

DEC in nursing an undeniable advantage!

ISABELLE FORTIN
CÉGEP DE SAINT-JEAN-SUR-RICHELIEU

CEGEPs provide quality training

I have been teaching nursing at St-Jean-sur-Richelieu CEGEP for 13 years and was a student there myself 23 years ago. Nursing training has certainly evolved over the years: our students today learn much more about biology, pathology and the role of nursing in patient evaluation, monitoring and intervention. The training I received was much more focused on practice, whereas today we are training “thinkers”. We are giving them the knowledge they need while teaching them to exercise their judgment in applying this knowledge in the practical setting.

The students are motivated by the quality of the training offered and by the possibility of having a career within three years and a diploma that quickly validates that career choice. They have the option to continue on to a bachelor degree if they choose, but they are not required to do so. Tuition costs for CEGEP are much lower than they are for university. Field work begins right at the first semester and continues through to the end of their third year.

The college system provides quality training, as our students’ OIIQ exam results clearly demonstrate. The students I meet in the hospital adapt well to the environment and perform well. Some make their mark in youth committees; others do it by pursuing their studies or occupying important positions for the advancement of the profession.

DENISE GIRARD
CÉGEP DE JONQUIÈRE

Our nurses are exemplary

I’ve been a teacher since 2000 and departmental coordinator for the past four years. The college nursing program meets the needs in hospitals; it offers practical training, and it has proven itself. It’s true the profession is evolving, but the training we give is levelled-up to the highest standards to make sure our graduates are prepared for the workforce. And they are! Our nurses are exemplary. To me, comparing nurse training in Quebec with what is done elsewhere is like thumbing our noses at the entire CEGEP curriculum. Before making a bachelor’s degree mandatory, we should be analyzing clinical requirements, reviewing the organization of labour, and reassessing training needs both at the college and university levels.

CLAUDINE JOUNY
CÉGEP DU VIEUX MONTRÉAL

Who would do what?

In October 2011, the Federation of CEGEPs issued a press release asserting that there is enough room in the health care system for both nurse technicians and bachelor nurses. It gave two groups of nursing teachers from two DEC-BAC consortiums the mandate to study the feasibility of having different licenses for gaining entry to the profession—one for technicians and one for bachelor holders. To each of these licenses would be tied specific duties. There is reason to fear that such a scenario would lead to the ghettoization of nurses and the splintering and compartmentalization of nursing care.

Imagine a health care team made up of nurse practitioners, clinicians, candidates to the nursing profession, technicians, interns (a new category proposed by the OIIQ to mitigate Quebec’s ongoing nursing shortage), externs, auxiliary nurses and orderlies! How would the patient keep it all straight? Who would do what?

UTE BEFFERT - JOHN-ABBOTT COLLEGE

Better care with a BSc? Not so sure...

I’ve been teaching nursing for 13 years and, in my view, requiring a bachelor degree for entry into the profession has more to do with salary than anything else. Of course, university graduates earn more, but that also means fewer of them will be hired because of the higher salary costs! To me, it’s almost a slap in the face to women: do we want to create two classes of nurses? Do we want to be like Ontario, where licensed nurses are paid considerably lower wages to do basically the same job? We’re still waiting for our questions to be answered. The reality is that CEGEP nursing students receive more practical than theoretical training, and universities offer fewer hours of field work. I also have to question the ability of universities to accept and train all Quebec nurses. Have we even asked ourselves how this is going to improve care?

LUC GRENIER AND NANCY VEILLETTE
TEACHERS AT COLLÈGE SHAWINIGAN

A unique virtual centre

With the Quebec health care system in need of expert nursing graduates, we've had to adapt our training. It all began when we took part in a research project on the use of simulation to improve clinical skills development among students. Our virtual clinical immersion centre is an excellent complement to clinical field work in that it offers wider opportunities for learning than in a real-life context, where students can't be thrown into dangerous situations and the public thus exposed to the risks of such clinical experimentation.

The virtual centre allows students to draw on their knowledge and develop critical judgment and decision-making in a clinical situation in which rapid action is required.

The installation of a debriefing room was a priority for us, as this is an important aspect of simulation. The teacher therefore encourages the participant to reflect on his or her performance and benefit from feedback that is not merely correctional in nature. This allows the student to make connections and transfer the knowledge to other situations.

The simulation lab is an opportunity to experiment with another form of learning...and of teaching. Students are supported in their development of autonomy, clinical judgment and decision-making by reflecting on their actions. Simulation through immersion is a complementary teaching tool we are proud to have at our disposal at Collège Shawinigan.

NO TO INCREASING THE BURDEN ON PUBLIC FINANCES WITHOUT IMPROVING DIRECT CARE

Daniel Mary

Regroupement cégep coordinator

FNEEQ has always been in favour of adequate funding of public services to meet the needs of the population. Commensurate pay for the workers who further Quebec's health and social services mission is not just a theoretical cause but a concrete demand our federation has long supported and actively promoted. This demand is as much for higher wages as it is for pay equity and salary relativity adjustments.

Arguments for increasing the academic requirements in nursing fail to demonstrate how this will bring about better health care for Quebecers. In fact, it is our contention that the high costs generated by this change will require financial choices that could result in the restructuring of the health care system and ultimately lead to a drop in the number of nursing graduates.

The nurse technicians already in practice at the time this new requirement comes into force will have to be paid the same as bachelor nurses, considering they will be able to do the same job. Based on data from a December 2012 Quebec association of health and social services institutions (AQESSS) issues paper on basic nurse training, an estimated 75% of nurse technicians are already paid the equivalent of a level-13 bachelor's graduate. Merging the pay scales will mean that, within five years, these technicians will have climbed to the highest salary level, an increase that will cost the province about \$250 million.

To this must be added the salary costs of college graduates who, under the model proposed by the Quebec Order of Nurses (OIIQ), would not yet be full nurses. Assuming they were to be paid the current rate of remuneration for practicing candidates (\$20.22/hour, based on job classification, pay rates and salary scales in the health and social services network, Montreal, MSSS), the 1,800 interns expected in the first year would cost \$18 million, not counting benefits. As of the third year of implementation, the salary costs for these interns would amount to about \$60 million.

On top of that, the Quebec Treasury Board anticipates there will be strong pressure to raise the salary levels of auxiliary nurses and orderlies, which would cost another estimated \$230 million.

In view of these increased expenditures, there is considerable risk that the health ministry or the institutions themselves will opt to replace registered nurses with auxiliary nurses. Indeed, that is precisely what the McGill University Health Centre has just done by laying off BSc nurses and hiring auxiliary nurses in their place. This is not an acceptable option for a public health care system.

So, basically, what is being proposed is a half-billion dollars in extra spending—with zero evidence that it will lead to improved care! ■