

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*

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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! ■