

College nurse training fulfills hospital sector needs

In Quebec, training to be a nurse necessarily entails higher education. Indeed, the recent creation of the Ministry of Higher Education, Research, Science and Technology (MESRST) is clear confirmation that college pre-university and technical training is a full and integral part of the higher education system. The CEGEP nursing program is the most important gateway into the profession, whereas the university path offers two possible entry routes: the DEC-BAC program or a pre-university DEC in natural sciences followed by a bachelor of science (BSc) in nursing.



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Many who are today calling for an increase in the academic requirements for nursing claim that college training is inadequate, particularly when it comes to three main clinical fields: mental health, critical care and community health. To assess the validity of this claim, we took the liberty of comparing the technical program to the undergraduate nursing programs offered in three Quebec universities (*Université de Montréal, Université Laval and Université du Québec à Trois-Rivières*).

This comparison shows that the college curriculum places more emphasis than in the university sector on hands-on care of hospitalized patients in general medicine and surgery. When it comes to other types of hospitalization, such as for pediatric, perinatal or geriatric care, for example, the number of hours dedicated to field work is essentially the same in both the CEGEP and bachelor programs. Now what about the three contested clinical fields?

College training satisfies requirements in mental health and critical care

Mental health and critical care are often held up as examples of why the academic bar needs to be raised for nursing in Quebec. The province's Order of Nurses (OIIQ) argues that CEGEP programs devote an insufficient number of hours in these areas to assure the same level of qualifications as acquired through the university system. In fact, college programs provide for 135 hours of field work and a set number of hours of theory in critical and mental health care, whereas a 2009 survey by the Quebec association of college nursing teachers (AEESICQ) found that nursing departments devote an average of 129 hours of field work to ambulatory care, which includes critical care, and 125 hours to mental health. It therefore appears that the college program not only satisfies, in principle, the OIIQ's 2009 criterion for mental health care training, but that, in practice, many CEGEPs are already attaining it.

In 2012, the OIIQ recommended that 675 hours of critical care training be required for entry-level qualification into the practice of nursing. Clearly, no CEGEP can possibly offer that many hours of training under the existing program. But, judging from our analysis of the three undergraduate nursing programs, that standard is not the norm in the universities either.

University training plays community health role

Community health is the third area often cited to justify the need for a higher level of

training in nursing. Our analysis confirms that the university curriculum devotes more hours to the teaching of community health-related skills. Few CEGEPs can claim to offer as extensive an education in this clinical field and to fully prepare nurses for the challenges of community practice. Indeed, under the existing college program, the community health care is part of "ambulatory care" competency, which also includes critical care. Fulfilling the requirement of 135 hours of field work and additional hours of theory in each of these clinical fields would mean having to reduce the amount of training in critical care.

Moreover, the bachelor's program develops skills that prepare future nurses to work in close collaboration with other health care professionals and to coordinate interdisciplinary care in hospital units and departments. These two competencies are especially necessary for nurses who practice in the community health sector and who exercise particular responsibilities, as in the case of liaison nurses, case management nurses or assistant head nurses.

Nurses for the public health system

Both the OIIQ and the International secretariat of nurses in the French-speaking community (SIDIIEF) base their assertions for higher training on the premise that Quebec's nurse technicians may be unable to work outside the province.

The purpose of career and technical training is to give students the skills they need to enter the labour market in a given field. And in Quebec, the primary labour market for nurses

is the public health and social services sector. Therefore, without seeking to intentionally curb opportunities to export the skills of our nursing graduates to other provinces or even other parts of the world, we believe that training must focus on the needs we have here and that such individual considerations must not influence our broad reflection on Quebec's training needs for 2020.

A provincial table of representatives from all nursing departments might help harmonize the college program, but it won't solve the disparities with the university programs.

Some maintain that the variations seen across the CEGEP system in the number of hours devoted to the different clinical fields might be the problem of a technical program regulated by a professional order.

But let us just say from the outset that if there is indeed a problem, it is far from exclusive to the CEGEP system. Our review of the university programs shows that not only do similar differences exist in the number of hours devoted to each clinical field, but that, in some cases, these fields are even optional.

On the college level, the 1990s reform decentralized control over mandatory competencies in study programs by allowing each CEGEP to determine both the number of hours of training for each competency and the means by which the skills were to be attained. At the university level, program content is determined entirely by the individual institutions.

FNEEQ-CSN does not see these variations as a problem. In fact, CEGEP graduates are required to take the exact same Order of

Nurses exam as their university counterparts, and not a single study has yet to show any correlation between local implementation and passing rates.

Nonetheless, in keeping with our request for provincial discussion tables for each of the technical study programs, we reiterate the hope that such a table will be established for the nurse training program. This body could be tasked with making recommendations, where applicable, on the minimum number of hours that should be dedicated to skills acquisition in such specific clinical fields as, for example, critical care and mental health.

No study has found a direct link between nurse technician care and higher patient mortality

It is difficult to deny that a relationship exists between level of nurse training and patient safety. In 2003, the American study by Aiken et al. found that the higher the proportion of nurses with bachelor degrees in nursing (BSN) versus those with associate degrees in nursing (ADN) on health care teams, the lower the risk of patient mortality and post-operative complications. However, the conclusion many have drawn from this to bolster the case for higher training is, in our view, impertinent.

While this study clearly illustrates the general principle that higher training improves patient safety, it tells us nothing about the situation in Quebec, where nurse technicians and auxiliary nurses make up the better part of health care teams. Indeed, an analysis of the ADN program shows that these trainees receive about 1,680 hours of specific nursing training, or roughly the equivalent of the 1,800 hours given to Quebec's auxiliary nurses. In other words, the

level of training on Quebec health care teams is already higher than in the case studied by Aiken et al.

Adopting the model of the American study team, as the OIIQ suggested in 2012, would involve increasing the number of bachelor degree holders on direct patient care teams and undoubtedly lead to a significant increase in the number of auxiliary nurses: this model would therefore bring about a relative drop in the overall training level of staff providing direct care to patients. The OIIQ's proposal, based on the ADN model, would thus produce the opposite effect than the desired goal of raising the training level of first-line caregivers.

More community care doesn't mean need for fewer nurse technicians in hospitals

The quicker transfer of patients to the community care sector is not a new phenomenon. For many years now, less invasive operating techniques, new homecare technologies and the development of intermediary resources have made it possible to shift many of the services previously provided in hospitals to the community. Some believe this shift means there is less need for nurse technicians and more for nurses with bachelor's degrees. To them, the significant growth in the over-65 population we will be seeing over the next decade, the increased complexity of the health care services they will require, and the rise in the number of cases that will necessarily be directed to the community health sector further justify the need to make the BSc the entry diploma into the profession.



Denyse T. April is president of the Quebec association of college nursing teachers (AEESICQ), an association established in 1986 and in which membership is voluntary. She shared some of her comments with us: "In September 2011, we held a consultation with 36 nursing departments, and 89% of them were against the OIIQ's proposal. To the AEESICQ, we need to revisit the areas of practice, maintain the DEC and BSc options, avoid overlap in content and review the competencies. To the OIIQ, 3+2 = 2+3! We don't agree with that assertion. We've been training nurses since 1967 and we fully intend to keep doing it. We believe the universities should be devoted to training students for specializations in the different areas of nursing. That is what we stand for."



As we have already stated, the skills required to adequately meet the needs in community health care are best acquired at the university level. Managing living environments and family dynamics, and building and maintaining the solid interdisciplinary ties that are needed, demand competencies that would be difficult to add to the already loaded college curriculum. It may be true that we are going to see more and more people steered toward community health services, but we are also

going to see more and more requiring acute care—the kind that can only be delivered in the hospital setting, where nurse technicians, supported by other categories of institutional staff and resources, are able to fully exercise their skills.

The OIIQ, SIDIEF and Quebec association of health and social services organizations (AQESSS) claim that, by the year 2020, 75% of the province's nurses will be working in the

community. But data from the OIIQ's Web site suggest the transition is happening far more slowly than that: if we compare the nursing staff force in 2007-2008 and 2011-2012 by field of practice, we see that the proportion of primary care nurses (homecare, early childhood and family care, etc.) rose by only 2%, from 13% to 15%. Based on these findings, it seems highly unlikely that within eight years, 75% of all Quebec nurses will be working in the community health care sector. ■