



DOUGLAS COLLEGE

Comprehensive Program Review

Faculty of Health Sciences

Bachelor of Psychiatric Nursing

Accrediting Body: BC Colleges of Nurses and Midwives

Table of Contents

1. Self – Study Report (Excerpts)	Page 3
2. Gap Analysis	Page 4
3. Response from the Vice President Academic and Provost	Page 10

Recommendations: Summary and Summary List

EXPECTATION:

- The CPR process will result in recommendations for DDP follow-up/action
- A consolidated summary table of these recommendations will appear at the front of the Self-Study in place of an Executive Summary
- The Recommendations page will include a brief summary of program strengths and accomplishments, weaknesses and limitations, and opportunities for growth or renewal

The Department of Psychiatric Nursing (DDP) has experienced a decline in application to the BSPN program beginning in winter 2024 with 34/40 seats, in fall 2024 with 21/40 seats and in winter 2025 the intake was cancelled. There has been a slow decline in admissions to Academic Foundations for Psychiatric Nursing (AFPNUR) over the past 2 years. British Columbia is experiencing a decline in enrolment for psychiatric nursing programs due to several interconnected factors:

- **Housing Challenges:** Prospective students, particularly those from outside urban areas, face difficulties in securing affordable accommodation near educational institutions.
- **Perceptions of the Profession:** The COVID-19 pandemic has highlighted the demanding nature of nursing, potentially deterring new applicants. Reports indicate that increased workloads and stress during the pandemic have made the profession less attractive to some. BCNU ads have portrayed nursing in a negative light.
- **Economic Factors:** A 'work from home' job market may lead individuals to pursue alternative career paths that require less training and offer competitive salaries, impacting the number of applicants to nursing programs.

There are numerous mitigating strategies to increase enrollment such as increasing recruitment efforts, offering dual credit for high school students and admitting international students into AFPNUR and BSPN programs. In January 2026 there will be the launch of a new program, the LPN Access to Psychiatric Nursing Degree, which will increase enrollment as a third pathway for aspiring psychiatric nurses.

In the faculty survey, they reported that face to face is a (very or somewhat effective) method of instruction. As well, the faculty reported that an increase in hybrid may increase enrollment as this will compete with hybrid/online offered by other RPN programs. The Student, Alumni and Faculty surveys felt that there should be more experiential learning class time for Therapeutic Relations and Clinical Procedure courses.

There are ongoing challenges/ risks in securing clinical practicum sites in the lower mainland. The focus will be to secure tertiary mental health, surgical, and appropriate community sites. Also, there are challenges to hire QTT faculty for the medical/surgical and specialty nursing areas. There is an ongoing nursing shortage and there is an impact of competitive wages in the health authorities for similar master's prepared jobs.

The DDP has a robust committed PAC with provincially wide membership. The DDP will continue to build expertise in the PAC membership i.e. nursing research and marketing (MCO) membership, and the DDP will strive to meet the stakeholders biannually.

The DDP list of recommendations is numbered in the level of priority.

Recomm Number	Related Report Component	Recommendation	Status / Timeline
1.	7. Admissions, Enrolments and FTE	To mitigate low enrollment rates to AFPNUR and BSPN program	Underway* Assigned to Program Coordinator and Student and Staffing Coordinator. First report out September 2026
2.	7. Admissions, Enrolments and FTE	LPN Access to Psychiatric Nursing program advertisement, enrollment and development of online courses- awaiting confirmation of LPN Coordinator beginning Sept 2025	Underway* MCO, DDP, and LPN Coordinator- awaiting funding and selection of LPN coordinator for fall 2025 First report out September 2026
3.	9. PACs and External Partnerships	Clinical Practicum sites – expanding placements in tertiary mental health, surgical units, and community mental health.	Underway* PCC and Program Coordinator First report out January 2025
4.	10. Faculty and Professional Development	Ensuring there are enough QTT faculty for the specialty areas, and medical/ surgical and psychiatry areas in the program.	Underway* Student & Staffing Coordinator and Program Coordinator Ongoing – report out annually in the Annual Report
5.	9. PACs and External Partnerships	Expanding PAC membership and prioritizing biannual PAC meetings.	Begin in Fall 2025 (Program Coordinator) Report out May 2026 and into Annual report
6.	11. DDP Operations	Hybrid courses in BSPN program - hybrid may increase enrollment, decrease the 4- hour lectures and compete with other PSI psychiatric programs.	Begin to offer in Sept 2027 Curriculum Coordinator and CPEC committee First report out in May 2026
7.	11. DDP Operations	Increased Therapeutic Relations and Clinical Procedure class time	Discussion will start in curriculum in 2025, report out in annual report 2026. Potential options for consideration in 2028.

DDP Accreditation Reports vs. Douglas College Comprehensive Program Review: GAP ANALYSIS

DDP and credential type: Bachelor of Science in Psychiatric Nursing (BSPN)

Accrediting body: BC College of Nurses and Midwives

Accreditation report submission date: 6/14/2023

CPR COMPONENT	REQUIRED CPR CONTENT	FOR CPR: SUGGESTED FORMAT + INFORMATION/DATA SOURCES	ACCREDITATION REPORT CONTENT
Prelim pages	Title Page		✓
Prelim pages	Table of Contents		✓
Prelim pages	Scope of the Self-Study		✓
Prelim pages	Recommendations (Summary + Summary List)		X
Prelim pages	Previous CPR List of Recommendations , DDP IAP and 1-year Follow-Up Report	Add text <u>only</u> if rationale for inaction needed	X
Prelim pages	Methodology/Process		X
1.	Program Content/Curriculum		✓
2.	Core Competencies and Program Outcomes	Approved (Ed Co, DQAB) program info; excerpts from DC Strat Plan, Vision/Values	✓
3.	Experiential Learning Opportunities		✓ Practice learning – experiential learning focus obvious throughout
4.	Course and Program Delivery	Text; table (sources: Tableau); cross-functional input (surveys)	X no canvas of operational considerations/issues
5.	Engagement with College Mandate, Priorities and Strategic Plan	Text (sources: excerpts from CGs, DDP website, minutes; from DC Strat Plan, Vision/Values)	X
6.	Student Outcomes	Charts/tables (source: AR), quotations/anecdotes (source: student surveys)	✓ From perspective of resources available, grad exam scores, post-grad surveys and course feedback tool (Qualtrics); not sure how/if faculty are canvassed for input on changes needed; did not see any data on related employment after graduation; some survey results on outcomes in appendix, pp. 398ff.
7.	Admissions, Enrolments, FTE (criteria, application, yield rate)		✓ for admissions req'ts X for applications/enrolments/FTE

8.	Transfer and Pathways (credential laddering; articulation; BTAs)	Source information from BC Transfer Guide or agreements	X minor attention re CAFPN
9.	PACs and External Partnerships	Motion/recommendations from PAC minutes; quotations (surveys)	X PAC make-up, meeting frequency, input/minutes; input about number/suitability of placement sites X info about previous accreditation outcomes (recommendations, etc.) ✓input from clinical sites
10.	Faculty and Professional Development	Table; list (source: Faculty PD logs)	X Summary of DC PD offerings, and one sample anonymous PD log given (p. 281 in appendix) but no specifics for individual faculty members or info on specific courses taught, publications, etc. or info on currency aside from fact of licensing; contract + probationary evaluation processes (not PPFDE) outlined, but again no detail on actual numbers completing in last 4 years; appendix FF referred to is about a PNUR course for <u>students</u> (about s. currency), not faculty currency; pp. 262-64 on faculty qualification details; no comments on issues re: succession planning or QTT/coverage
11.	DDP Operations	Table; website extracts; cross-functional input (surveys)	X
12.	Summary: Risks/Challenges/Opportunities	Text; information from WorkBC	X a few scattered throughout – evidence of tweaks to curriculum in response to routine student input
	Appendices* (required vs. optional)	AR (templates) since last CR or last four years (minimum)	X ARs missing

Summary of gap analysis:

A partial CPR should provide the following information to supplement the accreditation report, in order for the PNUR program review to be complete and compliant with Douglas College Admin policy A38 *Program Review*:

- At the outset (**preliminary pages**), a CPR is expected to foreground recommendations and plans for action arising from any previous CPRs (or in this case, accreditation reports), with updates on progress to date and rationale for any recommendations set aside since previous review
- Following the above, the CPR is expected by way of executive summary (**preliminary pages**) to provide a table of new recommendations arising from the current CPR – no recommendations can be found in the accreditation report (not surprisingly, since it has different objectives than does a CPR) – this makes the accreditation report in some sense not an ideal substitute for a CPR
- Missing are surveys of staff/faculty in service and educational units outside the program, to identify any concerns with the operational interactions these units have with faculty/students in PNUR (**component 4 of the CPR**)
- Required data on the program's performance in terms of applications, enrolments and graduation rates and trends are missing (much of this would be captured through inclusion of the Annual Reviews – **component 7 of the CPR and required appendix**)
- Required information from the [BC Transfer Guide](#) and discussion of pathways in to/out of the program are missing (**component 8 of the CPR**); would normally indicate eligibility of grads to enter relevant graduate programs, and if known, provide any information about their success
- Required information about the make-up, meeting history and minutes from the program's PAC is missing (**component 9 of the CPR**), including specific address of any recommendations made by the PAC, whether the program has responded to these recommendations or chosen not to do so (in which case, a rationale for not responding is expected), and some brief narrative should be provided to address the nature of relationships with placement sites or other external partners
- Required information about individual faculty PD and currency is missing (**component 10 of the CPR**); the AccR outlines the processes and opportunities available but does not present required information/data on what has been completed or accomplished by each instructor
- Required information about the operations of the program is missing (**component 11 of CPR**): such information should identify resources available/needed (budget, classrooms, lab space, etc.), suitability of course scheduling (hybrid/online/f2f), any concerns with course rotations, accommodation of students out of step with cohort, sufficiency of number/type of practicum settings, etc.)
- Required identification of risks/challenges/opportunities the program faces is missing (**component 12 of CPR**) – this is typically the conclusion to the CPR and a place for consolidating recommendations for action over the next X years; these are then commented on by both the

external reviewer(s) and the VPA, and will inform the DDP's Implementation and Action Plan (IAP)

Further Steps:

1. The Dean supplements the Self-Study with costing information on the degree program, provided by Finance, and forwards to the VPA
2. The self-study typically goes next to 2-3 external reviewers before the VPA responds and provides recommendations to guide the program's efforts over the next years (prior to the next CPR); given the role of the external accrediting body, the Dean and VPA may agree to waive this requirement
3. The VPA responds to the program and Dean, providing recommendations as noted in (2)
4. Within 45 days of receiving the VPA's response, the program provides the Dean and VPA with an Implementation Action Plan (IAP), outlining commitments and leads for follow-up actions
5. The Dean follows up on progress on the IAP within one year of its submission



**DOUGLAS COLLEGE COMPREHENSIVE REVIEW (CR)
RESPONSE FROM THE
OFFICE OF THE VICE-PRESIDENT, ACADEMIC AND PROVOST**

Douglas College Administration policy A38: Program Review requires a follow-up plan be developed by the Vice President, Academic and Provost, in response to the Self-Study and External Report.

FACULTY (Lead Dean/Associate Dean)	Applied Community Studies
Department / Program	Department of Psychiatric Nursing Bachelor of Science in Psychiatric Nursing
Date Submitted	May 2025
External Review Panel (ERP)	Accrediting Body: BC College of Nurses and Midwives (BCCNM)
Reason for Timing of Comprehensive Review	☒ Schedule (routine) or ☐ Off-cycle, due to emergent concerns (specify below) ☐ Changes in discipline/field/licensing ☐ New program development ☐ Demand/enrolment/budget concerns ☐ Other (specify)
Date of last Comprehensive Review	Not applicable – first CPR
RESPONSE/RECOMMENDATIONS	
SUMMARY RESPONSE AND VPA&P RECOMMENDATIONS In particular, DDP name should focus on the following:	Comprehensive Program Reviews (CPRs) are similar in structure, process and rigor to reviews undertaken by external agencies during program accreditation. Hence, CPRs can share many of the same review elements with accreditations, varying according to the specific criteria of the accrediting body. Consequently, the College does not require Departments/Programs to replicate those elements of a CPR which have already been the subject of a recent accreditation. Further, the College does not empanel external reviewers for the CPR of an accredited program when an external panel review has already been conducted by an accrediting body. Instead, accredited programs are required to complete a ‘gap analysis’ and then review the elements of the CPR which were not previously covered in the accreditation process. The VPA&P alone conducts a final – internal – review of the ‘gaps.’ While this is the first CPR for the Bachelor of Science in Psychiatric Nursing (BSPN), it is not the first program accreditation. In 2024 the BSPN program went through an Educational Program Approval process (i.e., accreditation) conducted by the British Columbia

	College of Nurses and Midwives (BCCNM). The program/credential received a 100% compliance score and was given the maximum 5-years renewal with no recommendations. (Note: in April, 2025 the BCCNM recommended an increase in the renewal/approval period to 7-years). In large measure, the BCCNM report was used to fulfill components of the Comprehensive Review. The gap analysis that was conducted after accreditation produced 7 separate recommendations. The VPA&P accepts all 7 recommendations of the self-study with the following important caveat regarding Recommendation #6. Recommendation #6 states <i>“Hybrid courses in BSPN program - hybrid may increase enrollment, decrease the 4- hour lectures and compete with other PSI psychiatric programs.”</i> The College recognizes that online and hybrid modes of teaching are able to support students who live beyond a commuting distance from the college or are otherwise unable to attend classes ‘in-person’ – and encourages the use of these modes accordingly. However, Douglas College has committed to being a predominantly ‘in-person’ institution, noting that our students generally have the best outcomes with in-person modes of instruction. The VPA&P advises that learning modes should be selected primarily on the basis of pedagogical considerations. The VPA&P congratulates and commends the Department for completing a highly successful accreditation and receiving the longest available accreditation period. This is a strong endorsement of the program. As per the College’s routine follow-up to comprehensive program reviews, the Department is to submit its <u>Implementation and Action Plan</u> (IAP) to the Dean within 45 days of receipt of this Report, and to report back to the Dean one year after submission of the IAP to account for progress made.
All Self-Study recommendations accepted?	☒ Yes with caveat regarding recommendation #6.
All External Report recommendations accepted?	☒ Yes
Next scheduled PR (5 – 7 years):	2032



Vice-President, Academic and Provost

August 22, 2025

Date