working.

Accessibility for Ontarians with Disabilities Act

Nursing facilities are compliant with the Accessibility for Ontarians with Disabilities Act (AODA). All faculty and staff members have received the provincial mandated customer service standard pamphlet and are in the process of completing the required online training. Some administrative staff members have taken the full, formal training offered by the University's

Organizational Development and Learning Centre, but to ensure that all faculty and administrative staff are aware of AODA requirements, an in-house training session was also conducted by the University's AODA Officer in June, 2017.

Information Technology Resources

Faculty Computing Resources

All computers in Nursing are connected via a Local Area Network to University of Toronto central servers where all working data are securely stored and backed up daily. Networked multi-function printers are found on all 3 floors of the Faculty. An inventory of computing equipment is maintained and as of 2016-17, all computers are scheduled for upgrades on a 3-year cycle. All Faculty of Nursing space is fully equipped with wireless networking (WiFi) providing access to the University's network and the internet. The Health Sciences Building has a server room on the 3rd floor that is shared between the Faculty Nursing, DLSPH and Information and Technology Services, a central unit of the University.

All faculty members have individual computers in their offices to facilitate teaching and research activity. In addition, every student of the Faculty is expected to have access to a personal computer at home and/or work. Email and the internet are available centrally through the University for all faculty and students, and there are computers and printers available in the Faculty as well as the University of Toronto libraries for student use.

Student Computing Resources

Although a dedicated student computer lab was available to Nursing students on the 2nd floor of the building, low utilization resulted in the lab being closed and converted to an office suite in 2016-17 and now houses the Faculty's IT team. Low utilization of the computer lab is likely linked to the trend toward smaller, more portable and powerful computing devices which makes it easier for students to bring their own computer to classes. Furthermore, with many Nursing programs now online, students often use their home computer.

All PhD students are provided with a desktop computer as well as private, secure data storage on the University's network. They are also provided with free printing capability using the Faculty's shared multi-function printers.

All Nursing students also have the ability to print to a shared printer located in the 3rd floor student lounge for a small fee. Wireless print stations are installed that allow students to print from anywhere in the lounge on their own laptops. Despite the availability and ease of use, the student lounge shared printer is rarely used and only 7 dollars was collected over the 2016-17 academic year.

Online Technology

The Faculty of Nursing has long been a leader within the University for online course delivery. Several technologies are employed to enhance online learning including:

- *VoiceThread*, an online technology that allows instructors and students to participate in asynchronous discussions using multiple modalities (i.e. video, voice, and text),
- *TopHat*, a classroom response system that utilizes students' existing mobile device,
- *ProctorU*, an online proctoring service that lets students write online exams from home, and
- *Blackboard*, the University's online learning management system.

Audio-Visual Room/Recording Studio

In 2016-17, the Faculty converted a small office (room 242) to a recording studio to provide a professional environment for course instructors to record high-quality video modules. Initial feedback on the studio has been very positive.

Linking Health Professionals®

Linking Health Professionals® is a vendor-hosted application used by the Faculty of Nursing to manage clinical instructor recruitment, adjunct appointments, as well as for students and instructors to complete clinical evaluations and student video assignment uploads. The system also facilitates online payments including registration for Nursing's Centre for Professional Development. The Faculty pays annual software license and support fees and has a service level agreement with the vendor, Knowledge4You, to host and maintain the Linking Health Professionals system.

Faculty of Nursing Website

The current Faculty of Nursing website was redesigned and re-launched in August 2012 based on an open source system called Wordpress. Website redesign and implementation was completed via contractual agreement with the University's central Information and Technologies Services team. Since the 2012 re-launch, the website has been continually updated with additional content, functionality and features. A summary of the major changes introduced is included below:

- 2012:
 - Added Centre for Professional Development website section
 - Incorporated online Pulse magazine viewer functionality
 - Enhanced website to enable mobile device support
- 2013:
 - Website security brought up to best practice standards
 - Expanded search functionality making it easier for users to find information
- 2014:
 - Re-organized and simplified program content (e.g., introduced streamlined, tabular data)
- 2015:
 - Upgraded web server hardware and website software to improve stability and performance
 - Modified content and functionality based on provincial accessibility requirements (AODA)

- Added Global Affairs website section
- Based on student feedback, re-arranged and simplified student and program content
- 2016:
 - Redesigned student awards application form to make it easier for students to access funding
 - Added alumni-focused content (e.g., Distinguished Alumni Awards)
- 2017:
 - Added additional Nursing Simulation Lab content
 - Added new step-by-step registration guides for incoming students in both undergraduate and graduate programs

Web content and updates are now largely the responsibility of the Faculty of Nursing's IT team working in conjunction with the Faculty's Communications Officer.

Social Media

The Faculty of Nursing makes frequent use of social media to communicate and engage with various audiences including: students (prospective, current, and former), faculty, partners and others either directly connected with or interested in the Faculty. Social media presence provides the Faculty with an opportunity to build relationships with existing audiences while expanding reach and strengthening the Faculty brand as one of the world's leading nursing schools. Social media channels are primarily used to:

- Distribute information that is reflective of the Faculty's key messages and helps strengthen the Faculty's reputation,
- Share interactive and engaging content so followers get involved with and feel connected to the Faculty,
- Monitor the mention of the Faculty on social media channels not only to engage in conversation and find new followers, but also keep a pulse on the sentiments towards the Faculty,
- Track metrics and analytics that indicate what content is most popular on our channels, help understand who our audience is as well as the ways in which they interact with us, and
- Continue to build on the Faculty's reputation as one of the top nursing schools in the world.

The Faculty of Nursing has a social media presence across several different channels and continues to grow both within and across new and evolving platforms. At the time of writing, the Faculty of Nursing boasts:

- 1, 851 followers on Facebook
 - Average of 2,002 views on each post
 - Monthly average of 759 page visits
- 1, 546 followers on Twitter
 - Tweet on average 3 times a day
 - Gain on average 30 additional followers a month
 - Average of 1,500 profile visits a month

- 351 followers on Instagram
- 87 members on LinkedIn.

Challenges and Opportunities

The Faculty of Nursing has a long-standing reputation for leading and innovating in education. This leadership position is predominantly due to the successful development of hybrid models of program delivery that increase the use of virtual technologies to enhance the student learning experience at both the undergraduate and graduate levels. Significant financial contributions from donors have allowed for the Faculty to continue to invest in the latest technologies, as well as provide high-quality training and support needed to effectively implement those technologies across programs. As a major source of funding for the Faculty's technology investments nears an end (Bloomberg Transformation Agenda), it is critical that additional funding sources can be found. Technology evolves quickly and creates a continual need for replacement and upgrades. Without additional funding, this will lead to either a significant draw on the operating budget or could result in technology adopted by Nursing growing obsolete. Compounding this threat is the reality that competitor nursing programs are also focused on leveraging technology to improve their program delivery, expand their reach, and enhance student experience. Although the Faculty of Nursing was able to establish an early leadership position due to the generosity and foresight of its donors, we now face a substantial challenge to maintain this position.

Section 7 Academic Services

Section 7 Academic Services

Academic services provided to Faculty of Nursing students are highlighted below and organized into 3 sections: those general services coordinated outside the Faculty but in the University, those provided for graduate students by the School of Graduate Studies, and those provided by and within the Faculty of Nursing.

University of Toronto Student Services

The University of Toronto offers students a supportive resource environment helping them to be both engaged and successful in their educational endeavours. Below is a brief overview of the services and supports provided to all University of Toronto students. Where appropriate, information related to student use of these resources is also provided.

The services and co-curricular educational opportunities provided at University of Toronto complement the formal curriculum by engaging and challenging students to reach their full potential as learners, leaders and citizens. These services are organized by the Office of Student Life, the academic division registrar offices, and the School of Graduate Studies. These services combine to support the success of our students from the time they are admitted through degree / diploma completion and beyond.

The Office of Student Life (supported within the Office of Vice-Provost, Students) provides formal resources to support student life (<http://www.studentlife.utoronto.ca>). The overall vision of the Office of Student Life is that every student has the opportunity to actively participate in university life; find connection, community, and friendship; encounter new ways of thinking and being in the world; and experience leadership, independence, and success. To this end, the Office of Student Life includes the following departments:

- Aboriginal Student Services and First Nations House
- Academic Success
- Accessibility
- Career Exploration and Education
- Centre for Community Partnerships
- Centre for International Experiences
- Clubs & Leadership Development
- Family Care Office
- Graduate Life
- Graduate Conflict Resolution Centre
- Hart House
- Health & Wellness
- Mentorship & Peer Programs
- Multifaith Centre
- Orientation, Transition & Engagement
- Sport & Physical Activity
- T-Card Services.

Health & Wellness

Health & Wellness is a merged unit of previous Health Services and Counselling and Psychological Services. This merger of the 2 departments was largely in response to student feedback collected for development of the University of Toronto *Report of the Provostial Advisory Committee on Student Mental Health* (Appendix 48). Students reported that health services could be improved by allowing students to move seamlessly through them, rather than having to access different services through different offices.

Students have access to comprehensive physical and mental health care on campus, including a medical clinic, travel medicine services, immunization, contraception and sexual health education. Health & Wellness provides counselling to students with a wide range of concerns ranging from relationship problems to debilitating depression and anxiety, suicidal and/or homicidal ideation, trauma, post-traumatic stress, sexual violence/harassment and eating disorders. Plans are underway (as well as funding having been received) for the Faculty of Nursing to have an embedded Wellness Counsellor starting in 2017 - 2018. The Wellness Counsellor will be a Registered Social Worker and will have a joint appointment with the Sexual Violence Prevention and Support Centre (.20 FTE). The counsellor will provide life coaching and personal counselling and solution/goal focused psychotherapy to students within the Faculty. The Wellness Counsellor will ensure confidentiality of FIPPA information within the scope of their clinical activities. Inherent in this role will be having the knowledge, skills and attitudes specific to critical thinking and decision making; the ability to analyze and assess presenting mental health concerns; triaging cases, and collaborating with the health care team in the management of student-client mental health concerns. Within their role at the Faculty of Nursing, the Counsellor's overall duties will include conducting screening/intake assessments; case management; facilitating discharge planning; developing and facilitating community referrals and referring to the University community; providing brief counselling to individuals; and running psycho-educational workshops.

Ontario Provincial law required that all universities and colleges in the Province have a policy on sexual violence in place by January 2017. Governing Council of the University of Toronto approved the *Policy on Sexual Violence and Sexual Harassment* on December, 15, 2016 (Appendix 49). This policy has been in effect since January 1, 2017. Central to the new policy is the creation of a Sexual Violence Prevention and Support Centre, which has a presence on all 3 campuses. The Centre manages the process for reporting sexual violence and sexual harassment and offers support for those who disclose an incident, whether or not they choose to report it. A set of guiding principles for evidence-based sexual violence training and education was released in June 2017. It is envisaged that at least one member of faculty in the Faculty of Nursing will be trained as a facilitator. All faculty and staff will be provided with opportunities to receive training. All students of the Faculty will receive education at various points throughout their program of study.

Academic Success Centre

The Academic Success Centre provides students with Learning Strategist support (one to one or group) to assist them to learn to manage their time, address procrastination issues and manage their stress. Learning strategists help students develop new strategies such as active studying, reading and note-taking, and exam preparation. Students can also learn to improve their research, writing, and presentation skills. The centre also partners with faculty to integrate success strategies and support into curriculum.

General Campus Life Programs

Participation in campus life and experiential learning are facilitated through Hart House (clubs, committees, events), the Centre for Community Partnerships (service learning and volunteer opportunities in community settings), the Multifaith Centre (interfaith dialogue, events), the Clubs and Leadership Development Department, and Orientation Transition & Engagement departments (leadership development, orientation, recognition and support for student groups, activities.) Sport and recreational facilities and programs are provided to all students through both Hart House and the Sport & Physical Activity led by the Faculty of Kinesiology and Physical Education.

Accessibility Services

Every year, a number of students within the Faculty of Nursing are engaged with Accessibility Services programs to support their success. Accessibility Services provides students who are or could be experiencing academic difficulties the opportunity for assessment of their individual needs and planning/implementation of accommodations to support the student to be successful. Academic accommodations are provided when students experience disability-related barriers that prohibit demonstration of their knowledge and skills. Accommodations are provided to “level the playing field” upon which students can establish their success. Accommodations could be physical in nature through modification of the student learning environment, providing additional supports (e.g., note taking services), test taking modifications, additional time to complete course assignments, modifications within the clinical practice environment, and so on. Student engagement from our Faculty with Accessibility Services has been steady over the past 4 years. A summary of Faculty of Nursing student use of Accessibility Services is in Table 7.1.

Table 7.1. Student Use of Accessibility Services between 2013-14 and 2016-17

Year	Undergrad Student Use (% of enrolled)	Graduate Student Use (% of enrolled)	Total Student Use (% of enrolled)
2013-14	6/353 (1.6%)	3/325 (.09%)	9/687 (1.3%)
2014-15	23/355 (6.4%)	8/251 (2.3%)	21/706 (4.4%)
2015-16	22/357 (6.1%)	10/375 (2.7%)	32/372 (4.4%)
2016-17	26/355 (7.3%)	16/342 (4.7%)	42/697 (6.0%)

Note. Denominator in rate calculation is based on total enrollments in first term of each academic year.

Accessibility Services also offers resources for faculty and staff to support student learning. For example, they provide information related to making classrooms accessible, securing ergonomic or adaptive furniture for classrooms, alternate formats for textbooks and course reader packs, laptops/tablet use and other electronic assistive devices, student assessment, and practicums/lab/fieldtrip adaptations.

Centre for International Experience

The Centre for International Experience (CIE) provides services to undergraduate and graduate students and postdoctoral fellows in relation to both international students coming to the University and domestic students looking for international study opportunities. CIE administers the International Visiting Graduate Studies (IVGS) program and has served as a source of advice to the Faculty on issues relating to international student support. Since June 2017, the CIE has provided administrative support to the newly established Erasmus + program between the Faculty of Nursing and Lleida University, Spain.

The Health Sciences Writing Centre

The Health Sciences Writing Centre, currently in its 22nd year of operation at the University of Toronto, supports students in 5 health science faculties: Dentistry, Kinesiology and Physical Education, Nursing, Pharmacy, and Social Work. The primary objective of the Health Sciences Writing Centre is to provide individual instruction on writing to students. In 2016-17, approximately 700 students were engaged in these services in over 2300 individual visits. In online evaluation surveys, students overwhelmingly (> 86%) indicated they are extremely or very satisfied with the instruction they receive from the Health Sciences Writing Centre. The Faculty of Nursing has one embedded .50 FTE writing centre instructor, Dr. Patricia Patchet-Golubev. Faculty of Nursing students also have access to other writing instructors working across the campus.

The writing centre's mandate includes the provision of academic writing and language instruction to:

- individual undergraduate and graduate students
- groups of students integrated within Faculty curricula (e.g., in lectures, workshops, seminars)
- faculty members and TAs, working in collaboration on assignment design, writing pedagogy, course design, and academic integrity
- students in an online format particularly for those graduate students within the Faculty of Nursing who are enrolled in hybrid online programs.

The Health Sciences Writing Centre includes 6 writing instructors, 2 of whom are professors in the teaching stream (including the director, Dr. Boba Samuels and the embedded Faculty of Nursing instructor, Dr. Patricia Patchet-Golubev) and 4 contracted instructors. In the Faculty of Nursing, there are 2 office spaces dedicated exclusively for writing centre faculty use.

Table 7.2 summarizes the amount of individual (1:1) writing instruction provided to Faculty of Nursing students within each program between the academic years 2008-2009 and 2015-2016.

Both the number of students and the number of sessions provided to students within Faculty of Nursing academic programs are identified (students frequently receive instruction in more than one session each academic year).

Table 7.2. Summary of Individual Use of Writing Centre Instruction by Students between 2008-2009 and 2015-2016

Academic Year	# Undergrad Students (# of Sessions)	# MN & PMNPD Students (# of Sessions)	# PhD Students (# of Sessions)	Total # Students (# of Sessions)
2008-2009	49 (226)	108 (588)	9 (21)	160 (825)
2009-2010	50 (253)	96 (613)	9 (61)	155 (923)
2010-2011	81 (311)	108 (548)	11 (96)	200 (955)
2011-2012	57 (210)	118 (628)	12 (83)	187 (930)
2012-2013	35 (109)	97 (525)	17 (100)	149 (734)
2013-2014	78 (249)	124 (749)	6 (29)	208 (1027)
2014-2015	72 (273)	144 (795)	5 (56)	221 (1124)
2015-2016	64 (173)	131 (803)	10 (88)	205 (1064)
Overall sessions per student user	3.73 (1813/486)	5.67 (5249 / 926)	6.76 (534/79)	5.11 (7582/1485)

Note. MN refers to Master of Nursing. PMNPD refers to Post-Master Nurse Practitioner Diploma.

Over the past 8 academic years (2008-09 to 2015-16), 1485 Faculty of Nursing students have been engaged in 7582 individual (1:1) sessions with writing centre instructors. Overall, undergraduate student users accessed the fewest sessions and PhD student users accessed the most sessions (per user).

The University of Toronto Library System

Faculty of Nursing students have full access to librarians both on campus and through electronic services. The Faculty of Nursing has an embedded liaison librarian who works with all faculty and staff to facilitate student learning as well as faculty scholarship. As well, all students and faculty have access to the general librarian services.

Study space and computer facilities are available 24 hours, 5 days per week at a St. George campus location, Robarts Library. Additional extended hours are available at other University libraries during study and exam periods. Web-based services and electronic materials are accessible at all times from campus or remote locations (using one's UTorID).

The University Library system plays an important role in the Faculty in linking teaching and research. Information literacy instruction is provided to assist students to meet the Faculty of Nursing Degree-Level Expectations across programs. Library services facilitate student learning in their ability to gather, evaluate and interpret information. Librarians collaborate with faculty

on assignment design, provide student research consultations, and offer just-in-time student research help in person, by phone or through online chat.

The Faculty liaison librarian provides instruction across undergraduate and graduate programs within the Faculty of Nursing. The Gerstein Science Information Centre facilitates formal instruction integrated into the class schedule and hands-on tutorials related to course assignments. Students meet the liaison librarian at the beginning of each student's program within all academic programs. The liaison librarian participates in orientation sessions for all incoming students in the Bachelor of Science in Nursing; Master of Nursing-Nurse Practitioner; Master of Nursing-Clinical; Master of Nursing-Health Systems Leadership and Administration; and PhD programs. Throughout each academic year, librarians provide customized online and in-person workshops aimed particularly for graduate students focused on: achieving clarity on research questions; conducting comprehensive literature searches; and incorporating methodological rigour, protocol adherence and transparency in research. The Library, through its liaison librarian, customizes feeds of library resources which appear prominently in Portal/*Blackboard* course pages - for example, Searching the Literature: A Guide for Nurses (<http://guides.library.utoronto.ca/nursing-eresources>).

The University of Toronto library system subscribes to all top 25 journals listed in the Journal Citation Reports (JCR) in the subject area 'Nursing'. Of these titles, all are available electronically to faculty, staff, and students of the University. The University of Toronto Library system maintains comprehensive book approval plans with 51 book vendors worldwide. In support of the Faculty of Nursing, monographs are purchased in electronic form where possible, and the library currently receives all current e-books directly from the following publishers: Springer, Elsevier, Wiley-Blackwell and Books@Ovid (Wolters Kluwer).

The University of Toronto Library system supports open access to scholarly communication and research information through its institutional research repository (known as T-Space), its Downsview (off-site) print repository, its open journal services, subscriptions to open access publications and support for preservation of research materials in all formats. In addition to acquiring materials, the Library has digitized its monograph holdings published before 1923. These books are available to all faculty, students and staff.

The University of Toronto Library subscribes to the Joanna Briggs Institute's *Evidence-Based Practice Database*, which allows students, faculty and staff to search a wide range of summarized and appraised health care evidence in nursing, including 7 publication types: Evidence Based Recommended Practices, Evidence Summaries, Best Practice Information Sheets, Systematic Reviews, Consumer Information Sheets, Systematic Review Protocols and Technical Reports.

Please refer to Appendix 50 to review the *University of Toronto Libraries Report for the Lawrence S. Bloomberg Faculty of Nursing*.

School of Graduate Studies: Graduate Student Services

In addition to the University services offered to all students, Faculty of Nursing graduate students have access to services, particularly registrar services and co-curricular programs, targeted to their educational and life-long learning situations. A brief description of those services provided to graduate students follows.

Registrar Services. Administrative staff at the School of Graduate Studies (SGS) provide registrar services to graduate students including but not limited to recruitment, admission, orientation, registration, fees, program progress, awards/financial assistance and graduation. Fully equipped meeting rooms, which can be booked by student groups are distributed across 2 locations: the newly renovated 63 St. George Street (home of SGS Student Services) and 65 St. George Street. Financial advising and wellness counselling services are also available at 63 St. George.

Grad Room. The Grad Room is an accessible space on the St. George campus which provides University of Toronto graduate students with a lounge area and a multi-purpose space for academic, social and professional graduate student programming. An additional lounge area for graduate students is now available at the newly renovated 63 St. George St. facility.

Graduate Professional Skills Program. Grad Room is home to the Graduate Professional Skills Program. The Graduate Professional Skills Program is a non-academic program that consists of a variety of offerings that provide doctoral stream students a range of opportunities for professional skills development. The program focuses on skills beyond those conventionally learned within a disciplinary program, skills that may be critical to success in the wide range of careers that graduates enter, both within and outside academe. This program assists students to communicate effectively, plan and manage their time, be entrepreneurial, understand and apply ethical practices, and work effectively in teams and as leaders.

Conflict Resolution Centre for Graduate Students. The Conflict Resolution Centre for Graduate Students offers support to University of Toronto graduate students to take steps to prevent or resolve conflict. This is a peer-led service that welcomes graduate students to connect confidentially with trained peer advisors to discuss options and strategies for addressing a concern.

The Office of English Language and Writing Support. The Office of English Language and Writing Support provides graduate students with advanced training in academic writing and speaking. By emphasizing professional development rather than remediation, graduate students cultivate the ability to diagnose and address weaknesses in their oral and written work. Four types of instruction designed to target the needs of both native and non-native speakers of English are offered: non-credit courses, single-session workshops, individual writing consultations, and website resources.

Faculty of Nursing Student Success Services

Within the Faculty of Nursing, a number of services are provided to promote student success. Four notable examples are the student services / registrar office, the instructional design and technology support services, the information technology and communication support services, and the simulation laboratory. Starting this current academic year, the Faculty of Nursing will have the additional student support resource of a Wellness Counsellor. Recruitment for this role is underway.

Student Services/Registrar's Office

A wide range of services is provided by the Student Services team at the Faculty, covering the full span of the student experience from the admissions inquiry stage to convocation. Often the Student Services is first point of contact for those interested in nursing education. The office actively participates in a number of recruitment activities (e.g., Fall campus fairs, professional schools recruitment fair, information sessions, etc.) throughout the Fall. The office provides all administrative support to the admissions committees throughout the admissions cycles. Within this Faculty, almost all admission cycles start with the September (Fall) admission period.

The course enrolment process for individual students is supported by student services. This is particularly relevant in this Faculty as most of our students (not PhD) follow structured curricula planned for cohorts of students in the BScN and Master of Nursing programs.

Student Services also plays a vital role in financial matters for students. Its varied roles range from providing information on fee and financial assistance to providing critical administrative support for the awards and bursary committees to ensure that students are connected with financial resources of the Faculty as well as external sources. The Student Services Office is also responsible for payment of awards for graduate students.

Other services provided to students include supervising undergraduate student viewing of final exams, distribution of student lockers in the building, confirmation of student status, validation of student co-curricular activities (for students' co-curricular records) and assisting in various orientation and on-campus residency activities for students.

The Academic Program Assistants within the Student Services Office also provides support to students indirectly by supporting instructors and faculty through various activities, such as booking of classrooms and AV equipment, catering food items for Faculty events, photocopying and administrative support for various Faculty committees.

The Office of Student Services provides statistical information on students to Faculty leadership to aid in planning and decision making.

Instructional Design & Academic Technology Support

The Faculty of Nursing has dedicated staff support for academic technology including troubleshooting, training, and project consultation. These services are available for both faculty and students. Because 2 of 3 fields of study in the MN program are offered in a hybrid online mode of delivery, this team works consistently with faculty and students in these programs. As well, this team works with faculty and students across all academic programs to enhance teaching and learning experiences to maximize student success and engagement.

As part of the support provided, this team focuses on using technology in an instructional design capacity both for in-class and online activities as well as in a broader course design context. There are 2 staff members working in Academic Technology Support: the Academic Technology Supervisor and the Academic Technology Support Analyst. Because of this capacity, the Faculty is well equipped to deliver our hybrid online Master level programs. Within the University of Toronto community, the Faculty is seen as a leader in technology enhanced learning. The team works closely with University of Toronto centrally to share best practices and continue to be at the forefront on university-wide initiatives in online learning and technology-enhanced learning. The University's Community of Practice for Online Learning is often hosted at the Faculty of Nursing.

A few notable areas in which technology support and instructional design support have been provided over the past years are:

- Online proctoring using *Proctor U*® to allow for remote testing and examinations
- Mobile and web-based classroom response technology using TopHat® to allow for greater engagement in our largest lecture spaces
- Asynchronous and Synchronous Video Based Discussion using Voicethread® and Blackboard Collaborate® software respectively for greater engagement in our online courses
- Online Peer Review using Peer Scholar® for scaffolded writing assignments
- Interactive online learning modules (such as *Administering Substances by Injection* used in the undergraduate nursing and pharmacy programs).

The team also provides support and consultation for faculty member scholarship funding opportunities in the areas of online learning and technology-enhanced learning that are made available through programs such as the University of Toronto Instructional Technology Innovation Fund (ITIF) as well as external opportunities such as eCampus Ontario funding.

The team engage in developing and programming assessment tools linked to curriculum tools (e.g., computer adapted technology testing; simulated chart medical records; virtual integration cases; and articulate modules). They perform analyses of system requirements as they relate to end user processes and identify gaps in current processes and end user requirements. They do so by consistently consulting with faculty, staff and students on technology changes and their impact on teaching and learning. Importantly, they work with faculty and staff to develop and maintain a repository of documentation and Nursing course content.

To promote teaching effectiveness and learner success, the team consults with faculty on the creation and enablement of pedagogically sound instructional media and content (including Articulate, VIC Virtual Integration cases and web 2.0 technologies). These technologies are essential to the success of our hybrid online graduate academic programs.

Information Technology and Communication Support

The Faculty community has the support of 2 full-time information technology (IT) experts: the Administrative Information & Communication Technologist and the Technology Support Analyst. They support the planning, coordination, and implementation of academic online courses and simulation technologies. They focus specifically on faculty and student access to and utilization of electronic technology in teaching and learning, as well as in research and other scholarship.

The IT team provides much support to student and faculty use of the Simulation Laboratory for both our undergraduate and graduate students. They perform pedagogical case analyses and planning for new teaching technologies. They support faculty developing simulation scenarios and implementing technical solutions. They work to leverage existing and new simulation technologies for continuing educational and research activities in the lab.

This team is essential to not only the success of our hybrid online educational programs but they support development of an effective teaching and learning environment for student learning in our academic programs delivered in the face-to-face classroom mode of delivery.

The work of the IT team is essential to facilitate communication (electronic and telecommunications) within the Faculty and University (students, staff and faculty) as well as external to the Faculty.

The Simulation Laboratory

The Nursing Simulation Laboratory at the Faculty of Nursing is a state-of-the-art teaching facility. The lab opened the current Health Sciences building in 2005 after the Faculty moved from its previous location at 50 St. George St. The physical design of the Simulation Lab has been constructed to provide flexibility in meeting the teaching and learning needs of learners in a variety of contexts.

The Simulation Lab learning experience provides a learning connection to real life situations and clinical dilemmas through a variety of activities and simulation exercises in a supportive setting. The Simulation Lab offers several simulation modalities including computerized high and medium fidelity patient simulators, bench-top anatomical models, and various task trainers. The adult and infant high fidelity simulators are capable of verbal responses, realistic vital signs, breath and heart sounds, and other physiological responses that allow students to learn and practice in a safe environment, without any risk to patients. Through integration of advanced technology, informatics and active learning principles, students have the opportunity to practice hands-on high quality and safe nursing care individually and in groups.

The innovative technology in the Simulation Lab has evolved over the last few years to meet the educational needs of both undergraduate and graduate students. Simulation is fully integrated into all undergraduate clinical courses. Simulations are tailor-made for students in consideration of their abilities and stage of study within their programs.

The lab is fitted with pan-tilt-zoom cameras and ceiling suspended microphones throughout. Students and teachers can view simulations from many viewpoints in the lab, including the control room, 2 debriefing areas, as well as the one-way viewing window in the operating room, community health room and the isolation room.

Filming can easily be done by educators situated in the control room. As many as 6 beds / stations can be filmed simultaneously. All videos are automatically uploaded to a secure server on campus and made available to the students using their University identification on a secure website. Some examples of student use of videoing include but are not limited to: undergraduate students practicing relational skills with standardized patients, undergraduate students demonstrating their ability to perform a sterile dressing, nurse practitioner students performing health assessment skills, and students in a graduate education class teaching a small class. Recent innovations include the ability for students to share videos with each other, upload external videos, comment on a peer's video for a peer assessment assignment and also submit a paper assignment under an individual video – all through a secure server.

The Simulation Lab is used for training, performance evaluation, remediation, program evaluation, research projects, and health-care equipment trials and demonstrations. The facilities are utilized by a variety of educational programs and agencies within and outside the university community on a regular or scheduled basis or for intermittent and one-time events. Activities have included skills development, physical assessment testing, mock codes, mandatory simulation exercises, disaster simulations, hospital orientations, critical care education courses, implementation of research protocols, development and testing of instructional DVDs or films, and media photo shoots. Participants taking part in these activities are nursing students (undergraduate and graduate programs), health professionals involved in professional development programs, researchers conducting studies at the lab (used as a simulated hospital) and industry professionals who need a simulated space to refresh their clinical skills. Table 7.3 below summarizes student use of the Simulation Laboratory by academic program between the years 2008 and 2016.

Table 7.3. Nursing Simulation Lab Student Use in Hours per Program per Calendar Year

Year	BScN	MN Clinical	NP	CPD
2008	650	-	90	-
2009	732	-	138	-
2010	778	-	165	107
2011	801	2	199	124
2012	763	24	141	166
2013	670	1	149	159
2014	628	8	123	21
2015	818	15	169	23

Year	BScN	MN Clinical	NP	CPD
2016	669	14	116	27

Note. BScN reflects student use within the Bachelor of Science in Nursing program. MN Clinical reflects student use within the Master of Nursing, Clinical Nursing field of study program. NP reflects student use within the Master of Nursing – Nurse Practitioner field of study as well as use by students in the Post-Master Nurse Practitioner diploma program. CPD reflects student use within in Centre for Professional Development programs.

Section 8 Internal and External Relationships

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The Faculty of Nursing has well-established relationships within the University of Toronto, with cognate divisions in health and University-affiliated institutions. External relationships are characterized by the Faculty's close partnership with a variety of health service providers in Toronto, the Greater Toronto Area (GTA), provincially, nationally and internationally. In addition, the Faculty is represented on committees and boards of professional associations.

Internal Relationships

Council of Health Sciences (CHS)

The Council of Health Sciences (CHS) represents leadership within the University of Toronto (U of T) health sciences sector and facilitates collaboration and enhancement of health science research and education endeavours. All health professional Faculties and programs are represented on the Council. Through the CHS Chair, the CHS reports directly to the University Provost.

The mandate of the CHS is to:

- Advance the national and international reputation of the University of Toronto as the premier university for health sciences education and research in Canada;
- Advise and report regularly to the Provost on all matters relevant to the health sciences sector and its education and research programs;
- Work collectively on common academic issues and their implementation;
- Identify opportunities for common policies / practices and common management support for education and research across the health sciences sector;
- Promote inter-professional education across all health professional programs and optimize the resources to do so; and
- Ensure that the health sciences sector is adequately and appropriately represented at all levels of University governance.

The Council of Health Sciences is a standing committee of the Vice-President and Provost. The CHS Executive includes the Dean of each of the 7 health science Faculties. The main function of the Executive is to serve as a group with equal representation from each of the health science Faculties to determine the direction of CHS on matters that need to be discussed and decided at a decanal level for the Faculties represented. Currently the Chair and Vice-Chair of CHS are the Dean of the Leslie L. Dan Faculty of Pharmacy and Dean of the Faculty of Nursing, respectively.

The CHS Extended group comprises Executive members and One Vice-Dean, Associate Dean, or Assistant Dean appointed by each Executive Member; One Chair (or Director) representing each health professional program in the health science Faculties; and the Manager, Toronto Academic Health Sciences Network (TAHSN). The role of the Extended membership is to ensure that discussion is adequately inclusive within health science Faculties and to serve as a liaison with key stakeholders such as TAHSN. Currently, the Associate Dean Academic of the Faculty of Nursing represents the Faculty on the CHS Extended group.

Activities undertaken by the CHS currently include integration of the interprofessional curriculum, financial support for the Health Sciences Writing Centre, a working group on Common Characteristics for Admissions criteria, and representation on the various subcommittees of the Toronto Academic Health Sciences (TAHSN).

Centre for Critical Qualitative Health Research (CQ)

The Centre for Critical Qualitative Health Research (CQ) was established as an Extra-Departmental Unit C (EDU: C) in the Dalla Lana School of Public Health (DLSPH) in 2016. CQ has 2 aims: 1) capacity building through graduate teaching, continuing education, and a community of practice; and 2) production of new methodological knowledge, including the development, adaptation, and evaluation of qualitative methods and their utilization in the health sciences. Six health sciences faculties are partners in the Centre including Nursing. The Faculty has committed to providing an annual funding contribution of \$3,500 for a period of 3 years. The current Director of the Centre is Denise Gastaldo, an Associate Professor in the Faculty of Nursing. Elizabeth Peter, Professor in the Faculty of Nursing is an Academic Fellow in CQ and the Dean of the Faculty of Nursing is a member of the CQ Advisory Board. The course *NUR1025: Doing Qualitative Research-Design and Data Collection* (2017 onwards) is the Faculty's course contribution to the Centre's academic program offerings. Approximately 3 PhD students of the Faculty take courses offered by CQ each year. PhD students can obtain a Certificate of Advanced Methodological Training in Qualitative Research through their completion of 3 CQ courses.

University of Toronto Centre for the Study of Pain (UTCSP)

The University of Toronto Centre for the Study of Pain (UTCSP) is a collaborative partnership of the Faculty of Medicine, Faculty of Nursing, Faculty of Dentistry and the Leslie Dan Faculty of Pharmacy. The Centre, the Director and the administrative coordinator are housed in Nursing. Professor Bonnie Stevens is the Director and a Professor in the Faculty of Nursing. The Director reports to the 4 Deans of the participating Faculties. The Faculty provides \$7,500 per year to support UTCSP operating costs. Assistant Professor Craig Dale of the Faculty of Nursing is a UTCSP Scientist and is co-chair of the Education subcommittee. The UTCSP developed and delivers a 20-hour integrated interdisciplinary pain curriculum (UTCSP-IPC) for pre-licensure health sciences students. Annually, approximately 1000 students from Dentistry, Medicine, Nursing, Occupational Therapy, Pharmacy, Physical Therapy, and the Physician Assistant Program participate in the UTCSP-IPC. Using cases based on real patients, students complete comprehensive assessments of multiple factors that contribute to the pain experience, present comprehensive pain management plans justifying their choices, describe multiprofessional and interprofessional strategies for the planning, intervention, and monitoring of pain management outcomes and describe ethical, legal, social, and political issues that may impact on patients' pain management.

Joint Centre for Bioethics (JCB)

Founded in 1995 and an institute in DLSPH, the Joint Centre for Bioethics (JCB) is a partnership between University of Toronto and affiliated health care organizations. Professor Elizabeth Peter of the Faculty of Nursing is an Affiliate of the JCB. The Faculty of Nursing is a participating graduate unit in the delivery of the Collaborative Specialization in Bioethics (CSB); a research-stream graduate program that prepares graduate students for specialization in bioethics, with an emphasis on innovative research drawing from themes in the humanities, law, social sciences, natural and health sciences. As described in [Section 3](#), a number of PhD and MN students from the Faculty of Nursing have previously undertaken, and are currently registered in, courses delivered through the JCB.

Waakebusiness-Bryce Institute for Indigenous Health (WBIIH)

Established in 2014 as an Extra-Departmental Unit C (EDU: C) at the University of Toronto in the DLSPH, the Waakebusiness-Bryce Institute for Indigenous Health (WBIIH) is engaged in research, education and service initiatives in relation to Indigenous health care, education and related policy. The Dean of the Faculty of Nursing is a member of the Executive Advisory Committee of WBIIH. Following the release of the Final Report of the National Truth and Reconciliation Commission (TRC) of Canada, the University of Toronto established a Steering Committee to review and recommend priorities concerning the TRC that were applicable to the University. The Call to Action included: Recommendation 24:

We call upon medical and nursing schools in Canada to require all students to take a course dealing with Aboriginal health issues, including the history and legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Aboriginal rights, and Indigenous teachings and practices. This will require skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism.

In 2016 the Faculty provided a response to the Provost outlining current content in the curriculum with respect to Indigenous Health and flagging initiatives going forward (Appendix 51). Since that time the Faculty has introduced a mandatory session on cultural competency for undergraduate students in their first year, established a Dean's Advisory Committee, cross-appointed an Indigenous health scholar, increased the number of clinical placement opportunities with a focus on Indigenous health, established a bursary for Indigenous applicants to the undergraduate and graduate programs and established links with the WBIIH. The Faculty is actively seeking ways to identify and recruit Indigenous students and faculty. Nursing will be working with WBIIH to implement the Faculty's planned response to Recommendation 24 of the Truth and Reconciliation Commission of Canada: Calls to Action. Drumming Socials, in a partnership between WBIIH and Nursing, are scheduled for late 2017 as an initiative to facilitate Indigenous and non-Indigenous student engagement.

Institute for Clinical Evaluative Sciences (ICES)

ICES undertakes studies that evaluate health care delivery and outcomes. ICES Central is located on the campus of Sunnybrook Health Sciences Centre. A physical satellite site is located in the Dalla Lana School of Public Health at the University of Toronto (ICES@UoT). The University

of Toronto site is funded by academic departments of the University of Toronto, hospital-based research units, and government agencies that employ researchers who are faculty of the University. ICES@UoT is a resource for faculty and PhD students to access large (provincial and national) health-related administrative and clinical databases for research purposes. The Faculty of Nursing is one of 9 academic partners contributing to the ICES site at the University. The Faculty contributes \$25,000 per year to operating costs and a further \$18,000 per year for 20% of an ICES' analyst's time to work with faculty and their students on their projects. The Dean of the Faculty of Nursing is a member of the ICES@UoT Oversight Committee. Professor Ann Tourangeau and Associate Professor Louise Rose have been the sole Faculty users of ICES@UoT analyst time since 2015 on the projects Examining Variation in Access to Long-Term Care Home for Ontario Seniors and Health Utilization for Assessment, Monitoring and Management of Respiratory Complications for Individuals with Neuromuscular Disease, respectively. Going forward the Faculty desires greater use of this resource by PhD students, and engagement through the planned recruitment of faculty with expertise in big data, health systems research etc.

Centre for Interprofessional Education (CIPE)

CIPE is a partnership between the University of Toronto and TAHSN with University Health Network (UHN) as the lead hospital. Founded in 2009 as an Extra-Departmental Unit (EDU:C) of the Faculty of Medicine at the University of Toronto, CIPE aims to build the capacity for collaboration and interprofessional care among health care learners and practitioners. Associate Professor Catherine Hardie is the Faculty of Nursing representative on the InterFaculty Curriculum Committee (IFCC). The IFCC oversees and endorses the development, implementation and evaluation of the IPE curriculum. Elected representatives from the Nursing Undergraduate Society (NUS) participate in the Interprofessional Healthcare Students Association (IPHSA), promoting IPE within the Faculty. A small number of faculty engage with the CIPE curriculum as trained facilitators. The Faculty contributes approximately \$40,000 per year to overall operating costs of CIPE. Undergraduate students from the Faculty participate in a minimum of 8 learning activities over their 2 years of study. There are 3 required interdisciplinary courses in Year 1 and 4 required courses in Year 2. Students must complete one elective of their choosing sometime over the course of their studies. Please see Section 3 – BScN program description for more details.

Centre for Professional Development (CPD)

The Centre for Advanced Studies in Professional Practice (CASPP) was founded in 2008, and rebranded in 2012 as the Centre for Professional Development (CPD). Once operational, the Centre set a goal of returning revenue to the Faculty net of operating costs. Details of revenue and expenditure can be found in [Section 5](#). The Centre has been led by an Executive Director (0.6 FTE) since 2011. The centre is supported by an Associate Director (0.5 FTE), an Administrative Coordinator (0.6 FTE) and an Administrative Assistant (0.5 FTE).

The Centre's primary purpose is to provide high quality professional development opportunities for nurses, nurse practitioners and other health care professionals working in the broader nursing community – locally, nationally and internationally. In the last year the Centre's mandate has

expanded to include international education opportunities through establishment of the Global Nursing Scholars Program. Course faculty are drawn primarily from the organizations in the Toronto Academic Health System Network (TAHSN), and appointed faculty. The majority of faculty have adjunct appointments in the Faculty, with a small number of professionals appointed in other faculties or working as educational consultants.

The Centre has developed a reputation for delivery of quality programs, adding value to the profession of nursing and the health care professional community more broadly. Over the last 5 years there has been steady growth in the portfolio of program offerings through a range of delivery methods.

Education Courses and Programs

Currently the centre has 3 foci:

- Provision of educational courses and programs;
- Global Nursing Scholars Program; and
- Program accreditation.

The Centre offers educational courses and programs in the following areas:

- **Advanced Practice:** courses primarily offered for Nurse Practitioners (e.g. advanced health assessment, controlled drugs and substances, excelling in the care of the elderly)
- **Clinical Practice:** issues relevant to the practicing registered nurse (e.g. health assessment, advanced ostomy management, chronic pain, assisted dying)
- **Education:** development of nursing educators (e.g. scholarship of clinical teaching, assessing competency)
- **Exam Preparation:** exam preparation courses for registration as a nurse or nurse practitioner
- **Leadership:** issues relevant to nurses in leadership roles (e.g. nursing informatics, effective communication/presentation skills).

Program Participants

The majority of course registrants are from health care organizations and academic institutions, primarily located in southern Ontario. For 2016-2017 a total of 1,098 participants attended courses offered. The majority of participants are staff nurses, nurse practitioners, educators, nursing students and administrators (Table 8.1).

Table 8.1. CPD Participants by Type of Employment Position in 2016-2017

Employment Position	Number of Participants	Percentage of Participants
Staff Nurse	430	39%
Nurse Practitioner	176	16%
Educator/Clinical Instructor	106	10%

Employment Position	Number of Participants	Percentage of Participants
Student	75	7%
Administrator	67	6%
Clinical Nurse Specialist/Advanced Practice Nurse	37	3%
Professional Practice Leader	25	2%
Researcher	7	1%
University/College Faculty	7	1%
Other	168	15%
Total	1098	100%

Most course participants are employed in a hospital, primary care, community/home care, a university or college, or in long term care (Table 8.2).

Table 8.2. CPD Participants by Workplace

Workplace	Number of Participants	Percentage of Participants
Hospital	648	59%
Community/Home Health Care	85	8%
Primary Care	77	7%
University/College	60	5%
Long Term Care	50	5%
Public Health	21	2%
Rehabilitation/Complex Continuing Care	18	2%
Regulatory Body/Professional Association	9	1%
Government	5	<1%
Self-Employed	4	<1%
Other	121	11%

Workplace	Number of Participants	Percentage of Participants
Total	1098	100%

A list of courses offered by the Centre is provided in Appendix 52.

The Centre provides internal management of selected Faculty special education and research events.

- The Faculty of Nursing created the Emerging Nurse Scholars Forum to support early career development and international networking of emerging nursing scholars who are embarking on a research career. The invitation-only forum offers a unique opportunity to network with other doctoral students and recent doctoral graduates, participation in a forum to exchange ideas, and exposure to the future state of nursing science. The forum is co-developed and led by CPD and the Research Office of the Faculty has been held in 2013, 2014, 2015 and 2017. Travel bursaries are awarded by the Faculty to international participants.
- A Quality and Safety Summit was held in 2015 in collaboration with Linda McGillis Hall, Associate Dean Research and External Affairs, and Lianne Jeffs, Associate Professor and Scientific Director of the former Nursing Health Services Research Unit. The aim of this summit was to identify the state of the science in quality improvement and patient safety and to leverage nursing's contribution to quality improvement and patient safety globally. The keynote speaker was Professor Walter Sermeus, the 2016 Frances Bloomberg International Visiting Professor and a world leading researcher on the associations between nursing workforce and quality and safety.
- The Frances Bloomberg International Visiting Professor delivers a workshop or education program during their tenure in the Faculty:
 - 2017: Shaping Systems to Promote Desired Outcomes with Donna Sullivan Havens, Professor, School of Nursing, University of North Carolina at Chapel Hill
 - 2016: Quality and Safety Summit with Walter Sermeus, Professor, Leuven Institute for Health Care Policy, University of Leuven, Belgium
 - 2015: Evidence Based Tools for Developmental–Behavioural Screening and Surveillance in Children with Margo Pritchard, Principal Perinatal Clinical Researcher-Triallist at Women's Newborn Services, Royal Brisbane Women's Hospital and The University of Queensland Centre for Clinical Research.
 - 2014: Metrics, Measurement and Magic with Anne Marie Rafferty, Professor of Nursing Policy, Florence Nightingale Faculty of Nursing and Midwifery, King's College London.

The Centre has also contracted to develop courses for other providers or to meet the education needs of a specific organization:

- University of Toronto Centre for the Study of Pain/Centre for Interprofessional Education: Pain Interprofessional Curriculum Design Workshop;
- Leslie Dan Faculty of Pharmacy: Administration of Injections for Pharmacists;
- Ontario Association of Community Care Access Centres: Rapid Response Nurse Institute.

Global Nursing Scholars Program

The Centre engages with international partners by providing unique learning opportunities for nursing leaders in education, advanced practice or health care administration. The Global Nursing Scholar Program, initiated in 2017, provides learners (academics and post-licensure clinicians), with opportunities to advance their nursing practice, scholarship and leadership capacity through exposure to Faculty of Nursing's faculty and the broader academic health network including the University of Toronto affiliate hospitals and agencies. Health care professionals can gain valuable knowledge, skills and expertise through the program.

2017 Global Scholars (as of August 2017):

- Hui Fang, Associate Professor, Shandong University, China
- Li Ka Ying, Registered Nurse, Hong Kong Sanatorium and Hospital, Hong Kong
- Wong Hoi Yi, Registered Nurse, Hong Kong Sanatorium and Hospital, Hong Kong
- Jingcan Xu, Head Nurse, Xiangya Hospital of Central South University, China
- Wong Mei Wah, Nursing Officer II, Hong Kong Sanatorium and Hospital, Hong Kong
- Sham Kin Kwan, Registered Nurse, Hong Kong Sanatorium and Hospital, Hong Kong

Program Accreditation Services

The Centre provides educational program accreditation on a limited basis, for selected affiliated partners providing education programs. The original accreditation initiative was developed for the international division of a TAHSN partner; and was extended with the same partner for one domestic program. The accreditation program is currently being evaluated for expansion to domestic programs being offered by affiliated TAHSN partners.

Program Design and Evaluation

The programs offered by the Centre range in duration from one day to several weeks. In 2016-2017 the centre offered 25 course. The majority of courses (76%) are 1-2 days in length. Most courses are offered face-to-face, with a growing number of courses offered online or through hybrid delivery methods including webcast. The recent acquisition of new software for webcasting will support the greater use of this modality for programs currently only offered in face-to-face format.

In 2016-17 68% of courses were face to face, 16% were online, and 16% were a hybrid face-to-face/webcast. It is anticipated that offering more course online and by hybrid methods will increase the number of program participants nationally and internationally. Early indications in 2017-18 demonstrate greater numbers of webcast participants.

A comprehensive evaluation is conducted for each course. The participant course evaluation completion rate was 74% in 2016-17. Course evaluation results demonstrate high overall satisfaction with courses with 97% of participants stating that they found their program worthwhile, 96% would recommend their program to a colleague, and 97% found their course met or exceeded their expectations in terms of program comprehensiveness and topics covered.

A Certificate of Completion is provided to all participants upon completion of a program/course. The Centre is planning to offer one or 2 not-for-credit certificate programs in the next fiscal year. Not-for-credit certificate programs must have a coherent sequence of not-for-credit courses and normally provide a mechanism for assessment of student performance. The Centre is in the process of developing a certificate in Nursing Education in the Practice Setting; and converting the 3-day Managing Urgent and Emergent Clinical Problems In Adults into a certificate program for Nurse Practitioners working in the hospital setting.

External Relationships

Toronto Academic Health Sciences Network (TAHSN)

The Toronto Academic Health Sciences Network (TAHSN) comprises the University of Toronto and 13 affiliated health care organizations participating in health and biomedical research and in the teaching of undergraduate and graduate health sciences students. The strategic objectives of TAHSN are based on shared leadership in defined areas of research, education, and patient care that: fosters collaboration for increased capacity and output in health and biomedical research and health professions education research; builds an integrated learning environment for patients, staff and learners; develops a regional culture that promotes and enables evidence-based care for all health professions; and stimulates partnership in interprofessional education and care delivery. Four committees are tasked with undertaking work deemed relevant to all TAHSN partners: TAHSN Research, TAHSN Education, TAHSN Practice and TAHSN Medical Affairs. The Dean of the Faculty of Nursing is Co-Chair of TAHSN Practice, a member of TAHSN Education and represents Nursing at the TAHSN CEO table. Faculty of Nursing's faculty have previously been engaged in TAHSN workstreams relating to Senior Friendly Community of Practice, and the Learner Engagement survey. Currently the Faculty is contributing to work relating to Valuing Academic Practice, Learner Environment and Escalating Concerns.

The Hospital University Nursing Education Committee (HUNEC)

The Hospital University Nursing Education Committee (HUNEC) is an educational advisory group (to the Dean) that serves to enhance the educational experience of Faculty of Nursing students by fostering partnerships between the Faculty and its Toronto Academic Health Sciences Network partners as well as other affiliated community agencies. The Faculty of Nursing relies heavily on its clinical agency partners to provide the environment and resources

needed to support nursing student achievement. HUNEC members work together to define, understand and enact joint responsibilities for the education and training of undergraduate and graduate students and for the professional development of clinical practitioners and clinical teachers. As well, HUNEC seeks out innovative and collaborative opportunities and partnerships for development of faculty and clinical affiliate staff. This is a productive forum that allows the faculty and its affiliated partners to enable and promote best practices related to clinical teaching and learning for our nursing students. HUNEC normally meets 5-6 times yearly. The Associate Dean Academic chairs this committee. Academic program directors, the Assistant Dean Academic, staff engaged in student practicum placements within the faculty and key coordinating faculty are members of HUNEC. Each clinical partner agency is normally represented through participation by 1-2 members in the HUNEC forum.

Council of Ontario University Programs in Nursing (COUPN)

The Council of Ontario University Programs in Nursing (COUPN) is housed within the Office of Health Sciences in the Council of Ontario Universities (COU). The Faculty of Nursing is one of 14 Schools offering nursing programs in the Province of Ontario and a member of COUPN. COUPN offers a collective voice for university nursing education in Ontario and member universities work together on common issues affecting nursing education and scholarship. The Dean of the Faculty of Nursing is a member of the Executive of COUPN. The most recent foci of activity in COUPN have been the quality and availability of clinical education and training, educational bridging for internationally-educated nurses and introduction of the NCLEX licensing exam in 2015.

Canadian Association of Schools of Nursing (CASN)

The Canadian Association of Schools of Nursing (CASN) represents all universities and colleges in Canada that offer part or all of an undergraduate or graduate program in nursing. For most of Canada and all of Ontario, CASN is responsible for commissioning and conducting the reviews of academic programs leading to eligibility for the designation of Registered Nurse. The next undergraduate program review by CASN for our Faculty will be undertaken in March 2018. CASN makes recommendations to the College of Nurses of Ontario about the accreditation of the BScN program offered by the Faculty of Nursing.

Faculty have been engaged in numerous working groups including Nurse Educator Interest Groups, the Standing Committees on Research and Scholarship and Infoway Digital Health Nursing Faculty Peer Leaders, and development of the National Nursing Education Framework. Faculty have regularly been recipients of CASN Awards.

International Partnerships

In 2006, the (then) International Office in the Faculty was created to provide a focus for the Faculty's international strategic initiatives. There were 3 strands to the mission of the Office: enhancing global reach and reputation through the development of international scholarly and scientific collaborations and to support faculty to build their network of international colleagues; providing international professional leadership and fostering the ethos of global citizenship among students and faculty; and generating revenue opportunities for the Faculty through

recruitment of visa students, consultations and education projects in collaboration with the (then) Centre for Advanced Studies in Professional Practice (CASPP) and practice partners. Over the past 10 years the Global Affairs Office (GAO), under the directorship of Associate Professor, Teaching Stream, Freida Chavez (0.5FTE):

- developed and delivered a Pan-American Health Organization (PAHO) - funded program; “Nursing Leadership and Capacity building in the context of Primary Health Care” in Brazil;
- strengthened the collaboration between the Faculty and Catholic Health Association of India (CHAI) in providing the NUR480 elective international primary health care practicum experience for undergraduate students of the Faculty (n≥100 as of June 2017);
- contributed to the professional development of nurse academics in the nursing department of Addis Ababa University, Ethiopia through provision of mentorship, Masters thesis supervision, and curriculum design support;
- supported an increased intake of International Visiting Graduate Students (IVGS) through the University of Toronto School of Graduate Studies program to gain additional mentorship and research expertise related to their PhD studies under the supervision of faculty; and
- supported Globally-Interested Nurses (GIN); a group for nursing students with an interest in global health, to hold events, including an annual conference, in collaboration with the other health sciences faculties at the University of Toronto.

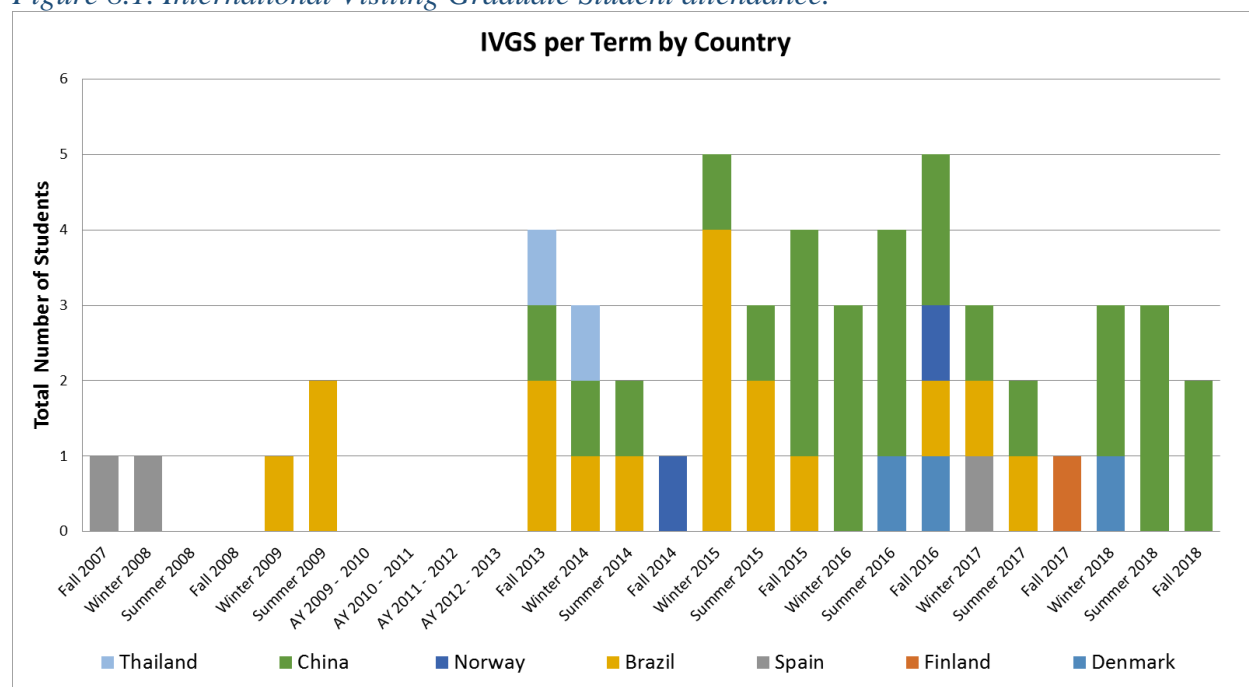
Strengthening international partnerships was a strategic priority identified by the University of Toronto’s President Gertler in his installation address. Internationalisation across all domains of Faculty activity was also identified as a priority for the Faculty’s *Strategic Academic Plan 2017-2022 Shaping Tomorrow’s Leaders Today* (Appendix 4). In 2016, the Dean commissioned an external review of the GAO with the main tasks of reviewing alignment of Office activity with the Internationalisation Strategy of the University of Toronto, scoping the quality and relevance of the activities of the GAO, reviewing the organizational and resource structure, and identifying areas of strength and opportunity. Recommendations of the Review Panel included clarifying the key performance indicators of the Faculty in relation to global health and internationalization, aligning NUR480 (the non-credit optional end of program international practicum) within the undergraduate curriculum, and re-structuring such that activities previously undertaken within the GAO were re-distributed to relevant Associate Deans and the Dean.

Since the review, the elective NUR480 international primary health care practicum placement has been expanded to include Suzhou, China in July 2017 and will be fully integrated into the undergraduate curriculum in *NUR461-Primary Health Care* in 2018.

Revenue-generating international activity, such as the Global Scholars Program (Appendices 61 and 62) is now administered by the Centre for Professional Development. Memoranda of Understanding for faculty and student exchange and development of revenue-generating education programs are in place with Hong Kong Sanatorium and Hospital, Suzhou University, Shandong University and Central South University, China, and Oslo and Akershus University College of Applied Sciences, Norway.

The Faculty has seen growth in both the number of international PhD student enrolments and International Visiting Graduate Students (IVGS). Since 2007, 29 IVGS have participated in the Faculty's PhD program. Figure 8.1 shows the growth in student attendance since Fall 2007, the majority latterly from China.

Figure 8.1. International Visiting Graduate Student attendance.



Sigma Theta Tau International Lambda Pi at Large Chapter

The University of Toronto is one of 3 universities that make up the Lambda Pi-at-Large Chapter of The Honor Society of Nursing, Sigma Theta Tau International (STTI). The Lambda Pi Chapter was chartered at the University of Toronto in 1990 and now, as the Lambda Pi at Large Chapter, includes Ryerson University and York University (pending May 2018). Faculty hold leadership positions on the Board of Directors of the chapter and are active in chapter committees overseeing research, awards, and succession planning. Twice yearly, highest performing undergraduate and graduate students at the Faculty of Nursing are invited as new inductees into STTI. Faculty and student STTI membership provides access to career development resources, research grants and awards, continuing education opportunities, scholarly publications, and international networking events.

Section 9 Previous Review Recommendations

Section 9 Previous Review Recommendations

The 2009 external review of the Faculty of Nursing was commissioned by the Vice-President and Provost (Appendix 53). The reviewers were very positive about the development of the Faculty since the last review in 1999. In particular, they credited the Faculty with many achievements including:

- obtaining the gift of Mr. Lawrence S Bloomberg that funded many creative educational and research initiatives;
- the quality of the research enterprise with an increased number of faculty successful in gaining competitive, prestigious Tri-Council funding;
- the quality of the PhD program;
- the high calibre of students entering the undergraduate program; and
- the strong sense of collegiality, inclusivity and openness in the Faculty.

Four issues were specifically identified by the reviewers. These issues have already been referred to in other sections of this self-study. A summary, and in some cases reiteration, of the Faculty's approach to addressing the concerns that were raised follows.

Time to Completion

Concerns about time to completion and the need for additional quality indicators: “The faculty and students reported concerns with the time to graduation for the PhD students, an average of 6.2 years. Partly, this seems to be due to the part-time students in the PhD program who work full-time. Additional indicators of quality need to be developed for the PhD program; e.g., tracking type of positions entered after graduation, monitoring publications for graduates within a defined time period, conducting a graduate survey at one and 5 years out from the program”. Full detail regarding the current PhD program can be found in [Section 3.c.7](#). Time to Completion (TTC) data are shown in Table 3.66 repeated below.

Table 3.66. PhD - Faculty of Nursing - Time to Degree Completion (TTC) Compared to Life Sciences Division and all University of Toronto

	Nursing		Life Sciences		All University of Toronto	
Graduation Year	Number of Graduates	Mean TTC years	Number of Graduates	Mean TTC years	Number of Graduates	Mean TTC years
2008-09	11	6.2	240	5.9	697	5.7
2009-10	7	6.3	255	5.8	738	5.6
2010-11	8	6.3	259	5.8	789	5.7
2011-12	10	6.7	300	6.1	806	5.8
2012-13	7	7.5	301	5.9	868	5.7
2013-14	14	6.1	319	6.0	855	5.9

	Nursing		Life Sciences		All University of Toronto	
Graduation Year	Number of Graduates	Mean TTC years	Number of Graduates	Mean TTC years	Number of Graduates	Mean TTC years
2014-15	7	6.7	308	6.0	910	5.9
2015-16	9	6.2	277	5.7	853	5.9

The Faculty has taken a number of steps to address time to completion, and a process of monitoring quality indicators. One aspect of the Faculty response was the development of a series of “milestones” within a 4-year “roadmap” (Figure 3.3 repeated below). Recognising that writing was one of the aspects of the PhD program that students found most challenging, and often delayed, the Faculty introduced a series of mandated tasks with deadline dates for completion, including production of a literature review by Fall term of Year 2 and the proposal defense by end of Year 2. The 1st year seminar series *NUR1081* now includes extensive discussion with students regarding types of literature reviews and guidance on how to develop their written work. It is too soon to determine the impact such an initiative may have on completion times. However, anecdotally students appreciate the transparent expectations and guidance.

Figure 3.3. Four Year Roadmap

Mapping template for completing the PhD requirements in 4 years				
	Year 1	Year 2	Year 3	Year 4
Path to Candidacy: 4. Course work 5. Lit Review 6. Proposal defense	<i>Course Work:</i> NUR1081 NUR1085 for Critical Approaches students 1 methods 1 substantive <i>Proposal development:</i> -by April 30 set committee membership & problem statement, literature review paper	<i>Course Work:</i> 1086H/1087H Fall for HSR/ECHO students 1 methods or substantive <i>Literature Paper Sept 15</i> <i>Proposal Defense</i>		
Ethics (after proposal defense)				
Data collection (from ethical approval usually max 1 year)				
Analysis (variable depending on method)				

Mapping template for completing the PhD requirements in 4 years				
	Year 1	Year 2	Year 3	Year 4
Writing				
Final Oral Exam				

It is not possible, or desirable, for the University to monitor or enforce the employment activities of its graduate students. However, the current funding policy makes clear the expectations with respect to hours of work “on campus” in accordance with School of Graduate Studies (SGS) guidelines. Additionally, the Faculty is in the process of amending its funding policy to reflect a principle of timely progress in degree programs. Such wording may include:

1. Full-time doctoral stream students are expected to pursue their graduate studies full-time, maintain good academic standing and making satisfactory progress by meeting the milestones for their program.
2. To promote timely progress, it is strongly recommended that full-time graduate students and their graduate units limit a student’s on-campus employment, including TA-ing, to no more than an average of 10 hours per week, in order to ensure that sufficient time can be devoted to the academic requirements of the program.
3. Full-time registered students should not be employed on a full-time basis in addition to their studies, unless approved by the graduate unit.

Post-graduation surveys are sent to graduates, asking them about their professional lives and are designed to determine our success in meeting our program objectives. Survey results from the years 2015 and 2016 are discussed in [Section 3.c.8](#), PhD program, and shown in Appendix 39. Additionally, the recent 10,000 PhDs Project commissioned by SGS identified current and previous employment positions for the 98 PhD students who graduated from the Faculty of Nursing PhD program between the years 2000 and 2015. Most (48%) held tenure track positions with a further 23% working in other post-secondary education roles. The Faculty of Nursing graduate rates of employment in academic positions were 2-3 times higher than that of other divisions at the University of Toronto.

Associate Professor Robyn Stremmer was appointed to the position of PhD Program Director in 2016. The responsibilities of the Director include Applicant screening and admission, Student and program management, and liaison with Nursing Global Affairs Office in selection and admission of International Visiting Graduate Students. She was supported by the Faculty to participate in the New and Emerging Academic Leaders (NEAL) program offered by the Centre for Faculty Development, at the University of Toronto to develop her leadership skills, and to specifically consider current and future strategies for increasing the quality of applications to the PhD program, improve completion rates, and reduce duration of candidature.

Most recently, the PhD Supervision Committee with Associate Professor Stremmer as Chair, and in light of student feedback, has been reviewing the current course offerings in the PhD program with a view to providing a sequence of course offerings that best meets the learning needs of students. It is expected proposed changes to course offerings as a result of the review will be implemented in 2018-19.

Health Services Research

Development of a plan to sustain Health Services Research at the Faculty given its national and international prominence and end of the term of the (then) Canadian Health Services Foundation Research Chair: “The end of this chair means that the Nursing Health Services Research area will be the only research concentration in the Faculty without a chair. The reviewers believe therefore that it should be an area of high priority to establish an endowed chair”.

As shown in [Section 4](#), results for Faculty Research Personnel Awards for 2009 to current demonstrate the significant success on the part of the Faculty in the achievement of junior and senior career awards in the field of Nursing Health Systems. Sixteen tenure stream faculty left the University in the period 2009-2017. Recruitment efforts have, by necessity, focused on hiring new faculty. Dr. Lisa Cranley is a health systems researcher and one of the 3 Assistant Professor positions hired in 2015. Going forward, the Faculty has identified the recruitment of tenure stream in the fields of health informatics; health systems, leadership and administration, and global health.

Since the 2009 review, the Faculty has actually experienced growth in the number of research chairs and professorships held by tenure-stream faculty members. Currently 6 research chairs and 3 professorships are held by faculty members - more than any other nursing faculty in Canada. Two endowed research chairs have been vacant since at least 2015 (i.e., Signy Hildur Eaton Chair in Paediatric Nursing Research; RBC UHN Chair in Cardiovascular Nursing Research). At the urging of the relevant Toronto Academic Health Sciences Network (TAHSN) partners, Faculty efforts have focused on identifying and recruiting potential applicants to these vacant chairs. A third research chair is vacant and being redeveloped with the affiliate site (i.e., Heather M. Reisman Chair in Perinatal Nursing Research). In addition, discussions are currently underway with at least 2 other affiliate hospital sites to develop additional nursing research chairs or professorships.

Online Learning Strategies

Reliance on online Learning Strategies in the MN programs: “Vigilance is required for effectiveness of those strategies and associated supports in relation to evidence of student learning and student satisfaction.”

Over the last 5 years the Faculty has invested \$350,000 per year (\$1,750,000 total) of the gift of Mr. Lawrence Bloomberg in the development of the virtual curricula. As indicated in [Section 6](#), sustained investment in innovative education technology (e.g., Blackboard Collaborate®, VoiceThread®, TopHat®, and Peer Scholar®) has allowed the Faculty to continuously improve

the quality of course delivery over the past several years and results in consistently positive feedback from both students and faculty. A number of faculty have been successful in gaining funding through the Provost's Instructional Technology Innovation Fund (ITIF) as reported in [Section 2](#). To cater to student needs and past feedback, two of 3 MN field of study programs are delivered in a hybrid model, with synchronous and asynchronous online learning, and/or residencies and/or face-to-face classroom delivery. Since the last review, educational technology resources have been enhanced with the addition of a full-time education technologist. The experts work with faculty to develop and continually improve online instructional approaches and identify new technologies to support student learning.

In 2016-17, the Faculty converted a small office (HSB 242) to a recording studio to provide a professional environment for course instructors to record high-quality video modules. Faculty space also includes a classroom (HSB 124) that is exclusively available to Nursing. This classroom was updated as part of the 2015-16 renovation project and can be divided into 2 smaller rooms by a movable wall. The classroom features advanced audio/visual technology including integration with the neighbouring Simulation Lab to facilitate observing activity in the Lab as well as breakout sessions. A multimedia seminar room (HSB 270) is equipped with several flat screen monitors for presentation viewing and videoconferencing. Lectures in this room can be recorded so they are available for online viewing. In addition, guest speakers from around the world have been hosted, via webcast, to provide their insight and expertise to students and faculty.

Continuing Professional Development

Consideration of the role of the (then) Centre for Advanced Studies in Professional Practice (CASPP): “We heard from practice leaders that they see untapped opportunities to expand the strategic focus of the Faculty’s contribution to continuing nurse education.” Priority #4 of the Faculty’s 2017-22 Strategic Academic Plan refers to “Fostering a productive and sustainable partnership with our affiliated world-leading clinical institutions and community-based providers”. A specific mechanism for achieving that Priority is the development of programs and pathways for academic excellence together with our clinical partners. Over the last 5 years approximately \$300,000 from the Bloomberg gift has been invested in the Centre for Professional Development (CPD), primarily in renovation of space and employment of specialist faculty. [Section 8](#) provides a comprehensive description of the growth in the number of courses offered and the contemporary nature of those courses. The partnership model between CPD at the Faculty of Nursing and TAHSN is evident in the number of course faculty drawn from organizations in TAHSN and program content which reflects the interests of the clinical practice setting such as health assessment, assisted dying, chronic pain, and the scholarship of clinical teaching to name but a few.

Section 10 Future Directions

Section 10 Future Directions

The 2017-2022 Strategic Academic Plan of the Faculty (Appendix 4) was endorsed at the meeting of the University of Toronto Academic Board on May 28, 2017. ‘Shaping Tomorrow’s Leaders Today’ represents the culmination of a process of consultation commencing in November 2014. Faculty, staff, students, alumni, external stakeholders and senior administrators in the University contributed to the final document.

While articulating the 5 priorities for the Faculty going forward, significant challenges were also identified, including:

- A shortage of PhD-prepared nursing faculty across Canada that makes filling current vacancies and those arising from impending retirements difficult;
- A need to upgrade our simulation equipment in order to continue to deliver an innovative education program;
- Expanding clinical placement offerings to provide experiential learning opportunities for our students;
- Producing a graduate workforce with the skills and attributes required of employers in a rapidly changing context of health care delivery;
- Supporting student success through provision of financial aid in the form of bursaries and scholarships; and
- Securing research funding in an increasingly challenging national research funding environment.

Recruitment and Retention

At time of writing the Faculty is predicting 6 tenure stream and 3 teaching stream vacancies by July 2018. Two of those vacancies are allocated to the currently open searches for the Signy Hildur Eaton Chair in Paediatric Nursing Research and the RBC Financial Chair in Cardiovascular Nursing Research. Challenges in faculty recruitment are not new in the nursing profession, and the Faculty in particular. Demographics of potential applicants, the cost of living in Toronto, and the small number of nursing PhDs graduating annually across Canada all contribute to the challenges. A further challenge is the key priority of the Office of the Provost in enhancing the diversity of the faculty complement. The Faculty has begun to take steps to reach potential candidates from diverse backgrounds, but much more needs to be done, in a systematic and sustained manner, to develop a faculty complement that reflects the community with which we work.

The 2014 “Speaking Up” Faculty and Staff Engagement Survey focused on communications, equity and diversity, faculty and staff development, recognition and work-life integration. Results for the Faculty are comparable to that of the University of Toronto overall with respect to the domains of Engagement and Work Environment. However, Workload, Communication and Management scored significantly lower for the Faculty (Appendix 54). Items on the survey specifically for tenure and teaching stream faculty indicate a desire on the part of tenure stream

faculty for clearer communication around criteria for tenure and promotion. Teaching stream faculty are dissatisfied with resources to support research and scholarship and the expectations regarding balancing teaching, scholarship and service activities.

Recruitment and retention of faculty requires creative approaches to provision of faculty support such as professional development opportunities, start-up funds, and mentorship by senior faculty. The Faculty has provided tenure stream faculty with an allocated mentor, research start-up funding to support pilot projects, and funded summer studentships. Similarly, teaching stream faculty are supported through the CTSI, mentorship by senior faculty and provision of Innovation in Teaching (e.g., Teaching Professoriate Faculty Awards) funding. The Faculty needs to make further efforts to support faculty through provision of timely and clearer guidance regarding Performance Through the Ranks (PTR), tenure and promotion processes.

Simulation in Education

Sustained delivery of a quality learning experience for students requires up-to-date equipment in the simulation lab. Philanthropic support has recently allowed the Faculty to purchase high-fidelity mannequins. However, the majority of equipment is aging and in need of replacement. With the support of the Director of Advancement, the Faculty is currently exploring opportunities for partnership with a variety of vendors in order to have access to equipment and training in innovations in simulation learning. The current simulation lab design is acute-care focused and substantial renovations will be required to provide a home and community care setting for simulation that more closely reflects the real practice environments that students will be entering on graduation. Developing practice-ready skills in relation to digital health technologies will also require new equipment. Whilst a small number of faculty are actively engaged in simulation, few have been formally trained. The Faculty needs to provide opportunities for formal training/certification of current faculty and recruit teaching stream faculty with particular expertise in simulation pedagogy in the very near future.

Experiential Learning

The Faculty prides itself on the number of clinical hours offered in the undergraduate and graduate programs and is fortunate to have excellent partnerships with world-leading clinical institutions. The Toronto Academic Health Sciences Network (TAHSN) is a major provider of clinical placements. The shift in delivery of care from an acute to primary care model, and the greater emphasis on home and community and long term care settings has implications for the types of clinical placements the Faculty should provide undergraduate students in particular, and a requirement to identify and sustain relationships with new service providers. There is competition for such types of placements as the Faculty of Nursing is not the only school in the Greater Toronto Area (GTA) and the nature of the service providers is such that only a small number of students can be facilitated at any one time.

By virtue of the online delivery model for the Master of Nursing Nurse Practitioner and Health Systems Leadership and Administration fields of study programs, a number of students are from out-of-province and seek to have their clinical placements in their home province or elsewhere. Affiliation Agreements or Student Placement Agreements are required with all student

placement providers and increasingly there is an unwillingness on the part of some provider agencies or jurisdictions (e.g., health authorities) to enter into such agreements. Furthermore, if agreements do exist, they are obliged to place priority on finding placements for students enrolled in programs in their own jurisdictions before considering University of Toronto students. Identifying new quality clinical placement partners and sustaining relationships requires significant human and financial resourcing on the part of the Faculty.

Graduate Skills and Attributes

Our programs already attract high-performing applicants. It has to be acknowledged however that the student body does not reflect the cultural diversity of the population they will serve. Exploring ways to recruit and support students from diverse backgrounds has been given little attention to date and the Faculty will be working with student groups and others to address this over the coming year. In particular, as discussed in [Section 8](#), the Faculty has developed a response to Recommendation 24 of the Truth and Reconciliation Commission of Canada: Calls to Action. A mandatory lecture on cultural competency was introduced into the undergraduate program for the first time this year. Data from student evaluations will be used to design activities that support both undergraduate and graduate students to develop skills in relation to cultural competence and equity-oriented care.

Since 2015 the Faculty had been exploring the potential for a professional, non-PhD Doctoral training program in response to identified needs from the profession. An extensive needs assessment exercise confirmed a desire on the part of the profession for a program of study to develop excellence in advanced nursing leadership. In April 2017, on the advice of the Office of the Vice-Provost, Faculty and Academic Life, the original proposal was modified such that the Faculty commenced development of a new field of study within the current PhD program; tentatively titled Advanced Leadership in Organizations and Systems in Healthcare. The field of study is envisioned as comprising existing and new coursework components, and completion of a major capstone project relating to leadership; conducted in partnership with the candidate's existing employer organization. Recently, the University has been approached by another Division in Health Sciences regarding the feasibility of a non-PhD Doctoral training program focused on executive leadership in health. The Faculty will be exploring collaboration with this Division to present a proposal to the University that argues for the unique need for such a program in health sciences broadly, and for the profession of Nursing in particular.

Student Financial Aid

The Faculty provides over \$1M in student scholarships and awards each year. Much of that is derived from the generous gifts of donors and alumni. As a second-entry program, our students carry significant debt when they enter our undergraduate program and greater financial aid would benefit them greatly. Our donor base is small and increasingly reliant on planned gifts from an aging alumni. Growing the alumni base with recent graduates, who may then develop a longer (and more productive) relationship with the Faculty has not been successful to date. "Family-friendly" events and activities oriented to career development of recent alumni have been trialed as a way of engaging the younger, early career alumni. The Faculty's commitment to the Internationalization agenda includes the recruitment of international PhD students. However,

the commitment of provision of a funding package that includes base funding, and payment of international tuition fees has a significant negative impact on the finances of the Faculty. Similarly, outward student mobility opportunities have always been oversubscribed in both the undergraduate and graduate program. Only a small number of bursaries are available to support student learning experiences in international settings. Fulfilling the commitment to the priority of Internationalization is going to be an ongoing challenge with respect to limited funding.

Research Funding

The increasingly competitive nature of grant funding, particularly in relation to Canadian Institutes of Health Research, requires an improvement in the quality of funding applications and the identification of other sources of funding. Additionally, currently not all eligible faculty are applying for research funding. Pre-tenure faculty in particular have suggested the current approach to assigning senior faculty as mentors is an ideal opportunity to develop an internal grant review process prior to final submission and the Faculty will consider ways to implement and monitor such a process, not only for early career, but established researchers. Funding success could also be improved through enhancing cross-discipline, national and international collaborations.

Opportunities

Overall our 2017-2022 Strategic Academic Plan provides the direction to move the Faculty forward. We attract high calibre students to our programs; both undergraduate and graduate. Continuing to develop and offer innovative learning experiences that support a range of career pathways for our students will aid us in sustaining our current position in university rankings. Our partnership with the Toronto Academic Health Sciences Network in education, research, scholarship and practice forms a strong foundation for the Faculty to be a leading contributor to the plans for establishing Toronto as an internationally-recognised health sciences hub. Our faculty, staff and students are our greatest champions and their commitment to the Lawrence S Bloomberg Faculty of Nursing is manifest in our success to date, and will serve us well in the future.

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