



EDUCATION FRAMEWORK for NURSE PRACTITIONERS IN CANADA

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1. INTRODUCTION

Just as the term nurse practitioner (NP) is used differently throughout Canada, nurse practitioner educational programs also differ in features, emphasis and scope across the country. The Education Framework for Nurse Practitioners in Canada (NP Education Framework) is a means by which NP educational programs and other key NP educational stakeholders can develop greater coherence in their approach to NP education for the benefit of all Canadians. This document presents suggested actions along with supporting context and, in some cases, key considerations which together provide a framework for this kind of harmonized approach to NP education in Canada.

This document is the product of an extensive research and consultation process which included a comprehensive review of literature pertaining to NP education, interviews and roundtable workshops with key informants and stakeholders from across Canada and in-depth comparative analysis of NP educational programs.

The NP Education Framework is one of five key strategic pillars which, together, comprise a broader Canadian NP Framework. In this context, the NP Education Framework cannot stand alone. Rather, its effectiveness depends on the combined strength of all five pillars and on how well each supports the other in achieving the overarching objectives of sustained integration of the role of the NP in health care across Canada.

2. CONCEPTUAL OVERVIEW

Educational experiences are by nature transformative. Once students have met the qualifying standards for acceptance into a program, the learning process begins in accordance with the dictates of the program and curriculum. Students are given opportunities to develop mastery over prescribed subject matter and, through various testing and evaluation methods, to demonstrate objective evidence of required competencies. Successful students are then licensed by a regulatory body for transition to the workplace.

In many respects, competency-based education differs from traditional educational approaches in that it shifts the focus from what is taught to what is learned, or more specifically to learning outcomes. No longer are students passive receptors in the education process; instead, they are expected to assume an active and responsible role in their learning, not only while enrolled in formal academic programs but throughout their professional lives.

Just as the role of the NP adopts a holistic view of health-care practice, this NP Education Framework takes an equally holistic view of NP education as a transformative process. It is a process that is rooted in certain fundamental principles, values and assumptions about the role of the NP and NP education. It is also a Framework that is *outcomes based* -- that is, guided by the view that NP education exists to achieve specific, defined outcomes for the benefit of stakeholders, citizens and society-at-large. An outcomes approach supports the strategic perspective necessary for fostering accountability. The focus on outcomes demands answers to hard questions such as: Why are we doing this and for whom? What difference did we make relative to our goals and, how do we measure that difference?

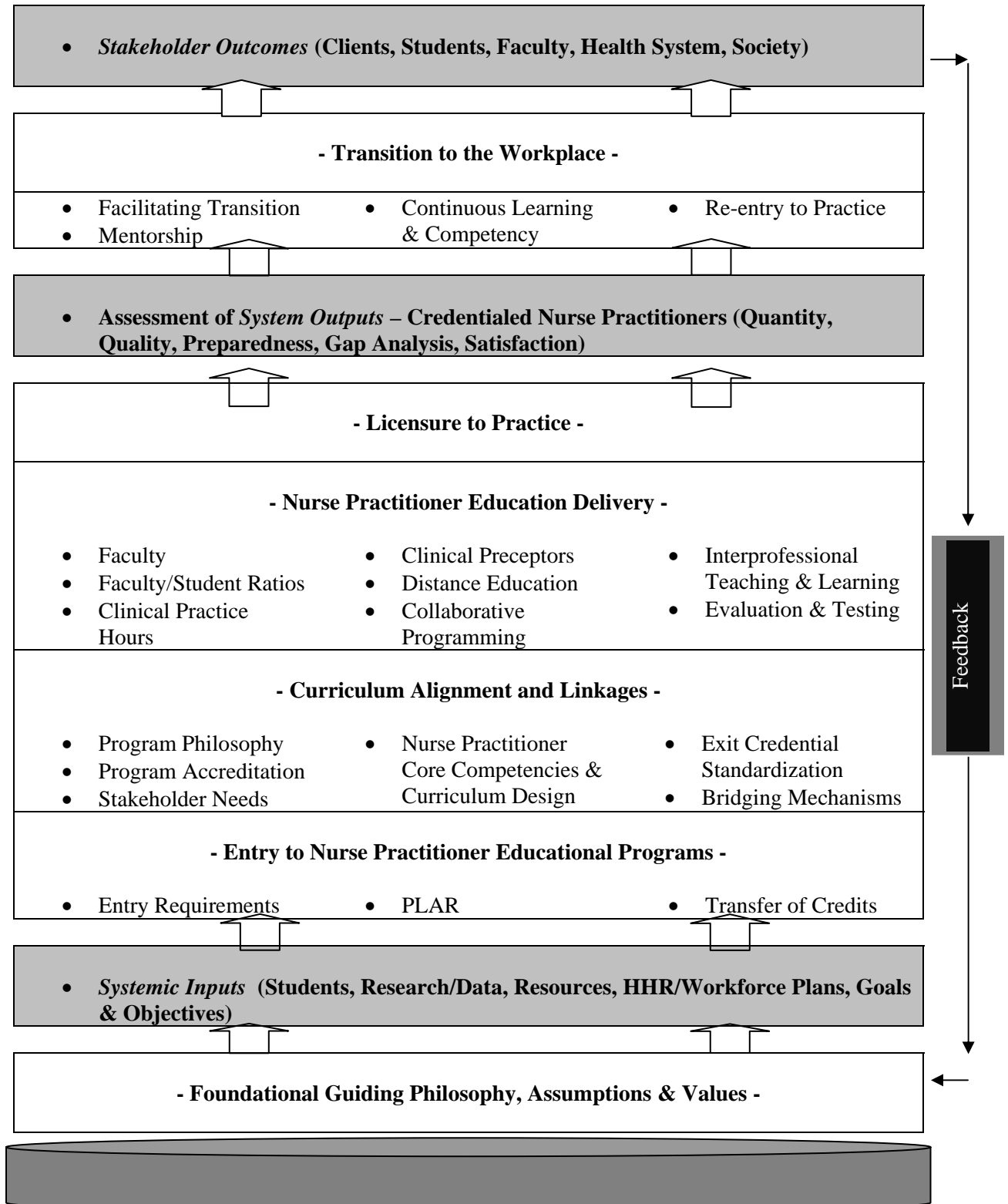
This outcomes orientation underscores the NP Education Framework. It is organized along a process continuum supported by fundamental principles, values and assumptions. The process begins with program entry and ends with re-entry following absence from the profession. In between are additional *key elements* related to curriculum alignment, NP education delivery, evaluation and testing, licensure, workplace transition, and continuous learning and competency. Notably, the *Canadian Nurse Practitioner Core Competency Framework* (2005) is central to this NP Education Framework. Competency-based NP education must first and foremost be guided by a standard set of core competencies that are expected of a practising NP and that are accepted and utilized by programs, educators and regulators. As such, the recommendations contained in this Framework take on added weight and bolster the case for broad coalition and coordination towards consistent and sustainable integration of the NP role nationwide.

The Outcomes-Based Model of Nurse Practitioner Education

The outcomes-based model of NP education that shapes this Framework is illustrated in Figure 1. The *key elements* that comprise the Framework are shown as elements of a transformative process. Systemic inputs, outputs and outcomes are central to the model, as is feedback necessary to ensuring ongoing adaptation and improvement. However, the NP Education Framework does not focus on these systemic components per se (as a result, these elements are grayed out in Figure 1). Rather, the emphasis is on those education-related elements required to successfully transform NP students into professionally competent nurse practitioners.

Figure 1.

OUTCOMES-BASED MODEL OF NURSE PRACTITIONER EDUCATION



3. KEY ELEMENTS

This section outlines the key elements that comprise the Education Framework for Nurse Practitioners in Canada, including recommendations and key considerations. In keeping with the outcomes-based model illustrated in Figure 1, the section follows a continuum that begins with elements foundational to NP education and ends with re-entry to the profession following periods of absence.

3.1 Guiding Philosophy, Assumptions and Values

All NP education has at its core a commitment to a basic underlying **philosophy**. This philosophy is reflected in all elements of the NP education continuum but is especially important with respect to guiding curriculum design and course development. Consistent with the role of the NP as defined by the Canadian Nurse Practitioner Initiative (CNPI), the following philosophical components provide a foundation that underscores the elements of this NP Education Framework:

- The goal of NP education is to generate positive health outcomes for Canadians. It does this by producing competent, qualified graduates with the integrated knowledge, skills, judgment and attributes required to practise safely, effectively, and ethically in a designated role and setting.
- NP education is grounded in the nursing profession's values, knowledge, theories and practice.
- NP education reflects the principles, philosophies and assumptions inherent in advanced nursing practice, in keeping with the *Canadian Nurses Association Advanced Nursing Practice: A National Framework* (2002).
- NP education, irrespective of the setting, focus, or specialty of practice will be based on principles of primary health care (CNA, 2000). These include: accessibility, public participation, health promotion, appropriate technology, and intersectoral collaboration.
- NP education is responsive and accountable to the needs of stakeholders including: clients, students, faculty, employers, governments, regulators, urban, rural and remote communities and publics.
- NP education is accessible, flexible and transferable (consistent).
- NP education is shaped by a common set of core competencies defined by the *Canadian Nurse Practitioner Core Competency Framework* (2005).

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- NP education embraces a diversity of perspectives at the university/program level.
 - NP educational programs prepare graduates who are eligible to participate in the registration process of regulatory bodies.

Certain basic **assumptions** underpin NP educational programs.

NP educational programs:

1. Are grounded in nursing theory and philosophy;
2. Are responsive to diverse client needs;
3. Reflect the principles of adult learning;
4. Foster learning approaches to support interdependent and independent practice;
5. Promote critical thinking and diagnostic reasoning;
6. Combine elements of theory and practice; and
7. Reflect uniform core competencies for NP practice.

Professional **values** anchor nursing practice and form part of the foundation on which NP education is built. Professional values are integral to NP educational programs and are reflected in program curricula and faculty teaching. These values will be internalized by NP students and carried with them throughout their professional lives. These values include:

Client-centred care – Client care is the foremost concern of nurse practitioners and takes precedence over all other concerns.

Health promotion and disease prevention – Health promotion and education, as well as disease and injury prevention are among the essential components of NP practice. NPs are advocates for healthy living.

Holistic care – Individuals are more than the sum of their parts. Health is a product of mental, physical and spiritual well-being. As such, NPs are concerned with health and treatment of the whole person.

Evidence-based – NP practice is rooted in the value of research and is evidence-based.

Cultural competence – NPs must be aware of and sensitive to the needs of clients from many different cultures.

Ethical principles and practice – NPs are uncompromising in adhering to the highest ethical standards prescribed by the nursing profession.

Access – The value of universal access to health care is a central value in NP practice. Access includes identifying and responding to the needs of all populations, including disadvantaged groups.

Integrated care – NPs subscribe to the value of integrated care, cultivating professional, collaborative relationships and developing linkages within and among other health-care disciplines and social services systems to effectively meet identified needs.

Continuing competence and life-long learning – NPs embrace the notion that professional competence is an ongoing process. Through their commitment to continuing competence and life-long learning, NPs are able to remain relevant and responsive to the needs and demands of the changing health-care environment.

Values of nursing – NP values are grounded in the values of the nursing profession as espoused by the Canadian Nurses Association.

Risk management – NPs exercise diligence in all aspects of client care delivery with a view to minimizing risk and ensuring safe client outcomes.

Professional responsibility – NPs have a professional responsibility to act in a manner that preserves and enhances the interests and integrity of the profession. NPs work in leadership roles and subscribe to the principles of accountability consistent with those roles.

Action: Reflect the guiding philosophy, assumptions and values found in the Education Framework for Nurse Practitioners in Canada.

3.2 Entry to Nurse Practitioner Educational Programs

3.2.1 Entry Requirements

Entry requirements to NP educational programs will be largely determined by individual academic institutions and their nursing faculties. Entry processes should be flexible and facilitative, designed to accommodate applicants from varied backgrounds. As NP education is preparation for transition to advanced nursing practice, all applicants need to have a solid foundation in the nursing profession's values, knowledge, theories and practice as prerequisites. Furthermore, greater standardization of entry requirements will foster credibility, consistency and mobility across programs. A standardized entry designation and practice period, consistently applied across programs, will ensure that entrants to NP programs share a common knowledge base grounded in nursing philosophy and a set of experiences upon which to develop NP competencies.

Action: Establish admission criteria that include an active RN designation and a minimum of two years of full-time equivalent clinical nursing experience.

3.2.2 Prior Learning Assessment and Recognition (PLAR)

Prior Learning Assessment and Recognition (PLAR) processes can be used by educational institutions to grant exemptions or equivalencies to certain learning programs or courses. PLAR processes support program flexibility and enhance access to NP education. PLAR is particularly relevant, for example, to nurses without formal NP education who are already working in NP-like roles, to applicants with education and experience from outside Canada, as well as to those who have received relevant education or experience in disciplines or professions other than nursing. PLAR is consistent with competency-based approaches and best practice in NP education.

There is considerable variation in the use of PLAR in NP education across Canada. Although it is recognized that PLAR processes are governed by overall educational institution policies, within the context of a pan-Canadian NP Education Framework standardized processes and tools are needed to facilitate greater access to PLAR programs and more consistent application of PLAR processes.

Action: *Adopt and apply the principles found in the Prior Learning Assessment and Recognition (PLAR) in Nurse Practitioner (NP) Education and Regulation in Canada: Overview and Guiding Framework (2006).*

3.2.3 Transfer of Credits

Issues such as transfer of credits between educational institutions and bridging between diploma and degree programs fall within the purview of college/university program policy and administration. Access to NP programs is enhanced when educational institutions work co-operatively to harmonize policies. While respecting the principle of university autonomy, efforts to establish and support pan-Canadian coordinating bodies and mechanisms to facilitate harmonized approaches must be encouraged.

Actions:

- *Establish a pan-Canadian approach to transfer of credits.*
- *Allow for the transfer of credits between educational institutions subject to maximums established by the institutions.*

3.3 Curriculum Alignment and Linkages

Although all elements of NP education are interrelated, it is especially important that the elements that shape and influence NP curricula be closely aligned and linked. These elements covered in this section include: program philosophy, program accreditation, stakeholder needs, NP core competencies and curriculum design, exit credential standardization, and bridging mechanisms for NP educational programs and individuals.

3.3.1 Program Philosophy

The environment that shapes and influences NP practice is rapidly changing. Increasing demands on the health-care system, changing demographics, rising costs and proliferation of new technologies are just a few examples. It is within the context of a dynamic and changing environment that programs and curricula for NP education must be strategically planned, organized and executed. Program objectives need to be clearly articulated, derived from, and consistent with, the program philosophy and mission.

Action: *Develop philosophy, mission and goal statements that are aligned with pan-Canadian frameworks governing NP education and periodically assess and review them.*

3.3.2 Program Accreditation

Accreditation of nursing programs is essential to ensuring excellence in NP educational programs. There is a need for a nationally coordinated educational standards framework for accreditation of NP programs to the master's level. In Canada, accreditation is voluntary and program approval is mandatory. The two processes are believed to share similarities and, because both are time- and labour-intensive processes, developing linkages between them is advantageous.

Actions:

- *Establish and promote participation in a pan-Canadian accreditation process for NP educational programs.*
- *Develop linkages between accreditation and approval processes.*

3.3.3 Stakeholder Needs

NP competencies, curricula and programs are informed by stakeholder needs, systemic objectives and desired outcomes. The stakeholders in NP education are many and include: clients, students, faculty, employers, institutions, governments, regulatory bodies, professional associations, communities (urban, rural and remote) and the public, among others. Advisory committees on NP education are one of many mechanisms typically used by educators to help ensure that programs reflect a thorough understanding of stakeholder needs and how those needs change over time. Many programs already undertake continuous monitoring and evaluation involving research and consultation designed to ensure that programs remain relevant to stakeholders. Coordination efforts at the national level help ensure that NP educational programming reflects broadly defined needs. Centres of excellence are a way to respond to the needs of particular stakeholders, either for client groups, such as aboriginals, or student groups, such as aboriginal nurses.

Action: *Be responsive to broadly defined, evidence-based stakeholder needs.*

3.3.4 Nurse Practitioner Core Competencies and Curriculum Design

The *Canadian Nurse Practitioner Core Competency Framework* (2005) outlines the common core competencies essential to the practice of all nurse practitioners in Canada. Competencies are defined as “the integrated knowledge, skills, judgment and attributes required of a nurse practitioner to practice safely and ethically in a designated setting” (see Section 1: Chapter 5: Tools). An important assumption articulated in this document is that NP core competencies are common to all nurse practitioner practice and apply across all contexts of practice to meet the unique health needs of the population served.

Although each NP educational program and institution can be expected to develop unique features and attributes, common NP core competencies define the base curriculum for NP programs, which should be consistent with regulatory standards. These competencies are reflected in course content.

Action: *Be consistent with the Canadian Nurse Practitioner Core Competency Framework and the standards inherent in the NP program approval process.*

3.3.5 Exit Credential Standardization

The core competencies expected of NPs are consistent with advanced nursing practice. There is strong evidence that the demands and expectations associated with advanced nursing practice and therefore the NP role are consistent with educational preparation at the graduate level. Increasingly, graduate level education for NPs is becoming the norm in Canada and internationally. Graduate level education for NPs in Canada is supported by pan-Canadian bodies such as the Canadian Nurses Association (CNA) and the Canadian Association of Schools of Nursing (CASN).

As the role of the NP becomes increasingly defined, articulated and understood among educators and within the health professions, standardization of exit credentials will facilitate efforts to establish professional credibility and inform other stakeholders, including clients and the public, on the NP role. Importantly, standardization of exit credential will also facilitate cross-jurisdictional and geographic mobility of NPs allowing for efficient and cost-effective utilization of resources.

Action: *Adopt the master’s degree (MN/MScN) as the required exit credential ideally by 2010 but no later than 2015.*

Key Considerations:

- Research is needed to more fully assess how closely level of education is linked (correlated) to improvements in patient outcomes.

3.3.6 Bridging Mechanisms for Nurse Practitioner Educational Programs

In some provinces and territories, some NP educational programs still prepare students to the diploma or baccalaureate level. Thus, if NP programs are to be at the master's level, bridging mechanisms will be needed to facilitate the transition of faculty and programs from diploma to baccalaureate to master's, or from diploma to master's.

Action: *Develop and institute bridging mechanisms to support program transition to a graduate degree (MN / MScN) as the standardized exit credential.*

Key Considerations:

- Instituting bridging mechanisms can be both time consuming and costly. Support from governments will be essential.
- Graduate-level programs need to collaborate with non-graduate programs to identify and facilitate bridging options.

3.3.7 Bridging Mechanisms for Individuals

If NPs are to be master's-prepared, bridging mechanisms will be needed to facilitate the transition of certain individuals. Such individuals include, for example, nurses without formal NP education who are already working in NP-like roles or NPs educated to the diploma or baccalaureate level who may be required by employers or regulatory bodies to upgrade to a master's level. It is anticipated that these individuals would first apply for licensure to their regulatory body under a licensure-bridging process to determine eligibility. Regulatory bodies, therefore, have a key role to play in establishing the ground rules for individuals wishing to access this kind of bridging process leading to licensure. However, educational programs also need to be responsive to the needs of these individuals, developing, for example, programs such as a post BN-NP.

Action: *Develop and institute bridging mechanisms to support an individual's transition to a graduate degree.*

Key considerations:

- Possible approaches to facilitate bridging of individuals by regulatory bodies governing NP licensure include: PLAR processes, challenge exam, structured oral exam and/or grandparenting.
- Regulatory bodies will need to work in close collaboration with NP educational programs to share assessment results and to ensure that individuals have access to flexible options by which they will be able to demonstrate the NP competencies necessary for licensure.

3.4 Nurse Practitioner Education Delivery

3.4.1 Faculty

Nursing faculty play a critical role in NP education, ensuring that students internalize the norms and values associated with the NP role and develop the skills and competencies needed to execute the NP role effectively in the workplace. While each program will determine the nature and mix of its faculty, it should do so in keeping with broad parameters of NP education as advanced nursing practice at the master's level.

Faculty for NP-specific courses are expected to have advanced graduate level education and a thorough understanding of the NP role. However, until critical numbers of NPs with this amount of education are reached, some flexibility is needed due to the difficulty of recruiting and retaining faculty members. In such cases, different teaching models may be needed. It has also been proven essential to have NP faculty that maintain a clinical practice. Faculty that carry a clinical practice provide real-life examples of NP experience and have high credibility in the eyes of other providers and their students. Some jurisdictions and stakeholders have an expectation that their faculty will carry a clinical caseload.

Actions:

- *Where practical, designate PhD-prepared practising NPs to teach NP-specific courses. Where limited: facilitate access to PhD preparation, engage qualified master's prepared NPs or non-NPs, and/or use team teaching or shared resource models.*
- *Recognize NP faculty clinical hours as teaching hours.*

3.4.2 Faculty/Student Ratios

Faculty/student ratios can have an important bearing on the quality of NP education. Such ratios can be expected to vary depending on the nature of the course and delivery format. For example, lectures typically involve high ratios while clinical labs and clinically supervised practicum involve far lower faculty/student ratios. While some variation in faculty/student ratios is to be expected, it is incumbent on all programs to take steps to ensure that student/faculty ratios do not exceed a point where NP education may be adversely affected.

Action: *Establish and monitor guidelines governing NP educational program faculty/student ratios.*

3.4.3 Clinical Practice Hours

Supervised clinical practice is integral to NP education. Clinical hours help ensure that NP students have the opportunity to obtain workplace-related competencies and experiences and to translate theory into practice. A minimum standard number of clinical practice hours for NP educational programs across Canada helps ensure consistency and clinical competence. Clinical hours are increasingly important to preparing NPs to function independently and to their full scope of practice, in accordance with legislative authority.

The literature offers little in the way of objective evidence to support a specific number of practice hours for NPs. Feedback from students and alumni indicates that most favour more rather than fewer clinical hours as a means of preparing them for the rigours of the workplace. An analysis of American NP programs (NONPF, 1992) found that the average number of clinical hours required across specialties was 517. The report concluded that the minimum 500 clinical hours may not be adequate for specialties that provide care to multiple age groups or to prepare NPs to function in multiple care settings. An analysis of Canadian NP programs (2005) showed the average number of clinical hours for all NP programs at 740, with programs ranging from a low of 370 hours to a high of 980 hours.

Action: *Establish 700 hours as the standard minimum number of clinical practice hours.*

3.4.4 Clinical Preceptors

Preceptors play a vital role in NP clinical education. Preceptors facilitate purposeful learning and contribute to positive clinical learning experiences and outcomes for NP students. Preceptors must have the correct knowledge base and teaching skill sets in order to maximize this kind of a learning outcome for NP students.

Action: *Require clinical preceptors to be an NP, or an advanced practice nurse or equivalent subject-matter expert in a relevant professional discipline with a sound understanding of the NP role.*

Ways to improve the availability of and access to suitable preceptors need to be investigated. Finding suitable preceptors is sometimes difficult, especially given that preceptors are normally not remunerated for their role. Some NP students are expected to find their own preceptors and some educational programs allow a particular preceptor/student relationship to only exist for a limited time period, thus compounding the problems of availability. Possibilities for increasing the pool of available preceptors include:

- providing incentives, rewards and recognition (e.g., time off, direct remuneration); developing a centralized placement system;
- establishing preceptorship as an expectation and professional responsibility; and

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- allowing extended preceptor/student relationships if appropriate. Orientation and preparatory programs to the preceptor role can also potentially increase the available pool of preceptors.

Actions:

- *Initiate a coordinated effort to sustain and increase the supply of available preceptors.*
- *Develop preceptor preparation programs.*

3.4.5 Distance Education

Distance education can and should be expected to play an increasing role in NP education. The technologies that support distance learning hold promise for facilitating collaborative learning as well as partnerships and consortiums among academic institutions. Moreover, distance education supported by e-learning technologies has the potential to greatly increase access to NP education. Access to distance education has particular relevance to people living in rural and remote communities. Through technology-enabled distance education, lessons and course content can be disseminated and learning can take place virtually anytime and anywhere with the aid of a computer and Internet connection.

While it is up to each academic institution and program to determine the extent to which it will use and support distance education, those that do will need to ensure that requisite standards regarding distance education are in place that meet the requirements of accrediting and regulatory bodies.

In many respects, the norms, standards and practices governing distance education are still evolving. For example, course content needs to be adapted to digital formats and learner-centric modalities, faculty need to be trained in distance education principles and technologies, and opportunities for collaborative learning and interactive sessions need to be designed into programs for effective delivery. As well, there may need to be standardized residency periods in a distance learning program to enable direct faculty assessment of the student.

Action:

- *Develop pan-Canadian standards for NP distance education.*
- *Develop and deliver distance education courses for NPs.*

3.4.6 Collaborative Programming

Collaboration between educational institutions and programs is a vital building block to teaching and learning partnerships and consortia. Collaboration benefits NP education and promotes effective use of scarce resources. For example, collaborative delivery

models and approaches can potentially optimize utilization of scarce faculty resources while providing broad access to the faculty talent pool. Collaborative approaches can also maximize the potential for research efforts in regard to NP education and practice. An added potential benefit of collaborative delivery models is greater consistency of content delivery across a broad spectrum of programs. However, collaborative agreements, especially when developed across Canada, do not happen without significant impetus and support from the appropriate bodies and authorities.

Action: *Develop innovative approaches to support collaborative programming and pursue and implement funding for collaborative programming approaches.*

3.4.7 Interprofessional Teaching and Learning

The emerging NP practice model is one which often features interprofessional teams composed of physicians, NPs, pharmacists, social workers and others who work together for the benefit of clients. Increasingly, students are gaining first exposure to this model as interprofessional learners. As such, they gain competencies that are essential to their development as NPs.

Action: *Develop and offer interprofessional courses.*

3.4.8 Evaluation and Testing of Nurse Practitioner Students

Academic institutions use a variety of methods to evaluate NP students for both theoretical and clinical competence. Each program decides the number and type of evaluations required to determine whether students meet pan-Canadian core competencies, local and provincial standards, and licensing requirements. NP student evaluation and testing methodologies should be based on evidence and best practices. Within a pan-Canadian framework, NP programs can benefit from common tools to assess whether student evaluation and testing is meeting required standards for NP education.

Actions:

- *Implement evidence-based student evaluation and testing methodologies.*
- *Establish a pan-Canadian resource bank, including approaches and tools.*

3.5 Licensure to Practice

The benefits of a pan-Canadian coordinated approach to NP education, including greater consistency, mobility, validity and confidence can be further realized through national examination leading to licensure. National examination will ensure uniform testing to pan-Canadian core competencies which define and guide program content. NP

educational programs will need to work closely with regulatory bodies during the program approval process to ensure that program content will ultimately prepare students for the licensure to practice process, including national examination. Furthermore, there are benefits to cross-jurisdictional collaboration among NP educational programs and regulatory bodies in regard to this process so that mobility for NP students is enhanced and best practices are shared.

Action: *Implement cross-jurisdictional collaboration among schools and regulatory bodies to ensure that the licensure to practice process for NP students is supported by NP educational program content and teaching and learning processes.*

3.6 Transition to the Workplace

3.6.1 Facilitating Transition

Newly graduated, novice NPs benefit from programs designed to facilitate transition to the workplace. Transition approaches are varied and may include forms of internship, team practice, orientation and mentoring, among others. Because transition is viewed to be largely the responsibility of the employer, new NPs entering the workplace or NPs moving from one workplace to another can experience widely varying access and opportunity to these kinds of transitional approaches. In addition to needing support in making their transition to the workplace, NPs also need help in their careers as they progress along the learning and development continuum from novice to expert. Educators are well-positioned to obtain valuable feedback on how well their former students are adjusting to the workplace. As well, regulatory bodies, in their mandated approaches to continuing competency, must be partners in this effort.

Action: *Develop and implement processes and structures to facilitate the transition of NPs from their educational program to the workplace and from novice to expert.*

3.6.2 Mentorship

Mentoring relationships can be critical to the development of confidence among novice NPs and contribute to retention and success. NP programs can play an important role fostering mentorship as an inherent value to foster reciprocity, mutual respect, inclusiveness and creativity.

Action: *Establish mentorship and a mentorship culture as standard features of the NP learning experience.*

Common mentoring tools support the consistent application of mentorship models across programs and contribute to a coordinated pan-Canadian approach to NP education. Common mentoring tools will help ensure that mentorship models are consistently

integrated into the core values that shape NP education and provide support to NPs in their transition to the workplace and in their career progression.

Action: *Develop pan-Canadian mentorship tools and promote their use across all NP educational programs and in the workplace.*

3.6.3 Continuous Learning and Competency

The health-care environment is dynamic and continually changing in response to scientific advances, new technologies and therapeutic innovations. Faced with an environment of rapid change, NPs must rise to the challenge by embracing continuous, lifelong learning approaches designed to keep their skills and competencies relevant and up-to-date. A variety of continuous learning options and opportunities currently exist for NPs including seminars, specialty courses, and professional development activities. As well, continuing education or professional development credits offer a means by which NPs can demonstrate evidence and accountability towards continuing professional competence. Continuing competence falls within the purview of regulatory bodies and common guidelines and tools will help support consistency, mobility and transferability of NPs across provinces, territories and regions.

Action: *Create and support a culture of continuous learning among students and practising NPs.*

Employers, regulators and practitioners all have a stake in helping NPs keep pace with changes in professional practice by providing opportunities to refresh, upgrade or maintain competency. This can be difficult for NPs who are working to capacity, living in rural, remote or isolated areas, or who cannot afford continuing education opportunities.

Action: *Remove potential barriers to continuing education, including funding, time off, and access to learning opportunities.*

3.6.4 Re-entry to Practice

Due to a variety of life circumstances, NPs may decide to exit the profession and then re-enter after a period of time. NPs that have been away from the profession for some time require opportunities to refresh and update their competencies in order to again become practice-ready.

Furthermore, in some circumstances, practising NPs may not be able to work to their full scope of practice; for example, they may not be able to prescribe medications, diagnose illnesses, order tests or provide treatments and, therefore, may not be able to keep up their

competency in these areas. In these instances, opportunities must be made available to them to renew particular competencies.

Re-entry to practice is a regulatory role and requirements are set by each jurisdiction within their legislation framework. Educational programs need to be responsive to these requirements and consideration will be needed regarding the infrastructure and delivery options needed to support these refresher training programs.

Action: *Develop refresher training programs as required for re-entry to practice.*

4. SUMMARY OF ACTIONS

The suggested actions found in this Framework will provide impetus to the sustained integration of nurse practitioners into the Canadian health-care system. Standardized NP educational programs that are nationally coordinated are a critical step to attaining this end.

Element	Action
Guiding Philosophy, Assumptions and Values	<i>Reflect the guiding philosophy, assumptions and values found in the Education Framework for Nurse Practitioners in Canada</i>
Entry to Nurse Practitioner Educational Programs <ul style="list-style-type: none"> • Entry Requirements • Prior Learning Assessment and Recognition (PLAR) • Transfer of Credits 	<ul style="list-style-type: none"> • <i>Establish admission criteria that include an active RN designation and a minimum of two years of full-time equivalent clinical nursing experience</i> • <i>Adopt and apply the principles found in the Prior Learning Assessment and Recognition (PLAR) in Nurse Practitioner (NP) Education and Regulation in Canada: Overview and Guiding Framework (2006)</i> • <i>Establish a pan-Canadian approach to transfer of credits</i> • <i>Allow for the transfer of credits between educational institutions subject to maximums established by the institutions</i>
Curriculum Alignment and Linkages <ul style="list-style-type: none"> • Program Philosophy • Program Accreditation • Stakeholder Needs • Nurse Practitioner Core Competencies and Curriculum Design • Exit Credential Standardization 	<ul style="list-style-type: none"> • <i>Develop philosophy, mission and goal statements that are aligned with pan-Canadian frameworks governing NP education and periodically assess and review them</i> • <i>Establish and promote participation in a pan-Canadian accreditation process for NP educational programs.</i> • <i>Develop linkages between accreditation and approval processes</i> • <i>Be responsive to broadly defined, evidence-based stakeholder needs</i> • <i>Be consistent with the Canadian Nurse Practitioner Core Competency Framework and the standards inherent in the NP program approval process</i> • <i>Adopt the master's degree (MN/MScN) as</i>

<ul style="list-style-type: none"> • Bridging Mechanisms for NP Educational Programs • Bridging Mechanisms for Individuals 	<p><i>the required exit credential ideally by 2010 but no later than 2015</i></p> <ul style="list-style-type: none"> • <i>Develop and institute bridging mechanisms to support program transition to a graduate degree (MN/MScN) as the standardized exit credential</i> • <i>Develop and institute bridging mechanisms to support an individual's transition to a graduate degree</i>
<p>Nurse Practitioner Education Delivery</p> <ul style="list-style-type: none"> • Faculty • Faculty/Student Ratios • Clinical Practice Hours • Clinical Preceptors • Distance Education • Collaborative Programming • Interprofessional Teaching and Learning • Evaluation and Testing of Nurse Practitioner Students 	<ul style="list-style-type: none"> • <i>Where practical, designate PhD-prepared practising NPs to teach NP-specific courses. Where limited: facilitate access to PhD preparation, engage qualified master's prepared NPs or non-NPs, and/or use team teaching or shared resource models</i> • <i>Recognize NP faculty clinical hours as teaching hours</i> • <i>Establish and monitor guidelines governing NP educational program faculty/student ratios</i> • <i>Establish 700 hours as the standard minimum number of clinical practice hours</i> • <i>Require clinical preceptors to be an NP, or an advanced practice nurse or equivalent subject-matter expert in a relevant professional discipline with a sound understanding of the NP role</i> • <i>Initiate a coordinated effort to sustain and increase the supply of available preceptors</i> • <i>Develop preceptor preparation programs</i> • <i>Develop pan-Canadian standards for NP distance education</i> • <i>Develop and deliver distance education courses for NPs</i> • <i>Develop innovative approaches to support collaborative programming and pursue and implement funding for collaborative programming approaches</i> • <i>Develop and offer interprofessional courses</i> • <i>Implement evidence-based student evaluation and testing methodologies</i> • <i>Establish a pan-Canadian resource bank, including approaches and tools</i>

<p>Licensure to Practice</p>	<ul style="list-style-type: none"> • <i>Implement cross-jurisdictional collaboration among schools and regulatory bodies to ensure that the licensure to practice process for NP students is supported by NP educational program content and teaching and learning processes</i>
<p>Transition to the Workplace</p> <ul style="list-style-type: none"> • Facilitating Transition • Mentorship • Continuous Learning and Competency • Re-entry to Practice 	<ul style="list-style-type: none"> • <i>Develop and implement processes and structures to facilitate the transition of NPs from their educational program to the workplace and from novice to expert</i> • <i>Establish mentorship and a mentorship culture as standard features of the NP learning experience</i> • <i>Develop pan-Canadian mentorship tools and promote their use across all NP educational programs and in the workplace</i> • <i>Create and support a culture of continuous learning among students and practising NPs</i> • <i>Remove potential barriers to continuing education, including funding, time off, and access to learning opportunities</i> • <i>Develop refresher training programs as required for re-entry to practice</i>

5. CONCLUSION

This Education Framework for Nurse Practitioners in Canada lays out the broad parameters by which NP education in Canada is expected to take place. In so doing, it is meant to foster a national, coordinated approach to NP education and contribute to the goal of an integrated, sustainable role for NPs in Canada's health-care system. The Framework is the product of an extensive consultation process with input and participation from a wide range of key informants from across Canada. NP core competencies, themselves the subject of extensive consultation, are central to the Framework. Together, the NP core competencies and the NP Education Framework provide guidance to educators, program curriculum developers, regulators and others who have a stake in effective NP education and health-care delivery.

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