

Nurse Transition to Professional Practice: Feasibility and Outcomes of Paid Undergraduate Student Nurse Positions

Final Report

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Project Information

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The research project complements Health Authority projects that address Nurse Transition to Professional Practice – a collaborative project of educational institutions and Health Authorities to determine and evaluate models for implementing student to practitioner transition programs.

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BACKGROUND

In 2001, the British Columbia Ministry of Health Services funded a demonstration project designed to support new graduate transition to professional (RN) nursing practice. The three-year demonstration project included two paid student nurse initiatives: Undergraduate Nurse Employment and Paid Final Preceptorship. The Undergraduate Nurse Employment Initiative created supernumerary paid undergraduate nurse positions in Health Service Areas, wherein the student is a health care agency employee with no *formal* links to the nursing education program. The Paid Final Preceptorship (Practicum) Initiative offered a paid final preceptorship for students at the end of their final year of nursing education. Unlike the Undergraduate Nurse (UGN) Employment Initiative, the Paid Preceptorship Initiative (PP) included a *formal* education component.

Complementary to the demonstration project, an evaluation study also was funded by the B.C. Ministry of Health Services. The Paid Undergraduate Nurse Evaluation examined the feasibility and outcomes of the two paid student nurse initiatives. The two initiatives were implemented and the evaluation was conducted in five BC Health Service Areas¹ (HSAs), in collaboration with five Schools of Nursing offering the Collaborative Nursing Program in B.C. One HSA implemented both initiatives, four HSAs offered the Undergraduate Nurse Initiative, and one HSA implemented the Paid Preceptorship Initiative only.

The specific purposes of the evaluation were to explore the ways initiatives were implemented in each Health Service Area, to determine early and longer term outcomes, and to ascertain future plans arising from the two initiatives. Early outcomes included student learning outcomes and workplace outcomes during implementation; these concepts/variables were viewed as indicators foundational to the longer term outcomes. Longer term outcomes of interest included recruitment and retention of new graduates, retention of existing nurses, preparation of nursing graduates to be 'job ready' as well as 'practice ready', and the provision of opportunities for students to be paid for their work/learning experience (debt reduction). The evaluation was formative so that early findings about implementation and outcomes could be used to improve the initiatives during the three-year demonstration project. Three year-end evaluation reports were submitted to the B.C. Ministry of Health Services.

The Year One report included an analysis of the initial implementation and early outcomes of the UGN Initiative (Gamroth, Lougheed & Budgen, 2002). The Year Two report

¹ Two additional Health Authorities, not part of this evaluation, implemented Undergraduate Nurse Positions during the time of this demonstration project.

included analysis of the implementation and initial outcomes of the PP Initiative, as well as second year UGN findings (Gamroth, Lougheed & Budgen, 2003). The Year Three report included an analysis of the outcomes from the graduate follow up of former UGNs , former PPs and former Regular Program (RPs) graduates, as well as an analysis of Workplace Representatives' feedback about new graduates (Gamroth, Budgen, & Lougheed, 2004). This final report provides a summary of findings from the three year-end evaluation reports.

PROBLEM GIVING RISE TO DEMONSTRATION PROJECT

Current discussions about health care, cost containment, quality of patient care and nursing are replete with concerns about the workplaces within which nurses are practising and the preparedness of nursing students for entry into these workplaces. Well-documented workplace challenges include high patient acuity and complexity, an aging and increasingly casualized nursing workforce, nurse shortages, work overload, inadequate environmental supports, and patient and nurse safety issues. Nurses expect new graduates entering B.C. health care workplaces to be practice ready and also essentially job ready, yet even experienced nurses report difficulty in meeting patient care standards in current workplaces (Aiken, Clarke, & Sloane, 2002; Aiken et al., 2001; Canadian Nurses Association, 2002; Havens & Aiken, 1999). Thus, pressures on new graduates and their nurse colleagues as they strive to maintain quality of care, can be intense.

With the aim of reducing these pressures, two initiatives were undertaken in British Columbia to increase support for students in their transition to the workplace and, correspondingly, to increase support for nurses who work with students and new graduates in the workplace.

DEVELOPMENT OF TWO INITIATIVES IN THE DEMONSTRATION PROJECT

Undergraduate Nurse Employment Initiative

The concept of undergraduate nurse employment in British Columbia originated with a group of fourth-year students at the University of Victoria, who were completing the course "Nurses Influencing Change." The students were concerned about having enough practice experience to meet increasing nursing competency requirements and to enable their survival as new graduates given workplace realities. Debt load also was a concern because extensive student practicum time limited opportunities for paid employment during the nursing education program. Students found that the idea of undergraduate nurse employment was supported by many practising nurses and nursing faculty who, given current workplace conditions, also were

concerned about meeting patient care standards and adequately preparing nursing students.

By 2001, concerns in British Columbia about the nursing workforce, workplace, and patient safety had escalated to the point where diverse stakeholder groups were prepared to work together to develop initiatives to recruit and retain new graduates, retain existing nurses, prepare nursing graduates to be job ready and employ students in positions that matched the level of their education in nursing. The UGN employment idea was further supported by nurse leaders in the South Vancouver Island Health Service Area, who invited the participation of provincial stakeholders (administrators, labour organizations, professional associations, educators and government). Nurse leaders from three additional Health Service Areas and related educational institutions within the Interior Health Authority expressed interest in being part of the UGN Initiative.

Paid Final Preceptorship Initiative

In the fall of 2000, Malaspina University-College and Central Vancouver Island Health Service Area submitted a proposal to the Ministry of Health Planning to establish a paid final practicum for students in the nursing program. The proposal, not funded at that time, served as the basis for the Paid Preceptorship Initiative (PP) funded the following year 2001. Concurrently, a second educational institution and Health Service Area received funding for a similar initiative. Unlike the UGN initiative, the Paid Preceptorship Initiative included a *formal* education component whereby students' were mentored and monitored by nurse-preceptors and evaluated by faculty. Students received a stipend during or after completion of the final preceptorship.

EVALUATION RESEARCH QUESTIONS

Three general questions guided the evaluation: 1) How was the program of paid employment for undergraduate nursing students implemented in each Health Service Area? 2) What were the outcomes of the Undergraduate Nurse Employment and Paid Preceptorship initiatives? and 3) What are the implications, plans, and possibilities for future undergraduate student employment programs?

RESEARCH DESIGN

The three-year evaluation study included both implementation and outcome analysis. The implementation (or process) evaluation focused on Research Questions One and Three: "How were the Undergraduate Nurse Employment and Paid Preceptorship initiatives implemented in each Health Service Area?" and "What are the implications, plans, and

possibilities arising from the two initiatives (UGN and PP)?” The outcome evaluation focused on Research Question Two: “What were the outcomes of the UGN and PP initiatives?”

The implementation evaluation design was descriptive and prospective, involving multiple data sources. Data sources comprised workplace representatives (RNs, RPNs, LPNs, Managers, Clinical Educators), students and faculty at each of the five study sites (UGNs in four Health Service Areas and PPs in two Health Service Areas). Additional data sources were key health care and nursing practice stakeholders in the province and documents associated with the demonstration project. This implementation evaluation design permitted the exploration of diverse viewpoints within the multifaceted demonstration project.

The outcome evaluation design was quasi-experimental, involving two intervention groups (UGN and PP) and one comparison group (RP) at the multiple sites. This type of well-controlled outcome evaluation is sometimes referred to as an impact evaluation as the net effect of the intervention (in comparison with regular treatment) can be assessed (Polit and Beck, 2004). The demonstration initiative and evaluation were undertaken in the real-world setting of nursing practice and education, thus random assignment of nursing students to intervention groups was not feasible.

The evaluation was longitudinal. Implementation data were collected over the three years of the UGN initiative, and the one year of the PP initiative. Outcome data were collected about two cohorts of new graduates over two years: 2002 graduates (UGN, PP, RP), nine and 21 months following graduation; and 2003 graduates (UGN, RP), nine months following graduation.

The evaluation design had extensive participatory and formative dimensions. These design dimensions were incorporated to strengthen validity of the evaluation and to permit timely use of findings to improve the demonstration project. These participatory and formative dimensions of the design were realized primarily through the specially constructed research team.

Research Team

The research team included a university based principal investigator, a research associate who managed evaluation activities, a research consultant in program evaluation, practice representatives from each of the five participating Health Service Areas, faculty researchers from each of the five corresponding educational institutions, and the Coordinator of the Collaborative Nursing Program in B.C.

The research team of nursing practice representatives and faculty researchers worked collaboratively through email, teleconferencing and face-to-face meetings. The team members shaped the evaluation (e.g., research questions and data collection methods); and they also used early findings to improve the initiatives being implemented in their Health Service Areas, thus improving the quality of the demonstration project. Timely use of findings (knowledge translation) was further supported by the dissemination of six month and yearly evaluation reports to participating health care agencies, educational institutions, and policy makers.

Sample

The sample for the implementation evaluation comprised workplace representatives, students, key health care and nursing practice leaders, faculty members and documents. Sample selection was inclusive; that is, all those involved in the demonstration were invited to participate in the evaluation. For example, across the four participating sites for the UGN initiative, all interested workplace representatives on nursing units where UGNs were employed were invited to participate in the evaluation; and also, all students who were employed as UGNs were invited to participate. Similarly, all nurse preceptors and students who participated in the Paid Preceptorship initiative were invited to participate in the evaluation.

For the implementation evaluation, the sample sizes (see Table 1) across the five sites were: workplace representatives who worked with UGNs over the two years $n= 462$; students who were UGNs $n=123$; and faculty who worked with UGN and non-UGN students $n=42$. For the UGN initiative, sample sizes are reported for two years of implementation and the same student may have participated in year one and year two. The paid Preceptorship sample consisted of $n=31$ students and their nurse preceptors, $n=6$ faculty members and $n=7$ key informants.

Table 1
Implementation (Process) Sample

Group	Year		
	2001-2002	2002-2003	2003-2004
UGN			
UGN Cohort 1	61	24	
UGN Cohort 2		38	
Workplace	294	168	
Faculty	14	28	
Key Informants	14	8	9
RP			
RP Cohort		68	
Workplace		44	
PP			
PP Cohort		31	
Workplace		31	
Faculty		6	
Key Informants		7	

The sample for the outcome evaluation comprised workplace representatives and new graduates. Again sample selection consisted of inviting all those eligible to participate (that is, those involved in the demonstration at the level of new graduates). In the first year of graduate follow up, Regular Program (RP) new graduates were randomly selected from schools involved in the initiatives for the comparison group; and in the second year, all RP new graduates were invited to participate as they were fewer in number than in the previous year.

Sample sizes for the outcome evaluation were: n=40 workplace representatives, n=7 faculty members, n=79 2002 graduates (of these n=73 later participated in a 21 month follow up) and n=120 2003 graduates (see Table 2).

Table 2
Outcome New Graduate Samples 2002 and 2003

Group	Cohort 1 2002 Graduates		Cohort 2 2003 Graduates
	9 months	21 months	9 months
UGN	22	20	60
RP	31	30	60
PP	26	23	0
Total	79	73	120

The samples were judged to be reasonably representative based on inclusive sample selection, high response rates, and variance in responses.

Data Collection and Analysis

Data collection methods were questionnaires, key informant interviews and focus groups. Additionally, research team members used field notes to provide contextual data. Questionnaires were developed for the evaluation drawing on previously tested tools used in the Collaborative Nursing Program evaluation (CNP, 2000) and RNABC New Graduate Survey (RNABC, 2002, 2003), and using research team and focus group feedback. Tools were pilot tested and refined prior to use. HSA specific data were collected, analyzed and aggregated to answer research questions.

Qualitative and quantitative data were collected in both the implementation and outcome evaluations (see Table 3). Quantitative data were analyzed using SPSS (Version 11.5) descriptive statistics, e.g. frequencies, percentages and cross tabs. Qualitative data were analyzed for predominant themes by two researchers; themes were cross checked and validated by the research team, and first year implementation themes were member checked by focus groups participants.

Table 3
Data Collection by Group from 2001 - 2004

Group	Year			
	2001	2002	2003	2004
UGN cohort 1				
In process	X	X		
Graduate follow up			X	X
UGN cohort 2				
In process		X		
Graduate follow up				X
PP				
In process		X		
Graduate follow up			X	X
RP				
Graduate follow up			X	X
Workplace				
UGN				
In process	X		X	
Graduate follow up		X	X	X
PP			X	
Faculty				
UGN		X	X	
PP		X		
Key informants		X	X	X

Validity

This evaluation study rested on the assumption that self report provides data that are valid descriptions of participants' views and experiences. Validity was supported by triangulation of data sources, i.e. workplace nurses, managers, students, nursing faculty, new graduates and nursing leaders, contributed to study validity by providing multiple views on the phenomena of interest. In terms of data analysis, findings were reviewed by research team members and returned to participants for validity checks. Further, the inclusion of multiple sites permitted the description of contextual variables of importance in this field study.

Another strength of the study was that strategies to strengthen data collection and the reliability and validity of instruments were employed throughout. For example, tools specific to the study purposes were developed based upon previously well-tested tools, and guidelines were developed to assure consistency in data collection; as well, extensive pilot testing was carried out.

RESULTS AND DISCUSSION

The following results and discussion section provides an overview of findings from the three year evaluation of the initiatives, related to each of the research questions.

Implementation

How were the initiatives of paid nursing practice experiences for undergraduate nursing students (UGN and PP) implemented in Health Service Areas?

Implementation of the UGN Initiative

Key informants indicated the importance of the collaboration between various stakeholders in what they called a "window of opportunity." Stakeholders (union, nurses, undergraduates, schools, RNABC, employers) shared a common interest in creating a UGN position and valued the contribution of each stakeholder in the process. Stakeholders identified and addressed the barriers to implementing the idea (RNABC Rules, UGN Position Description, Letters of Agreement between BCNU and Health Employers Association), offered leadership within their realm of influence, and took advantage of funding opportunities for innovative initiatives. Stakeholders credited the nursing and human resource leaders as setting the stage for "working to the possible". Stakeholders also shared an excitement about working together toward an innovative idea in a timely manner.

Variations

The Undergraduate Nurse Employment Initiative was implemented in four Health Service Areas (HSA) in the spring/summer of 2001. Implementation varied across HSAs in hours of work (number, time of day), practice placement locations, eligibility criteria for UGN employment, duration of employment, and day-to-day coordination.

In one HSA, UGNs were scheduled only for regular 8-hour day shifts during the week. The other three HSAs initially scheduled UGNs to work during the day, and moved them to evening shifts or extended day shifts as they became familiar with the job and the unit. In some settings, individual negotiations took place and prearranged schedules were adjusted to accommodate UGN's particular requests.

UGN places of employment included acute care hospital units (medical, surgical, psychiatry/mental health, maternal/newborn, or pediatrics) and residential care settings. One HSA provided only acute care positions and three provided acute care positions in small rural hospitals or large tertiary care hospitals, as well as, residential care positions.

Nurse educators determined the educational level at which students would be prepared to function within the Undergraduate Nurse Position Description. Students were eligible at the end of their second year of the nursing program enrolment with the exception of one school where they were eligible at the end of their third year of the nursing program. Student membership in RNABC was a requirement for employment. Other hiring criteria included a reference from the School of Nursing and review of the student's resume. Student applicants were interviewed by Human Resources Personnel, a nurse-administrator, unit managers, and/or the local initiative manager.

The duration of employment included three patterns: summer only, summer plus additional hours (until the annual funds were depleted), and ongoing employment throughout the year. In the summer and summer plus models, students applied each year for the available UGN positions. In the ongoing model, students who were UGNs could remain in the UGN positions, without re-applying, until they graduated. Consequently, more students had access to UGN positions in the summer and summer plus models than in the ongoing employment model. In terms of accessibility to UGN employment, students who participated in the evaluation (PP, UGN, and RP) consistently stated that they could see the value of the UGN position and expressed interest in more UGN positions being made available.

Each of the HSAs had one nurse (Practice Representative) who was the contact person for the UGN initiative; three of these contact nurses fulfilled that role in addition to their other responsibilities. One HSA had a designated RN position (.5 FTE) to manage the UGN initiative and to offer additional support to UGN employees in that particular HSA.

Challenges

Challenges identified in Year One Report were tracking of RNABC student membership and occasional replacement of staff by UGNs (versus supernumerary). These issues were no longer identified as challenges in the Year Two Report. In a key informant interview, an RNABC representative stated that there were no problems with student membership in year three, and that most telephone calls related to requests for clarification about the UGN role, e.g. use of a UGN to 'fill in' for an absent nurse, or an eager student wanting to be a UGN in an inappropriate setting (e.g. a practice setting without a nurse). RNABC received 50 to 60 phone calls in the first year of implementation. That declined to 10 to 15 calls in the third year (only a third of which were from HSAs in this demonstration project). Part of the decline was attributed to clarifications that RNABC made to the UGN criteria as well as the maturity of the UGN initiative. Overall, the longer the UGN Initiative was in place, the better nurses, employers and UGNs understood the criteria and role.

Not every UGN experienced success in the role. Over the three years of the evaluation study, five UGNs were reported as being unsuccessful in the role: one UGN was fired, two UGNs were not re-hired, and two UGNs were not given hours because staff members were not satisfied with their performance. UGNs asked for an evaluation of their practice as UGNs but practice evaluation was not common in the workplace. A Practice Representative explained that nurses are not always experienced at giving feedback to one another and might find it easier to curtail hours rather than provide feedback to a UGN.

Practice representatives reported that four UGNs, after being oriented to a UGN position, left the position for another UGN position they preferred in another HSA. Human Resources and BCNU representatives now make it clear to new UGNs that such practices, as with any employee, may have consequences for future employment. Four UGNs resigned due to personal reasons. And finally, in a few situations, the fit between unit needs and UGN capabilities was unsatisfactory and changes in placement were made that were successful.

Workplace Context

Participants noted that the initial implementation of the UGN initiative was affected by the 2001 health care labour action, for example, reduction in planned orientation for staff and UGNs to the initiative and roles. Lack of clarity, raised as a concern in the first year, appeared to be a function of implementing a new initiative in times of chaos with limited time for discussion and clarification in the workplace. However, participants noted that clarity around roles and responsibilities, while initially unclear, evolved as staff and UGNs worked together. In spite of the workplace challenges, nurses expressed considerable enthusiasm for the UGN initiative and the concern about clarity of roles was minimal in subsequent years.

Implementation of the UGN initiative took place in an ever-changing health care system. Some Practice Representatives on the research team assumed new responsibilities in their respective Health Authorities during this initiative while remaining the contact persons for the UGN initiative. New responsibilities often resulted in changes in decision-making authority related to the UGNs. In one Health Authority, some UGN positions were moved from one HSA to another. In spite of this change, the UGN initiative continued to have support from nurses, managers, and agency leaders. Additionally, key informant comments each year reflected general acceptance and satisfaction with the UGN initiative within their respective organizations.

Implementation of the Paid Preceptorship Initiative

The Paid Preceptorship initiatives were implemented in two HSAs in the winter/spring of 2002. The PP initiatives provided a set amount of financial support (e.g. a stipend) for individual nursing students during their final practice course. Two Schools of Nursing and their respective HSAs collaborated in implementing the initiative. Implementation of the initiative varied in length of the Paid Preceptorship, payment to students, faculty presence on the units, and support for nurse-preceptors.

Variations

The length of the final practicum was 16 weeks in one HSA and 9.5 weeks in the other. In one case, this was a longer practicum and in the other case, it was a shorter practicum than usual. In both HSAs students were expected to complete practice hours equivalent to full time Registered Nurse employment (e.g., 72 hours biweekly) for the duration of the practicum.

One HSA paid students the total stipend (\$4,500) at the completion of the practicum in the designated agency. In the other HSA, students were paid biweekly (total of \$4,500), regardless of where they chose to complete the final practicum.

In one HSA, faculty visited the students' placement units on a regular basis, in addition to the introductory and evaluation visits. In the second HSA, faculty visits did not vary from the usual introductory and evaluation visits.

Supports for nurse preceptors in one HSA included 24 hours paid time for activities related to preceptorship (e.g., orientation to role of preceptor, orientation of student, evaluations of students, attendance at student presentations, and participating the evaluation of initiative) as well as recognition items (e.g., stipend, pin). In the second HSA, no new supports were introduced beyond what already existed (e.g., orientation to role).

Challenges

There were two primary challenges to the implementation of the Paid Preceptorship Initiative. In the HSA that chose to pay the stipend at the end of the final practicum, students expressed frustration at not knowing how much they would receive and also at struggling to support themselves during the final practicum (e.g. taking other employment). One HSA had difficulty, due to the nursing shortage, replacing nurse-preceptors so they could take advantage of the additional benefits provided for them in the initiative (e.g. replacements for workshops and orientation with student).

The Paid Preceptorship initiative, unlike the UGN initiative, was designed as a one-year pilot and, consequently, not repeated in the second year because of lack of funding. In one HSA, support for preceptors (e.g., professional development) continued into the second year because of funds remaining from the pilot study, and further evaluation was not deemed necessary.

Outcomes

What were the outcomes from the UGN and PP initiatives? The section on outcomes is organized around early outcomes and longer term outcomes. Early outcomes include learning outcomes for students from *working as* UGNs or PPs and workplace outcomes from *working with* UGNs or PPs. Longer term outcomes include new graduate demographics, debt load, recruitment, transition to first RN position, job readiness, and retention.

Early Outcomes from Demonstration Project

UGN Initiative

Learning outcomes for UGN students. In spite of implementation challenges in the first year, workplace representatives, UGNs and faculty perceived the UGNs to increase in

confidence, organizational abilities, skills, competencies and ability to work with a team (see Table 4). Workplace representatives and UGNs identified the importance of practical experience for familiarization with the workplace, and of working and being paid within a nursing role.

Table 4
Learning Outcomes for UGNs

Workplace Representatives	UGNs	Faculty
Noticeable improvement in UGNs practice	Seeing how much they advanced	UGNs have increased confidence, skills, competency, organizational abilities
UGNs becoming better team members	Becoming part of a team	UGNs have increased ability to work with interdisciplinary team
UGNs learning about work environment	Getting a feel of the floor	UGN have increased understanding of a unit and an institutional system
UGNs being paid in nursing	Being in the workforce	

Workplace outcomes from UGN initiative. Nurse participants, reflecting on their own experience of working with UGNs (see Table 5), described the contribution of UGNs as “improving morale, helping with the workload, and improving patient care.” As one nurse stated, “The immediate result is improved patient care and patient satisfaction.” Another nurse said, “[UGNs] created hope for the existing staff. For me, this changed the atmosphere.” In year three, one nurse commented about the “joy on the faces of the nurses when they walk in and the undergraduates are working...”

As well, nurse participants described their work with UGNs as providing them with interesting opportunities for teaching/learning and getting a “fresh perspective” on their own nursing practices. Almost all workplace representatives in year one were supportive of the undergraduate position. Many emphasized the contribution the UGNs made to the workplace.

Table 5
Workplace Outcomes from UGN Initiative

Improving patient care
 Helping with workload
 Improving morale
 Refreshing one’s practice
 Helping students learn

In year two, workplace, UGN and faculty respondents identified outcomes the same as in year one: increases in UGN confidence, organizational ability, competencies and ability to work with a team. WP and UGN participants again identified the importance of students gaining practical experience and of working and being paid within a nursing role. WP representatives also emphasized the importance of UGNs helping with the workload, improving staff morale, and improving quality of patient care. One nurse said, “They are a great asset to the team and offer an extra pair of hands to a heavy workload. Because they are not “buddied” with just one RN they have a broader focus...” A second nurse said, “when they are as competent as ours were, it allowed us more time with our patients.” In year three, one nurse said, it gives them [RNs] time to “talk to the families...deal with problems that families may have....”

WP representatives also reported that the UGN initiative provided opportunities for the nurses who were working with UGNs to enjoy teaching and refreshing their own nursing practice. One nurse said, the UGNs “are a good adjunct to care given. Helps ‘old’ nurses explain their practice. Gives ‘new life’ to a unit.”

Key informant comments (BCNU, RNABC, Nurse Administrators, Nurse Educators) continued to reflect high levels of acceptance and satisfaction with the UGN initiative within their respective organizations. In one Health Authority nurses were challenged to financially justify the UGN initiative and questioned how to cost out factors like morale. All stakeholder groups described mutual benefits for patients, workplaces, and UGNs.

Paid Final Preceptorship Initiative

Learning outcomes for paid preceptorship. Students who received stipends reported not having to seek other employment outside nursing, and thus they were better able to focus on learning, experienced less stress, and felt more responsible to the practice setting, than in other preceptorships (see Table 6). Nurse-preceptors and faculty perceived financial supports to students as a positive influence on learning as students were not distracted by the need to earn a living at other work. Increased orientation and length of preceptorship experience on a unit facilitated student, nurse-preceptor, and faculty perceptions of confidence, competence, and readiness for transition to practicing nurse.

Table 6
Learning Outcomes for Paid Preceptorship

Nurse-preceptors	Students	Faculty
Not having to earn a living at other employment decreased student distraction and increased learning	Felt less fatigue and better able to focus on learning Experienced less stress when paid, and felt more responsible to the practice setting.	Paying students supports learning.
Extended length of placement was beneficial for students, nurses, and the unit.	Longer placement increased familiarity with the workplace.	Longer placement on one unit facilitates readiness to practice.
Stimulation of mutual learning	Preceptors contributed to learning. Preceptors' attention to orientation increased confidence and competence.	

Workplace outcomes from PP initiative. Nurse preceptors reported refreshment of their own knowledge and practice, and stimulation of mutual learning. This personal benefit outcome was reported by nurse-preceptors in paid and non-paid samples. Nurse-preceptors who worked with PP students perceived support for themselves (e.g. replacement time for orientation and evaluation, presence of faculty in the practice setting, honoraria) to be important in helping them fulfil their role. Students, paid and unpaid, emphasized the value of nurse-preceptors' contributions to their learning.

Discussion of Early Outcomes of UGN and PP Initiatives

Findings of early outcomes are discussed in relation to current literature and health care workplace realities affecting nursing practice and patient outcomes. Findings about the UGN initiative were remarkably consistent across groups of participants, i.e. students, workplace, faculty representatives, and key stakeholders, and across the years of the demonstration project. Student UGN learning outcomes were identified as increases in confidence, organizational ability, competency and ability to work with a team. These early outcomes were foundational to longer term outcomes, e.g. job readiness.

Also noteworthy, was the finding that the UGN Initiative had positive effects on the workplace. WP representatives reported that UGNs increased unit morale, helped with workload, improved patient care and enabled refreshment of RN practice. Current literature indicates the importance of these effects. For example, O'Brien-Pallas et al. (2004) reported that ratings of good/excellent quality of nursing care are more likely when nurses rate the *quality of patient care* over the past year as *improved* and when nurses are satisfied. Furthermore, current

research illustrated the negative correlation between nursing workload and patient outcomes, e.g., decreases in workload are associated with increases in favourable patient outcomes (Aiken et al., 2002; Needleman et al., 2002). It is clear that the UGN Initiative has had an impact on the workplace representatives, the culture of the nursing units, and workplace perceptions of patient care.

Workplace representatives in the UGN and preceptors in the PP Initiatives both commented on the benefit of UGNs/PPs being paid (UGN as an employee; PP as a final practicum student) within nursing. For the UGN, employment in nursing meant working to the level of their education in an area directly related to future practice as a nurse. For the PPs, receiving a stipend meant they did not have to work at other employment and could focus on the learning and integration experience of the final practicum.

Workplace representatives in the UGN Initiative and preceptors in the PP Initiative similarly described the value of working with UGNs and PPs for refreshing their own practice and providing enriching opportunities for teaching/learning (re: UGN employees and/or students in nursing education programs). However, there were distinct differences between UGN and PP results. In both initiatives nurses in the workplace were asked “what stood out” and “what were the strengths” of the particular initiative. UGN findings included themes related to improvement in practice (e.g., skills, organization), being better team members, and learning about the work environment. PP findings included themes related to enhancement of PP learning (focus on learning, not having to work outside of practicum, length of practice experience). One might expect such differences since the UGN initiative was an employment initiative with *no formal link* to the educational program and the PP initiative was an initiative with a *formal link* to education and extensive faculty involvement. These differences in results between the two initiatives may further be explained by the context of the question, i.e., UGN workplace representatives were responding to a question about an employee, and PP preceptors were responding to a question about a student.

In summary, the early outcomes in the PP Initiative (learning outcomes and workplace outcomes) were more positive when the students were paid throughout the preceptorship and the preceptors were supported in their roles. The learning outcomes for the PP students were similar to those of the non-paid students except, when being paid, they were able to focus more on their learning and less on outside employment to support themselves.

Early outcomes in the UGN Initiative were strong in terms of student learning outcomes and workplace outcomes. The UGN Initiative helped with heavy workload, increased workplace

morale and ultimately improved patient care. The strength of the outcomes may be partially explained by the pressures in current work places, e.g., nursing shortage, work overload, inadequate environmental support.

Longer Term Outcomes from Demonstration Project

Demographics

UGNs tended to be younger than either RP or PP graduates; older subjects in all groups tended to have higher accumulation of debt. Fewer UGN than RP graduates were otherwise employed during their nursing program. In other words, more UGNs than RPs were employed in positions in nursing, commensurate with their level of education. UGN graduates reported mean UGN income of \$8,194 in 2002 and \$10,542 in 2003, and those with accumulated debt greater than \$30,000 were fewer than the RP or PP graduates. This may reflect accumulated UGN earnings, and lends support for the claim that UGN employment decreases accumulated debt for the new graduate.

Recruitment

Most graduates in all groups (UGN, PP, RP) were locally recruited i.e. their first RN position was within the HSA/HA where they were UGNs or completed their nursing program. Recruitment of UGN and RP graduates into regular full time positions increased approximately 10% from 2002-2003 but the majority of graduates were recruited into casual positions (65%). While there were some new graduates who desired casual employment, the majority of new graduates desired regular positions and took casual positions temporarily, with the goal of moving into a regular position when possible. There was no evidence that graduates, who were offered regular positions, declined them. Over 50% of new graduates who went elsewhere for employment accepted regular full time or part time positions. Additionally new graduates moving elsewhere were offered signing bonuses and educational opportunities not available in the HSA of origin.

The availability of regular positions in the HSAs is critical to recruiting and retaining more new graduates. Consistent with the experience reported by new graduates, practice representatives on the research team indicated that only casual positions are available to new employees.

Availability of full time positions for new graduates is influenced by several factors: casualization, little turnover in permanent positions in the work force; and downsizing of the work force due to restructuring of the health care system (closing units and/or facilities). Chief

Nursing Officers at all levels (Health Authority, Province, Federal), as well as nursing unions, are concerned about the lack of available full time positions for new graduates and strategies are in place to increase full time positions (ONP, 2004).

Although the offer of full time employment is a primary factor in new graduate recruitment, another important factor is the amount of debt load they have accrued in their education. While fewer UGNs than other graduates reported accumulated debt greater than \$30,000, most still had substantial debt on graduation (45% have debt greater than \$20,000). Graduates are being offered substantial signing bonuses as well as other financial incentives by agencies in the U.S. (e.g. \$5,000 signing bonus, tuition for specialty courses, moving expenses). Such financial incentives, in addition to practice incentives (e.g. regular positions in area of interest, three-month mentoring) influenced new graduates decisions about employment.

There are other factors, as well, that influence the recruitment of new graduates. UGNs begin accruing seniority when they are hired as a UGN and, while they cannot use that seniority in applying for the first RN position, they can continue to build on that seniority if they accept employment within the agency of UGN employment. In applying for the second RN position any accrued seniority is applicable. Additionally, new graduates often accept positions on units where they have been employed as an UGN or where they have completed final preceptorships. Acceptance of such a position is an attractive option at the time of graduation, offers employment with a familiar team of practitioners, and provides an opportunity to hone their skills as a new RN.

Positions on previous practice units are usually casual or temporary positions (filling in for summer holidays) and, feeling quite confident with added experience, the graduate moves as positions are available. Furthermore, the benefits of UGN employment as a student may actually provide the confidence the UGN graduates need to apply elsewhere for a position that meets their particular career goals.

UGN graduates reported less orientation time than the RP graduates in 2002 and 2003, and the PP graduates in 2002. Greater orientation times within each group were related to acceptance of positions in subspecialty units, community agencies or agencies new to the graduates.

Transition to First RN Position

Transition time was important to the new graduate as well as to RN colleagues on the unit. Graduates were asked about the length of time that it took for them to feel comfortable on several dimensions of the RN role: a) familiarize self with unit resources; b) manage the workload similar to any RN; c) form effective working relationships with members of the team; and d) know the practice guidelines specific to the particular unit. These questions were derived from initial workplace representatives' descriptions of dimensions that are important when nurses are new to a particular "job" or unit.

UGN graduates reported less orientation time than the RP graduates in 2002 and 2003, and the PP graduates in 2002. Greater orientation times within each group were related to acceptance of positions in subspecialty units, community agencies or agencies new to the graduates.

The 2002 UGN graduates most often reported needing less transition time than RPs (i.e., UGNs reported less time on three dimensions of RN role and equal time on one compared to RP). The 2003 UGN graduates (some of whom had two years of employment as UGNs) reported needing less transition time than RPs on all four measures (see Table 7). Differences in transition time between UGNs and RPs may be attributed to UGN prior experience with "nurse" employment.

Table 7

Mean Time to Become Comfortable on Dimensions of RN Role in 2003

		Weeks to be familiar	Weeks to manage	Weeks working relationships	Weeks guidelines
UGN	Mean	6.48	6.662	5.27	7.94
	N	59	58	59	50
	Std. Deviation	6.65	7.70	5.78	7.87
RP	Mean	11.16	8.09	6.59	9.06
	N	56	53	56	53
	Std. Deviation	8.05	6.02	7.38	6.90
Total	Mean	8.76	7.34	5.91	8.51
	N	115	111	115	103
	Std. Deviation	7.70	6.95	6.61	7.37

A difference of two to four weeks in transition time between groups has resource and patient safety implications for the employing organization. Further study is needed to understand the impact of UGN employment on these measures, to explore the relationship

between perceived transition time and job readiness, and ultimately to assign value to these measures that can be translated into economic indicators.

For all groups of new graduates in the study, the impact of being fully responsible stood out for them, when they entered employment as an RN. One graduate described it as the “awesome reality of the responsibility – didn’t hit me until after I finished school.” Another graduate said, “most I think was the fact that I was on my own, and there was nobody to go get for help ... go get the RN, well I am the RN...”

From their nursing program, all graduates spoke about the value of practice experiences and the knowledge and skills they had gained. Graduates who were UGNs repeatedly emphasized the importance of the extra nursing practice experiences they gained while in the UGN employee position. All groups of new graduates also spoke strongly about the positive impact of supportive nurses and other co-workers, and adequate orientation and mentoring.

When asked about what hindered their transition, graduates’ (all groups) most frequent response was “nothing”. Some commented on challenges in the nurses’ work world such as casual work, staff shortages and heavy workloads. Overall, UGNs were more likely than RPs or PPs to refer to their transition as smooth and comfortable, and they were less likely to experience inadequate mentoring and orientation as a hindrance. .

Job Readiness and Working with UGNs

Workplace Representatives (WP) were questioned about their experiences working with new graduates who were former UGNs and differences in job readiness between former UGN new graduates and other new graduates. A definition of job readiness was not provided so that the definition used by WPs would be self created and grounded in their workplace context. WPs were also asked about differences in orientation and “working with” UGN new graduates compared to other new graduates.

In other evaluation studies of new graduates, WPs often described new graduates as having the knowledge and skills to be competent practicing RNs, but still needing additional organizational and team skills to manage the whole RN workload (e.g. patient load, team coordination), and to work well as an RN within a multidisciplinary health care team (Collaborative Nursing Program Evaluation 2002; RNABC, 2002; RNABC, 2003). In this study, the UGN Initiative provided opportunities for UGNs to become more versed in organizational and team skills and more job ready in comparison to other students and graduates.

WPs (81%), tended to view former UGN new graduates as more job ready (e.g. requiring less guidance) than other new graduates and requiring a different orientation (e.g. less time or time focused on issues beyond becoming familiar with the “unit”). When WPs were asked whether they worked differently with former UGN graduates, the responses were evenly split. When the UGN had previously worked on the same unit, WPs tended to trust the former UGN more because they knew the former UGN’s capabilities and, not surprisingly, the former UGNs required less guidance and supervision. WPs also stated that working as a UGN enables students to progress from their individual levels thus enhancing their practice. In other words, some students who initially are average in their practice become better and students who are initially outstanding in their practice become excellent.

Retention

Graduates were asked if they were still employed in the first RN position they were hired into on graduation. Retention rates of UGNs and PPs declined similarly at nine months (13%), and at 21 months the UGN retention declined less than RP (5% versus 10%). There is evidence that most new graduates desire regular positions (full or part time) and accept casual positions with the intent of applying for regular positions as they become available. Practice representatives on the research team stated that new graduates often accept summer positions as entry positions because they are readily available during summer holidays. Such a decision often meant a move to another position after the end of the summer and, in some cases, this affected the retention rates.

When asked if the presence of UGNs on the unit would affect retention of existing nurses, workplace representatives who were uncertain said that many factors affected retention such as personal/family reasons, unsafe working conditions, and a perceived lack of control in the practice setting. On the other hand, WPs who speculated that it might affect staff retention cited outcomes such as reduced workload, increased staff morale, increased staff satisfaction, and better patient care. Research studies indicate that “intent to leave” (retention) is related to nurses’ ratings of improved quality of nursing care on the unit and nurse satisfaction (O’Brien-Pallas, Thomson, McGillis-Hall, Pink, Kerr, Wang, Li & Meyer, 2004).

Implications and Future Plans

What are the implications, plans, and possibilities for future paid undergraduate student programs?

UGN Initiative

Findings of the evaluation study support continuation of the UGN initiative. A key informant in year one commented, “For people to bring [the UGN initiative] up as...one of the core things we need to continue to do in this province, and to expand, tells me something about how [positively] the program is being received and valued.” In year three, the same key informant said, “The most frequent occurrence...has been people phoning, often stewards, but sometimes employers, and saying, ‘how can they get their work site included in this?’” Overall, results indicate that the Undergraduate Nurse Employment initiative is feasible, outcomes benefit the UGNs as well as the employers, and implementation challenges have been opportunities to work together to address any perceived barriers to the initiative.

All four HSAs who implemented the UGN position have expressed an interest in continuing the Undergraduate Nurse positions. This was evidenced early in the initiative in the way the initial funding was used to extend the time of the undergraduate assignments as long as possible. Two of the Health Authorities (four HSAs) were funded for the continuation of the Undergraduate Nurse Positions. In 2001, two additional Health Authorities outside the demonstration initiative created UGN positions, following the guidelines (RNABC Rules, Letters of Agreement) established for the UGN initiative. In 2004, one additional Health Authority also implemented a UGN Initiative.

Support for the UGN position was expressed by unit nurses, managers, Chief Nursing Officers (CNOs), Nurse Educators, and BCNU leaders. At the same time that there was overwhelming support for the UGN position, there remains an expressed need from the CNOs to quantify some of the outcomes – to provide an economic rationale for funding the UGN position.

Future Research

Further research is needed to explore the workplace results in relation to known quality work life/patient safety indicators, to interpret the findings in the light of actual costs and “costs avoided” and to determine the cost implications of the UGN position within the Health Authorities. As one of the Practice Representatives on the Research Team said, “some of these measures are not helpful for costing out but speak to quality issues.” One of the goals of the future research is to translate the quality issues into financial indicators, e.g., workload relates to nursing outcomes (decreased sick time, decreased errors) and patient outcomes (appropriate discharge, health outcomes); improved morale relates to nurse satisfaction and retention.

Two Health Authorities with UGN initiatives have designated nurse leaders in their respective Professional Practice Offices (PPOs) to begin exploring the cost implications of the UGN program. Both PPO nurse leaders, as well as three Chief Nursing Officers, have expressed an interest in working with the research team to develop such an economic rationale.

Paid Preceptorship Initiative

Results indicate that the Paid Preceptorship Initiative was positively received as a paid undergraduate nurse model, and would be feasible if funding was available. Funding to pay students in the final practicum was not available in either HSA, however, after the first cohort. One CNO indicated that priorities for funding within the Health Authority would focus on the benefit not only for the student but for the workplace as well. Consequently an initiative that benefited primarily the student would not be as high a priority as an initiative that benefited the student and the health care agency.

Overall, results indicate that both initiatives were well received as innovations to support the workplace and nursing students.

LIMITATIONS OF RESEARCH

In relation to the variable of retention, a limitation was that while the evaluation study followed new graduates for nearly two years after they accepted their first RN position, a longer follow up period is warranted. Nursing Workforce Statistics indicate that RN turnover of new graduates often happens two to five years after graduation (Sutherland-Boal, 2004).

Another limitation of the research is that the PP initiative was a one-time initiative. Therefore the full benefits of such an initiative may not be realized with one cohort of students over a limited period of time.

A final limitation was that researchers were not able to obtain the institutional data on variables such as staff nurse retention and absenteeism specific to the units where the UGNs worked. This study limitation made direct cost benefit analysis unfeasible.

KEY POINTS

Outcomes

- ✓ Positive learning outcomes for students who worked as UGNs were reported from workplace representatives, UGNs, and faculty members.
- ✓ Working as a UGN enabled students to progress from their individual levels thus enhancing their practice.

- ✓ Positive workplace outcomes from the UGN Initiative were help with workload, increased morale, and improved patient care.
- ✓ Debt accumulation greater than \$30,000 was less for UGN graduates than RP or PP graduates.
- ✓ Lack of student success in the UGN role was identified infrequently by WPs and supported a need for performance feedback for UGNs.

Recruitment

- ✓ Local recruitment was high in all groups (UGN, PP, RP) of new graduates (i.e., first RN position within HSA of UGN Initiative or nursing program).
- ✓ Regular positions were desired by most new graduates, however, most were offered casual positions only. New graduates accepting casual positions usually did so temporarily, with the goal of moving into a regular position when available.

Transition to RN Role

- ✓ Orientation time for UGN graduates tended to be less than for RP or PP graduates.
- ✓ Transition time to the RN position for UGN graduates tended to be less than for RP or PP graduates.

Job Readiness

- ✓ Job readiness was more apparent with UGN graduates than other new graduates as reported by Workplace Representatives, e.g., required less guidance.
- ✓ Orientation time tended to be used differently by UGN new graduates than other new graduates as reported by Workplace Representatives e.g., less time or time focus on areas of interest.

Retention

- ✓ Retention rates of UGNs and PPs declined similarly at nine months (13%) but at 21 months the UGN retention declined less than RP (5 versus 10%).

Acceptance

- ✓ Acceptance for the UGN Initiative was strongly stated by workplace representatives, managers, Chief Nursing Officers, Nurse Educators, and BCNU leaders.

Cost Implications

- ✓ Further research about cost implications is needed. Workplace results need to be explored in relation to known quality work life/patient safety indicators, to interpret the findings in the light of actual costs and “costs avoided” and to determine the cost implications of the UGN position within the Health Authorities.

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