**UNIVERSITY OF TORONTO**

**FOR CONFIRMATION**          **PUBLIC**          **CLOSED SESSION**

**TO:**                Executive Committee

**SPONSOR:**           Susan McCahan, Vice-Provost, Academic Programs
**CONTACT INFO:**      (416) 978-0490, vp.academicprograms@utoronto.ca

**PRESENTER:**         See Sponsor
**CONTACT INFO:**

**DATE:**              May 30, 2019 for June 10, 2019

**AGENDA ITEM:**       4(b)

**ITEM IDENTIFICATION:**

New Graduate Program Proposal: Doctor of Nursing (DN), Lawrence S. Bloomberg Faculty of Nursing

**JURISDICTIONAL INFORMATION:**

The Committee on Academic Policy and Programs has the authority to recommend to the Academic Board for approval new graduate programs and degrees. *(AP&P Terms of Reference, Section 4.4.a.ii)*

**GOVERNANCE PATH:**

1. Committee on Academic Policy and Programs [for recommendation] (May 8, 2019)
2. Academic Board [for approval] (May 30, 2019)
3. **Executive Committee [for confirmation] (June 10, 2019)**

**PREVIOUS ACTION TAKEN:**

The proposal for the Doctor of Nursing received approval from the Lawrence S. Bloomberg Faculty of Nursing Faculty Council on April 17, 2019.

**HIGHLIGHTS:**

This is a proposal for a professional doctorate degree program called Doctor of Nursing (DN) to be offered by the Lawrence S. Bloomberg Faculty of Nursing.  Students will complete 4.0 full-course equivalents (FCE) consisting of: three required courses (1.5 FCE), four seminar courses (2.0 FCE), and one elective course (0.5 FCE).  Students will complete either two internships in the area of health-care leadership, or two practica in the area of educational leadership.  Requirements

also include a literature review paper to be complete in year one and the thesis. The DN will be offered through a hybrid delivery model with a blend of online courses and three one-week required intensive residencies. The degree program is designed to be completed in a compressed timeframe through cohort-based delivery and extensive use of the summer terms so that students will be able to complete the four-year doctorate program in three years.

The purpose of the Doctor of Nursing is to create nursing leaders who will work in clinical and education settings. The DN will focus on the implementation and dissemination of knowledge in diverse healthcare practice and education settings. It addresses the identified need for nurses with strong leadership skills who are academically prepared for (a) executive-level roles in dynamic, fast-paced, technologically advanced and sophisticated health care environments and (b) leadership roles in nursing education. The existing PhD in Nursing focuses on preparing graduates who excel in research knowledge and skills, particularly in the discovery of new knowledge. By contrast, the DN focuses on the application of this knowledge in diverse environments.

Applicants are required to be a registered nurse holding current registration in at least one jurisdiction. They must have a minimum of two years relevant healthcare leadership experience or advanced nursing education teaching experience to ensure that students have the foundational competencies that will be built upon through completion of the proposed program.

Consultation took place within the Faculty as well as with the Dalla Lana School of Public Health, Faculty of Medicine, Ontario Institute for Studies in Education, Joseph L. Rotman School of Management and Council of Health Science Deans.

The program was subject to an external appraisal on February 7, 2019 by Professors Jennifer D'Auria, University of North Carolina, Chapel Hill School of Nursing and Rita F. D'Aoust, Johns Hopkins School of Nursing. The external appraisers made one suggestion regarding the course content and the Dean's administrative response considered the suggestion and explained why the content was best placed as originally designed, in elective courses, to allow flexibility for students.

**FINANCIAL IMPLICATIONS:**

The new financial obligations resulting from this program will be met at the divisional level.

**RECOMMENDATION:**

Be It Confirmed by the Executive Committee

THAT the proposed degree program, Doctor of Nursing (DN), as described in the proposal from the Lawrence S. Bloomberg Faulty of Nursing dated April 9, 2019 be approved effective September 1, 2020.

**DOCUMENTATION PROVIDED:**

- *Proposal for a Doctor of Nursing, Lawrence S. Bloomberg Faculty of Nursing*

# University of Toronto
# New Graduate Program Proposal

This template is for all proposals for new graduate programs. It will help to ensure that all evaluation criteria established by the Quality Council are addressed in bringing forward a proposal for a new program. Separate templates have been developed for other types of proposals.

| | |
|---|---|
| **Full name of proposed program:**<br><br>(i.e., Master of Arts in History; Master of Science in Sustainability Management) | Doctor of Nursing |
| **Degree name and short form:**<br><br>i.e., Master of Arts, M.A.; Master of Science in Sustainability Management, M.Sc.S.M. | Doctor of Nursing (D.N.) |
| **Program name:**<br><br>i.e., History; Sustainability Management | Nursing |
| **Professional program: yes or no** | Yes |
| **Unit (if applicable) offering the program:**<br><br>i.e., site of academic authority. Where a program is housed elsewhere (in physical terms), this should also be indicated. | Lawrence S Bloomberg Faculty of Nursing |
| **Faculty/division:** | Lawrence S Bloomberg Faculty of Nursing |
| **Dean's office contact:** | Dean.Nursing@utoronto.ca |
| **Proponent:** | Dean Linda Johnston and Associate Dean (Academic) Ann Tourangeau, and Professor Bonnie Stevens Lawrence S Bloomberg Faculty of Nursing |
| **Version date: (please change as you edit this proposal)** | 9 April, 2019 |

# New Graduate Program Proposal

**Doctor of Nursing**
**Department of Nursing Science**

# Table of Contents

# 1    Summary

Please provide a brief overview of the proposed program summarizing many of the points found in more detail elsewhere in the proposal. (You may wish to complete this section last.) This should include:

- A short, clear description of what is being proposed (including the normal program length, the appropriateness of the degree designation and program name including whether the proposed program is a professional graduate program or not; expected numbers of students).
- The academic rationale for the program (i.e., why this program).
- The impetus for the program's development.
- Any distinctive elements.

**Description of the DN**

We are proposing a new Professional Doctorate - Doctor of Nursing (DN) - at the Lawrence S Bloomberg Faculty of Nursing. The DN will be offered in a hybrid asynchronous and synchronous / onsite delivery model. We anticipate admitting up to 12 students per year and the total enrolment in the degree program will be a maximum of 36 students when at steady state. Students are expected to complete the program in 8 consecutive terms (Fall/Winter/Spring/Fall/Winter/Spring/Fall/Winter).

**Academic Rationale**

The existing PhD in Nursing program focuses on preparing graduates who excel in research knowledge and skills, particularly in the discovery of new knowledge. The application of this knowledge in diverse environments is less of a focus in the PhD program. The DN degree program will focus on the implementation and dissemination of knowledge in diverse healthcare practice and education settings and address the identified need for nurses with strong leadership skills who are academically prepared (a) executive-level roles in dynamic, fast-paced, technologically advanced and sophisticated health care environments and (b) leadership roles in nursing education. The DN degree provides a formal academic credential and a competitive edge for nurses.

**Impetus for the Program's Development**

Currently there is no professional doctoral level terminal degree in nursing offered in Canada for nurses who want an alternative to the traditional research-intensive PhD. This need for a formal education program to prepare executive-level nursing leaders in healthcare and expert nurse educators been clearly voiced across the nursing and health care professions as

shown in the Needs Assessment. The need for nurses to move seamlessly through a transformed education system to be leaders with these competencies is well documented (Institute of Medicine. 2011. The Future of Nursing: Leading Change, Advancing Health. Washington, DC: The National Academies Press).

Offering the DN degree at the University of Toronto will be a significant accomplishment for the nursing profession in Canada. This program will provide credibility, legitimacy, and the nursing leadership needed to advance nursing careers in healthcare systems and/ or educational settings.

**Distinctive Elements of the Program**

We will offer a hybrid (online and residencies) cohort course-based program with required and elective courses, annual required residencies, and internships/ practica. The culminating component of the DN program will be a thesis (See Table 2). Each DN program element will have specified goals, learning objectives, evaluation criteria, assignments and opportunities for reflective practice, and peer and faculty evaluation. The program courses, residencies and practica/ internships are designed for students wishing to pursue a career in either leadership in healthcare or nursing education.

# 2   Effective Date

Anticipated date students will start the program:

September 2020.

Date the new program will first be reviewed:

2024-25

# 3   Program Rationale

- Identify what is being proposed and provide an academic rationale for the proposed program (what is being created and why?)
  - ‣ Describe the mode of delivery of the program if distinctive (including blended or online; placement, etc.) and explain why this is appropriate.
  - ‣ Include how the program addresses the current state of the discipline or area of study. (Identify pedagogical and other issues giving rise to the creation of this program. Where appropriate speak to changes in the area of study or student needs that may have given rise to this development)
- Include (you may wish to use titles as headings):

- ▸ Appropriateness of degree nomenclature and program name with reference to norms in the field and clarity.
- ▸ Distinctiveness
  - ▪ Identify any innovative or distinguishing aspects of the proposed program
  - ▪ Briefly, place this program within the context of programs being offered by other universities in North America and Internationally. How is the proposed program similar to or different from existing programs at the U of T (as appropriate).
- ▸ Describe the consistency of the program with the University's mission and graduate unit/divisional academic plan and priorities.

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**DN Degree Program**

We are proposing a new 8-term Professional Doctorate - Doctor of Nursing (DN) degree program - at the Lawrence S Bloomberg Faculty of Nursing. The DN will be offered in a hybrid asynchronous and synchronous / onsite delivery model. Students will complete the program in 8 consecutive terms Fall/Winter/Spring/Fall/Winter/Spring/Fall/Winter. The DN has an accelerated format which provides students with the opportunity to complete the 4 year program in three years through a cohort delivery model. As with all 4 year doctoral programs at U of T, the time limit for completion will be 6 years.

**Purpose/Goal**

The primary purpose of the DN degree is to prepare nurses at the doctoral level for leadership roles in organizations and systems in healthcare, or leadership roles in nurse education, nationally and internationally. (See Program Learning Outcomes Table 3)

**Academic Rationale**

The Faculty has a long history of shaping and advancing nursing education. We are recognized as a top ten nursing school in the world by QS World University Rankings (rated second in the world and first in Canada, in 2018) and thrive on challenges to create better outcomes in health care – locally, nationally and globally. We are tasked with preparing nurses to lead in a continuously evolving health care system. To successfully meet this challenge, we must provide programs that develop a nursing workforce to effectively meet the increasingly complex roles of nurse leaders across health care systems and in nursing education.

The Toronto Academic Health Sciences Network (TAHSN) is a critical partner with the vision of continuing to develop as an internationally recognized Academic Health Science Centre. TAHSN hospitals provide experiential learning opportunities through placements, for Bloomberg Nursing students in both the undergraduate and graduate programs. Our graduate program offerings continue to uphold this vision; especially with respect to the development of a

professional doctoral degree program that supports a range of career pathways that have broad appeal to domestic and international students.

**Appropriateness**

Currently there is no professional doctoral level terminal degree in nursing in Canada for nurses who want an alternative to the traditional research-intensive PhD. This lack of a formal education program to prepare either executive-level nursing leadership in healthcare or expert nurse educators has been clearly voiced across nursing and other health care professions as shown in our Needs Assessment (See Appendix E). The need for nurses to move seamlessly through a transformed education system to be leaders with these competencies is well documented and as the Institute of Medicine Report notes: "Nurses with doctorates are needed to teach future generations of nurses and to conduct research that becomes the basis for improvements in nursing science and practice" (Institute of Medicine. 2011. [The Future of Nursing: Leading Change, Advancing Health. Washington, DC: The National Academies Press](#)) Many nurses have, and continue to engage in, professional nursing doctorate education outside Canada because no programs currently exist within Canada. As indicated below, the Needs Assessment undertaken by the Faculty in 2017 provided strong evidence of the desire for an alternative program pathway at the doctoral level.

**Appropriateness of the Nomenclature**

"Doctor of Nursing" is the most appropriate nomenclature for this degree program. There is no competition for the proposed Doctor of Nursing degree program in Canada, as there are no terminal professional doctoral degrees in nursing offered at any other Canadian university at this time. However, there are other PhD programs in Canada that offer aspects of health leadership training. The Doctor of Nursing Practice (DNP) program is the terminal degree for advanced professional clinical practice for nurse practitioners in the US and graduates are eligible to sit for a national NP certification exam. Doctor of Nursing (DN) programs are not designed for advanced clinical practice but instead have a focus on education and healthcare leadership pathways. DN programs are currently delivered internationally, and in the US in particular. A DNP qualification is not required for licensure as a nurse practitioner in Canada. The DN program is therefore the most appropriate alternative doctoral pathway to be offered at the University of Toronto.

**Distinctiveness**

The DN will be distinctive from our existing Master of Nursing and PhD in Nursing Science degree programs in degree level expectations, program focus and program requirements. The Master of Nursing has three fields:

- Clinical Nursing
- Health Systems Leadership and Administration
- Nurse Practitioner

The Clinical Nursing field prepares graduates for advanced practice clinical roles such as clinical nurse specialists, nurse educators, professional practice leaders, and other related roles. The Nurse Practitioner field is designed to prepare nurses with the skills and competencies required to practice as a Nurse Practitioner in one of three areas of emphasis: Adult, Paediatric or Primary Health Care – Global Health. Graduates are prepared to lead in the direct care of patients through the application of advanced practice nursing and nurse practitioner competencies.  Students in the Health Systems Leadership and Administration field of the Master of Nursing are introduced to knowledge and theories related to an identified issue, problem or population. Courses are delivered in a hybrid online program with required residencies. Students evaluate and discuss new knowledge and the implications of this knowledge for practice, research and theory. Students become cognizant of the complexity of applying new knowledge in a variety of practice settings. This degree prepares nurses to embark on careers in the clinical leader role at the frontline in healthcare delivery sectors.

**In the PhD program**, the student is prepared as a "research scholar" to conduct independent research and to take on roles as scholar/ researcher/ professor. The goal is to ensure that the graduate understands all aspects of the research process and can generate new knowledge using a variety of methodologies.

Unlike either the MN or PhD program, the DN program will prepare the individual to become an advanced leader in healthcare and/ or have a role in nursing education.

**Structure, Delivery and Curriculum:** We will offer a hybrid delivery model with a blend of online innovative and relevant courses with onsite required intensive residencies (Appendix A and Table 2). This mode of delivery will accommodate the schedules of the students as described in the Needs Assessment, allow for mentorship with faculty who are engaged in senior leadership positions, produce a community of learning for the students, and facilitate timely completion of the program. The curriculum for the DN program will be distinctly different from the PhD Program (see Program Description).

**The proposed program is consistent with the stated academic mission of the University and a component of the vision of the Faculty; Leading and innovating in education.** As stated in the University of Toronto's mission statement, "the University of Toronto is committed to being an internationally significant research university, with undergraduate, graduate and professional programs of excellent quality."  At the research level, the proposed program aligns well with the University of Toronto's Strategic Research Plan 2018–23, as the overall strategic objectives include "Ensuring that all our undergraduate and professional students have opportunities to engage in research and innovation experiences."

The Faculty's *2017-2022 Strategic Academic Plan* highlights that to be successful we must provide programs that deliver a graduate workforce to meet the changing roles of nurses, clinician scientists and health systems leaders. We have committed to delivering programs using innovative pedagogies that will produce graduates with the attributes required to meet the needs of employers. We also are committed to integrating a global worldview in our graduate curricula, developing a portfolio of programs of relevance to, and accessible by the international market, and developing programs and pathways for academic excellence together with our clinical partners, pre-empting health workforce needs and ensuring we are delivering a graduate workforce fit-for-purpose.

# 4   Fields/Concentrations

- Description of fields/concentrations, if any. (Please note: graduate programs are not required to have fields/concentrations in order to highlight an area of strength or specialization within a program.)

None.

# 5   Need and Demand

- Provide a brief description of the need and demand for the proposed program focusing, as appropriate, on student interest, societal need, employment opportunities for prospective graduates, interest expressed by potential employers, professional associations, government agencies or policy bodies and how this has been determined.

- With specific reference to the impact on need and demand, describe how the proposed program relates to (is similar to or different from) existing programs offered by other universities in North America and Internationally (with specific reference to Canadian and Ontario examples). In doing this you may wish to append a table showing other programs.

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**Need and Demand for the Proposed Program**

The Faculty undertook a detailed environmental scan of current nursing doctoral programs in Canada, a review of key documents on doctoral education in Canada, focusing on any current and/or anticipated future gaps in access to doctoral level education in nursing in Canada, and a Needs Assessment (Appendix E). Interviews were done with Deans of Nursing in Ontario, Alberta, and Nova Scotia. Other key stakeholders were also interviewed including Chief Nurse Executives (CNE), Professional Practice Directors (PPD), faculty of Bloomberg Nursing, alumni and current students of the Faculty, leaders of professional associations, and leaders of selected regulators of nursing in Canada. There was strong interest in a DN program from nurses in existing leadership roles, those who aspire to such roles, nurse educators in universities and colleges and other health care professional leaders. The majority of CNEs and PPDs held a Master's qualification and some held a DN or DNP qualification awarded in the US. Some Chief Nursing Executives had undertaken a PhD because no DN program was available in Canada. Graduates of the Faculty's MN program and students currently enrolled in the PhD program articulated the need for this type of specific nursing education that was distinct from the PhD program.

Stakeholders were of the view that a professional doctorate in nursing could serve to:

- Support the development of the next generation of nursing leaders in Canada; responding to the dramatically changing health care landscape which is demanding advanced leadership capability particularly in the context of multi-sectoral and complex health systems;
- Enhance individual career and professional development in support of their current role and/or career mobility and advancement;
- Provide additional formal education for Master's prepared nurses who wish to pursue a terminal degree in nursing, and who are on a career path that they feel would not demand a PhD;
- Enhance the development of nurse leaders who aspire to executive leadership roles; and

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- Attract international students.

Stakeholders identified the need to provide education and experiences to develop greater knowledge, capability and expertise in:

- Nursing scholarship;
- Advanced skills in theoretical thinking and application of knowledge and evidence;
- System level leadership, such as development and implementation of regulatory, policy or legislative frameworks;
- Practice leadership, such as development and implementation of institution-level frameworks ;
- Policy, advocacy, governance, regulation, government relations;
- Quality improvement, safety science, risk management;
- Health Informatics and health care technology; and
- Education.

A wide range of future roles for graduates of a professional doctorate in nursing were identified by the stakeholders and included:

- Mid and senior leadership roles in healthcare, government, policy, professional associations, public health, community care, industry;
- Executive leadership roles in healthcare – Chief Executive Officers, Chief Nurse Executive;
- Professional practice leadership roles – Practice Leaders, Directors of Professional Practice;
- Advanced practice roles - Clinical Nurse Specialist, Advanced Practice Educator, Nurse Practitioner;
- Innovative roles in practice leadership focused on health care innovation, program development and evaluation;
- Leadership roles in quality, safety, policy, government, and regulation;
- Health informatics;
- Teaching roles in nursing programs;
- Independent practitioner, consultant.

**How the Proposed Program Relates to Other Programs**

*National and International Programs*

**PhD in Health Quality (PhDHQ).** Queens University (Kingston) offers a full time, four-year, interdisciplinary program with blended delivery including intensive in person classes and advanced on-line technology for synchronous and asynchronous learning. Applicants must hold a Master's level degree in any discipline. The PhD program prepares experts who will improve the delivery of healthcare through teaching, developing new methodologies and theoretical frameworks, and testing innovation in health quality. The PhDHQ is designed to prepare graduates for tenure stream faculty positions in universities, clinical scientist roles and as health quality researchers. The proposed DN program differs in that it requires applicants to have a Master's level degree in Nursing or a closely-related field, and will prepare graduates for senior healthcare leadership roles or for roles in nursing education.

**Doctor of Nursing Practice (DNP) and Doctor in Nursing (DN) Programs.** In 2015-2016, there were 304 US academic institutions that offered the doctoral -level DNP or DN programs compared to 135 who offered the traditional, research-focused PhD program. Over the past 5 years the enrolment in the DNP increased from 11,575 students in 2012 to 25,289 students in 2016 (an average increase of 3,478 DNP students per year). Major areas of study include leadership (second only to the Nurse Practitioner), and Administration/ Management and Informatics (American Association of Colleges of Nursing, 2016-2017). The US-based DNP differs from the proposed DN program as it is generally viewed as the terminal professional advanced clinical practice degree for nurse practitioners. The proposed DN program will not be a terminal degree for advanced clinical practice. A few US universities including Johns Hopkins, Duke, University of Michigan, UNC-Chapel Hill and Yale offer DN programs with an executive leadership field (see Needs Assessment Appendix E). These programs may provide competition, offering courses in senior leadership, policy and implementation science, but given the economic climate and tuition costs, these programs would generally not be financially feasible or accessible for most nurses in Canada.

*Programs at the University of Toronto*

The Institute of Health Policy, Management and Evaluation (IHPME), Dalla Lana School of Public Health began offering a **PhD in Health Policy Management and Evaluation with a concentration called Health Professions Education Research (HPER)** in September 2018. The doctoral program draws students from the health, natural and social sciences and

humanities. The curriculum focuses on examining complex problems using multifaceted research approaches and is not focussed on Nursing. This PhD field differs from the proposed DN program as the focus is on the generation of new knowledge through research while the proposed DN program will draw applicants with a Master's in Nursing or closely-related field and is focused on the implementation and dissemination of new knowledge in healthcare leadership and educational practice in Nursing.

Other professional doctoral programs at the University of Toronto include 3 programs at the Ontario Institute of Studies in Education (OISE): **(a) Doctor of Education in Education in Counselling and Psychology; (b) Doctor of Education in Social Justice Education (SJE) and (c) Doctor of Education in Educational Leadership and Policy (ELP)**. In the past, some nurses, including some teaching faculty at Bloomberg Nursing took the EdD offered at OISE because there have been no professional nursing doctorates in Canada. There is also a professional doctoral program in Music; the Doctor of Musical Arts offered at the University of Toronto. Most of these programs would not be appropriate, or relevant, to nurses seeking to advance their nursing careers.

Graduates of the DN are expected to attain positions where they (a) provide senior intellectual leadership in the workplace to build sustainable healthcare organizations and systems; (b) accelerate the transition of evidence from research and theory into health practices and policy; (c) hold roles in nursing education programs; (d) meet the needs of nurses looking for alternatives to a Canadian research intensive PhD or a Doctor of Nursing Practice (DNP) program delivered in the US or elsewhere internationally; and who are interested in senior Canadian leadership, education and health policy roles.

The *Excellent Care for All Act* came into effect in 2011 and stipulates that all hospitals have a Chief Nurse Executive (CNE) or Chief Nursing Officer (CNO) who is a member of all hospital Boards of Directors and a member of all hospital quality committees. The roles and responsibilities of the CNE/CNO are outlined in Appendix F. In addition, there is a range of leadership roles within the "Professional Practice" domain of hospitals and other healthcare settings with titles including: Professional Practice Lead, Director of Professional Practice, Vice President Professional Practice and hybrid roles as Director Practice/Quality/risk/Patient Safety.  The domains of the role include expert practice, professional leadership and competency, education, care delivery, research, and practice and service development. Roles within nursing education include teaching, academic program planning, quality assurance processes such as accreditation, and mentorship of faculty scholarship and teaching.  The

proposed DN program will target (a) nurses who are, or aspire to be, senior management leaders (e.g. Nurse Managers/ Directors, Chief Nurse Executives, Chief Nursing Officers, Professional Practice Leaders) from all health care sectors (acute, home, community and long-term care) who want to advance their leadership skills, implementation science knowledge and skills, educational/ pedagogical knowledge and skills and career potential; and b) teaching faculty in nursing programs, and nurses with responsibility for clinical education and continuing professional development in hospitals, who aspire to teaching roles in nurse education.

# 6 Enrolment

- Please provide details regarding the anticipated in-take by year, reflecting the expected increases to reach steady state. This table should reflect normal estimated program length. (Please adjust the table as necessary.)
- Please provide an explanation of the numbers shown and their relation to the Faculty/division's enrolment plan.

The proposed program is projected to reach an intake steady state of 12 students by 2023-24, after several years of growing enrolment by 2 students each year. It is anticipated that most of the students will be domestic given the absence of comparable programs in Canada, and all students will be full-time.  For planning purposes, an intake of 3 international students per year has been assumed throughout the plan.

Based on feedback from current PhD students, as well as information gathered through the Needs Assessment, we do not believe PhD enrolment will be impacted by the DN program. The PhD program is well understood to focus on discovery of new nursing knowledge and attracts students with this interest.  The DN program will focus on the implementation and dissemination of nursing knowledge. Discussions with current PhD students highlighted that some who are undertaking a PhD now would have enrolled in the DN had it been available. For these reasons we believe the DN will appeal to a separate and distinct group of students compared to those who pursue a PhD.

An increase of 5 doctoral students per year starting in 2020-21 was included in previous enrolment projections (i.e., 2018-19 Academic Budget Review) but based on estimated demand from our Needs Assessment, we will be increasing enrolment projections to match the table below.

Table 1 provides the details regarding the anticipated enrolment over the proposed 3 years of the program. We anticipate reaching a steady state by 2025-26.

## Table 1: Graduate Student Enrolment Projections

| | | Academic Year 2020-21 | Academic Year 2021-22 | Academic Year 2022-23 | Academic Year 2023-24 | Academic Year 2024-25 | Academic Year 2025-26 |
|---|---|---|---|---|---|---|---|
| **Year 1** | Domestic | 5 | 5 | 7 | 9 | 9 | 9 |
| | International | 3 | 3 | 3 | 3 | 3 | 3 |
| | **Total** | **8** | **8** | **10** | **12** | **12** | **12** |
| **Year 2** | Domestic | | 5 | 5 | 7 | 9 | 9 |
| | International | | 3 | 3 | 3 | 3 | 3 |
| | **Total** | | **8** | **8** | **10** | **12** | **12** |
| **Year 3** | Domestic | | | 5 | 5 | 7 | 9 |
| | International | | | 3 | 3 | 3 | 3 |
| | **Total** | | | **8** | **8** | **10** | **12** |
| **Total Enrolment** | | **8** | **16** | **26** | **30** | **34** | **36** |

# 7  Admission Requirements

- Provide a formal statement of admissions requirements as they will appear in the SGS Calendar entry.
- Indicate the undergraduate or master's programs from which students may be drawn.
- Explain any admissions requirements that are above or in addition to the normal minimum requirements for a graduate program at this level (including higher GPA, specific knowledge or skills; additional language, portfolio, letters of intent, etc.) –
  ‣ How will they help to ensure students are successful?
  ‣ How do they align with the learning outcomes established for the program?

**Formal Admission Requirements**

There will be a distinct admissions process that includes faculty members who hold both full and associate SGS appointments. The Admissions Committee will also include at least 1 member who holds a leadership position within a clinical institution affiliated with the

Faculty and who holds an adjunct or status appointment with the Faculty. To be considered eligible for admission applicants must:

1. Be a registered nurse holding current registration in at least one jurisdiction
2. Have a Master's degree in Nursing or a closely-related field
3. Have a minimum B+ standing from a recognized University in their Master's degree in Nursing or related field
4. Have a minimum of 2 years relevant healthcare leadership experience or advanced nursing education teaching experience
5. Have strong letters of support from 1 academic and 2 work-related referees
6. Submit a letter of intent outlining the reasons for application to the program and a proposed thesis project
7. Consistent with the SGS General Regulation 4.3 English-Language Proficiency, applicants whose primary language is not English and who graduated from a university where the language of instruction and examination was not in English must demonstrate proficiency in English. An interview may be required.

Students may be drawn from (a) Registered Nurses who have attained a Master's degree in a related field such as an MEd, MPH, MHSc, MScHPME, MScSLI, or MBA or (b) Master in Nursing (MN) Degree or Master of Science in Nursing (MScN) Degrees, such as those MN programs currently delivered by the Faculty.

**Explanation**
These admission requirements differ from what is usually required at the doctoral program level in that the applicant must (a) be a registered nurse in the jurisdiction, (b) possess a Masters' degree and (c) submit 1 additional letter of support from a work-related referee. These criteria align with the learning outcomes established for the program that are fully listed in Section 10. In addition to the requirements that speak to academic preparedness for all doctoral students, requiring a minimum of 2 years relevant healthcare leadership experience or teaching experience in nursing education will ensure that students have the foundational competencies that will be built upon through completion of the proposed program.

# 8   Program Requirements

- Please provide a full SGS Calendar entry including a formal program description as it will appear in the calendar and program requirements, including for any fields/concentrations.
- Describe in your own words how the program is structured and is intended to function with particular reference to how the requirements and structure of the program are appropriate to the learning outcomes. (Note that the specific learning outcomes and the elements that support them are outlined below.)
- As an appendix, please provide a full list of all courses including course numbers, titles, and descriptions. Please indicate clearly whether they are new/existing. (Please note that new courses need to be proposed and approved separately.)

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**Proposed calendar copy (if lengthy, you may wish to include this in an appendix).**

Please see Appendix A for a full list of the course numbers and titles.  Please see Appendix B for the Graduate Calendar Copy.

The purpose of this program is to create nursing leaders who will work in clinical and education settings. Students will take a core set of courses; Health Services and Education Leadership, Health Policy in Clinical Practice and Education and Implementation Science in Health Care and Education. They will have an opportunity to focus on their specific area of interest through taking the elective courses; Analysis and Application of Individual and Population Health Data, Informatics and Technologies for Practice Advancement, Equity and Ethics in Healthcare, Evaluation Science and Scholarship in Teaching and Learning in Healthcare Practice and Education. The courses will support the students to achieve the Program Learning Objectives through seminars and written assignments. The internships and practica will provide experiential opportunities for learning such as presentations of case studies, reflective journaling and development of a Knowledge Translation and Exchange (KTE) plan under the guidance of mentors who are also members of the student's supervision committee. Development and defense of the DN thesis proposal and final thesis will demonstrate the student's ability to engage with a problem and use an evidence-based approach to exploring ways to address it.

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# 9   Program Description

- Section 6 focuses on academic requirements; this section focuses on the mechanics of the proposed program.

- Explain if the program will be offered on a full-time basis only or will also be offered part-time and if so, why.
- What is the program length for both full-time and part-time students? Address how the program requirements can reasonably be completed within the proposed time period.
- Describe the mode of delivery of the program if distinctive (including blended or online; placement, etc.) and how it is appropriate to support students in achieving the learning outcomes of the program.
- Describe how any distinctive elements of the curriculum (e.g., Internships, etc.) will be administered.
- Describe how the program structure and delivery methods reflect universal design principles and/or how the potential need to provide mental or physical health accommodations has been considered in the development of this program.
- For research-focused graduate programs, provide a clear indication of the nature and suitability of the major research requirements for degree completion.
- Please include the standard text which has been inserted in the box.

The DN is a full-time cohort-based graduate program with 8 consecutive terms consisting of required and elective courses, internships and practicums and a thesis. Typically the program length of doctoral programs at the University of Toronto is 4 years. This program is designed to compress the academic content into 3 years through the cohort-based delivery and extensive use of the summer terms so that students will be able to complete it in three years.

The program elements total 4.0 full course equivalents (FCE) and will include:

- 3 required doctoral courses (e.g. Health Services Leadership; Health Policy in Clinical Practice and Nursing Education; Implementation Science in Health Care and Nursing Education)
- 1 elective doctoral course relevant to the student's focus (e.g. Using Population Health Data to Inform Decision Making; Informatics and Technologies for Practice Advancement; Equity and Ethics in Health Care and Education; Evaluation Science; Pedagogy and the Scholarship of Teaching and Learning) (See Appendix A).
- 4 DN seminar courses

# Table 2: Proposed Program Elements: Courses and Full-Course Equivalents

| Term 1 Fall | Term 2 Winter | Term 3 Summer | Term 4 Fall | Term 5 Winter | Term 6 Summer | Term 7 Fall | Term 8 Winter |
|---|---|---|---|---|---|---|---|
| 1 RC (0.5 FCE)  1 DN Sem (0.5 FCE) | 1 RC (0.5 FCE)  1 DN Sem with Req Res (0.5 FCE) | 1 DN Sem with Req Int / Pr (0.5 FCE) | 1 RC with Req Int / Pr (0.5 FCE) | 1 EC with Req Res (0.5 FCE) | Thesis | Thesis | 1 DN Sem with Req Res / Symposium (0.5 FCE) Thesis |
| **1.0 FCE** | **1.0 FCE** | **0.5 FCE** | **0.5 FCE** | **0.5 FCE** | **0.0 FCE** | **0.0 FCE** | **0.5 FCE** |

**Notes: The total number of required FCEs is 4.0.**

**RC: Required Course. EC: Elective Course. DN refers to Doctor of Nursing. Sem: Seminar. Res: Residency. Int: Internship. Pr: Practicum.**

As shown in Table 2 there are several distinctive aspects to the curriculum:

- **Internships/Practica**. Each student is required to complete 2 internships for those with a focus on healthcare leadership or 2 practica for those students with a focus on nursing education. Each student will be mentored by a nurse leader or educator who will also be a member of their DN thesis supervisory committee. Internships will be offered locally (e.g. with nursing leaders in the Toronto Academic Health Sciences Network – TAHSN and nursing faculty in schools and faculties of nursing), nationally and internationally. Students must a priori develop clear realistic goals, learning objectives, and identify expected outputs for each internship/practicum.
- **Residencies**. Students are required to complete three residencies on campus, each of one week duration, over the program. (Table 2). In addition to course content delivery, residencies provide an opportunity for students to meet with each other and with faculty and engage with nurse leaders who will provide in-depth and interactive opportunities to explore key topics in health care, education, and policy settings.
- **DN Symposium**. A required on-site DN symposium will be held during the final term. This symposium will bring all students in the cohort together to present their DN theses as well as to discuss Knowledge Translation and Exchange (KTE) plans for implementing their innovations in practice, policy and/ or education. Mentors and

leaders involved with the program will be invited to attend, participate and present at this event. Students will complete their thesis and final oral exam after the symposium.

- **DN Thesis**. For the DN degree, students will be required to successfully complete a thesis. This thesis will include original work that is completed by the student while enrolled in the program.  Specifically, the thesis must include the identification and investigation of a practice problem, articulation and application of theory and research to the problem, the design and strategies for action to address the problem, report on strategies implemented to address the problem, results and discussion. The thesis is in alignment with the research and scholarship doctoral degree level expectation that requires students to achieve: "The ability to conceptualize, design, and implement research for the generation of new knowledge, applications, or understanding at the forefront of the discipline, and to adjust the research design or methodology in the light of unforeseen problems; The ability to make informed judgments on complex issues in specialist fields, sometimes requiring new methods.  The ability to produce original research, or other advanced scholarship, of a quality to satisfy peer review, and to merit publication."

The program will only be offered full time to ensure that students achieve timely completion rates and to provide a collegial cohort to successfully navigate the intricacies of the program.

The program offers a hybrid course delivery (online and residencies) and will adhere to universal design principles of providing multiple means of (a) representation (e.g. offering alternatives for written, auditory and visual information), (b) action and expression (e.g. use of multimedia; supportive goal setting, planning and strategies for development) and (c) engagement (optimizing individual choice and autonomy; developing self-assessment and reflection. If student accommodations are required for mental or physical health (or parental leaves), these will be addressed by facilitating personal coping strategies and, if needed with referral to specialized student support services. Such accommodations will be effected through current policies and practices established through the School of Graduate Studies and the Faculty.  Examples of accommodation mechanisms include leaves of absence, course work extensions, disability -related extensions, exam deferrals and alternative evaluation methods.  Resources of the University as well as the Faculty will be leveraged.  Examples of the former include the Accessibility Services, Health and Wellness Service, including the embedded counsellor in Bloomberg Nursing, and Family Care office.  Although access to these services may be limited for off-campus students, the Faculty will work closely with them to facilitate assistance where possible. Knowledge and experience within our Clinical

Education Office will be leveraged to ensure that appropriate accommodations can also be put in place during internship/practicum. Financial resources of the Faculty (e.g., Student Crisis Fund and tuition refunds) are also available to alleviate cost impacts that may arise from student accommodations or leaves.

Faculty will work with students to identify program completion plans and timelines once students are able to return to their studies.

Whereas the Province's Quality Assurance Framework requires that students complete a minimum of two-thirds of courses at the graduate level, the University of Toronto requires graduate students to complete all of their course requirements from amongst graduate level courses. This proposed program complies with this requirement.

# 10 Degree-Level Expectations (DLEs), Program Learning Outcomes and Program Structure

- Identify the specific learning outcomes for the proposed program for each of the DLEs and describe the elements in the program's requirements that support these.

## Table 3

| DOCTORAL LEVEL EXPECTATIONS (DLE) | DN PROGRAM LEARNING OUTCOMES | HOW THE PROGRAM DESIGN AND REQUIREMENTS SUPPORT THE DLE | ASSESSMENT OF STUDENT ACHIEVEMENT, RELATIVE TO ESTABLISHED PROGRAM LEARNING OUTCOMES AND DLE |
|---|---|---|---|
| **1. Depth and Breadth of Knowledge** A thorough understanding of a substantial body of knowledge that is at the forefront of their academic discipline or area of professional practice. | **Depth and breadth of knowledge** is defined in the DN program as an: (a) Advanced understanding of the theoretical foundations of implementation science, Knowledge Translation and Exchange (KTE) strategies and change theory, (b) In-depth knowledge on how implementation science and change theory is relevant to nursing leadership in healthcare and education and (c) a broad appreciation of the relationship between implementation science in nursing, KTE and the scientific basis of other health disciplines.<br><br>**OUTCOMES:** This is reflected with students who are able to: | **OUTCOMES 1, 2 AND 3** will be addressed through the 3 required courses – (a) Health Services and Education Leadership, (b) Health Policy in Clinical Practice and Education and (c) Implementation Science in Health Care and Education. Faculty at the Lawrence S Bloomberg Faculty of Nursing will teach all courses. Additional opportunities to address **OUTCOMES, 1, 2 AND 3** will be provided in the elective courses.<br><br>**OUTCOMES 4, 5 AND 6** will be addressed by providing students with the option for specialization in nursing leadership in healthcare or education. Students who select the healthcare option can take a 0.5 FCE course of interest to nursing leaders in healthcare (e.g. Analysis and Application of Individual and | For **OUTCOMES 1, 2 AND 3** students will: (a) develop and present a seminar that includes case studies or examples and (b) complete a written assignment.<br>For the seminar, each student will present to peers and faculty on a focussed nursing leadership topic in healthcare or education to demonstrate their knowledge either (a) in person during their Residencies when they are face-to-face with students and faculty or (b) using online technologies.<br><br>In a seminar course, the student will demonstrate their critical appraisal of the literature on the selected topic, display a comprehensive presentation (either individual or group) and stimulate discussion amongst their peers by asking leading theory-informed |

| DOCTORAL LEVEL EXPECTATIONS (DLE) | DN PROGRAM LEARNING OUTCOMES | HOW THE PROGRAM DESIGN AND REQUIREMENTS SUPPORT THE DLE | ASSESSMENT OF STUDENT ACHIEVEMENT, RELATIVE TO ESTABLISHED PROGRAM LEARNING OUTCOMES AND DLE |
|---|---|---|---|
| | 1. Demonstrate an in-depth understanding of Implementation Science frameworks, KTE strategies and change theories.<br>2. Identify barriers and facilitators of implementing KTE strategies at individual and organizational levels.<br>3. Demonstrate advanced knowledge of nursing leadership to transform healthcare and education as appropriate.<br>4. Articulate the system barriers to equity of access to safe and effective care for patients and families with diverse backgrounds within healthcare organizations.<br>5. Demonstrate knowledge of how challenges related to diversity, cultural safety and social determinants of health are integrated in healthcare and education.<br>6. Demonstrate knowledge of how to manage human, financial and material resources in healthcare or education. | Population Health Data; Informatics and Technologies for Practice Advancement; Equity and Ethics in Health Care and Education, Evaluation Science; Scholarship in Teaching and Learning in Health Care Practice and Education. Students who select the education option can complete a 0.5 FCE course of interest to educators (e.g. Pedagogy and the Scholarship of Teaching and Learning; Scholarship in Teaching and Learning in Healthcare Practice and Education).<br><br>Students can also achieve **OUTCOMES 1-6** through the residencies associated with the required courses. Residencies will consist of 3 intensive on-campus classes where students will learn from healthcare leaders or university faculty who will provide in-depth and interactive opportunities to explore key topics facing leaders in health care, education, and policy.<br>For achieving **OUTCOMES 1-6**, library support will be available to assist students with relevant literature searching skills. | questions. They will complete their self-evaluation through reflective practice. Peer feedback will be provided directly to students. Students will also be expected to contribute to the discussion in other students' seminars.<br><br>During the residency, students will have the opportunity to display their knowledge of leadership challenges such as diversity, cultural safety, and healthcare access through self-reflection, peer and teacher feedback and discussion with mentors.<br><br>For the written assignment, the student will demonstrate their knowledge of a selected issue. The student will identify a gap in knowledge, demonstrate the applicability of implementation science and change theory, outline KTE approaches to bridge gaps in knowledge and discuss application to their area of specialization.<br>Each student will be graded for the seminar, written assignment and residencies by the responsible course faculty or mentors.<br>The seminar will allow the student to demonstrate their comprehension of a relevant issue in their field, and their ability to present to their peers and lead a discussion on implications for healthcare practice, education or policy.<br>The written assignment will allow students to demonstrate their understanding of the underlying implementation or change |

| DOCTORAL LEVEL EXPECTATIONS (DLE) | DN PROGRAM LEARNING OUTCOMES | HOW THE PROGRAM DESIGN AND REQUIREMENTS SUPPORT THE DLE | ASSESSMENT OF STUDENT ACHIEVEMENT, RELATIVE TO ESTABLISHED PROGRAM LEARNING OUTCOMES AND DLE |
|---|---|---|---|
| | | | theories, barriers to implementation and their applicability to nursing leadership in healthcare or education. The residencies will allow students to demonstrate their ability to address key leadership issues in healthcare and education and how to address these across various settings considering the particular context. The 0.5 FCE elective courses will assess student achievement of **OUTCOMES 4, 5, and 6** through similar approaches tailored to the particular subject areas. |
| | | | |
| **2. Research and Scholarship** The ability to conceptualize, design and implement research for the generation of new knowledge, applications, or understanding at the forefront of the discipline, and to adjust the research design or methodology in the light of unforeseen problems. The ability to make informed judgments on complex issues in specialist fields, | **Research and Scholarship** is defined in the DN program as: the ability to apply research evidence. All DN students will learn to: (a) systematically review and synthesize research, and effectively engage in translating evidence to healthcare or education, (b) use critical thinking skills to promote change and sustain innovative leadership or scholarship in healthcare or education, (c) use leadership skills to improve healthcare or education outcomes through strategic thinking, critical appraisal and implementation of varied forms of evidence, (d) create, maintain and evaluate diverse healthcare or education settings, (e) advance leadership and scholarship across healthcare and education, and (f) demonstrate advanced skills to provide | **OUTCOMES 7, 8 AND 9** will be addressed through the completion of the required and elective coursework as outlined in **DLE 1**. **OUTCOME 7** also will be addressed through the Literature Review Paper where the supervisor and supervisory committee will provide feedback on the development of the research question, systematic review and synthesis processes and the effective engagement of KTE in education or healthcare. **OUTCOME 8** will also be addressed in the DN Thesis proposal and the DN Thesis Final Oral Examination. The supervisory committee provides feedback on the DN student's proposal, and assists the student in overcoming challenges to developing or executing their project; thereby strengthening their skills in | For **OUTCOME 7**, the student will have the ability to demonstrate their skills to review, analyze and synthesize relevant material to their proposed thesis in the Literature Review Paper. The paper will be completed prior to developing the thesis proposal and the DN thesis and will be judged as Satisfactory by the DN Thesis Committee. For **OUTCOMES 8 and 9**, the student will design the DN thesis proposal, defend the proposal and undergo the final oral examination of the DN thesis to demonstrate their ability to design and conduct a DN thesis project with significance to nursing leadership in healthcare or education. The DN symposium will provide opportunities for the students to network and form future collaborations. At this final on-site academic event of the DN degree the students will present |

| DOCTORAL LEVEL EXPECTATIONS (DLE) | DN PROGRAM LEARNING OUTCOMES | HOW THE PROGRAM DESIGN AND REQUIREMENTS SUPPORT THE DLE | ASSESSMENT OF STUDENT ACHIEVEMENT, RELATIVE TO ESTABLISHED PROGRAM LEARNING OUTCOMES AND DLE |
|---|---|---|---|
| sometimes requiring new methods.<br><br>The ability to produce original research, or other advanced scholarship, of a quality to satisfy peer review, and to merit publication. | exemplary nursing healthcare practice or education evaluation and KTE.<br>**OUTCOMES:** This is reflected in students who are able to:<br>7. Critically appraise and synthesize results of research relevant to leadership issues in healthcare or nursing education.<br>8. Plan, design and carry out a research project that addresses an innovation to transform nursing leadership in healthcare or education.<br>9. Produce original and quality scholarly outputs to satisfy peer review and to merit publication or presentation targeted at professional and lay audiences. | planning, and implementing their project. DN Supervisory meetings with the student also provide role modelling in networking collaboration and direct one-on-one supervision and mentoring.<br><br>**OUTCOME 9** will be addressed in the <u>DN Symposium</u> to be held in the final term of the program. This symposium will bring all students together with the DN faculty to present their DN thesis and to discuss their KTE plans. Faculty may also be invited to present their work based on student's identified areas of interest. Students will also be expected to engage in scholarship to satisfy peer review and to result in publication, presentation or other dissemination outcomes. | their DN thesis and have the opportunity to discuss their KTE plans for implementing their innovations in healthcare practice or education. Students will complete their thesis and final oral exam following the symposium. |
| **3. Level of Application of Knowledge**<br>The capacity to:<br>Undertake pure and/or applied research at an advanced level; and<br>Contribute to the development of academic or professional skills, techniques, tools, practices, ideas, | **Level of Application of Knowledge** is defined in the DN program as: the ability to apply research evidence that is relevant and useful to nursing leadership in healthcare and education using implementation science, KTE strategies and change theories/ frameworks.<br><br>**OUTCOMES:** This is reflected in students who are able to:<br>10. Conceptualize, design and evaluate a KTE plan to implement/ disseminate research evidence. | **OUTCOMES 10, 11 AND 12** will be met through the required program courses as outlined in **DLE 1**.<br><br>**OUTCOME 10** also will be achieved by developing a KTE Plan within healthcare or education.<br><br>**OUTCOMES 13 AND 14** will be met though the two required <u>Internships</u> (healthcare) /<u>Practica</u> (education). Each student will be co-mentored by a nurse leader from a healthcare or education setting who will also be a member | For **OUTCOMES 10, 11 AND 12,** the student will be expected to demonstrate their skills through the required course assessments as outlined in **DLE 1**.<br><br>The KTE plan will provide a template for students to address (a) key KTE goals, (b) target audiences, (c) main messages, (d) KTE strategies, (e) resources required and (f) partners etc. for carrying out KTE activities. The KTE plan will be graded by the responsible course faculty. |

| DOCTORAL LEVEL EXPECTATIONS (DLE) | DN PROGRAM LEARNING OUTCOMES | HOW THE PROGRAM DESIGN AND REQUIREMENTS SUPPORT THE DLE | ASSESSMENT OF STUDENT ACHIEVEMENT, RELATIVE TO ESTABLISHED PROGRAM LEARNING OUTCOMES AND DLE |
|---|---|---|---|
| theories, approaches and/or materials. | 11. Apply Implementation Science theories and frameworks when implementing/disseminating research evidence in complex healthcare and educational situations.<br>12. Understand relevant change theory applicable to leadership in healthcare or nursing education.<br>13. Define and develop evidence-informed analytical and tactical strategies for advancing nursing leadership in healthcare and education.<br>14. Determine effective strategies for addressing leadership issues across healthcare or education organizations and/or systems while engaging relevant stakeholders. | of their DN supervisory committee. These leaders, who will be experts in their field of nursing or senior faculty in schools of nursing will provide "real-life" expertise, mentoring and feedback to the students on an ongoing basis throughout the Internship/ Practica. The Internship/ Practica evaluation will be comprised of a self-assessment, mentor evaluation, faculty evaluation as well as peer assessment and in-class teaching evaluation as appropriate. | For **OUTCOMES 13 AND 14**, students, while engaged in the Internships and Practica, will be expected to use case studies, presentation and dialogue, and reflective practice to demonstrate their potential analytical and tactical strategies for (a) advancing professional practice nursing and leadership in healthcare and education and (b) addressing healthcare or educational leadership issues across organizations and/or systems while engaging multiple relevant stakeholders.<br>The student will regularly meet with their Internship/ Practica mentors who will provide ongoing feedback to the students with the expectation that by the final practicum students will begin to demonstrate their successful transition from students to nursing leaders. |
| | | | |
| **4. Professional Capacity/ Autonomy**<br>The qualities and transferable skills necessary for employment requiring the exercise of personal responsibility and largely autonomous initiative in complex situations. | **Professional Capacity/ Autonomy is defined in the DN program as**: a commitment to ethical scholarship and collaboration in furthering knowledge with a critical and objective perspective on research application.<br><br>**OUTCOMES:** This is reflected in students who are able to:<br>15. Model a strong commitment to professional ethics when developing solutions to complex | **OUTCOMES 15 AND 16** will be met through the required program courses and potentially in the elective course (e.g. Equity and Ethics in Healthcare and Education where ethical frameworks and ethical decision-making in clinical practice are addressed) as outlined in **DLE 1**.<br><br>**OUTCOMES 16 AND 17.** Students will select ethical issues to explore during their 3 Residencies associated with the Required Courses as well as during their Internships | **FOR OUTCOMES 15-17,** the students will be able to display their expertise through selected evaluation components of the courses discussed in the Assessment of Student Achievement in **DLE 1 and DLE 2**.<br><br>For **OUTCOMES 15 AND 17,** students will have the opportunity to identify and explore ethical issues in situations where they have direct interface with clients, students, faculty and mentors (e.g. during Residencies, Internships and Practica). With the support of the faculty and |

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|---|---|---|---|
| The intellectual independence to be academically and professionally engaged and current.<br><br>The ethical behaviour consistent with academic integrity and the use of appropriate guidelines and procedures for responsible conduct of research.<br><br>The ability to evaluate the broader implications of applying knowledge to particular contexts. | healthcare (e.g. equal access to care) or education (e.g. diversity) issues.<br>16. Explain the impact of KTE on organizational structure, and how context (work environment) influences KTE strategies in healthcare or education.<br>17. Understand the importance of consultation and meaningful engagement with relevant stakeholders in healthcare or education contexts. | and Practica. Although the issues will vary by student, situation and foci, they could be in relation to real or potential situations involving staff and leaders in healthcare or students in educational settings. Students would present case scenarios where key issues would be described in depth and where peer and mentor feedback could be provided. | mentor, they will be able to demonstrate their understanding of appropriate ethical behaviour and decision making consistent with professional and academic integrity and use of appropriate guidelines for applying the results from research in healthcare practice and education. |
|  |  |  |  |
| **5. Communication Skills**<br>The ability to communicate complex and/or ambiguous ideas, issues and conclusions clearly and effectively. | **Communications Skills** is defined in the DN program as: implementing clear and effective oral and written communication across varied and complex healthcare and education.<br><br>**OUTCOMES:** This is reflected in students who are able to:<br>18. Communicate effectively both verbally and in writing to enable implementation of new | **OUTCOME 18** will be achieved throughout selected written assignments and seminars associated with the required and elective courses, residencies, Internships/ Practica, the literature review paper, DN proposal and defense.<br><br>Students will be encouraged to participate actively in conversations, on a discussion board and in developing written KTE examples of papers, briefs, and reports in ultimate preparation for defence of their thesis. | **OUTCOME 18** will be assessed through:<br>(a) Written assignments, the literature review paper and the DN thesis proposal– a portion of the grade is dedicated to the quality of the writing, citing references and organization of the papers.<br>(b) Seminar presentations - a portion of the grade is dedicated to the quality of the presentation and its delivery, and for the discussion generated amongst peers.<br>(c) On-line courses - a portion of the grade is allotted to the quality of discussions that are |

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|---|---|---|---|
| | knowledge within healthcare or education. | Students will receive feedback from peers and faculty to enhance the quality of their communication of ideas, recommendations and conclusions across healthcare or nursing education contexts. | either posted on a discussion board or verbal (through advanced technology). (d) Residencies, Internships/ Practica - a portion of the grade is dedicated to self- and peer-reflections on the quality of communication. (e) Oral examination of the DN thesis - the quality of the student's ability to communicate and defend their ideas and results is taken into consideration. |
| | | | |
| **6. Awareness of Limits of Knowledge** An appreciation of the limitations of one's own work and discipline, of the complexity of knowledge, and of the potential contributions of other interpretations, methods, and disciplines. | Awareness of Limits of Knowledge is defined in the DN program as: displaying an appreciation of the strengths and limitations of their work and its contributions to the greater body of knowledge, being open to multiple interpretations of their work and its impact at various levels of application.  **OUTCOMES:** This is reflected in students who are able to: 19. Articulate the strengths and limitations of KTE frameworks and models for implementing and disseminating research in complex healthcare and education settings. 20. Determine limitations of knowledge, multiple interpretations and impact at various levels. | **OUTCOMES 19 AND 20.** The program design and requirements that address these outcomes for awareness of limits of knowledge are: (a) In selected course requirements (e.g. written assignments, the DN thesis proposal) – students will be asked to discuss the strengths and limitations of KTE frameworks, models and KTE strategies. (b) In Residencies, Internships and Practica students will reflect on the strengths and limitations of their work and its contributions to a greater body of knowledge. Supervisors will be responsible for preparing students for these types of questions prior to the final submission of the written DN thesis and the final oral examination. | The assessments that ensure achievement of student outcomes for awareness of limits of knowledge are: (a) In written assignments and the thesis proposal, students are specifically asked to discuss the strengths and limitations of their work and are graded accordingly. (b) In Residencies, Internships and Practica, a portion of the grade is dedicated to self- and peer- reflections on the strengths and limitations of their work and its contributions to the greater body of knowledge. (c) In the written and final oral examination of the DN thesis, the student is specifically asked about the strengths and limitations of their work and strategies going forward as to how to address these issues. |

# 11 Assessment of Learning

- Please describe the methods of evaluation for the various program requirements.
- Describe how the methods for assessing student achievement are appropriate and effective relative to established program learning outcomes and degree-level expectations (in other words, how will faculty be able to determine whether students have learned and can do what we expect them to by the end of the program).
- Describe how the effectiveness of the proposed program be assessed
- How will the program document and demonstrate the level of performance of students' consistent with the University's DLEs

Student performance in the program will be assessed through a variety of methods including: reports, presentations, assignments and project portfolios, cumulative for the calculation of course grades. The DLE table in Section 10 shows the alignment between program learning outcomes and assessment methodologies including written assignments such as the Literature Review, student-led seminars, reflective journaling and the submission of a thesis and oral exam based on a work-place based project. The project proposal must have been approved by the student's supervision committee comprising core faculty as principal supervisor and adjunct faculty from affiliated institutions. The project requirement will be suitable flexible to allow for students undertaking the program with either a healthcare or education focus. Students will be required to have regular meetings with their supervision committee to provide project updates and receive guidance and mentoring in relation to the management and successful completion of the project and submission of the thesis product.

With respect to the internships for those students with a focus on healthcare leadership, and practica for those students focussing on education, assessment will include placement partner feedback by survey, and student completion of an evaluation of the internship/practica.

The final thesis will be consistent with the rigour that is expected with the PhD thesis as specified in the University of Toronto SGS regulation 8.3: Doctoral Final Oral examinations

The final outcome of the DN degree will be the final oral examination of the thesis.

The program will include 3 milestones:

- A **literature review paper** (including published and peer-reviewed research, gray literature, policies, guidelines etc.) that clearly demonstrates the student's ability to review, analyse and synthesise relevant material to be completed by the end of Term 3 (Year 1) and judged as Satisfactory by the Thesis Committee.
- A written **DN thesis proposal** to be completed by the end of Term 5 (Year 2) and judged as Satisfactory by the Thesis Committee.
- A final oral examination of the DN thesis to be completed by the end of Term 8 (Year 3). The thesis and its defense will be judged as Satisfactory by the Thesis Committee and an External Examiner. If acceptable, the Thesis will be determined as acceptable as is, with minor corrections or with minor modifications.

The final assessment of the thesis will be in line with General Regulation 8.3, Doctoral Final Oral Examination.

The key milestones to be achieved in the DN program (completion of 4 required and elective courses, literature review paper, successful completion and defense of the thesis proposal at an oral exam, and the final oral examination of the thesis) are designed for students to clearly demonstrate achievement of the DN program learning outcomes.

At the program level, the Director, and the Program Committee will be responsible for approving the student admissions, thesis supervision Committee composition and final project evaluations. Students and student progress through the program as a whole will be closely monitored through the normal business of the Faculty's Committee on Standing, and program administrators to ensure appropriate progress and that all programmatic requirements are met. The performance of students will be deemed consistent with the University's DLE, through the use of assignment rubrics, the Committing on Standing review of course grades and other indicators of student standing, supervisory committee reports, course grading and progress reports.

The overall effectiveness of the program will be evaluated through (a) tracking of graduates' career paths (destinations, employment before and after graduation); (b) formal feedback solicited on satisfaction with the program from students and faculty; (c) post-graduation surveys assessing accomplishment of expected outcomes; and (c) mentor reports. Following up with the alumni over time provides information of the longer-term value of the program both for students and employers, and subsequent cyclical program reviews. Evaluation will be dynamic and continuous to determine if teaching and learning opportunities are provided

to enable students to achieve expected outcomes and program goals after each new term of the program, until the first cohort has completed all 8 terms.

# 12 Consultation

- Describe the expected impact of what is being proposed on the nature and quality of other programs delivered by the unit/division.
- Describe the expected impact of what is being proposed on programs being offered by other units/divisions.
- Describe any consultation with the Deans of Faculties/divisions that will be implicated or affected by the creation of the proposed program.

Other Units / Faculties at the University of Toronto that might want to participate in this program include but are not limited to: (a) Dalla Lana School of Public Health (IHPME), (b) Rotman School of Management, Ontario Institute of Studies in Education (OISE) and the Institute of Medical Science (IMS) in the Faculty of Medicine.

Consultation regarding the proposed DN program has been undertaken with the Deans of Medicine, Ontario Institute for Studies in Education, Joseph L. Rotman School of Management and Dalla Lana School of Public Health. All Deans expressed support for the proposed program, provided input into revisions to the proposal and identified opportunities for cross-divisional teaching and supervision collaboration. No Dean identified concerns regarding potential conflicts with their own divisions' current program offerings. Discussion has also been held at Council of Health Sciences.

# 13 Resources

- Please be specific where this may impact significant enrolment agreements with the Faculty/Provost's office.
- Indicate if the major modification will affect any existing agreements with other institutions, or will require the creation of a new agreement to facilitate the major modification (e.g., Memorandum of Understanding, Memorandum of Agreement, etc.). Please consult with the Provost's office (vp.academicprograms@utoronto.ca) regarding any implications to existing or new agreements.

**Will this require new resources?**

**Costs for technology:** Although we currently have the required technology available for our other graduate hybrid programs, there will be a need for continued investment in innovative technologies to deliver the program sustainably.  The Faculty is aware of this and is committed to that continued investment.

The Faculty has allocated the resources that will be required to arrange orientation to the program and residencies and the Faculty's Clinical Education Office will need to arrange internships/practica.

**Staff Support:** Staff support will be needed to arrange program orientations, residencies and practicums. The interim findings of a close-to-completion administrative review and on-going efforts to streamline processes in these areas indicate the capacity exists to provide this support in both Student Services (Program Assistants) and the Clinical Education Office.  The capacity created through these activities will be used to support the DN program.  Also, with a steady state of 36 DN students expected, existing academic technology support staff will be able to accommodate the additional volume.  This team currently provides support to roughly 750 students so an increase of 36 will be manageable. As a result, it is not anticipated that net new administrative staff will be needed despite new support needs from the DN program. Also, given the relatively small program, we do not anticipate a need to appoint a Program Director specific to the DN program. Rather, we believe incorporating oversight of this program in the portfolio of the current Director of PhD Program, with renaming to Director of Doctoral Programs, will provide a valuable level of scrutiny.

# 13.1 Faculty Complement

- Complete Table 4 below
- Provide a brief commentary on:
  - ▸ the adequacy of the number and quality of graduate faculty who will teach/supervise in the program
  - ▸ evidence that faculty have the recent research or professional/clinical expertise needed to sustain the program, promote innovation and foster an appropriate intellectual climate
- Provide the CVs of all faculty, as evidence substantiating the above. The appendix should form a separate document with a table of contents and all CVs in alphabetical order. CVs should be submitted in a standardized format relevant to the proposed program field

The Faculty has recently made 5 tenure stream appointments and the DN will be offered through existing faculty with no new hires required. Courses will be taught by current tenure and teaching stream faculty with SGS appointments who currently teach in the graduate programs of the Faculty. Faculty have been consulted as to their area of interest and expertise in relation to contributing to core and elective course development and teaching. Tenure stream faculty will be principal supervisors for the thesis component of the program. Many of our adjunct faculty hold positions as Chief Nurse Executive or Chief Nursing Officer and are ideally placed to contribute their expertise in healthcare leadership as supervision committee members. Similarly, a number of our adjunct faculty already contribute their expertise through teaching into our graduate program offerings.

# Table 4: Faculty Complement (please list alphabetically)

The Table below lists faculty members who will be contributing to course development and/or teaching and/or supervising in the DN program. Additional qualified health executives and practice educators based within our TAHSN partner hospitals may be added to the faculty list as we progress with this new graduate program.

| Name | Home Department/ Unit (who holds primary budgetary appointment) | University Rank | Graduate Faculty Membership Status (e.g., Associate/ Full privileges) | Commitment to other programs (please list other programs in which the person routinely teaches/ supervises) | Nature of contribution to this program (course instructor [CI], thesis supervision [TS], supervision committee [SC], clinical or practice supervisor [C/PS]) |
|---|---|---|---|---|---|
| **Tenured** | | | | | |
| Cindy-Lee Dennis | Nursing | Professor | Full | MN, PhD | CI, TS |
| Denise Gastaldo | Nursing | Associate Professor | Full | MN, PhD | CI, TS |
| Edith Hillan | Nursing | Professor | Full | UG, MN, PhD | CI, TS |
| Linda Johnston | Nursing | Professor | Full | MN, PhD | Core course teaching: Health Services and Education Leadership, TS |
| Linda McGillis Hall | Nursing | Professor | Full | MN, PhD | CI, TS |
| Kelly Metcalfe | Nursing | Professor | Full | MN, PhD | CI, TS |
| Carles Muntaner | Nursing | Professor | Full | MN, PhD | CI, TS |
| Sioban Nelson | Nursing | Professor | Full | PhD | Core course teaching: Policy and politics in nursing practice and education, TS |
| Monica Parry | Nursing | Associate Professor | Full | MN, PhD | CI, TS |
| Elizabeth Peter | Nursing | Professor | Full | MN, PhD | Elective course teaching: Equity and Ethics in Healthcare Leadership, TS |
| Martine Puts | Nursing | Associate Professor | Full | MN, PhD | CI, TS |

| Name | Home Department/ Unit | University Rank | Graduate Faculty Members hip Status | Commitment to other programs | Nature of contribution to this program |
|------|------|------|------|------|------|
| (who holds primary budgetary appointment) | | | (e.g., Associate/ Full privileges) | (please list other programs in which the person routinely teaches/ supervises) | (course instructor [CI], thesis supervision [TS], supervision committee [SC], clinical or practice supervisor [C/PS]) |
| Bonnie Stevens | Nursing | Professor | Full | MN, PhD | Core course teaching: Implementation Science in Health Care and Education, TS |
| Robyn Stremler | Nursing | Associate Professor | Full | MN, PhD | CI, TS |
| Ann Tourangeau | Nursing | Professor | Full | PhD | CI, TS |
| **Tenure Stream** | | | | | |
| Charlene Chu | Nursing | Assistant Professor | | New faculty hire January 2019 | Elective course teaching: Informatics and Technologies for Practice Advancement, TS |
| Kristin Cleverley | Nursing | Assistant Professor | Full | UG, MN, PhD | TS |
| Aaron Conway | Nursing | Assistant Professor | Full | New faculty hire September 2018 | TS |
| Lisa Cranley | Nursing | Assistant Professor | Full | MN | CI, TS |
| Craig Dale | Nursing | Assistant Professor | Full | MN | CI, TS |
| Quinn Grundy | Nursing | Assistant Professor | | New faculty hire January 2019 | CI, TS |
| Lindsay Jibb | Nursing | Assistant Professor | | New faculty hire April 2019 | CI, TS |
| Samantha Mayo | Nursing | Assistant Professor | Full | UG, MN | TS |
| Kimberley Widger | Nursing | Assistant Professor | Full | UG, MN, PhD | Elective course teaching: Analysis and Application of Individual and Population Health Data, TS |

| Name | Home Department/ Unit (who holds primary budgetary appointment) | University Rank | Graduate Faculty Members hip Status (e.g., Associate/ Full privileges) | Commitment to other programs (please list other programs in which the person routinely teaches/ supervises) | Nature of contribution to this program (course instructor [CI], thesis supervision [TS], supervision committee [SC], clinical or practice supervisor [C/PS]) |
|---|---|---|---|---|---|
| Amy Wright | Nursing | Assistant Professor | | New faculty hire January 2019 | CI, TS |
| **Teaching Stream** | | | | | |
| Shan Mohammed | Nursing | Assistant Professor | Associate | UG, MN | Elective course teaching: Scholarship in Teaching and Learning in Healthcare Practice and Education, SC |
| Anne Simmonds | Nursing | Associate Professor | Associate | UG, MN | CI, SC |
| Heather Thomson | Nursing | Assistant Professor | Associate | UG, MN | Elective course teaching: Quality Imrpovement, Safety and Evaluation Science, SC |
| **Status Only** | | | | | |
| Tracey Colella | Nursing | Associate Professor - Status-Only | Associate | MN | SC, C/PS |
| Doris Howell | Nursing | Professor – Status Only | Full | MN, PhD | TS, C/PS |
| Lianne Jeffs | Nursing | Associate Professor - Status-Only | Full | MN, PhD | CI, TS, C/PS |
| Kathy McGilton | Nursing | Professor – Status Only | Full | MN, PhD | TS, C/PS |

| Name | Home Department/ Unit (who holds primary budgetary appointment) | University Rank | Graduate Faculty Members hip Status (e.g., Associate/ Full privileges) | Commitment to other programs (please list other programs in which the person routinely teaches/ supervises) | Nature of contribution to this program (course instructor [CI], thesis supervision [TS], supervision committee [SC], clinical or practice supervisor [C/PS]) |
|---|---|---|---|---|---|
| Jennifer Stinson | Nursing | Professor - Status Only | Full | MN, PhD | CI, TS, C/PS |
| **Adjunct*** | | | | | |
| Irene Andress | Nursing | Professor- Adjunct | | MN | C/PS |
| Marilyn Ballantine | Nursing | Professor- Adjunct | | | C/PS |
| Pam Hubley | Nursing | Professor- Adjunct | Associate | | C/PS |
| Mary McAllister | Nursing | Professor- Adjunct | | | C/PS |
| Jane Merkley | Nursing | Professor- Adjunct | | | C/PS |
| Lynn Nagle | Nursing | Professor- Adjunct | Associate | MN | C/PS |
| Joy Richards | Nursing | Professor- Adjunct | | | C/PS |
| Ru Taggar | Nursing | Professor- Adjunct | | | C/PS |

* Adjunct faculty will have expected date of appointment as Associate Member of SGS by Fall 2020

## 13.2 Learning Resources

Please see the following appendices:

Appendix [C]: Library statement confirming the adequacy of library holdings and support for student learning –
Appendix [D]: Standard statement concerning student support services

## 13.3 Financial Support for Graduate Students

- Describe the financial assistance that will be available to students in the program, and discuss its adequacy relative to the number of students and nature of the program.

The program is a professional doctorate program and financial support is not anticipated other than through awards available to all graduate students. The program will be submitted to the Ministry for grant funding and students will be eligible for OSAP, however, students will not be part of the funded cohort. Since the professional doctoral program requires a thesis, DN students will be eligible for Tri-Agency scholarships.

The majority of students in this program will be well into their career and, as with the majority of our students in our MN and PhD program, many will choose, or need, to continue to work full-or part-time. The program is designed to be very flexible with a number of courses offered with online components or scheduled to allow students to continue working while enrolled.

Emergency funding and loans are available from the School of Graduate Studies. In addition, enrolled students would have access to the Faculty of Nursing's Student Crisis Fund which provides short-term, emergency funding to students who encounter an unanticipated serious financial crisis beyond their control. Crisis funding is intended to provide one-time emergency support only, rather than routine or on-going funding to students.

## 13.4 Space/Infrastructure

- Address any unique space/infrastructure requirements including renovations to existing space, new space, information technology, laboratories or equipment, etc., and how these will be accommodated.

Sufficient space to accommodate the proposed number of students currently exists within the Lawrence S Bloomberg Faculty of Nursing. No renovations to existing space will be needed. Similarly, no additional investments in information technology, equipment or infrastructure are anticipated. Much of the program will be delivered online. The Faculty is already an established leader at UoT in the provision of online for -credit programs such as our MN Nurse Practitioner and MN Health Systems Leadership and Administration. We are well-versed in the use of innovative technologies such as webinars, voiceover presentations, podcasts, virtual interactive cases and ProctorU™ in the delivery of those programs. With

only residencies and orientation weeks requiring physical space on-campus we believe these can be accommodated within existing Faculty space by scheduling them to avoid coinciding with other Nursing program events and on-site activities.

# 14 Quality and Other Indicators

- Please describe the appropriateness of the faculty's collective expertise and how it contributes substantively to the proposed program. Refer to specific areas of faculty strengths, innovation and scholarly record that will contribute to the quality of the program and student experience.

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 nine University of Toronto fully affiliated teaching hospitals; the Toronto Academic Health Science Network (TAHSN) and multiple community providers.

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 (https://bloomberg.nursing.utoronto.ca/about/2017-2022-strategic-academic-plan). The Plan highlighted:

- The context of health care delivery is in constant flux in Canada and internationally. To be successful, the Faculty must provide programs that deliver a workforce to meet the changing roles of nurses, clinician scientists and health systems leaders.
- The Faculty has a reputation for leading the development of innovative programs that meet the changing needs of today's health care environment.
- 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.

Two priorities articulated in the Plan for the next five years and relevant to this proposed program are:

- 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; and
- Fostering a productive and sustainable partnership with our affiliated world-leading clinical institutions and community-based service providers.

The *2016-17 Research Report of the Faculty* noted the scholarly record of the faculty including 122 journal articles in 87 high impact journals, 25 faculty engaged in international research collaborations in 23 countries, and #3 in North America for most cited nursing publications. Seven faculty are Fellows of the Canadian Academy of Health Sciences and 11 faculty are Fellows of the American Academy of Nursing.

The *Report of the 2017 Provostial Review of the Faculty* noted the following with respect to graduate education at the doctoral level and the scope, quality and relevance of faculty research activities:

- Evidence of innovation in the content and delivery of the program relative to other such programs;
- Opportunities for student learning beyond the classroom;
- Close links with health service providers provides opportunities for research projects to answer important questions relevant to the health workforce and nursing care of patients and their families;
- The CVs of faculty involved in program delivery indicate that they are well qualified for their role;

- Students are satisfied with the quality of research supervision they received and data indicate satisfaction with courses;
- University of Toronto nursing faculty are highly accomplished researchers known for their research expertise and publishing in high impact journals. Their research is focused on the clinical areas appropriate to the discipline of nursing; and
- The Faculty's research has translated to changes in theoretical formulations, nursing clinical practice and health policy both nationally and internationally.

# 15 Governance Process

| Development & Approval Steps | Date (e.g., of external appraisal site visit, final sign off, governance meeting, quality council submission, ministry submission) |
|---|---|
| New Program Consultation Meeting | May 31, 2018 |
| Consultation Proponents/Dean's Office/Provost's Office | |
| Provost's Advisory Group | December 5, 2018 |
| External Appraisal | February 7, 2019 |
| Decanal Signoff<br><br>*In signing off I confirm that I have ensured appropriate:*<br><br>• compliance with the evaluation criteria listed in UTQAP section 2.3<br>• consultation with the Office of the Vice-Provost, Academic Programs early in the process of proposal development<br>• consultation with faculty and students, other University<br><br>divisions and external institutions | Linda Johnston, Dean, Lawrence S Bloomberg Faculty of Nursing, December 12, 2018 |
| Provostial Signoff<br><br>*In signing off I confirm that the new program proposal:*<br><br>• is complete<br>• includes information on all the evaluation criteria listed in UTQAP section 2.3 | Susan McCahan, Vice-Provost, Academic Programs, December 20, 2018 |
| Unit-level approval (if required) | Not applicable |
| Faculty/divisional governance | April 17, 2019 |
| Submission to Provost's Office | |
| AP&P | May 8, 2019 |
| Academic Board | May 30, 2019 |
| Executive Committee of Governing Council | June 10, 2019 |
| The program may begin advertising as long as any material includes the clear statement that, "No offer of admissions will be made to the program pending final approval by the Quality Council and the Ministry of Training, Colleges and Universities (where the latter is required)." | |
| Ontario Quality Council | July 12, 2019 |

| Submitted to the Ministry (in case of new graduate degrees and programs, new diplomas) | July 23, 2019 |
|---|---|

# Appendix A: Courses

| Course | Description | Faculty |
|--------|-------------|---------|
| Health Services and Education Leadership (Required) Term 1 Fall | Includes advanced concepts in health and educational leadership and administration including skills in human, financial and materials management in health care; strategy and governance and addressing issues in complex adaptive systems related to professional and practice leadership and policy directions | L Johnston |
| Implementation Science in Health Care and Education (Required) Term 2 Winter | Includes critical appraisal of evidence; overview of theoretical models of KTE; implementation/ dissemination strategies; impact of KT on organizational structure; role of context in KTE; barriers and facilitators at the organizational level | B Stevens |
| Policy and Politics in Nursing Practice and Education (Required) Term 4 Fall | Includes an examination of system level impact of policy changes; critical evaluation of the effect of policy shifts on nursing practice and education; the role of policy actors and advocacy groups such as the health professions and consumers. | S Nelson |
| Analysis and Application of Individual and Population Health Data (Elective) | Includes access to and analyses of large administrative and clinical data bases, measuring health system performance, economic evaluation in populations and health care systems for the purposes of providing information for policy, practice and educational decision making. | K Widger |
| Informatics and Technologies for Practice Advancement  (Elective) | Includes strategic planning and decision making; skills to support the acquisition, implementation and evaluation of clinical information systems and point of care technologies; using data and information and advanced analytic techniques/tools to support clinical and administrative decision making. | C Chu |
| Equity and Ethics in Healthcare Leadership (Elective) | Includes cultural safety, values underlying publically-funded health care provision; social justice, human rights and health; access and utilization models that promote inclusion; vulnerable populations and systemic discrimination; moral distress of providers; power relations; emerging ethical issues; comparative analysis in health care systems; | E Peter |

| Course | Description | Faculty |
|--------|-------------|---------|
| Quality Improvement, Safety and Evaluation Science (Elective) | Includes theoretical, methodological and pragmatic components of program development evaluation, quality improvement, safety science, patient engagement, clinician engagement, sustainability, and scale-up | H Thomson |
| Scholarship in Teaching and Learning (Elective) | Includes the development of learning and teaching theories, determining learner and teacher needs/ needs assessment for learning; impact of diversities and health status on learning; active learning strategies; adult learning theories (social constructivism and transformative learning); and legal and political perspectives of learning | S Mohammed |

# Appendix B: Graduate Calendar Copy

# Nursing Science

## Nursing Science: Introduction

## Faculty Affiliation

Nursing

## Degree Programs

### Nursing Science

| MN | *Fields*: |
|---|---|
| | Clinical Nursing |
| | Health Systems Leadership and Administration |
| | Nurse Practitioner |
| | |
| | *Emphases* (Nurse Practitioner field only): |
| | Adult |
| | Paediatric |
| | Primary Health Care—Global Health |
| DN | |
| PhD | *Fields*: |
| | Critical Approaches to Health and Health Care |
| | Effective Care and Health Outcomes |
| | Nursing Health Systems |

## Diploma Programs

| Post-Master's Nurse Practitioner (PMNP) Diploma | *Emphases*: |
|---|---|
| | Adult |
| | Paediatric |
| | Primary Health Care—Global Health |

# Collaborative Specializations

The following collaborative specializations are available to students in participating degree programs as listed below:

1.  Addiction Studies
    o Nursing Science, PhD
2.  Aging, Palliative and Supportive Care Across the Life Course
    o Nursing Science, MN, PhD
3.  Bioethics
    o Nursing Science, MN, PhD
4.  Global Health
    o Nursing Science, PhD
5.  Resuscitation Sciences
    o Nursing Science, MN, PhD
6.  Women's Health
    o Nursing Science, MN, PhD

# Overview

The Lawrence S. Bloomberg Faculty of Nursing is committed to student-centred learning that encompasses the principles of empowerment, engagement, discovery, diversity, equity, and knowledge transformation for nursing practice.

Students have opportunities to engage with expert clinicians, scientists, and theorists and have access to a variety of interprofessional and interdisciplinary experiences with other health profession Faculties, the University, and community partners. These resources enable students to develop their intellectual capacity; their research, critical thinking, and judgment abilities; and skills required to be exemplar nurses, advanced practice nurses, leaders, scientists, scholars, and educators.

# Contact and Address

Web: https://bloomberg.nursing.utoronto.ca
Email: inquiry.nursing@utoronto.ca
Telephone: (416) 978-8727
Fax: (416) 978-8222

Graduate Department of Nursing Science
University of Toronto
Suite 130, 155 College Street

Toronto, Ontario M5T 1P8
Canada

# Nursing Science: Nursing Science MN

## Master of Nursing

### Program Description

The MN program prepares advanced nurses with specialized knowledge, skills, and expertise in a defined area of nursing. The program offers three fields: Clinical Nursing; Health Systems Leadership and Administration; and Nurse Practitioner.

## Field: Clinical Nursing

### Minimum Admission Requirements

- Applicants are admitted under the General Regulations of the School of Graduate Studies. Applicants must also satisfy the Graduate Department of Nursing Science's additional admission requirements stated below.
- Applicants must hold the BScN degree of the University of Toronto or an equivalent degree. Applicants must have obtained at least a mid-B 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.
- Applicants must hold current registration as a Registered Nurse or equivalent.
- For further information about applying, please email connect.nursing@utoronto.ca or visit the website.

### Program Requirements

- To qualify for the degree, students shall complete a program of study outlined by the Graduate Department of Nursing Science.
- **Coursework.** The MN program requires **5.0 full-course equivalents (FCEs)** as follows:
  - ► four foundational courses (NUR 1017H, NUR 1022H, NUR 1028H, NUR 1034H) and
  - ► a 1.0 FCE practicum-based course (NUR 1072Y), which should be taken alone in the final session and only after completion of all other coursework and program requirements;
  - ► two required clinical field of study courses (NUR 1170H and NUR 1171H) (1.0 FCE);

> two elective field of study courses (1.0 FCE). One of these two field of study courses may be selected from outside the Faculty of Nursing.

## Program Length
6 sessions full-time (typical registration sequence: F/W/S/F/W/S)

## Time Limit
3 years full-time

# Field: Health Systems Leadership and Administration

## Minimum Admission Requirements
- Applicants are admitted under the General Regulations of the School of Graduate Studies. Applicants must also satisfy the Graduate Department of Nursing Science's additional admission requirements stated below.
- Applicants must hold the BScN degree of the University of Toronto or an equivalent degree. Applicants must have obtained at least a mid-B 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.
- Applicants must hold current registration as a Registered Nurse or equivalent.
- For further information about applying, please email connect.nursing@utoronto.ca or visit the website.

## Program Requirements
- To qualify for the degree, students shall complete a program of study outlined by the Graduate Department of Nursing Science.
- **Coursework.** The MN program requires **5.0 full-course equivalents (FCEs)** including:
  > five foundational courses (NUR 1016H, NUR 1017H, NUR 1027H, NUR 1127H, NUR 1034H);
  > three field of study courses (NUR 1151H, NUR 1152H, and NUR 1161H); and
  > a 1.0 FCE practicum-based course (NUR 1072Y), which should be taken alone in the final session and only after completion of all other coursework and program requirements.
- This field of study is offered in a hybrid learning format including online and required on-campus, in-class learning. There are two required on-campus learning periods: one embedded in NUR 1151H in Year 1 and the second embedded in NUR 1072Y in Year 2. Courses are prescribed and normally students progress through the program within a

defined student cohort. Normally, successful completion of Year 1 courses is required for students to enter Year 2 of their program.

- **Year 1** course sequencing:
  - ▸ Fall—NUR 1017H and NUR 1027H
  - ▸ Winter—NUR 1127H and NUR 1151H*
  - ▸ Summer—NUR 1152H*
- **Year 2** course sequencing:
  - ▸ Fall—NUR 1016H and NUR 1161H
  - ▸ Winter—NUR 1034H
  - ▸ Summer—NUR 1072Y*
- *NUR 1151H and NUR 1072Y both include a required on-campus, in-class learning experience. NUR 1152H and NUR 1072Y include a required practicum component and required eLearning activities.

## Program Length
6 sessions full-time (typical registration sequence: F/W/S/F/W/S)

## Time Limit
3 years full-time

# Field: Nurse Practitioner

## Minimum Admission Requirements
- Applicants are admitted under the General Regulations of the School of Graduate Studies. Applicants must also satisfy the Graduate Department of Nursing Science's additional admission requirements stated below.
- Applicants must hold the BScN degree of the University of Toronto or an equivalent degree. Applicants must have obtained at least a mid-B 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.
- Applicants must hold current registration as a Registered Nurse or equivalent and must have a minimum of two years of clinical experience as a Registered Nurse.
- For further information about applying, please email connect.nursing@utoronto.ca or visit the website.

## Program Requirements
- To qualify for the degree, students shall complete a program of study outlined by the Graduate Department of Nursing Science.

- **Coursework.** The MN program requires **5.5 full-course equivalents (FCEs)**, including:
  - ‣ four foundational courses (NUR 1017H, NUR 1022H, NUR 1028H, NUR 1034H);
  - ‣ a combination of courses based on the student's emphasis:
  - Adult: NUR 1091Y, NUR 1101H, NUR 1115H, NUR 1215H, and NUR 1221Y **or**
  - Paediatric: NUR 1092Y, NUR 1102H, NUR 1116H and NUR 1216H, and NUR 1222Y **or**
  - Primary Health Care—Global Health: NUR 1093Y, NUR 1114H, NUR 1117H and NUR 1217H, and NUR 1223Y
  - NUR 1221Y, NUR 1222Y, and NUR 1223Y must be taken alone in the final session and only after completion of all other coursework and program requirements.
- This field of study is offered in both eLearning and campus-based formats.

## Program Length
6 sessions full-time (typical registration sequence: F/W/S/F/W/S)

## Time Limit
3 years full-time

# Nursing Science: Nursing Science DN

## Doctor of Nursing

### Program Description
The Doctor of Nursing (DN) is a professional doctoral program designed to prepare nurses with the required skills to apply knowledge in diverse settings and (a) lead in dynamic, fast-paced, technologically advanced and sophisticated health care environments and (b) teach in nursing education. Students will engage in advanced education related to leadership and knowledge application in health-care or nursing education.

The DN is offered in a hybrid online (required courses) and on-site (required residencies) delivery model. Students will normally complete this full-time program in eight sessions compressed over three years due to cohort-based delivery and extensive use of the Summer sessions.

### Minimum Admission Requirements
- Applicants are admitted under the General Regulations of the School of Graduate Studies. Applicants must also satisfy the Graduate Department of Nursing Science's additional admission requirements stated below.

- Applicants must have a master's degree in nursing or a closely related field, such as education, public health, health science, health policy, or business administration, with a minimum B+ standing from a recognized university.
- Applicants must hold current registration as a Registered Nurse and must have a minimum of two years of relevant health-care leadership experience or advanced nursing education teaching experience.
- Applicants must provide three reference letters: two work-related and one academic.
- Applicants must submit a letter of intent outlining their reasons for applying to the program and a proposed thesis project.
- Applicants whose primary language is not English and who have graduated from a university where the primary language of instruction is not English must achieve a Test of English as a Foreign Language (TOEFL) score of at least 580 on the paper-based test and 5 on the Test of Written English (TWE); 93/120 on the Internet-based test and 22/30 on the writing and speaking sections. An interview may be required.

## Program Requirements

- **Coursework.** Students must complete a total of **4.0 full-course equivalents (FCEs)** as follows:
    - ‣ 1.5 required FCEs
    - ‣ 0.5 elective FCE relevant to the student's focus
    - ‣ 2.0 FCEs in seminar courses
- **Internships or practica.** Students must complete two internships (health-care leadership) or two practica (educational leadership).
- **Residencies.** Students must complete three residencies consisting of intensive on-campus classes.
- **Symposium.** In the final session, students will present their thesis and discuss knowledge transfer and exchange plans for implementing their innovations in practice, policy, and/or education.
- **Literature review paper.** Students must demonstrate their ability to review, analyze, and synthesize relevant material by the end of the third session (Year 1). The paper includes published and peer-reviewed research, gray literature, policies, guidelines, etc.
- **Thesis.** Students must complete a written thesis proposal by the end of the fifth session (Year 2). The thesis requires students to identify and investigate a practice problem, articulate and apply theory and evidence to the problem, design strategies for action to address the problem, report on strategies implemented to address the problem, and discuss the results and knowledge dissemination plan.

- **Doctoral Final Oral Examination** (FOE). Students must complete an FOE of the thesis by the end of the final session in Year 3.

## Program Length
4 years full-time (typical registration sequence:  Fall/Winter/Spring/Fall/Winter/Spring/Fall/Winter)

## Time Limit
6 years

# Nursing Science: Nursing Science PhD

## Doctor of Philosophy

### Program Description
The full-time PhD program prepares scientists with the required analytical and research skills to study nursing, health systems, or other related problems. Students study in one of three research fields: Critical Approaches to Health and Health Care; Effective Care and Health Outcomes; Nursing Health Systems.

Applicants may enter the PhD program via one of two routes: 1) following completion of an appropriate master's degree; or 2) transfer from the University of Toronto MN program.

## PhD Program

### Minimum Admission Requirements
- Applicants are admitted under the General Regulations of the School of Graduate Studies.
- Applicants must also satisfy the Graduate Department of Nursing Science's additional admission requirements stated below. Applicants must have a master's degree or its equivalent in nursing or related field with at least a B+ standing from a recognized university.
- Applicants whose primary language is not English and who graduated from a university where the language of instruction and examination was not English must demonstrate proficiency in English. See General Regulations section 4.3 for requirements.
- For further information about admissions, please contact the Graduate Department of Nursing Science.

## Program Requirements

### Courses
Successful completion of **all required** courses by the end of Year 2 in the program.

- Students must successfully complete a minimum of 3.0 full-course equivalents (FCEs) that include:
  - PhD Seminar (1.0 FCE)
  - Field of Study Course (0.5 FCE) that includes one of the following:
    - NUR 1085H (for students in the critical perspectives in health and healthcare field of study)
    - NUR 1086H (for students in the Nursing Health Systems field of study) or
    - NUR 1087H (for students in the Effective Care and Health Outcomes field of study)
  - at least one method course (0.5 FCE) relevant to the field of study and to the dissertation plans
  - at least one course (0.5 FCE) related to the substantive area of the field of study and thesis plans
  - the fifth required course (0.5 FCE) may be either a method or substantive area course as determined by the student and the supervisory committee.
- Students must attain a minimum average standing at the B+ level for required courses.
- Students are normally expected to complete all five required courses (3.0 FCEs) by the end of Year 2. If all required courses are not successfully completed (with a minimum average standing at the B+ level) by the end of Year 3, the Faculty of Nursing will normally make a recommendation to SGS for termination of registration.

### Literature Review Paper
Successful completion of the literature review paper.

- The literature review paper topic as well as type and format of the literature review paper must be approved by the supervisor (with signed documentation by the student and supervisor) by March 1 of Year 1. This agreement should specify the problem statement, the format/type of literature review that is appropriate to the field of study, and to the scholarly traditions within which the student's research is situated.
- The literature review paper must be submitted by September 30 of Year 2. The submitted literature review paper will be formally reviewed and evaluated by the supervisor and at least one additional thesis committee member. Written and verbal feedback about the submitted literature review paper will be provided to the student at a supervisory committee meeting. For the literature review paper to be considered a

pass, both faculty members' assessments of the literature review paper must be at the **successful completion** or **pass level**. If both examinations are considered pass, the student may receive either a **satisfactory** or **excellent** rating at their supervisory committee meeting. If one or both paper reviews are rated unsatisfactory or not pass, then the student receives an **unsatisfactory** rating at the supervisory committee meeting.

- If the student does not successfully complete the literature review paper first submitted, the student will have one additional opportunity to revise and rewrite the literature review paper, based on the feedback received at the supervisory committee. The student must resubmit the revised literature review paper by December 1 of Year 2. This revised literature review paper must be formally evaluated by the supervisor and one other thesis committee member (normally the same committee member who completed the assessment of the original literature review paper). The student will receive feedback about the revised literature review paper at a supervisory committee meeting. For the literature review to be considered a pass, both faculty members' assessments of the literature review must be at the **pass** level. If both reviews are considered pass, the student may receive either a **satisfactory** or **excellent** rating at their supervisory committee meeting. If one or both reviews are rated **failure/not pass**, then the student receives an **unsatisfactory** rating at the supervisory committee meeting.
- If the student does not successfully complete the literature review paper on the second attempt, the Faculty of Nursing will normally recommend to SGS that the student's registration in the PhD program be terminated.

### Thesis Proposal
Successful defence of the thesis proposal, normally by the end of Year 2.

- Students are normally expected to defend their thesis proposal by the end of Year 2 of their program. Students must successfully defend their thesis proposal no later than the end of Year 3. The format of the proposal will be similar to that of a modified tri-council grant application. Assessment of the thesis proposal consists of both the written proposal and the oral defence of the proposal. Students who do not successfully defend the proposal after the first attempt may have one additional opportunity to successfully present and defend the written proposal, and this must be accomplished before the end of Year 3 of the program.
- If the student does not successfully defend the thesis proposal by the end of Year 3 (including a second attempt, if required), the Faculty of Nursing will recommend to SGS that the student's registration in the PhD program be terminated.

- The student's dissertation will be defended in the Doctoral Final Oral Examination of the School of Graduate Studies.

## Program Length
4 years full-time; 5 years transfer-from-master's

## Time Limit
6 years full-time; 7 years transfer-from-master's

# Nursing Science: Nursing Science PMNP Diploma

## Post-Master's Nurse Practitioner (PMNP) Diploma

### Program Description
The PMNP Diploma provides students holding an appropriate graduate degree the opportunity to develop the knowledge and skills required to practise as a nurse practitioner. Students choose one of the following emphases: Adult, Paediatric, or Primary Health Care—Global Health.

### Minimum Admission Requirements
- Applicants are admitted under the General Regulations of the School of Graduate Studies. Applicants must also satisfy the Graduate Department of Nursing Science's additional admission requirements stated below.
- Applicants to the Post-Master's Nurse Practitioner (PMNP) diploma program must have completed a master's degree in nursing or an equivalent graduate degree that includes clinical nursing experience and a minimum of two years of clinical nursing experience.
- Preference is given to applicants who have one or more years in an advanced nursing practice role (in addition to clinical experience) and support within their employment setting.
- Applicants must hold current registration as a Registered Nurse or equivalent.

### Program Requirements
All students in the PMNP diploma program are required to complete a total of **3.5 full-course equivalents (FCEs)** as follows:

- Emphasis: Adult
  - NUR 1091Y Pathophysiology and Pharmacotherapeutics (Adult)
  - NUR 1101H Advanced Health Assessment and Clinical Reasoning (Adult)

- ▸ NUR 1115H Advanced Health Assessment and Therapeutic Management (Adult) 1
    - ▸ NUR 1215H Advanced Health Assessment and Therapeutic Management (Adult) 2
    - ▸ NUR 1221Y Nurse Practitioners: Roles and Issues (Adult)
- Emphasis: Paediatric
    - ▸ NUR 1092Y Pathophysiology and Pharmacotherapeutics (Paediatric)
    - ▸ NUR 1102H Advanced Health Assessment and Clinical Reasoning (Paediatric)
    - ▸ NUR 1116H Advanced Health Assessment and Therapeutic Management (Paediatric) 1
    - ▸ NUR 1216H Advanced Health Assessment and Therapeutic Management (Paediatric) 2
    - ▸ NUR 1222Y Nurse Practitioners: Roles and Issues (Paediatric)
- Emphasis: Primary Health Care—Global Health
    - ▸ NUR 1093Y Pathophysiology and Pharmacotherapeutics (Primary Health Care—Global Health)
    - ▸ NUR 1114H Advanced Health Assessment and Clinical Reasoning (Primary Health Care—Global Health)
    - ▸ NUR 1117H Advanced Health Assessment and Therapeutic Management (Primary Health Care—Global Health) 1
    - ▸ NUR 1217H Advanced Health Assessment and Therapeutic Management (Primary Health Care—Global Health) 2
    - ▸ NUR 1223Y Nurse Practitioners: Roles and Issues (Primary Health Care—Global Health)
- NUR 1221Y, NUR 1222Y, and NUR 1223Y must be taken alone in the final session and only after completion of all other coursework and program requirements.
- Three program courses require the learners to be engaged in clinical practice.

## Program Length
6 sessions (2 years) part-time

## Time Limit
6 years part-time

# Nursing Science: Nursing Science MN, DN, PhD, Diploma Courses

| NUR XXXXH | Health Services and Education Leadership |
|-----------|------------------------------------------|
| NUR XXXXH | Health Policy in Clinical Practice and Education |
| NUR XXXXH | Implementation Science in Health Care and Education |
| NUR XXXXH | Analysis and Application of Individual and Population Health Data |
| NUR XXXXH | Informatics and Technologies for Practice Advancement |

| NUR XXXXH | Equity and Ethics in Health Care |
|-----------|----------------------------------|
| NUR XXXXH | Evaluation Science |
| NUR XXXXH | Scholarship in Teaching and Learning in Health-Care Practice and Education |
| NUR 1012H | Culture and Relations |
| NUR 1014H | The Politics of Aboriginal Health |
| NUR 1016H | Health Systems, Policy, and the Profession |
| NUR 1017H | History of Ideas in Nursing Practice |
| NUR 1021H | Nursing Ethics |
| NUR 1022H | Research Design, Appraisal, and Utilization |
| NUR 1023H | Critical Issues in the Design and Conduct of Controlled Trials of Behavioural Health Care Interventions (For PhD students only. Prerequisite: Introductory graduate course in research design and biostatistics. For students planning an RCT for their thesis research.) |
| NUR 1024H | Foundations of Qualitative Inquiry |
| NUR 1025H | Doing Qualitative Research: Design and Data Collection |
| NUR 1027H | Integrated Approaches to Research Appraisal and Utilization Part 1 |
| NUR 1028H | Introduction to Qualitative Research: Methodologies, Appraisal, and Knowledge Translation |
| NUR 1029H | Advanced Practice Nursing Care for Older Adults |
| NUR 1030H | Principles of Leadership and Advanced Clinical Practice in Emergency Preparedness |
| NUR 1032H | Group Process and Professional Practice |
| NUR 1034H | Program Planning and Evaluation in Nursing |
| NUR 1035H | Public and Population Health Perspectives |
| NUR 1036H | Advanced Nursing Practice in Oncology |
| NUR 1038H | Social Determinants of Health in a Global Context |
| NUR 1040H | Issues in Women's Health Care |
| NUR 1043H | Theories of Interpersonal Process |
| NUR 1045H | Theories of Pain: Impact on the Individual, Family, and Society |
| NUR 1046H | Persistent Illness: Theoretical, Research, and Practice Implications |
| NUR 1047H | Community Participation and Health |

| NUR 1049H | Nursing Approaches to Common Physiological and Behavioural Manifestations of Critically Ill Patients |
|-----------|------|
| NUR 1050H | Coping With Illness |
| NUR 1051H | Assessment and Management of Common Responses to Illness |
| NUR 1052H | Perinatal Nursing Sciences |
| NUR 1057H | Interventions to Enhance Health, Abilities, and Well-being |
| NUR 1059H | Informatics: Theory and Application in Nursing |
| NUR 1060H | Leadership and Management of Nursing and Health Services |
| NUR 1062H | Measuring Nursing Care Effectiveness: Economic and Financial Perspectives |
| NUR 1064H | Behaviour in Health Care Organizations |
| NUR 1066H | Improving Quality and Safety in Healthcare |
| NUR 1067H | Mental Health Topics in Advanced Practice Nursing |
| NUR 1072Y | Advanced Nursing Practice Scholarship |
| NUR 1074H | Facilitating Learning: Nursing Perspectives |
| NUR 1075H | Introductory Statistics for Health Sciences Research |
| NUR 1076H | Intermediate Statistics for Health Sciences Research |
| NUR 1077H | Implementation Science in Healthcare (Prerequisite: NUR 1022H, NUR 1027H, NUR 1028H, or equivalent.) |
| NUR 1081Y | PhD Student/Faculty Seminars |
| NUR 1083H | Comparative Politics of Health Policy in Globalizing World |
| NUR 1085H | Topics in Critical Perspectives in Health and Health Care |
| NUR 1086H | Nursing Health Services Research Methods |
| NUR 1087H | Foundations of Clinical Research |
| NUR 1090H | Measurement of Data Quality (Prerequisite: completion of an advanced graduate-level statistics course.) |
| NUR 1091Y | Pathophysiology and Pharmacotherapeutics (Adult) |
| NUR 1092Y | Pathophysiology and Pharmacotherapeutics (Paediatric) |
| NUR 1093Y | Pathophysiology and Pharmacotherapeutics (Primary Health Care—Global Health) |
| NUR 1101H | Advanced Health Assessment and Clinical Reasoning (Adult) (Prerequisite: NUR 1091Y) |
| NUR 1102H | Advanced Health Assessment and Clinical Reasoning (Paediatric) (Prerequisite: NUR 1092Y) |

| NUR 1114H | Advanced Health Assessment and Clinical Reasoning (Primary Health Care—Global Health) (Prerequisite: NUR 1093Y) |
|---|---|
| NUR 1115H | Advanced Health Assessment and Therapeutic Management (Adult) 1 (Prerequisites: NUR 1091Y, NUR 1101H) |
| NUR 1116H | Advanced Health Assessment and Therapeutic Management (Paediatric) 1 (Prerequisites: NUR 1092Y, NUR 1102H) |
| NUR 1117H | Advanced Health Assessment and Therapeutic Management (PHC GH) 1 (Prerequisites: NUR 1093Y, NUR 1114H) |
| NUR 1127H | Integrated Approaches to Research Appraisal and Utilization Part 2 (Prerequisite: NUR 1027H) |
| NUR 1151H | Theories and Concepts in Nursing Leadership and Administration |
| NUR 1152H | Leading and Managing Effective Health Care Teams |
| NUR 1161H | Advanced Concepts in Leadership and Administration (Prerequisites: NUR 1151H and NUR 1152H) |
| NUR 1170H | Introduction to Advanced Practice Nursing |
| NUR 1171H | Topics in Advanced Practice Nursing |
| NUR 1201H | Principles of Anaesthesia Care |
| NUR 1202H | Pain Management Across Clinical Settings: Theory, Research, and Practice |
| NUR 1209Y | Advanced Nursing Practice in Anaesthesia I |
| NUR 1210Y | Advanced Nursing Practice in Anaesthesia II |
| NUR 1215H | Advanced Health Assessment and Therapeutic Management (Adult) 2 (Prerequisites: NUR 1091Y, NUR 1101H, NUR 1115H) |
| NUR 1216H | Advanced Health Assessment and Therapeutic Management (Paediatric) 2 (Prerequisites: NUR 1092Y, NUR 1102H, NUR 1116H) |
| NUR 1217H | Advanced Health Assessment and Therapeutic Management (PHC GH) 2 (Prerequisites: NUR 1093Y, NUR 1114H, NUR 1117H) |
| NUR 1221Y | Nurse Practitioners: Roles and Issues (Adult) (Prerequisites: NUR 1091Y, NUR 1101H, NUR 1115H, NUR 1215H) |
| NUR 1222Y | Nurse Practitioners: Roles and Issues (Paediatric) (Prerequisites: NUR 1092Y, NUR 1102H, NUR 1116H, NUR 1216H) |
| NUR 1223Y | Nurse Practitioners: Roles and Issues (Primary Health Care—Global Health) (Prerequisites: NUR 1093Y, NUR 1114H, NUR 1117H, NUR 1217H) |

# Appendix C: Library Statement

## University of Toronto Libraries Report for Lawrence S. Bloomberg Faculty of Nursing, August, 2018

**Context:**  The University of Toronto Library (UTL) system is the largest academic library in Canada and is currently ranked 6th among academic research libraries in North America.[1] The UTL has an annual acquisition budget of $31 million. Its research and special collections comprise over 12 million print volumes, 5.6 million microforms, over 17,000 journal subscriptions, and rich collections of manuscripts, films, and cartographic materials. The system provides access to more than 1.9 million electronic books, journals, and primary source materials.[2] Numerous, wide-ranging collections, facilities and staff expertise reflect the breadth of research and instructional programs at the University, and attract unique donations of books and manuscripts from around the world, which in turn draw scholars for research and graduate work.

## Major North American Research Libraries[3]

| ARL RANK | 2011-2012 UNIVERSITY | 2012-2013 UNIVERSITY | 2013-2014 UNIVERSITY | 2014-2015 UNIVERSITY | 2015-2016 UNIVERSITY |
|---|---|---|---|---|---|
| 1 | Harvard | Harvard | Harvard | Harvard | Harvard |
| 2 | Yale | Yale | Yale | Yale | Yale |
| 3 | **Toronto (3rd)** | **Toronto (3rd)** | **Toronto (3rd)** | Columbia | Michigan |
| 4 | Columbia | Columbia | Columbia | Toronto (4th) | Columbia |
| 5 | Michigan | Michigan | Michigan | Michigan | New York |
| 6 | | | | | **Toronto (6th)** |

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[1] Chronicle of Higher Education (2017). Spending by University Libraries, 2015-16. *Almanac of Higher Education 2017 – 2018*, LXIII (43), 64.

[2] Figures as of 2015 taken from UTL's 2016 Annual Report.
http://www.library.utoronto.ca/library/aboutlibraries/annualreport/2016/AnnualReportUTL2016.pdf

[3] Chronicle of Higher Education (2017). Spending by University Libraries, 2015-16. *Almanac of Higher Education 2017 – 2018*, LXIII (43), 64.

# Top 5 Canadian Universities in the ARL Ranking of Major North American Research Libraries

| 2011-2012 | 2012-2013 | 2013-2014 | 2014-2015 | 2015-2016 |
|---|---|---|---|---|
| RANK/UNIVERSITY | RANK/UNIVERSITY | RANK/UNIVERSITY | RANK/UNIVERSITY | RANK/UNIVERSITY |
| **3/Toronto** | **3/Toronto** | **3/Toronto** | **4/Toronto** | **6/Toronto** |
| 10/British Columbia | 18/Alberta | 22/British Columbia | 27/Alberta | 31/Alberta |
| 15/Alberta | 24/British Columbia | 26/Alberta | 31/British Columbia | 35/British Columbia |
| 18/McGill | 30/McGill | 35/McGill | 43/McGill | 42/McGill |
| 32/Montreal | 35/Montreal | 36/Montreal | 49/Calgary | 63/Calgary |

**Space and Access Services:**  The UTL's 44 libraries are divided into four administrative groups: Central, Departmental/local, Campus (UTM & UTSC) and Federated and Affiliated College Libraries. The UTL provides a variety of individual and group study spaces for students. Study space and computer facilities are available twenty four hours, five days per week at one location, Robarts Library, with additional extended hours during study and exam periods at both UTSC and UTM. Web-based services and electronic materials are accessible at all times from campus or remote locations.

**Teaching, Learning & Research Support:** Libraries play an important role in the linking of teaching and research in the University. To this end, information literacy instruction is offered to assist in meeting Nursing degree level expectations in the ability to gather, evaluate and interpret information. Librarians collaborate with instructors on assignment design, provide student research consultations, and offer just-in-time student research help in person, by phone, or through online chat. Special initiatives, such as the Graduate Student Exhibition Competition, and an annual forum for student journal editors, extend information literacy beyond the classroom. These services align with the Association of College and Research Libraries (ACRL) *Framework for Information Literacy for Higher Education*.[4]

**Program Specific Instructional Support:**  Instruction for Nursing students is provided by the faculty liaison librarian for Nursing. The Nursing liaison librarian facilitates formal instruction integrated into the class schedule and hands-on tutorials related to course assignments. The

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[4] Association of College & Research Libraries.  Framework for Information Literacy for Higher Education. ACRL, 2016. http://www.ala.org/acrl/sites/ala.org.acrl/files/content/issues/infolit/Framework_ILHE.pdf

Library, through its liaison librarians, customizes feeds of library resources which appear prominently in course pages. For example, the [Nursing Resource Guide](#) and the [Searching the Literature: A Guide to Comprehensive Searching in the Health Sciences](#) created by librarians at Gerstein, as well as guides on a variety of subjects including Public Health, Business and Management, Education, Government Information, Public Policy, and more.

The liaison librarian currently participates in orientation sessions for incoming nursing students in the Master of Nursing program, Bachelor of Science in Nursing Program, and the PhD in Nursing program.

**Collections:** Many college and campus libraries collect materials in support of Nursing. The largest collection of materials is centrally located in the Gerstein Science Information Centre. Collections are purchased in all formats to meet the variety of preferences and styles of our current students and faculty. The University of Toronto Library is committed to collecting both print and electronic materials in support of Nursing at the University of Toronto.

**Journals:** The Library subscribes to 25 of the top 25 journals listed in Journal Citation Reports (JCR)[5] in the following subject areas: Nursing, Business & Management, Education, Health Policy & Services, and Health Care Sciences & Services. Of these titles, all are available electronically to staff and students of the University. We prioritize acquisition of online journals where possible. The Library licenses journal packages from the large science publishers including but not limited to: Elsevier/Cell, Springer/Nature/Adis, Wiley, Lippincott Williams & Wilkins (LWW), Oxford, Cambridge, Karger, and Thieme.

**Monographs:** The UTL maintains comprehensive book approval plans with 51 book vendors worldwide. These plans ensure that the Library receives academic monographs from publishers all over the world in an efficient manner. In support 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).

**Preservation, Digitization, and Open Access:** The UTL supports open access to scholarly communication and research information through its institutional research repository (known as T-Space), its Downsview print repository, its open journal services, subscriptions to open access publications, and support for preservation of research materials in all formats.  In

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[5]2016 Journal Citation Reports® (Thomson Reuters, 2017)

addition to acquiring materials in support of Nursing, the Library has digitized its monograph holdings published before 1923. These books are available without charge to any Internet user. Key Databases:  Medline (Ovid), CINAHL Plus with Full Text (Cumulative Index to Nursing and Allied Health Literature), HealthSTAR (Ovid), ERIC (Education Resource Information Center), Business Source Premier, ProQuest and JSTOR.

**Special Collection Highlight:** The Library subscribes to the online Joanna Briggs Institute EBP Database, which allows a simultaneous search of nursing literature, including a wide range of summarized and appraised health care evidence, including: Evidence Based Recommended Practices, Evidence Summaries, Best Practice Information Sheets, Systematic Reviews, Consumer Information Sheets, Systematic Review Protocols, and Technical Reports. The library also has access to Factiva (global news database) and Harvard Business Review.

**Other Library-Departmental Engagement:** The Library provides customized online and in-person workshops focused on achieving clarity of research questions, and comprehensive literature searching including the importance of rigour and transparency for graduate students. Support and consultations are also provided regarding market research, commercialization and other aspects regarding startups and entrepreneurship.

The liaison librarian provides individual consultation sessions for faculty and students, participates as a team member in grant submissions, and knowledge synthesis projects.

Prepared by: Heather Cunningham, Assistant Director for Research and Innovation Services and Mikaela Gray, Liaison & Education Librarian, Selector.

# Appendix D: Student Support Services

## Student service information for Quality Assurance Framework

### [St. George Campus]

All University of Toronto undergraduate and graduate students have access to student services on all three campuses, Mississauga, St. George (downtown Toronto), and Scarborough, regardless of their 'home campus'. The services and co-curricular educational opportunities provide a complement to the formal curriculum by engaging and challenging students to reach their full potential as learners, leaders and citizens. At the University of Toronto (St. George Campus) these services are organized by Student Life Programs and Services, the academic division registrar offices, and the School of Graduate Studies. All these services combine to support the success of our students from the time they are admitted through degree completion and beyond.

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. Counselling and treatment options for psychological and emotional concerns include psychotherapy, group therapy and pharmacotherapy, as well as specialized assault counselling services provided both by the health and wellness centre and the Sexual Violence Prevention and Support Centre. In addition, a large number of wellness programs are provided, such as mindful meditation, workshops on coping skills and stress management.

**Housing** needs, including off-campus housing listings and resources for students living independently, are met through the Student Housing Service.

Coaching and education in the development of key **learning skills** – from time management to overcoming exam anxiety – is provided through the Academic Success Centre. The ASC also partners with faculty to integrate success strategies and support into the curriculum. Students' career exploration and employment services are provided through a Career Centre offering resume and interview coaching, workshops, career resources, on and off-campus employment and volunteer listings, job shadowing, and career counseling.

Specialized services are provided for **international students** (orientation, advising, cross-cultural counselling), students with **disabilities** (academic accommodations, advising), students with **children or other family responsibilities** (advising, resources, subsidized child care), **Indigenous students** (academic support, financial counselling) and **lesbian, gay, bisexual and transgender** students (counselling, referrals, equity outreach and engagement).

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), and the Student and Campus Development (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 Faculty of Kinesiology and Physical Education.

In addition to the supports provided by the University community, the Lawrence S Bloomberg Faculty of Nursing will support DN students with:

1. academic advising
2. writing centre
3. shared work/project space
4. space for student activities such as meetings and social gatherings
5. student life programs (e.g., orientation, graduate student association)

Similarly, supports may also be available via the student's clinical practice site.

## School of Graduate Studies, Student Services [all campuses]

In addition to the above services available to all students, graduate student have access to registrarial services and co-curricular programs at the School of Graduate Studies that assist students in meeting their academic goals.

Administrative staff at the School of Graduate Studies (SGS) provide **registrarial** 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 when not used for Final Oral Examinations, are distributed across two 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.

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 63 St. George.

Grad Room is home to the **Graduate Professional Skills Program** (GPS). GPS is a non-academic program presented by SGS consisting 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. GPS aims to help students communicate effectively, plan and manage their time, be entrepreneurial, understand and apply ethical practices, and work effectively in teams and as leaders.

The **Conflict Resolution Centre for Graduate Students** offers support to the University of Toronto graduate community in taking steps to prevent or resolve conflict.

It is a peer-led services that welcomes graduate students to connect confidentially with one of our trained G2G Peer Advisors to talk about options and strategies for addressing a concern and available university supports and resources.

The **Graduate Centre for Academic Communication** (GCAC) provides graduate students with advanced training in academic writing and speaking. By emphasizing professional development rather than remediation, GCAC helps students cultivate the ability to diagnose and address the weaknesses in their oral and written work. GCAC offers four types of instruction designed to target the needs of both native and non-native speakers of English: non-credit courses, single-session workshops, individual writing consultations, and website resources.

# Appendix E: Needs Assessment 2017

# Introduction

The Lawrence S. Bloomberg Faculty of Nursing currently offers a PhD in nursing, and is considering the addition of a new non-PhD doctoral program. The University of Toronto requires that a program proposal be submitted for any new graduate degree program. The New Gradate Program Proposal template from the Office of the Vice Provost, Academic Programs, outlines the requirements of a proposal, including:

- A  description of the need and demand for the proposed program focusing, as appropriate, in student interest, societal need, employment opportunities for prospective graduates, interest expressed by potential employer, professional associations, government agencies or policy bodies and how this has been determined.
- A description of how the proposed program relates to (is similar to or different from) existing programs offered by other universities in North American and Internationally (with specific reference to Canadian and Ontario examples).

# Scope of Needs Assessment

A needs assessment for a new professional doctorate (non-PhD) degree at the Lawrence S. Bloomberg Faculty of Nursing (Bloomberg) was conducted between August and December 2016.  Based on the required elements for an assessment of need and demand in the *New Graduate Program Proposal* template, the following elements were included in the assessment.

a. Interviews and  focus groups with key stakeholders regarding the need and demand for a new non-PhD doctoral program;
b. An environmental scan of current doctoral programs in Canada; and of selected US/International non-PhD doctoral programs.
c. A review of key documents on doctoral education in Canada, focusing on any current and/or anticipated future gaps in access to doctoral level education in nursing in Canada;

# Results of Environmental Scan

## Selection of Programs/Universities for Environmental Scan

An environmental scan was conducted of the 15 nursing doctoral PhD programs in Canada. Currently, there are no non-PhD doctoral programs in nursing in Canada.  In addition 11 non-PhD doctoral programs in nursing in the United States of America (US) and 4 other international programs were reviewed. The US programs were selected from the top rated US nursing schools in the QS ratings that offered both a PhD and a non-PhD doctoral program in nursing.

Four non-PhD programs in the United Kingdom (UK) were reviewed. Table 1 is a listing of the universities selected for the environmental scan.

## Table 1: Faculties and Schools of Nursing in Environmental Scan

| Canada | United States of America | International |
|---|---|---|
| Dalhousie University | Case Western University Frances Payne Bolton School of Nursing | Essex University |
| Laval University | Columbia University School of Nursing | Queen's University Belfast |
| McGill University, Ingram School of Nursing | Duke University School of Nursing | Southampton University |
| McMaster University | Johns Hopkins University School of Nursing | University of Stirling |
| Memorial University | University of Michigan School of Nursing | |
| Queen's University | University of Minnesota School of Nursing | |
| University of Alberta | University of North Carolina at Chapel Hill, School of Nursing | |
| University of Calgary | University of Pittsburgh School of Nursing | |
| University of British Columbia | University of Washington School of Nursing | |
| University of Manitoba | Vanderbilt University School of Nursing | |
| University of Montreal | Yale School of Nursing | |
| University of Ottawa | | |
| University of Saskatchewan | | |
| University of Victoria | | |
| Western University, Labatt Family School of Nursing | | |

# Review Parameters for Canadian PhD Programs

Each PhD program was reviewed utilizing selected parameters. Faculty/school program websites were used as the source of information. A description of individual programs and a summary across programs were completed.

The parameters utilized in the review of Canadian PhD programs were:

1. Doctoral degree awarded
2. Fields of study in program
3. Length of PhD
4. Program format
5. Formal evaluation events
6. Enrolment options
7. Required credits
8. Number of required courses
9. Tuition

# Review Parameters Non-PhD Programs in US and UK

Each non-PhD doctoral program was reviewed utilizing selected parameters. Faculty/school program websites were utilized as the source of information. A description of each individual program and a summary across programs were completed. If more than one stream of a non-PhD doctoral program was offered at a university, then the stream for nursing leaders, educators or advanced practice nurses was selected for the review. Programs offering a terminal degree for Nurse Practitioners were not reviewed unless it was the only stream offered. Additional program documents such as program handbooks, curricula, and scholarly project guidelines were retrieved from the websites.

The parameters used in the review of US and International programs were:

1. Doctoral degrees awarded by the school/faculty
2. Fields of study in the non-PhD program
3. Expected length of degree
4. Program format
5. Pathways to degree
6. Formal evaluation events for students
7. Enrolment options
8. Number of required credits

9.   Number of required courses
10.  Tuition cost

## Curriculum Comparison

Comparisons of curricula from Canadian, US and International programs were completed. The parameters utilized in the curriculum comparisons were:

1.   Total credits required for completion of degree
2.   Titles of Courses and assigned credits in the following categories:
     a. Research/Knowledge Translation/Theory
     b. Leadership/Practice/Policy
     c. Population Health and Epidemiology
     d. Writing/Other
     e. Capstone/Scholarly Project
     f. Residency/Practica requirements

# Key Findings

## Canada

There are currently fifteen PhD nursing programs offered in Canada. The average stated program length is four years, and the majority of programs are taught on campus. Only the University of Alberta and University of Victoria offer a hybrid model of learning, with a combination of online and on campus learning. All programs require a dissertation, and many have comprehensive examinations. Only McGill University and McMaster University have a part-time enrollment option. All other programs were full time. The number of required courses ranges from three to eight, plus relevant elective courses.

## United States of America

Eleven programs in the US were reviewed in the environmental scan.  All the reviewed programs grant a Doctor of Nursing Practice (DNP) degree. Case Western University also offers a dual DNP/PhD program.  Available fields of study included advanced clinical practice, administration, health informatics, and educational leadership.  Most programs were a post-master's degree, but many offered a BSN to DNP stream, but not exclusively, for Nurse Practitioner streams.

The average program length is 2 years, with a range 1 to 4 years. Almost all programs offered both full time and part-time enrollment options. The programs are most commonly offered

over a 3 semester academic year, are heavily course based, and may also require clinical hours or a residency period. The number of required credits ranges from 34 to 41.

The majority of the programs are offered in a hybrid format, utilizing traditional online courses, intensive courses on campus, and/or on campus residency periods ranging from a few days to a week or longer. Both synchronous and asynchronous learning methods are utilized for on-line courses.

Most programs require the completion of a scholarly project, and a minority have final examinations.

## United Kingdom

Four programs in the United Kingdom were reviewed. Programs are taught, using hybrid learning models. Programs are 3-4 years in length and include 4-7 required courses. A clinical doctorate research project, thesis or dissertation is required. All offer full or part-time enrollment options.

# Interviews and Focus Groups of Key Stakeholders

Interviews and focus groups of key stakeholders in nursing leadership and education were conducted to ascertain perceptions of the need and demand for the proposed non-PhD doctoral program in nursing.

Interviews and/or focus groups were conducted with key stakeholders including:

- Selected Chief Nurse Executives in Toronto/GTA, including both academic and community hospitals; community and public health agencies;
- Selected mid-level nursing leaders such as Professional Practice Directors;
- Faculty of the Lawrence S. Bloomberg Faculty of Nursing;
- Adjunct Faculty of the Lawrence S. Bloomberg Faculty of Nursing;
- Key Alumni/Past Deans of the Lawrence S. Bloomberg Faculty of Nursing;
- Current undergraduate and graduate students of the Lawrence S. Bloomberg Faculty of Nursing;
- Graduates of the Lawrence S. Bloomberg Faculty of Nursing;
- Leaders of selected professional associations in nursing in Canada; and
- Leaders of selected regulators of nursing in Canada.

The names, positions and organizations of the individuals who participated in an interview or a focus group are listed in Appendix A. Interviews and focus groups were conducted by telephone or in person utilizing a semi-structured interview. The following questions were posed to all participants:

- What need is there for a non-PhD doctoral degree program in nursing in Canada?
- What need do you think such a program could fulfill? Why do you say so?
- What particular fields of concentration/study should such a program address?
- Who would you see as potential candidates for such a program?
- What kind of future roles might graduates of this program hold?
- What are your thoughts regarding preferred mode of delivery (i.e. on campus, on line, hybrid intensive courses, residency/practicum requirements).
- What skills/abilities/competencies would you like to see in graduates of such a program?
- What kind of support do you think an employer could offer to individuals who might enroll in this program?
- Is there anyone else in your organization with whom we should speak?

# Results of Interviews and Focus Groups

## Need for a Non-PhD Doctoral Program in Nursing

A significant majority of stakeholders responded that there is a definite need for non-PhD doctoral program in nursing in Canada, particularly for those nurses who do not want to complete a PhD, but wish to have a terminal degree in nursing and are seeking additional formal education to support their careers.

The small number that did not see a need for a non-PhD doctoral program were primarily from the academic sector and raised concerns that such a program could undermine current PhD programs, and would not meet the current and future needs of the tenure stream professoriate in nursing which normally require PhD preparation. However, some academic leaders identified that nurses prepared with a non-PhD doctoral degree could be hired into teaching stream positions.

Stakeholders were of the view that a non-PhD doctoral degree program could serve to:

- Provide additional formal education for Master's prepared nurses who wish to pursue a terminal degree in nursing, and who are on a career path that they feel would not demand a PhD;
- Enhance individual career and professional development in support of their current role and/or career mobility and advancement;
- Support the development of the next generation of nursing leaders in Canada; responding to the dramatically changing health care landscape which is demanding advanced leadership capability particularly in the context of multi-sectoral and complex health systems;
- Enhance the development of  nurse leaders who aspire to executive leadership roles;
- Provide nurses with additional educational credentials, similar to other health care professionals who have professional doctorate degrees (e.g. physicians, pharmacy, psychology); and
- Attract international students.

Many stakeholders emphasized the need to provide a program with a flexible format and curricula that would meet the learning needs of nurses who intend to work full time during their studies.

## Fields of Study

Stakeholders identified a wide range of areas of study that they felt would be pertinent and valuable to include as fields of study and in the curricula. Among stakeholders there was strong emphasis on the need for advanced skills in critical thinking and application of knowledge and evidence in practice, as well as the development of skills to lead at the organizational and health system level.

Stakeholders identified the need to provide education and experiences to develop greater knowledge, capability and expertise in:

- Nursing scholarship;
- Advanced skills in theoretical thinking and application of knowledge and evidence:
  ▸ Critical thinking, critical appraisal and analysis skills, systematic inquiry
  ▸ Knowledge translation, implementation science
  ▸ Solid grounding in research methods and statistics, effective use of data
  ▸ Methods of program evaluation
  ▸ Broad thinking and application of ideas through examination of how ideas are handled in different fields of thinking

- System level leadership:
  - ▸ Systems thinking and navigation, political and strategic positioning
  - ▸ Leading in complex health care environments and across health care sectors,
  - ▸ Ability to function in a complex and large enterprise
  - ▸ Strategic thinking, visioning, ability to create a strategy with goals and measurable objectives; able to execute a tactical plan
  - ▸ Leading teams; building consensus, working with partners
  - ▸ Understanding health care and nursing in global context; population health
  - ▸ Human resource  planning
  - ▸ Effective leadership practices: communication, collaboration, conflict resolution, political skill
  - ▸ Business and financial acumen;
- Practice leadership:
  - ▸ Developing, implementing and evaluating new models of care
  - ▸ Driving innovation and change (able to generate new ideas, new solutions)
  - ▸ Improving patient and population outcomes
  - ▸ Interprofessional practice leadership
- Policy, advocacy, governance, regulation, government relations
- Quality improvement, safety science, risk management
- Health Informatics and health care technology, and
- Education

## Potential Candidates for a Non-PhD Doctoral Programs in Nursing

Stakeholders identified many potential candidates for a non-PhD program, including:

- Nurses who wish to do a terminal degree in nursing but do not want to do a PhD:
  - ▸ Not seeking a career as a scientist or a career in an academic setting
  - ▸ On a career path that they do not feel requires a PhD
- Nurses with a Master's degree in nursing or a related field (e.g. education, business) who wish to do additional formal education in the field of nursing;
- Mid-career nursing professionals who may have done a master's degree earlier in career and are seeking to reinvigorate their careers and/or remain competitive;
- May be considering doing an additional master's or doctoral degree in another field (e.g. business, policy, public health, health administration), but would prefer to do a terminal degree in nursing;

- Senior and middle leaders in all health care sectors – e.g. public health, community health, acute care, long term care;
- Nurses in a variety of nursing leadership positions in practice, administration, and informatics:
  ‣ Advanced Practice Nurses/Clinical Nurse Specialists
  ‣ Nurse Practitioners
  ‣ Managers/Directors
  ‣ Chief Nurse Executives
  ‣ Professional Practice Leaders
- College or university nursing faculty in teaching stream professoriate, who need to have a doctoral level degree; or for those who aspire to such roles; and
- Nurses working in government, professional associations, nursing regulators, independent practice, and policy development.

Stakeholders also commented on the amount of experience and/or type of academic preparation they felt would be necessary for entry to a non-PhD doctoral program. While some stakeholders identified that those who aspire to be a leader may be suitable candidates, most respondents stated that potential candidates should have 3-5 years of experience in a leadership or advanced practice role prior to completing a doctoral level program.  While most stakeholders assumed that a Master's degree in nursing would be an entry requirement, there were questions whether a Master's degree in another field would be accepted.

The Chief Nurse Executives identified that such a program would assist in succession planning and the preparation of individuals in for executive roles.  Some CNEs stressed the importance of having the best candidates in the early cohorts to support program credibility in the field.

## Future Roles of Graduates

A wide range of future roles for graduates of a non-PhD doctoral program were identified by the stakeholders and included:

- Mid and senior leadership roles in healthcare, government, policy, professional associations, public health, community care, industry;
- Executive leadership roles in healthcare – Chief Executive Officers, Chief Nurse Executive;
- Professional practice leadership roles – Practice Leaders, Directors of Professional Practice;
- Advanced practice roles - Clinical Nurse Specialist, Advanced Practice Educator, Nurse Practitioner;

- Innovative roles in practice leadership focused on health care innovation, program development and evaluation;
- Leadership roles in quality, safety, policy, government, and regulation;
- Health informatics;
- Teaching stream faculty in a college/university nursing program; and
- Independent practitioner, consultant.

## Mode of Program Delivery

There was strong consensus across all stakeholders in support of a hybrid model of program delivery with a strong component of synchronous and face-to face learning opportunities. Stakeholders also recommended a flexible model of learning that is supportive of work/life balance, those who work and/or study from a distance, and those who choose to continue working full time during their studies.

Recommendations for the mode of program delivery included:

- A hybrid model of program delivery and study that is flexible and recognizes that individuals who will be taking such a program will intend to work, likely fulltime, during their studies. A flexible delivery model that recognizes the multiple demands on students will be attractive to potential students and their employers.
- A hybrid model format might include:
  - ‣ On line courses
  - ‣ Synchronous and asynchronous learning modalities
  - ‣ On campus residencies/intensive courses
  - ‣ Practica experience
  - ‣ Integration of mentoring or coaching experience in the program. One example that was provided was the coaching included in the NEAL (New Emerging Academic Leaders) program at the Centre for Faculty Development.
- Most respondents expressed concern regarding too heavy a reliance on on-line asynchronous learning. Many respondents stated that time spent face-to-face with other students and faculty is essential to effective learning for leadership, learning how to engage in scholarly discourse, and the development of a collegial network and community of learning. There was strong support for integration of face-to-face/synchronous learning both in on line courses and during residency periods, intensive on campus courses, evening and/or weekend classes.   Current Bloomberg students commented on the importance of having the opportunity to engage with other

students/faculty. Those in the current Bloomberg on-line programs recommended that they hoped that there would be more synchronous content than experienced in the MN program.

- Given that health care administration leadership is complex, many recommended that there should be practica experience(s) in the program with experienced nurse leaders to support the application of learning in the program. Such practica experience might include:
  - ▸ Exposure to system leaders who are operationalizing system based change;
  - ▸ Conducting a scholarly project with guidance;
  - ▸ Coaching from a senior leader;
  - ▸ Exposure to non-health care industries and environments e.g. World Bank;
  - ▸ International placement, perhaps in partnership with an international nursing faculty partner;
  - ▸ Opportunity to conduct projects in own workplace under supervision;
  - ▸ Opportunity to engage in multidisciplinary projects; and
  - ▸ Financial support for a residency within certain organizations.

## Desired Skills and Competencies

A range of desired skills and competencies in  a program graduate identified by the stakeholders was diverse and included organizational and systems level leadership, innovation, professional practice, research skills and knowledge translation, critical thinking and analysis skills, operational and business skills; quality and safety science, informatics, education, advanced practice competencies, and personal skills and attributes.

Stakeholder emphasis was placed on the areas of leadership, critical thinking and analysis skills, research and knowledge translation skills.

Suggestions for desired skills and competencies in a graduate included capacity in:

- **Organizational and Systems Level Leadership**
  - ▸ Strategic leadership;
  - ▸ Having a systems level perspective and knowledge of how to lead change at organizational level to improve service delivery, quality, safety and patient outcomes;
  - ▸ Able to work effectively across healthcare sectors. Able to build and maintain community partnerships;

- ► Understands the role of nurse leaders in organizational governance (governance skills; advocacy at board level; board structures and systems; CNE role);
- ► Able to create a vision, build consensus, develop a strategic and operational plans with goals and measurable objectives;
- ► Able to strategically align the work of nurses with the strategic directions of the organization and its desired outcomes.

- **Leadership Skills**
  - ► Able to achieve a balance between operational and professional practice leadership;
  - ► Excellent project management and execution skills;
  - ► Able to build an effective organizational culture;
  - ► Policy and advocacy skills;
  - ► People Skills: building relationships, resolving conflict, having difficult conversations, collaborative, effective negotiator.

- **Healthcare Innovation**
  - ► Able to generate new ideas/solutions;
  - ► Able to develop/lead the development of innovation models of care improve program and patient outcomes, particularly for complex patient populations;
  - ► Competent in managing increasingly complex patient populations at both the clinical and leadership level;
  - ► Understands international landscape of healthcare and global health trends; international best practices.

- **Lead Professional Practice**
  - ► Able to lead nursing as a discipline;
  - ► Effective in working with and leading different disciplines and interprofessional teams;
  - ► Be a lead for academic practice – able to integrate practice, education, research – rather than functioning in the current silos that exist.

- **Research, Knowledge Translation and Critical Thinking and Analysis Skills**
  - ► Demonstrates scholarship;
  - ► Has a deep understanding in an advanced body of theoretical and substantive content;
  - ► Expertise evidence based practice and knowledge translation and implementation;
  - ► Excellent critical thinking and analysis skills;
  - ► Acquires research skills:
    - ▪ Skills in systematic inquiry and use of data
    - ▪ Able to conduct small scale research and evaluation projects
    - ▪ Thorough understanding of statistical analysis and research interpretation
    - ▪ Able to analyze and synthesize research that will impact on practice

- Ability to apply research principles into practice
- Knowledgeable about contemporary methodologies that are used in practice settings e.g. appreciative inquiry
- Able to participate as part of research team.

- **Operational and Business Skills**
  - Knowledge of operational functions in a health system knowledge;
  - Funding of health systems and funding reform;
  - People management skills;
  - Financial skills and acumen; and
  - Risk management.

- **Quality and Safety Science**
  - Understanding of quality and safety science;
  - Able to lead quality initiatives;
  - Able to integrate quality and safety perspectives in program development and evaluation.

- **Informatics**
  - Effective use of technology for patient care and IT systems; understand impact of technology on care;
  - Able to effectively utilize health care data to support decision making.

- **Education**
  - Curriculum development;
  - Excellence in teaching.

- **Advanced Practice Competencies**
  - Specialization;
  - Advanced assessment;
  - Design therapeutic interventions;
  - Clinical judgment and reasoning.

- **Personal Skills and Attributes**
  - Strategic thinker;
  - Political skills, capacity to be influential, and able to "hold their own at the table";
  - Confident, resilient, has perseverance, self-directed, curious, creative;
  - Effective communicator, articulate, able to think on one's feet, effective presenter, able to engage in a high level of discourse;
  - Aware of own strengths and areas for development.

## Employer Support

Respondents identified a number of potential avenues of support for individuals. The availability of financial support and release time would be variable depending on the policies and resources of individual organizations.

Identified supports were:

- Flexible work time;
- Education leave;
- Financial support including scholarships, tuition reimbursement, paid time for practica;
- Support in kind for academic projects that are associated with one's current work or the work of the organization e.g. access to data services;
- Mentoring/coaching;
- Release time/reduced teaching load/protected time.

# Review of Key Documents

Selected documents such as white papers and scholarly papers on doctoral education in nursing were reviewed. Highlights of selected documents are provided.

## Perspective of the Canadian Association of Schools of Nursing

The 2011 Canadian Association of Schools of Nursing (CASN) position statement on doctoral education in Canada focuses on the need for continued development of doctoral education in Canada in order to adequately prepare nurses to support high quality health care and on the need to focus on priorities in doctoral education (Canadian Association of Schools of Nursing, 2011). While recognizing that profession or practice based doctoral programs may be considered in the future, CASN stated that the priority should be on increasing the number of PhD graduates in order to provide for an adequate professoriate for nursing education, build research capacity, advance knowledge in the discipline, and support the discipline to improve health care delivery and health. (Canadian Association of Schools of Nursing, 2011)

## Perspectives of the American Association of Colleges of Nursing

The American Association of Colleges of Nursing (AACN) has published two position statements and one white paper on practice doctorates:

- AACN *Position Statement on the Practice Doctorate in Nursing*, October 2004 (American Association of Colleges of Nursing, 2004)
- *The Essentials of Doctoral Education for Advanced Nursing Practice*, October 2006 (American Association of Colleges of Nursing, 2006)
- *The Doctor of Nursing Practice: Current Issues and Clarifying Recommendations*, August 2015. (American Association of Colleges of Nursing, 2015)

This series of papers by AACN provides an overview of the historical evolution of practice-focused doctoral degree programs in the United States of America since the 2004 position statement which recommended doctoral level education for advanced nursing practice. The 2004 position paper recommended that practice focused doctoral programs should prepare graduates for the highest level of nursing practice, based on the following needs (American Association of Colleges of Nursing, 2004):

- A doctorate degree has become the established terminal degree in nursing;
- Master's degree programs have evolved from an emphasis on role preparation to specialized knowledge for advanced nursing practice;
- Additional content areas necessary to function in increasingly complex healthcare environments, and that cannot be fully addressed in a master's program – e.g. practice management, policy, informatics, evaluation of evidence.
- Leaders in healthcare require additional knowledge that can be acquired through doctoral level education.

The perceived benefits of practice focused doctoral programs were also articulated and included in the development of advanced competencies for leading in complex leadership roles in nursing practice and education; increased knowledge to improve practice and patient outcomes; an advanced credential for those who do not want/need a research focused career; and to increase the supply of faculty for clinical instruction (American Association of Colleges of Nursing, 2004).

The 2006 paper on essentials of doctoral education (American Association of Colleges of Nursing, 2006) for advanced nursing practice describes differentiating factors between research focused doctoral programs, most commonly a PhD, and practice focused programs (DNP). The degrees are described as complementary, focusing on producing graduates with different competencies (American Association of Colleges of Nursing, 2006). The essentials of doctoral education paper outlined the curricular expectations to guide and shape DNP education (American Association of Colleges of Nursing, 2006).

The eight essentials of doctoral education in a DNP program are (American Association of Colleges of Nursing, 2006):

- Scientific underpinnings for practice
- Organizational and systems leadership for quality improvement and systems thinking
- Clinical scholarship and analytical methods for evidence based practice
- Information systems/technology and patient care technology for the improvement and transformation of healthcare
- Health care policy for advocacy in health care
- Interprofesssional collaboration for improving patient and population health outcomes
- Clinical prevention and population health for improving the nation's  health
- Advanced nursing practice.

In addition, the report provided guidance for program length, practice experiences and a final DNP project.

The 2015 white paper, *The Doctor of Nursing Practice: Current Issues and Clarifying Recommendations* (American Association of Colleges of Nursing, 2015) was a report from a task force on the implementation of the DNP.  The paper describes the evolution of the practice doctorate in nursing, and recommendations for the clarification of DNP scholarship; use of resources, program length, curriculum, practice experiences and partnership guidelines (American Association of Colleges of Nursing, 2015). The task force provided a description of the distinct differences between research-focused and practice- focused scholarship focusing on the differences between generating knowledge that is generalizable (research focused scholarship) and knowledge through innovation, use of evidence and utilization of quality improvement processes in practice and which may be transferable (practice focused scholarship) (American Association of Colleges of Nursing, 2015). A lengthy section of the report provides guidance for the scope of final scholarship projects in a DNP program in the context of a particular academic institutions requirements and the student's area of advanced nursing practice.

A recent fact sheet on The Doctor of Nursing Practice (DNP) (American Association of Collleges of Nursing, April 2016) described the significant growth in practice and research focused doctoral programs in nursing in the US between 2006 and 2015.  DNP programs have increased from 20 programs in 2006 to 289 in 2015, with another 128 in development; and PhD programs have increased from 103 in 2006 to 133 in 2015 (American Association of Collleges of Nursing, April 2016).  Enrollment in DNP programs grew from 18,352 to 21,995 over the same time

frame; and graduates grew from 3,065 to 4,100 (American Association of Collleges of Nursing, April 2016).

## Journal Issue on the 2012 DNP Conference of the Committee on Institutional Collaboration

In 2013, the *Journal of Nursing Education* published an entire issue on Doctor of Nursing Practice education, an outcome of a 2012 conference on DNP education. The editorial by Paula MIzzone-Nuzzo describes the history and evolution of practice focused doctorates (Mizzon-Nuzzo, 2013). Mizzone-Nuzzo notes that a lack of consensus continues with regard to the need for a practice doctorate for advanced practice and the appropriate educational approach. Dunbar-Jacob et al (Dunbar-Jacob, Nativio, & Khalil, 2013) describe the Pennsylvania evolution of DNP programs. An evaluation of the first 589 graduates of Pennsylvania DNP programs demonstrated that the majority was from administration programs and most competed a post-master's DNP education (Dunbar-Jacob, Nativio, & Khalil, 2013). Post-graduation placement data was available for 163 graduates: 48% were employed in acute care, 33% in academics, 15% in primary care, and the remainder in other settings (Dunbar-Jacob, Nativio, & Khalil, 2013). The authors note the advantage of being able to prepare additional doctoral prepared faculty through DNP education (Dunbar-Jacob, Nativio, & Khalil, 2013).

An article on distinguishing between the preparation and roles of PhD and DNP graduates focuses on the current controversies on differences in curricula and the roles that DNP graduates may assume in academic or practices settings (Mazurek Melnyk, 2013).

Broome (Broome, Riner, & Allam, 2013) examined the publication practices of DNP graduates from 2005-2012, an early period in the evaluation of DNP programs. Key findings were that 80% of the publications were in practice focused; and a lesser number were published in journals that focus on research articles (Broome, Riner, & Allam, 2013). The authors concluded that DNP prepared nurses were making a contribution to nursing knowledge and demonstrating scholarship (Broome, Riner, & Allam, 2013). Recommendations based on their analysis of publications focused on refining DNP curricula to provide greater emphasis on translation research methods and utilizing multisite and multistudent projects to reduce faculty burden (Broome, Riner, & Allam, 2013).

The article on capstone projects describes the considerable variation in the capstone projects/scholarly projects undertaken by DNP students, ranging from those that are similar to

the traditional PhD dissertation to a portfolio approach, resulting in considerable controversy regarding the quality and rigour of DNP scholarly projects. (Kirkpatrick & Weaver, 2013). Summary recommendations include ensuring that the project is distinct both from a master's level project and a PhD dissertation (Kirkpatrick & Weaver, 2013).

Sebastian and Delaney describe the opportunities for faculty development for DNP programs recognizing the unique nature of DNP programs, particularly in relation to the supervision of scholarly projects, and the education focus on knowledge translation. (Delaney, 2013)

The summary article in the issue addressed areas of consensus and controversy in DNP education (Grey, 2013). Areas of consensus include that interest/demand in DNP programs is high; and that the intent of DNP education is to expand the role of advanced practice nurses in the areas of population health, health policy and leadership (Grey, 2013). Areas of controversy include: clarity of the product – APNs or leaders; consistency of capstone experience/scholarly project and product; equivalence of degrees between BSN-DNP and MN-DNP pathways; requirement and amount of clinical practica; outcomes and employment, particularly whether DNP graduates should hold tenure track or clinical track positions in academic settings (Grey, 2013).

# Other Scholarly Publications on Non-PhD Doctoral Education

The Institute of Medicine (IOM) report on the *Future of Nursing* on recommended that "nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression" (Institute of Medicine of the National Academies, 2010) including the provision of master's, PhD and doctor of nursing practice degrees, in the context of ensuring safe, patient centered care. The IOM report cited that requisite competencies include leadership, health policy, system improvement, research and evidence based practice, teamwork and collaboration (Institute of Medicine of the National Academies, 2010).

Cronenwett et al provided recommendations on the adequate provision of advanced practice nurses in the context of current economic challenges in education and the increasing complexity of the healthcare landscape (Cronenwett, 2011). One of the recommendations focused on the need to locate DNP programs in universities that educate other members of the

interprofessional team and where there are faculty to mentor students in systems based improvement, translational science and evidence based practice (Cronenwett, 2011).

# Conclusion

During the course of this needs assessment, 129 individuals were individually interviewed or participated in a focus group. The need for a non-PhD doctoral program in nursing at the University of Toronto, found broad based support among advanced practice nurses, nurse educators and nurse leaders across Canada and from a broad range of sectors including healthcare organizations, nursing education, nursing policy and nursing regulation. Many asked to remain informed of ongoing developments in the journey to establish a program and expressed their interest and willingness to provide continued feedback and/or other forms of support.

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# Appendix A

## Individuals Interviewed for Needs Assessment

| Name | Title | Category | Organization |
|------|-------|----------|--------------|
| Carole Anderson | Executive Vice President, Clinical Programs and Chief Nursing Executive. | TAHSN CNE | Baycrest Health Sciences |
| Irene Andress | Chief Nursing Executive, Director Medicine Program at Michael Garron Hospital, Toronto East Health Network | TAHSN CNE | Michael Garron Hospital |
| Marilyn Ballantyne | Chief Nurse Executive and Clinician Investigator | TAHSN CNE | Holland Bloorview Kids Rehabilitation Hospital |
| Sonya Canzian | Executive Vice-President, Programs, Chief Nursing Executive and Chief Health Disciplines (interim) | TAHSN CNE | St. Michael's Hospital |
| Kathryn Hayward Murray | Senior Vice President, Patient Care Services, Chief Nurse Executive | TAHSN CNE | Trillium Health Partners |
| Pam Hubley | Vice President Education and Academic Practice; and Chief International Nursing | Senior Nurse Leader | Hospital for Sick Children |
| Jane Merkeley | Executive Vice President Patient Care, Quality and Chief Nurse Executive | TAHSN CNE | Sinai Health System |
| Karyn Popovich | Vice President, Clinical Programs, Quality and Risk, Chief Nursing Executive | TAHSN CNE | North York General Hospital |
| Jennifer Price | Chief Nursing Executive | TAHSN CNE | Women's College Hospital |
| Joy Richards | Vice President Patient Experience & Chief Health Professions | TAHSN CNE | University Health Network |
| Rani Srivastava | Chief of Nursing and Professional Practice | TAHSN CNE | Centre for Addiction and Mental Health |
| Ru Taggar | Vice President of Quality and Patient Safety and Chief Nursing and Health Professions Executive | TAHSN CNE | Sunnybrook Health Sciences Centre |

| Jenni Glad Timmons | Director of Interprofessional Practice and Chief Nursing Executive | TAHSN CNE | St. Joseph's Health Centre |
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| Judy Van Clieaf | Vice-President, Clinical, and Chief of Professional Practice and Nursing (Interim) | TAHSN CNE | Hospital for Sick Children |
| Sharon Goodwin | Senior Vice President, Home Care and Client Experience | Community Care | Victorian Order of Nurses |
| Nancy Lefevre | Chief Clinical Executive, and Senior Vice President Knowledge & Practice | Community Care | St. Elizabeth |
| Kathryn Nichol | Vice President, Best Practices, Research and Education (BPRE) & Chief Nursing Executive | Community Care | VHA |
| Shirlee Sharkee | President and Chief Executive Officer | Community Care | St. Elizabeth |
| Carol Timmings | Director, Child Health and Development and Chief Nursing Officer | Public Health | Toronto Public Health |
| Tom Keighley | Consultant in Healthcare Leadership and Education | Consultant -UK | |
| Walter Sermeus | Professor, Leuven Institute for Healthcare Policy | Academic Leader- Europe | Leuven University |
| Anne Marie Rafferty | Professor, King's College London | Academic Leader – UK | King's College |
| Jill McLeod Clark | Professor | Academic Leader – UK | Southampton University |
| Gail Donner | Professor Emerita | Past Dean | |
| Dorothy Pringle | Professor Emerita | Past Dean | |
| Judith Shamian | President International Council of Nurses, Adjunct Professor | ICN/Adjunct Faculty | International Council of Nurses |
| Michelle Acorn | Nurse Practitioner | Adjunct Faculty | Lakeridge Health System |
| Marnee Wilson | Nurse Practitioner | Adjunct Faculty | St. Michael's Hospital |
| Jennifer Dockery | Clinical Director of Primary Care and Health Equity | Mid Level Leader | Women's College Hospital |
| Erin Doherty | Collaborate Practice Leader | DNP Student/Mid level leader | St. Joseph's Healthcare |
| Sharyn Gibbins | Director of Professional Practice | Mid-level Leader | Trillium Health Partners |
| Catherine Hogan | Program Director, Perioperative Services | Mid-level Leader | St. Michael's Hospital |

| Mary McAllister | Associate Chief of Nursing | Mid-level Leader | Hospital for Sick Children |
|---|---|---|---|
| Petroiya Paterson | Clinical Informatics Specialists | DNP Student/Mid-level leader | St. Joseph's Healthcare |
| Lanette Siragusa | Program Director of Surgery | Mid-Level Leader | Winnipeg Regional Health Authority |
| Cathy Rippin Sisler | Regional Director, Clinical Education and Continuing Professional Development | Mid-Level Leader | Winnipeg Regional Health Authority |
| Maria Timofeeva | Nurse Practitioner | DNP Student/Mid-Level Leader | Women's College Hospital |
| Theresa Agnew | Executive Director | Professional Association | Nurse Practitioner Association of Ontario |
| Ann Sutherland Boal | Chief Executive Officer | Professional Association | Canadian Nurses Association |
| Doris Grinspun | Chief Executive Officer | Professional Association | Registered Nurses Association of Ontario |
| Lori Lamont | President | Professional Association | Academy of Canadian Executive Nurses |
| Carolyn Pullen | Director of Policy, Advocacy and Strategy | Professional Association | Canadian Nurses Association |
| Judy Shearer | President | Professional Association | Nursing Leadership Network |
| Jennie Pickard | Director Strategic Relationships | Government | Health Quality Ontario |
| Joyce Black | Educational Consultant Registration, Inquiry and Discipline | Regulator | College of Registered Nurses of British Columbia |
| Ann Coughlan | Executive Director and Chief Executive Officer | Regulator | College of Nurses of Ontario |
| Cathy Giblin | Registrar/Director of Quality Assurance | Regulator | College of Registered Nurses of Alberta |
| Meagan LaRiviere | Senior Manager for Professional Development and Knowledge | Regulator | College of Registered Nurses of Alberta |
| Kevin McCarthy | Director of Strategy | Regulator | College of Nurses of Ontario |
| Lynn Power | Executive Director | Regulator | Association of Registered Nurses of Newfoundland and Labrador |
| Paula Prendergast | Policy Consultant | Regulator | College of Registered Nurses of Nova Scotia |

| Sandra Young | Consultant to the Nursing Education Approval Board | Regulator | College of Registered Nurses of Alberta |
|---|---|---|---|
| Mary Anne Adndrusyszyn

Michael Kerr | Director

Director, Graduate Programs | Dean/Directors of Schools/Faculties of Nursing | Western University |
| Carolyn Byrne | Associate Dean | Deans/Directors of School/Faculties of Nursing | McMaster University |
| Suzanne Campbell | Director | Dean/Directors of Schools/Faculties of Nursing | University of British Columbia |
| Francine Ducharme | Dean | Dean/Directors of Schools/Faculties of Nursing | Universite de Montreal |
| Susan Duncan | Director | Dean/Directors of Schools/Faculties of Nursing | University of Victoria |
| Janet Jeffrey | Director | Dean/Directors of Schools/Faculties of Nursing | York University |
| Kathleen MacMillan | Director | Dean/Directors of Schools/Faculties of Nursing | Dalhousie University |
| Jennifer Medves | Director | Dean/Directors of Schools/Faculties of Nursing | Queen's University |
| Elaine Santa Mina | Interim Director | Dean/Directors of Schools/Faculties of Nursing | Ryerson University |
| Anita Molzahn | Dean | Deans/Directors of Schools/Faculties of Nursing | University of Alberta |
| Linda Patrick | Dean | Dean/Directors of Schools/Faculties of Nursing | University of Windsor |
| Dawn Prentice | Department Chair | Dean/Directors of Schools/Faculties of Nursing | Brock University |

| Victoria Syme | Director | Dean/Directors of Schools/Faculties of Nursing | University of Ontario Institute of Technology |
|---|---|---|---|

## Focus Group Participants

| Name | Category |
|---|---|
| Linda Adams, Waypoint | Adjunct Faculty |
| Nana Asomaning, Sinai Health Systems | Adjunct Faculty |
| Dawn Barbieri, North York General Hospital | Adjunct Faculty |
| Jocelyn Bennett, AMS | Adjunct Faculty |
| Barb Bickle, Scarborough Hospital | Adjunct Faculty |
| Lorraine Bird, Hospital for Sick Children | Adjunct Faculty |
| Karen Breen-Reid, Hospital for Sick Children | Adjunct Faculty |
| Milijana Buzanin, University Health Network | Adjunct Faculty |
| Tabatha Bowers, Scarborough Hospital | Adjunct Faculty |
| Alexandria Crowe | Adjunct Faculty |
| Debbie Daly, Scarborough Hospital | Adjunct Faculty |
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| Michele Durrant, Hospital for Sick Children | Adjunct Faculty |
| Bonnie Fleming Carroll, Hospital for Sick Children | Adjunct Faculty |
| Gabriella Golea, Centre for Addiction and Mental Health | Adjunct Faculty |
| Vera Gueorguieva, Hospital for Sick Children | Adjunct Faculty |
| Leasa Knechtel, University of Toronto | Adjunct Faculty |
| Natalia Lavrencic, University Health Network | Adjunct Faculty |
| Nikki Marks, University Health Network | Adjunct Faculty |
| Andrew McLellan, Centretown CHC | Adjunct Faculty |
| Laura Mitchell, University Health Network | Adjunct Faculty |
| Linda Nusdorfer, Sunnybrook Health Sciences Centre | Adjunct Faculty |
| Allyson Nowell, Sunnybrook Health Sciences Centre | Adjunct Faculty |
| Karyn Popovich, North York General Hospital | Adjunct Faculty |
| Margaret Quesnelle, University Health Network | Adjunct Faculty |
| Rose Raizman | Adjunct Faculty |
| Rick Radu, Sunnybrook Health Sciences Centre | Adjunct Faculty |
| Elke Ruthig, University Health Network | Adjunct Faculty |
| Mahsa Sadeghi, Sunnybrook Health Sciences Centre | Adjunct Faculty |
| Petal Samuel, University Health Network | Adjunct Faculty |
| Mary Smith, Waypoint | Adjunct Faculty |
| Terri Stuart-McEwan, University Health Network | Adjunct Faculty |
| Annemarie Sweeney, University Health Network | Adjunct Faculty |

| Alison Thomas, St. Michael's Hospital | Adjunct Faculty |
|---|---|
| Ria Torr , Southlake Regional Health Centre | Adjunct Faculty |
| Kate Uchendu, University Health Network | Adjunct Faculty |
| Christopher Uranis, Centre for Addiction and Mental Health | Adjunct Faculty |
| Jessica Watts, Hospital for Sick Children | Adjunct Faculty |
| Heather Whittle, London Health Sciences Centre | Adjunct Faculty |
| Irene Wu Lau, Sinai Health Systems | Adjunct Faculty |
| Stephanie de Young , Hospital for Sick Children | Adjunct Faculty |
| Baiba Zarins, University Health Network | Adjunct Faculty |
| Zoraida Beekhoo | Bloomberg Faculty |
| Marg Blastorah | Bloomberg Faculty |
| Craig Dale | Bloomberg Faculty |
| Edith Hillan | Bloomberg Faculty |
| Joanne Louis | Bloomberg Faculty |
| Deborah Nitkin | Bloomberg Faculty |
| Elziabeth Peter | Bloomberg Faculty |
| Robyn Stremler | Bloomberg Faculty |
| Kathy Trip | Bloomberg Faculty |
| Michael Villeneuve | Bloomberg Faculty |
| Kim Widger | Bloomberg Faculty |
| Laurie Clune | Alumni |
| Alix Duck | Alumni |
| Krista Keilty | Alumni |
| Bethany Kwok | Alumni |
| Gillian Strudwick | Alumni |
| Irene Wu-Lau | Alumni |
| Braden Davie | Bloomberg Student |
| Abida Dhukai | Bloomberg Student |
| Matthew Douma | Bloomberg Student |
| Melissa Hutchison | Bloomberg Student |
| Yonda Yee Lai | Bloomberg Student |
| Sara Beth Silver | Bloomberg Student |

# Appendix F: Chief Nursing Executive / Chief Nursing Officer Roles and Responsibilities Framework



## Chief Nursing Executive / Chief Nursing Officer Roles and Responsibilities Framework

The following framework is intended to illustrate Chief Nursing Executive (CNE) and Chief Nursing Officer (CNO) roles and responsibilities in the context of membership and participation at the senior management and Board table. This framework assumes that the CNE/CNO is responsible for nursing activities throughout the organization and reports directly to the Chief Executive Officer or Medical Officer of Health/Senior Management Team as a senior member of executive-level, decision-making management. While it is acknowledged that CNEs and CNOs are involved in significant decisions dealing with the day-to-day operational management of the organization or institution, it is the purpose of this document to emphasize enhancements to governance and leadership functions of the Senior Nurse Executive role afforded by new legislation, specifically the passage of the *Excellent Care for All Act, 2010* and the formal designation of the CNO role in Ontario public health units.

To enhance the generalisability of this framework to senior nurse executives across health care sectors, it is the intention that the roles and responsibilities presented herein reflect broad nursing related areas of responsibility that comprise the CNE/CNO role rather than those functions which focus on accountabilities that may be related to a specific program area of responsibility. Furthermore, it is intended that the view of client is broadly applied to individuals, families, groups, communities, populations, or systems (Community Health Nurses of Canada, 2011, March). Similarly, health care may refer to any service provided within the continuum of health care delivery, including direct clinical care, health promotion, health teaching, and illness prevention (Community Health Nurses of Canada).

| Role/Responsibility | Governance | Leadership | Practice |
|---|---|---|---|
| **Strategic Visioning, Organizational Decision Making & Practice Innovation** | Participate as an active member of the Board/Senior Management Team<br><br>Identify relevant emerging local, regional (e.g., Local Integrated Health Network), provincial, and national issues and draw these to the attention of the Board/Senior Management Team<br><br>Contribute to a vision for the delivery of client care/service, including a statement of values, mission, standards of practice, and outcomes<br><br>Contribute to organizational decision making that is consistent with the values, vision, mission and standards of practice and quality outcomes<br><br>Be committed to and encourage practice innovation to advance and improve client outcomes<br><br>Contribute to the development and discussion of the organization's goals, objectives, forecasts, and risks, and question risks and challenges as they arise | Disseminate the strategic vision for the delivery of client care/service within and across the community of practice/ organization/constituency<br><br>Inspire new levels of creativity and innovation within the organization to positively impact client/service outcomes<br><br>Participate in the planning and implementation of programs and services by establishing a clear sense of service priorities to pursue and the necessary resources to fulfill those priorities<br><br>Participate in the evaluation of programs and services by identifying relevant quality improvement indicators for client/service outcomes, nursing practice, and organizational structure<br><br>Ensure that a forum exists for decision making for nursing professional practice (e.g., Nursing Professional Practice Council) with strong engagement from direct care nurses | Guide practice based on the shared vision across the facility/organization /community<br><br>Lead the nursing research agenda focusing on research conduct, research utilization, and research capacity building in partnership with relevant stakeholders<br><br>Foster and sustain academic partnerships to advance nursing research for quality client care / service<br><br>Identify, appraise, and apply evidence to understand and participate in clinical and management decision making<br><br>Create and promote evidence-based nursing practice |

| Role/Responsibility | Governance | Leadership | Practice |
|---|---|---|---|
| | Ensure respect for nursing services is conveyed in the strategic plan and Board/ Senior Management Team operations<br><br>Commit to nursing health human resources succession planning and management<br><br>Understand, develop, and exercise political acumen in Board deliberations, decision making, and relationships with the Board members and internal and external stakeholders to advance the safety and quality agenda | Understand, develop, and exercise political acumen in internal and external relationships to strengthen the contribution of nursing in the organization and system | |
| **Quality Care and Client Safety** | Participate as an active, voting member of the Board Quality Council<br><br>Advocate for senior nurse executive representation on and contribution to the Operational Quality Committee<br><br>Participate as an active member of the Medical Advisory Committee/ Interprofessional Advisory Committee | Propose, lead, and direct strategies to improve quality outcomes and advance evidence-based care<br><br>Oversee and report on risk management strategies, including identification and monitoring of nursing-sensitive quality and safety indicators | Role-model vigilance in ensuring high quality care<br><br>Assess variability in nursing practice within the organization to determine areas in which to improve client care/ service outcomes, quality, or efficiency Evaluate nursing practice and client care/service excellence from a structure, process and outcomes framework. |

| Role/Responsibility | Governance | Leadership | Practice |
|---|---|---|---|
| | Advocate that the organization's vision, mission, and values reflect a commitment to safety and quality improvement | Participate on task forces/ad- hoc/ working quality and safety committees as necessary and appropriate | Select and monitor evidence-based nursing-sensitive client care/service, provider, and system outcomes, and measure progress toward organizational health care delivery goals |
| | Champion policies and protocols that promote effective health care delivery, evidence-based practice, and service quality | Establish and utilize a network to provide ongoing support and guidance for client care/service initiatives and improvements | Implement information management and communication technologies to generate, manage, process, and disseminate nursing data |
| | Assume accountability for meeting quality and safety performance targets set by the Board in accordance with ECFAA | Ensure a practice environment that enables the implementation of evidence- based nursing best practices that are consistent throughout the organization and aligned with the organization's broader quality improvement plan | Develop and establish mechanisms for continuous monitoring of organizational processes and change, including evaluation of the impact of clinical and healthy work environment best practice guidelines on client/service outcomes and nursing practice |
| | Provide recommendations regarding quality improvement initiatives by translating information from quality-related reports into knowledge development | | |
| | Advocate for the inclusion of structure, process and nursing-sensitive outcome indicators in the quality improvement plan of the organization | Establish implementation, uptake, and integration of clinical and healthy work environment best practice guidelines in the organization | |
| | Identify and communicate the link between nursing work environments and nurse, client, and organizational outcomes to the Board/Senior Management Team | Identify and monitor the relationship between work environments and nursing- sensitive provider, client, and organizational outcomes | Ensure sustained use and spread of nursing best practice guidelines within the organization |

| Role/Responsibility | Governance | Leadership | Practice |
|---|---|---|---|
| | Monitor data collection on nursing-sensitive indicators and interpret this information for senior leaders at the Board/Senior Management Team<br><br>Provide input and assessment of the organization's quality improvement plan based on nursing-sensitive indicators | Develop and implement data collection, measurement, and analysis tools and strategies for structure, process, and nursing- sensitive outcome quality indicators<br><br>Ensure the effective use of informatics in nursing practice by assessing and evaluating information systems in management and practice settings | |
| Collaboration | Develop and maintain collaborative relationships with senior nurse executive colleagues within and across organizations, sectors, and regions to collectively advance the nursing governance and leadership agenda<br><br>Encourage the Board/Senior Management Team to work towards common service improvement goals<br>Promote inter-organizational, cross-sectoral, and regional synergy to optimize client care/service across the continuum of care<br><br>Promote an interdisciplinary approach to client care/service and the coordination of care/service across health disciplines | Unite health professionals from across the system by using shared vision, values, and understanding to build mutual respect, bridge territories, and unify agendas<br><br>Demonstrate commitment to and respect for the profession of nursing, its values, knowledge, contributions, and achievements<br>Represent the nursing profession externally by maintaining membership and active participation in relevant regulatory and professional nursing organizations | Champion interprofessional collaboration among nursing, medical, and allied health professionals to achieve optimal client care/service outcomes and effective integration of care<br><br>Role model interprofessional relations for quality care and management practices<br>Support, coach, and mentor others to succeed with change<br><br>Establish tools and processes for communicating and collaborating with direct care nurses |

| Role/Responsibility | Governance | Leadership | Practice |
|---|---|---|---|
| | Identify and collaborate with key stakeholders to complement current health services and to assist with developing new client and community services<br><br>Establish credibility with the senior executive team as the expert on nursing and nursing-related matters for the organization | Develop and implement stakeholder engagement initiatives to ensure collective advancement of the quality agenda<br><br>Ensure that there is a system for collaboration with schools of nursing to facilitate appropriate clinical placements and shape curriculum and effective teaching/learning experiences for nursing students and staff | |
| **Professional Accountability** | Assume accountability for obtaining and implementing leadership skills and knowledge for effective participation on the Board/Senior Management Team<br><br>Assume accountability for obtaining knowledge of how legislated governance and management requirements (e.g., ECFAA, Ontario Public Health Accountability Standards) impact and support Board/Senior Management work generally, nursing services in particular<br><br>Bring forward to the senior executive team the nursing perspective, and provide expertise on the nursing practice environment | Establish a vision for nursing practice and client care/service that complies with ethical standards and values<br><br>Champion models of care delivery and nursing practice, work environments, and staffing standards that are consistent with current research evidence, professional standards, and with the mission, vision, and values of the organization<br><br>Identify and leverage key initiatives to enable enhanced nursing practice and work environment outcomes<br>Evaluate nursing services against evidence-based standards set by | Champion safety, quality care, and evidence-based nursing practice<br><br>Promote evidence-based models of nursing care delivery<br><br>Promote clinical/service and front-line management decisions that are client-centred<br><br>Monitor nursing outcomes related to nursing leadership, practice, education, and research<br><br>Ensure consistency in the standard of nursing practice across health care settings consistent with |

| Role/Responsibility | Governance | Leadership | Practice |
|---|---|---|---|
| | Advocate for nursing practices that enhance the delivery of client care/services, including healthy work environments<br><br>Create shared understanding of both current and anticipated demands for clinical and program/service performance<br><br>Advance priority initiatives while maintaining other valued initiatives and perspectives<br><br>Accept responsibility for accountability of specific targets agreed upon by the Board that are within the direct nursing portfolio<br><br>Monitor, interpret, and report performance of nursing service delivery against nursing-sensitive quality and safety indicators and broader organizational indicators<br><br>Profile examples of nursing leadership within the organization to senior leaders of the Board/Senior Management Team | Administration, Human Resources, Nursing and Department policies and procedures<br><br>Champion a Nursing Professional Practice Council and ensure that it is positioned for influence and success<br><br>Foster opportunities throughout the organization for staff to develop, enhance, and profile their nursing leadership skills and contributions<br><br>Develop strategies to promote nursing recruitment and retention and recognition of excellence in nursing | College of Nursing of Ontario standards and evidence-based practice guidelines<br><br>Develop and support the Nursing Professional Practice Council (or other nursing decision-making forums) to communicate, interpret, and assist with the application of professional standards, competencies, expectations, and other legislative and regulatory requirements of nurses<br>Support the Nursing Professional Practice Council (or other nursing decision-making forums) to implement and monitor the impact of clinical and healthy work environment best practices<br><br>Create, support, and sustain a safe and healthy work environment in which nurses can provide quality care |

| Role/Responsibility | Governance | Leadership | Practice |
|---|---|---|---|
| | | | Promote and inspire management practices that support nurses' health, safety, and well-being<br><br>Promote and achieve excellence in nursing care, education, and research through the identification of success measures and reporting mechanisms that capture these successes<br><br>Ensure a supportive environment and system for regular performance review and establish metrics to determine success in deliverables |
| **Professional Development** | Maintain awareness of the ever-changing health care environment and its potential impact on the organization's mission, vision, and values<br><br>Assume confidence and competence in communicating the strategic vision to the Board/Senior Management Team<br><br>Demonstrate a clear commitment to advancing excellence and innovation in nursing practice | Demonstrate active and visible leadership within the organization<br><br>Conduct ongoing self- assessment of effectiveness as a nursing leader for the organization<br><br>Request, accept, and learn from feedback provided by supervisors and direct reports | Provide mentorship and guidance<br><br>Create and support a professional learning environment to mobilize and enhance the clinical expertise of staff<br><br>Optimize nurses' opportunities for autonomy and personal and professional growth |

| Role/Responsibility | Governance | Leadership | Practice |
|---|---|---|---|
| | Conduct ongoing self-assessment of effectiveness as a Board/ Senior Management Team member | Assume responsibility for learning and professional development by seeking mentors and opportunities for growth<br><br>Encourage, support, and enable staff to pursue professional development opportunities to enhance skills, develop expertise, and advance their roles<br><br>Facilitate rewarding and enriching teaching/learning experiences for nursing students by encouraging staff-student partnerships, rewarding staff involvement in  student education, and recognizing student contributions to care | Facilitate nurses' access to and use of support, feedback, and guidance from superiors, peers, and subordinates<br><br>Enhance the meaningfulness of nursing work by facilitating nurses' participation in decision making Role model professional development and life-long learning |

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# Appendix G: Curriculum Vitae (See Attached)

# Appendix H: Report from External Appraisers

**New Program Proposal Appraisal Report**

**Lawrence S. Bloomberg Faculty of Nursing**

**Doctor of Nursing Proposal**

**Report Summary**

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**Program Evaluation Criteria**

## 1. Objectives

- Consistency of the program with the institution's mission and unit's academic plans
- Clarity and appropriateness of the program's requirements and associated learning outcomes in addressing the academic division's graduate Degree Level Expectations
- Appropriateness of the degree or diploma nomenclature

The Lawrence S. Bloomberg Faculty of Nursing at the University of Toronto (UT) is one of the top nursing programs in the world. In 2018, UT nursing school was ranked #2 in the world and #1 in Canada by the *QS World University Rankings*. The proposed Doctor of Nursing (DN) program is consistent with the mission of the University of Toronto (UT) and the Strategic Academic Plan (2017-2022) of the Faculty of Nursing as it will broaden the range of high-quality academic programs available to nurses in Canada and internationally who are seeking a professional doctorate as an alternative to the traditional research-focused PhD. The written proposal and meetings with the Dean and faculty confirm that the DN program is consistent

with the [vision, missions, and values](#) of the Lawrence S. Bloomberg Faculty of Nursing and holds to high standards of scholarship.

Historically, this will be the first DN program in Canada and, thus UT Faculty of Nursing will spearhead the preparation of a new generation of nurses seeking to advance their careers, specifically in executive-level healthcare leadership or as expert nurse educators. The expected program outcomes highlight the goal to improve health outcomes and transform research evidence into practice to improve the health of all citizens.

Meetings with the Dean, faculty, students, and community partners and a review of the Needs Assessment findings confirm the need for a DN program specifically in the areas of advanced nursing leadership and nurse educator roles. Key documents on doctoral education were used in the development of the proposal, such as those from the Canadian Association of Schools of Nursing on the need of more doctorally prepared nurses in Canada, and the series of articles from the Association of Colleges in Nursing on practice doctorates.

Table 3 provided a detailed description of Degree Level Expectations, Program Learning Outcomes, and Program Structure that are congruent with the Faculty of Nursing and University expectations. There are clear expectations for students who enroll in a DN program. The Program Learning Outcomes provide a blueprint for the design, depth, and scope of the DN program. The purpose, defined goals and expectations that will provide guidance at the School, program, faculty, and student level, are measurable and achievable within the timeframe of the program.

The nomenclature is appropriate for the proposed degree and its stated purpose. The proposed DN program is designed to academically prepare nurses for advanced leadership roles in healthcare or in nursing education. The DN degree will prepare strong nurse leaders who will apply, evaluate, and disseminate research evidence in healthcare or educational settings.

Offering the DN degree at the University of Toronto will be a significant accomplishment for the nursing profession in Canada. This program will provide credibility, legitimacy, and the nursing leadership needed to advance nursing careers in healthcare systems and/ or educational settings.

## 2 Admission requirements

- Appropriateness of the program's admission requirements for the learning outcomes established for completion of the program
- Appropriateness of any alternative requirements for admission into the program such as minimum grade point average or additional languages or portfolios, along with how the program recognizes prior work or learning experience

The admission requirements reflect what is typically required for a practice doctorate versus a research doctorate (PhD) and align with the program's learning outcomes (see Program Proposal, Section 10).

There are three admission requirements that differ from what is typically required for doctoral study: being a registered nurse in the jurisdiction, holding a Masters' degree, and the submission of one additional letter of support from a work-related referee. These requirements are essential for ensuring students will meet the foundational competencies of the proposed DN program. There are three notable strengths in respect to the admission process that differ from other doctoral programs:  (a) including a practice partner with adjunct or status appointment with the Faculty on the Admissions Committee, (b) requiring a minimum of two years of relevant healthcare leadership or teaching experience, and (c) requiring one additional letter of support from a work-related referee. These elements will help ensure that students enter with the foundational leadership competencies necessary for being successful in the DN program. A firm foundation in clinical nursing is critical for student *and* program success.

## 3 Structure

- Appropriateness of the program's structure and regulations to meet specified program learning outcomes and Degree Level Expectations4
- Rationale for program length in order to ensure that the program requirements can be reasonably completed within the proposed time period

The structure of the program and regulations for meeting specified learning outcomes and degree level expectations are appropriate for the proposed DN program. A particular strength of the DN program structure is the use of internships and practica that will provide a bridge between the academic world and the practice world. All course requirements are at the graduate level according to UT graduate academic policy.

The proposed DN program is described as a full-time cohort-based graduate program taken over 8 consecutive terms. The proposal states that the accelerated delivery format will allow students to complete the 4 year program in 3 years through a cohort delivery model. The rationale for the program length appears reasonable in light of the delivery model and is in line with other similar DN programs. In interviews with MN and PhD student groups, they confirmed that this would be an advantageous delivery model when balancing advancing their careers with work- and family-related responsibilities.

# 4 Program Content

- Ways in which the curriculum address the current state of the discipline or area of study
- Identification of any identified unique curriculum or program innovations or creative components and their appropriateness
- For research-focused graduate programs: Clarity of the nature and suitability of the major research requirements for degree completion
- Evidence that each graduate student in the program is required to take all of the course requirements from among graduate level courses

The proposed DN program at UT Faculty of Nursing address the current state of nursing at the local, national and international levels. It will be the first practice doctorate in Canada preparing executive-level nursing leaders in healthcare or expert nurse educators meeting the needs of the nursing community.

The proposed DN program will help achieve several goals of the Strategic Plan, specifically:

- *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.*

Further, with the proposed DN program structure, the graduate tenure stream faculty will be able to cultivate the sharing of ideas, research, and clinical practice issues to promote DN-PhD collaborative work. Identifying models for DN-PhD collaboration would be a substantial contribution to the discipline.

Practica and internships are a particular strength of the designed curriculum. Along with online coursework, they provide a mechanism to enhance DN skill development, scholarship, and professional practice. The required residencies will also provide students with the opportunity to collaborate and network with other UT students and faculty members. These approaches will further role socialization as DN students apply leadership skills and competencies within the profession and in collaboration with other health professionals.

Another strength of the proposed DN curriculum is the involvement of the academic partners of the Faculty of Nursing. In interviews with three of the Toronto Academic Health Sciences Network (TAHSN), it is clear they enthusiastically share the vision of the Faculty of Nursing to offer a professional doctorate that supports a range of career pathways to build a cadre of expert nursing leaders to be employed in the health care system or in nursing education to ultimately improve health outcomes.

There is significant support and validation from the TAHSN partnership regarding the fit of the program goals and fit with practice leadership needs, including the curricular content. This

unanimous support and alignment is unique and a substantial strength that links academia, practice, and population needs.

The proposed DN program will focus on the study of methods and strategies to promote the implementation and dissemination of research evidence that is relevant and useful to health care leadership and educational practice to maximize high quality patient care and improve population health. DN students will successfully complete a thesis (original work) which includes doctoral level research and scholarship which meets the research and scholarship expectations of the doctoral degree level at UT.

DN students must complete all program requirements. A time line for completion of the requirements is provided.

The DN curricula can be strengthened by changing the proportion of required versus elective courses. In particular, we suggest that a data analytics and finance course be added as required courses.

## 5 Mode of Delivery

- Appropriateness of the proposed mode(s) of delivery (distance learning, compressed part-time, online, mixed-mode or non-standard forms of delivery, flex-time options) to meet the intended program learning outcomes and Degree Level Expectations

The DN program will be offered full-time using hybrid online (courses) and onsite delivery modes (required residencies). The proposed modes of delivery are appropriate to Degree Level Expectations and the program learning outcomes. The Faculty of Nursing is experienced with the online hybrid model. In interviews, graduate students confirmed that this hybrid online and onsite model was of high quality, allowed for mentorship with faculty, and facilitated their ability to complete the program in a timely fashion.

There is well-established expertise for digital education at the Lawrence S. Bloomberg Faculty of Nursing at the University of Toronto, including pedagogical basis using principles for Universal Design for Learning. The DN program needs for online course development and delivery can be met with existing resources.

## 6 Assessment of Teaching and Learning

- Appropriateness of the proposed methods for the assessment of student achievement of the intended program learning outcomes and Degree Level Expectations
- Completeness of plans for documenting and demonstrating the level of performance of students, consistent with the academic division's statement of its Degree Level Expectations

A variety of methods (e.g. reports, portfolios) will be used to assess student performance and are consistent with the Faculty of Nursing's statement of Degree Level Expectations. The Degree Level Expectations (Section 10) are complete and detailed regarding the alignment between program learning outcomes and assessment methodologies as they apply to the DN student. These expectations are in line with expectations with other practice doctorate programs which include required and elective courses, a literature review paper, an oral exam and thesis proposal defense, and an oral exam and a thesis final defense. These key milestones are appropriate and characteristic of doctoral study.

## 7 Resources

- Adequacy of the administrative unit's planned utilization of existing human, physical and financial resources, and any institutional commitment to supplement those resources to support the program
- Participation of a sufficient number and quality of faculty who are competent to teach and/or supervise in the program
- Adequacy of resources to sustain the quality of scholarship and research activities of graduate students, including library support, information technology support, and laboratory access
- Faculty have recent the research or professional/clinical expertise needed to sustain the program, promote innovation and foster an appropriate intellectual climate
- Where appropriate to the program, financial assistance for students will be sufficient to ensure adequate quality and numbers of students
- Supervisory load distribution and the qualifications and appointment status of supervisors

UT Faculty of Nursing has a rich pool of academic resources to sustain the quality of scholarship and research activities associated with a DN program. A review of faculty CVs confirms that faculty have recent research or professional/clinical expertise needed to sustain the program and foster a scholarly climate. The research interests of the tenure stream faculty shows many rich areas (many of them interprofessional) that could serve as taking-off points for DN evidence-based practice projects, such as pain management, breastfeeding, mental health, and models of care for cancer survivors. In interviews with faculty, it is clear that they are enthusiastic about the proposed program and understand the investment needed to be successful.

The proposed DN program will be offered using existing faculty resources. Faculty are sufficient in numbers to meet the needs of the proposed program and  enable fulfillment of program goals and expected student and faculty outcomes at the DN level. Tenure stream graduate faculty will serve as the primary supervisors for the DN thesis and be matched based on their research

interest with one DN student by the Dean in collaboration with program leadership. Nurse leaders from the community may serve as mentors on DN supervisory committees and contribute valuable strategic and operational expertise in respect to the implementation, evaluation, and sustainability of the thesis project. The supervisory qualifications and appointment status of supervisors will be according Graduate School policy. Appendix C describes the outstanding resources of the University of Toronto Library system -- one of the top academic research libraries in the world.

The School of Graduate Studies has emergency funding and loans available to enrolled students. Enrolled students who are managing a demanding academic program also have access to the Student Crisis Fund. This Fund is for short-term, emergency funding when confronted with unanticipated financial crisis. Appendix D describes an impressive range of student support services available to enrolled students.

## 8 Quality and Other Indicators

- Quality of the faculty (e.g., qualifications, research, innovation and scholarly record; appropriateness of collective faculty expertise to contribute substantively to the proposed program)
- Program structure and faculty research that will ensure the intellectual quality of the student experience

UT Faculty of Nursing has a rich pool of faculty resources. The Dean is an internationally recognized leader and faculty members are productive scholars and contributing members to the profession at the local, regional, national, and international levels. Faculty are academically and experientially qualified to fulfill their teaching, practice, research, and scholarship roles and contribute substantively to the proposed program.

A review of faculty curricula vitae (CVs) confirmed that faculty have the appropriate research and clinical background to ensure the intellectual quality of the DN student experience.

# Appendix I: Administrative Response to Appraisal Report



March 19, 2019

Professor Susan McCahan
Vice-Provost, Academic Programs
65 St George St Rm 106
Toronto, Ontario M5S 2E5


Dear Professor McCahan,

**Re: Administrative response to New Program Proposal Appraisal Report for the Lawrence S. Bloomberg Faculty of Nursing.**

We are very pleased the Appraisal Report endorses the Faculty's plans for offering a Doctor of Nursing program. Profs D'Auria (UNC- Chapel Hill) and D'Aoust (Johns Hopkins School of Nursing) met with faculty, students, staff and external partners to gain further insight into the proposed program and they provided extremely useful feedback.

Overall, the Report was extremely positive. The appraisers noted this would be the first program of its type in Nursing in Canada and assessed the Faculty as ideally placed to "spearhead the preparation of a new generation of nurses seeking to advance their careers, specifically in executive-level healthcare leadership or as expert educators".

They noted that the admission requirements for the Program are specifically designed to ensure students will meet the foundational leadership competencies necessary for being successful in the Program. They reported that the structure of the program (including hybrid delivery, residencies, practica and internships) was appropriate for meeting the specified learning outcomes and Degree Level Expectations and the program duration is commensurate with that of similar DN programs in other jurisdictions.

The appraisers described a strength of the proposed program was the unique partnership between the Faculty and Toronto Academic Health Sciences Network institutions in the design and oversight of projects to be undertaken by students during the program; including participation in the admissions process, and membership on student thesis supervision committees.

The appraisers also expressed confidence in the resources available to support the proposed program, including the recent research or professional/clinical expertise evident in the included CVs of faculty.

The appraisers made a single comment regarding the proposed coursework components of the proposed program:

*"The DN curricula can be strengthened by changing the proportion of required versus elective courses. In particular, we suggest that a data analytics and finance course be added as required courses."*

Since academic content relating to data analytics and finance is not core to the outcomes of students focusing on nursing education, the Faculty believes this content is best left in elective courses, where it is now. Human, financial and materials management content is included in the required course "Health Services and Education Leadership". Data analytics content is included in the elective course "Analysis and Application of Individual and Population Health Data". Whilst this content is particularly relevant to those students whose focus is on health systems leadership, students with a focus on nursing education could take this course as an elective if they chose to do so. Retaining this content through electives allows for flexibility of choice for students while ensuring the academic they must cover to fulfill the program learning outcomes is achieved.

The Faculty thanks the appraisers for their thoughtful engagement in the process and their support for this initiative.

Sincerely,

Linda Johnston PhD FEANS FAAN
Dean and Professor
Lawrence S. Bloomberg Faculty of Nursing
University of Toronto

# Appendix J: Response from the Vice-Provost, Academic Programs

UNIVERSITY OF TORONTO

OFFICE OF THE VICE-PROVOST, ACADEMIC PROGRAMS

March 26, 2019

Linda Johnston
Dean and Professor
Lawrence S. Bloomberg Faculty of Nursing
University of Toronto

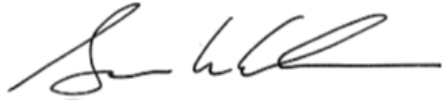**Re: Appraisal Report, Proposed New Doctor of Nursing**

Dear Linda,

I am very pleased to receive the appraisal of the proposed Doctor of Nursing. Your administrative response to the appraisal nicely summarizes the report and highlights the specific suggestion made by the appraisers for consideration.

The appraisers noted that the degree program will spearhead the preparation of a new generation of nurses seeking to advance their careers, specifically in executive-level healthcare leadership or as expert nurse educators. The appraisers suggested changing the balance between elective and required courses by requiring all students to complete courses in the areas of data analytics and finance. Your response indicates that since this academic content is not core to the outcomes of students focusing on nursing education, it is best offered through the two elective courses, as planned. This will allow the most flexibility for students pursuing the different career pathways.

I will be very pleased to recommend this new professional doctorate degree program to governance for approval, following approval at the Divisional level.

Sincerely,

Susan McCahan
Vice-Provost, Academic Programs

cc:

Joshua Barker, Dean of Graduate Studies and Vice-Provost, Graduate and Research Education
Gretchen Kerr, Vice-Dean, Programs and Innovation, School of Graduate Studies
Brian Desrosiers-Tam, Director, Office of the Vice-Provost, Graduate Research and Education
Daniella Mallinick, Director, Academic Programs, Planning and Quality Assurance, Office of the Vice-Provost, Academic Programs
Jennifer Francisco, Coordinator, Academic Change, Office of the Vice-Provost, Academic Programs

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