

# British Columbia College of Nursing Professionals Standards & Indicators for the Recognition of Entry-Level Psychiatric Nursing Education Programs

## Preamble

The *Health Professions Act* gives authority to the British Columbia College of Nursing Professionals (BCCNP) to:

1. Establish the conditions or requirements for registration as a Registered Psychiatric Nurse, including the standards of academic achievement (section 19(m)); and
2. Specify those educational programs that are recognized by the College as meeting the standards of academic achievement (section 19(m.1)).

Pursuant to this authority, the BCCNP reviews and recognizes the entry-level psychiatric nursing education programs that meet the required standards.

The purpose of the standards is to protect the public – to ensure the quality of the psychiatric nursing education programs so that graduates have the minimum, entry-level competencies for the profession and will be safe, competent and ethical in practice. The expectation is that new graduates will have the foundational knowledge, professional attitudes and essential skills to make them competent for beginning level practice.

It is assumed that the quality and integrity of the post-secondary education provider as an institution has already been successfully assessed by the government’s validation process, and that it is unnecessary to duplicate this.

There are six (6) sets of standards and indicators that a psychiatric nursing education program is required to meet in order to be recognized by BCCNP:

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Following each standard, the section “Suggestions for Evidence Criteria” provides examples of evidence that may be used to demonstrate how the standards and indicators have been met. The program may reference any other relevant evidence.

## Standard I - Administration

**The post-secondary education provider develops and maintains a comprehensive strategic and tactical plan, as well as supporting policies, procedures, processes and practices, to ensure the overall effectiveness of the program in producing graduates who have the RPN entry-level competencies and can meet the standards of practice<sup>1</sup>.**

### Indicators

- 1.1 The program objectives are clearly articulated, including achieving entry-level competencies, and are congruent with the values and approach to psychiatric nursing in the Code of Ethics and the standards of practice.
- 1.2 The program aligns with the education provider's Academic Plan, Mission, and Vision.
- 1.3 The program is consistent with societal and holistic health care trends and the program meets the current and emerging future health and mental health needs of society.
- 1.4 Those in leadership roles with the post-secondary education provider are committed to the viability of the program.
- 1.5 There is an organizational structure that supports the division or department responsible for the program in meeting its objectives.
- 1.6 The environment within which the program takes place is appropriate for the instructional needs of the learners.
- 1.7 The physical, human, and fiscal resources are sufficient in quantity and quality to ensure the program objectives are met; and the technological opportunities and challenges that have implications for the program have been appropriately considered and addressed.
- 1.8 Appropriate strategies are used for maintaining liaison with stakeholders, including BCCNP, relevant government ministries, health authorities, employers, RPNs in practice, other health professions and students.
- 1.9 The program fosters inclusion and diversity – in its students, academic staff, curriculum content and philosophical approach.

### Suggestions for Evidence Criteria

- Mission, Vision Statement, Strategic Plan, Academic Plan, Education Plan of the PSEI.

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<sup>1</sup> Standards of practice includes the Professional Standards, the Scope of Practice Standards, and the practice standards

- Tactical or Operational Plan of department or division aligned with broader PSEI Strategic plan & Academic Plan.
- Unit review documents in relation to PSEI strategic plans and program operational plans.
- Statement of relationship to any provincial and/or federal plan related to mental health care including any strategies in place (e.g., Healthy Minds, Health People).
- Examples of specific course outlines/curriculum guidelines/practicum placements that demonstrate response to emerging needs in planning curriculum.
- Program Advisory Committee – minutes of meetings, terms of reference of PAC, PAC membership information.
- Identified role/position description of departmental positions, e.g. Department Chair, Curriculum Coordinator.
- Program, course, stakeholder evaluation data.
- List of resources that support student learning (e.g., labs, classroom, library, learning center, financial and counseling services, recreation, transit, nutrition).
- Ministry of Health / Ministry of Advanced Education Funding agreements.
- Budget/education/staffing plan stakeholder engagement plan, communication plan.
- Statement of provision/use of learning technology and adequate support, maintenance, revision and upgrading of learning technologies.
- Process planning for classroom needs, faculty & staff needs, as well as fiscal budgeting process that explicates the capital needs (equipment, software, and educational technologies) of the program area and budget planning processes to meet capital needs.
- Organizational chart and processes.
- Committee membership lists (internal and external to PSEI).
- Examples of partnerships with other PSEI and/or learning agencies that allow students to learn with students from other disciplines.
- Program documents and outcomes that demonstrate evidence of adherence to BCCNP standards of practice, code of ethics and scope of practice.
- Articulation agreements with other post-secondary institutions.
- Examples of promotion of inclusion/diversity at college and program level, curriculum, philosophy.
- Evidence of strategies/plans to identify and address barriers to inclusion.
- Evidence that that composition of students, faculty, and staff are broadly reflective of community and society, statistical admission data.
- Code of conduct / respect policies and protocols.
- Risk assessment strategies/protocols.

## Standard II - Curriculum

**The curriculum provides the learning experiences necessary for graduates who have the RPN entry-level competencies and can meet the standards of practice<sup>1</sup>.**

### Indicators

- 2.1. The curriculum is consistent with current concepts and practices of adult education and has a clearly articulated conceptual framework that is reflective of contemporary, evidence-based psychiatric nursing theory, research, education, and clinical practice, encompassing the four meta-paradigms of person, health, psychiatric nursing, and environment.
- 2.2. The curriculum is clearly described and mapped against the *Registered Psychiatric Nurse Entry-Level Competencies* (2014), and the standards of practice to demonstrate how the intended goals and learning outcomes are integrated throughout the curriculum and will be achieved.
- 2.3. The curriculum meets the BCCNP's minimum requirements for psychiatric nursing and medical-surgical clinical practice hours. The curriculum also prepares students to pass the Registered Psychiatric Nurses of Canada Examination.
- 2.4. The curriculum length, structure, selection, the logical sequencing of its concepts and processes (vertical and horizontal curriculum threads), and the delivery of learning experiences ensure graduates meet entry-level competencies and the standards of practice, including preparing graduates to:
  - Utilize reflection, clinical judgment, and critical thinking processes in the delivery of psychiatric nursing care;
  - Incorporate scientific knowledge and research in the approach to practice;
  - Apply psychiatric nursing principles to the care of clients with varying health status and across a variety of settings
  - Access and utilize health care systems and community resources on behalf of the client.
- 2.5. The standards of practice<sup>1</sup> requirements are systematically introduced and developed through psychiatric nursing courses (theoretical, laboratory, clinical practice).
- 2.6. Elective courses are complementary to psychiatric nursing.
- 2.7. The rationale for the inclusion of required non-psychiatric nursing courses indicate relevance to practice and the achievement of entry-level competencies and the standards of practice<sup>1</sup>.

- 2.8. The program holds regular meetings with a Program Advisory Committee composed of relevant stakeholders.
- 2.9. The curriculum is evaluated on an ongoing basis and revised to ensure it remains current and future-oriented to address the changing needs of society and to reflect stakeholder input.
- 2.10. The curriculum and teaching methods foster inter-professional collaborative partnerships.

### Suggestions for Evidence Criteria

- Mission statement of PSEL.
- Philosophy statement of the program related to the meta-paradigms listed.
- Purpose Statement, goals and outcomes of the Psychiatric Nursing Program.
- Curriculum Conceptual Framework.
- Mapping of the entry level competencies.
- Evidence of BCCNP RPN standards of practice in the curriculum.
- Rational for inclusion of non-psychiatric nursing courses.
- Curriculum blueprint delineating vertical and horizontal curriculum threads (for example, code of ethics, professionalism, standards for psychiatric nursing practice).
- Demonstration of a minimum of 1000 clinical practice hours with 775 of these clinical practice hours in psychiatric nursing and 225 of these clinical practice hours in a general nursing context of practice.
- Demonstration of opportunities to apply knowledge and skills across the life span using clinical judgment, critical thinking, problem solving and analysis.
- Examples of the incorporation of scientific knowledge and research in the approach to psychiatric nursing practice.
- Examples of the opportunity to apply knowledge and skills of the development, maintenance and termination of the therapeutic relationship.
- List of key stakeholders that have participated in the evaluation of the curriculum through Program Advisory Committees, surveys, focus groups.

## Standard III – Students

**The ways in which students are selected, supported, evaluated and advanced foster student success and attainment of the program goals.**

### Indicators

- 3.1 Students are informed about the requisite skills and abilities needed to achieve entry-level competencies, including English proficiency, and BCCNP’s requirements for registration to practice.
- 3.2 Student admission requirements are transparent and encourage enrollment of students from diverse cultural and linguistic backgrounds and with diverse academic, work and life experiences reflective of societal diversity.
- 3.3 Policies and procedures for admission, evaluation, progression in the program, failure, appeal, and readmission are clearly documented, fair (valid) and familiar to students and faculty to support effective decision making.
- 3.4 Mechanisms are in place to document and examine the relationship among admission requirements, student attrition and success, and to make changes based upon the findings.
- 3.5 Students are engaged in the planning, implementation, and evaluation of the program and/or course offerings.
- 3.6 Students receive well-timed formative and summative evaluation feedback about their theoretical and practice learning to facilitate their progress towards meeting the BCCNP RPN entry-level competencies and the standards of practice.
- 3.7 Consistent expectations and evaluations of student performance at different levels in the program are achieved through orientation and support strategies for faculty and preceptors.
- 3.8 Students are provided with varied and relevant learning experiences that accommodate differences in their learning styles. They are also supported in developing communication, collaboration and leadership skills.
- 3.9 Students are supported to learn about self-regulation and fitness to practice and to understand their professional responsibility for their continuing competence.
- 3.10 Student fitness to practice and public protection are considered in progression, failure and readmission decisions.

### Suggestions for Evidence Criteria

- Program /Department admission and progression requirements/policies.
- Evidence of policy relevant to requisite skills and abilities to achieve entry level competencies (including English language proficiency and requirements for

registration to practice), e.g., available on websites, in marketing materials, IELTS/CELBAN scores required, tutoring and other supports available.

- Evidence of policy regarding the transparency of the processes that encourage recruitment of a diverse student population.
- Strategic enrollment management (SEM) plan that targets diverse student populations.
- Student handbook or equivalent with details of requirements and procedures for admission, evaluation progression through the program and readmission, including processes for non-achievement.
- Academic policies (admission, evaluation, progression, appeals).
- Record reflecting frequency of meetings between the student and faculty/ instructor in relation to expectations.
- Policy and procedures that are accessible to students ensuring they are aware of progression in the program.
- Student handbook or equivalent outlining the methods and frequency with which student performance is evaluated through orientation and support strategies for faculty and preceptors.
- Articulation of the appeal process for clinical fitness to practice.
- Admission criteria that includes competency in Math, Biology, English and Reading comprehension.
- Examples of applicant and student progression data analyses used to support decision making related to admission and progression.
- Evaluation policy.
- Evidence of formative and summative assessments of student theoretical and practice learning towards meeting the entry level competencies for the profession and the standards of practice, e.g., OSCE skills assessments, student portfolios, examples of students work at various levels.
- Access to library assistance, student tutoring, Aboriginal liaison, student mentoring programs.
- Examples of student engagement with the regulatory body to ensure student accountability with regard to self-regulation, knowledge of fitness to practice requirements and the need to maintain continuing competence.

## Standard IV - Faculty

**The quality, expertise and number of faculty provide students with the support necessary to achieve program goals, gain the RPN entry-level competencies and meet the standards of practice<sup>1</sup>.**

### Indicators

- 4.1 There is an adequate number of qualified faculty to achieve program goals.
- 4.2 All psychiatric nursing courses are taught by Registered Psychiatric Nurses with current practicing registration.
- 4.3 Faculty hold a qualification that is higher than the qualification for which their students are studying (or exceptions must be justified).
- 4.4 Faculty are qualified to fulfill their teaching responsibilities, including a minimum of five years of practice experience and current competence in their area of teaching,
- 4.5 Faculty serve as positive role models for students.
- 4.6 New faculty are provided a comprehensive orientation to their roles and responsibilities.
- 4.7 Faculty are required to maintain their competence and participate in professional development opportunities.
- 4.8 Faculty use current research in teaching and learning.
- 4.9 There is institutional support for a scholarly environment that models a culture of inquiry with opportunities for faculty research and student engagement in scholarship.
- 4.10 There is a leadership development plan that fosters consultative leadership and succession planning to enable the growth and development of faculty.
- 4.11 There is ongoing evaluation of the teaching effectiveness of faculty.

### Suggestions for Evidence Criteria

- Documented processes and evaluation tools for selection of faculty.
- Evaluation matrix for faculty selection.
- Faculty recruitment plan, justification for faculty selection against course delivery.
- List of faculty, their qualifications and competencies as to what they are qualified to teach; rationale for any exceptions.
- Position / job descriptions and position advertisements.
- A description of how staffing arrangements are planned around course delivery and aligned with course outcomes.

- A description of how faculty workload and the number of faculty required is determined.
- A list of faculty who teach psychiatric nursing courses, their qualifications and CVs demonstrating that RPN faculty have a minimum of five years of psychiatric nursing practice experience.
- Copy of relevant sections to faculty qualifications from collective agreement.
- Copy of annual processes in place to ensure active licensure, description of accountability mechanisms, and relevant policies.
- List of faculty who are not RPNs, their qualifications and the courses taught.
- Description of how professional standards are incorporated or referenced into PSEI standards and policies.
- Description of review process; sample review criteria; opportunities for peer review
- Processes for continuing professional development and continuing competence.
- Uptake of professional development allowance/ funds.
- Opportunities for student participation in evaluation of faculty (sample course evaluations; student and graduate surveys; sample student evaluation).
- Description of processes for student complaints; relevant policies; student handbook.
- Processes for performance improvement when required.
- Opportunities for RPN faculty to assume leadership roles. For example, Department Chair (or similar leadership role) is an RPN and if not, rationale for exceptions.
- Role description for department Chair (or similar); faculty council terms of reference; faculty council minutes; position descriptions for clinical coordinators.
- Leadership succession plans.
- How faculty are supported to achieve higher academic qualifications.
- List of resources available to faculty to support scholarly activity.
- List of current faculty involvement in scholarly activities.
- Examples of current research partnerships (MOUs, grants, etc.).
- Examples of current student involvement in scholarly activities.
- Institutional support for scholarly environment (faculty scholarship fund grant program; student scholarship fund).

## Standard V – Practicum

**Practice experience placements support students to meet entry-level competencies and the standards of practice<sup>1</sup>.**

### Indicators

- 5.1 The post-secondary education provider ensures each student has a minimum of 1000 clinical practice hours placement, and the maximum hours take into account the provincial placement capacity of the health care system.
- 5.2 The post-secondary education provider has arranged an appropriate number and variety of practice placements, which are systematically tracked and monitored to ensure all students have appropriate experiences (e.g., health status, age groups, and settings) to achieve entry-level competencies and the standards of practice.
- 5.3 Students have the opportunity to apply entry-level competencies in situations of direct care as early as is educationally sound so there is early engagement with the professional context.
- 5.4 The timing and academic content of course work prepares students for the timing and content of practice experience placements.
- 5.5 Placement sites are selected on the basis of best practices, innovative approaches, mental health service trends, and representation of different aspects of psychiatric nursing practice.
- 5.6 Through the use of nursing laboratories and other learning modalities, students demonstrate their ability to provide safe nursing care before they practice directly with clients.
- 5.7 All environments where students are placed to gain their practice experience are assessed and minimized for risk.
- 5.8 Faculty and preceptors engaged in supporting and/or assessing students in practice experience placements are appropriately experienced and prepared for the role, and there are enough qualified faculty to support the students and preceptors.
- 5.9 There is an orientation process for preceptors that ensures familiarity with the learning objectives of the practice experience and explains the roles and responsibilities of the preceptor.
- 5.10 There is an open, meaningful and ongoing communication mechanism between preceptors and the program.
- 5.11 Discrepancies between academic performance and clinical performance are dealt with in a timely and effective manner.

## Suggestions for Evidence Criteria

- List of clinical placements, selection criteria for practicum sites.
- Documentation that shows that practicum sites meet selection criteria for practicum sites.
- Documentation of practicum site risk assessments and action taken as a result of assessment.
- Evidence of HSPNet or equivalent for tracking students in clinical practice environments.
- Curriculum map and course outlines demonstrating relationship of theory to practice.
- Demonstration that through the use of laboratories and other learning modalities, students demonstrate their ability to provide safe culturally sensitive psychiatric nursing care before they practice directly with clients.
- Documented orientation and ongoing process for supporting preceptors that ensures familiarity with the learning outcomes of the practice experience and explains the roles and responsibilities of the preceptor.
- Documented orientation for faculty and preceptors re: the level of preparation of a student and expectations of learning outcomes associated with the practice experience.
- Documentation that reflects preceptor participation in orientation to roles and responsibilities of being a preceptor.
- Policy related to progression and performance contracts.

## Standard VI – Evaluation, Quality Assurance, and Improvement

**There is ongoing monitoring, evaluation and improvement of the program to ensure quality and accountability.**

### Indicators

- 6.1 Program evaluation processes are in place to provide relevant and on-going information and these are used to continually improve the quality of the program in preparing graduates to meet BCCNP entry-level competencies and the standards of practice.
- 6.2 Feedback is systematically sought from stakeholders, including students, graduates, employers, preceptors, faculty and, where feasible, the public and consumers regarding how well the program is preparing students or has prepared graduates to practice safely, competently and ethically.
- 6.3 Graduate success rates on the registration examination are monitored, analyzed and used to inform program decisions.
- 6.4 The program evaluation methods for data collection and validation meet the requirements of informed consent.

### Suggestions for Evidence Criteria

- Policy and procedures associated with regular program review and renewal.
- Quality Assurance Framework that guides program review, evaluation and change.
- Program Advisory Committee documentation for program review and renewal.
- Student engagement on PSEI Board of Governors.
- Student engagement on Education Council or Senate.
- Student engagement on Departmental/ Divisional Curriculum Committees.
- Curriculum Committee minutes.
- Correspondence from regulatory body noting the percentage of graduates successfully completing licensure examinations.
- Trend analysis to inform curriculum changes.
- Policy and procedures associated with program review and change.
- Institutional research data.
- Policy and procedures on collection, storage and use of personal information.
- Stakeholder satisfaction surveys from:
  - Employers
  - Psychiatric nursing practice leaders
  - Preceptors
  - RPN practitioners
  - Program Advisory Committee members
  - Program graduates – six to twelve months post-graduation.

## Standard VII – Establishment of New Educational Program

**There is a demonstrated need for a new educational program.**

### INDICATORS

- 7.1 There is a clear rationale for the development of a program.
- 7.2 A program is needed in that particular area of the province.
- 7.3 The program goals and outcomes are congruent with the purposes and strategic goals of the post-secondary education provider.
- 7.4 There is evidence that the program will have sufficient and appropriate practice experience placements for their students.
- 7.5 There has been consultation with stakeholders (relevant government ministries and agencies, health authorities and other employers, and others whose support has significance for the program), and there is support for the program from these stakeholders.

### Suggestions for Evidence Criteria

- Provide strong evidence of provincial labour market data from the Human Health Resource Planning (HHRP) department (Ministry of Health) or Ministry responsible for Human Health Resource Planning.
- Approval document from Ministry of Advanced Education to offer RPN program.
- Letters of support from the PSEI intending to support the establishment of a new RPN Education program.
- Letters of support from potential students (student demand) and employers in the region of the province where the program is being considered.
- Ensure the full program proposal is aligned with the PSEI strategic goals.
- Evidence of consultations and support from:
  - BCCNP
  - PSEI Board of Governors
  - Health Authorities
  - Employers
- Demonstrate which standards and indicators in Standards I – V have been met and provide a plan to meet the remaining standards.
- Accreditation and the Education Quality Assurance (EQA) recognition.
- Documentation of a peer review process (externally to the PSEI)