HCSW Comprehensive Program Review: Self-Study (January 2021)
Recommendations: Summary and Summary List

Recomm. Number	Related Report Component	Recommendation	Status / Timeline
1.	Content/ Curriculum	Review delivery of CMHW curriculum and revise how practicum experiences are organized—so that the two clinical practice (HCSW 1195 and HCSW 1200) courses are combined into one clinical experience.	Underway*
2.	Content/ Curriculum	Review and revise structure of courses that have multiple modes of delivery (lecture, experiential/lab and reality) so that courses are separated into individual courses.	Future Planning
3.	Content/ Curriculum	Review CMHW clinical practice component to explore ways of increasing the hours of practice for students.	Future Planning
4.	Content/ Curriculum	Review and revise Curriculum Guidelines for two clinical courses (HCSW 1195 and HCSW 1200) in the CMHW program, as they have a range of expected hours. To ensure equity among students, the department needs to decide on what is considered the minimum hours needed to master the courses.	At discussion level
5.	Content/ Curriculum	CMHW program would benefit from exploring an evidenced-based community mental health framework that guides the content delivery of the program	Future Planning
6.	Program/ Course Delivery	Review and revise scheduling of theory and clinical practice courses so that clinical practice experiences commence earlier in the semester and theory courses are spread out over the entire semester rather than being front loaded thereby balancing workload for students.	Future Planning Discussion
7.	Program/ Course Delivery: Student Retention	Identify ways to increase student retention in the program. Areas that could be reviewed and revised: - Articulate clear progress expectations re deadlines for completing clinical requirements - Create an evaluation/examination grid to support students in planning/organizing their learning.	Planning Underway
8.	Admission, Enrolments and FTEs	Explore ways to increase applications and enrolment to the programs by marketing to Coquitlam, Port Coquitlam, Port Moody, Maple Ridge and Pitt Meadows communities	Future Planning
9.	Pathways	Monitor the access from HCA to CMHW regularly (through student surveys) to identify ways to ensure a fluid transition into a new practice context	In process

Recomm. Number	Related Report Component	Recommendation	Status / Timeline
10	Pathways	Explore ways to facilitate the transition from CMHW to HCA (i.e. identify CMHW students that may interested in the HCA program and reserve seats for these students in the HCA program so that they do not have to wait for the next offering to register).	Under discussion
11.	PACs and External Partnerships	Program Advisory Committee membership to include students and alumni of programs.	Future Planning
12.	PACs and External Partnerships	Explore ways to share program curricula with clinical practice sites (other than clinical course expectations)	Future Planning
13.	Faculty and Faculty Development	Faculty to engage in a team building facilitation session aimed at creating a positive, transparent and healthy working environment with a commitment to collaborative monitoring of the environmental climate on a regular time frame.	Has been planned for Winter 2021
14.	Faculty and Faculty Development	Include all faculty in curriculum planning—set up teams to work on various aspects of the curriculum—thereby engaging faculty and acknowledging expertise/knowledge.	Underway
15	Operations: Workload Assignments	Review the QTT process and current list and create a workload assignment structure that values each faculty's expertise, allows for consistency in course teaching, ensures balance in workload assignments and maintains accordance with DCFA Collective agreement.	Future Planning
16	Operations: Admission Processes	Review, clarify and streamline admission processes and program requirements (specifically clinical practice requirements) to create a user-friendly process for all involved (students, faculty, staff, student advisors) to increase enrollments and decrease attrition	Underway
17	Operations: Credentials	Remove offering of the HCSW credential. The government sponsored program in which employers will hire individuals as *Health Care Support Workers* to provide non-clinical care whilst completing entry-level training will create confusion for public, stakeholders and potential applicants if the College continues to offer a credential of the same name.	Underway
18.	Operations: Alternative Delivery Modes	Explore alternate delivery modes for individuals that are working and cannot attend classes on a full-time Monday to Friday basis (possible hybrid delivery).	Future planning; government pilot project
19.	Program Costs	Develop strategies to increase enrolment and decrease attrition to lower FTE cost per student.	Future Planning
NB: the above recommendations are also listed at the end of each section of the self-study report			

COMPREHENSIVE PROGRAM REVIEW

EXTERNAL REVIEW

FOR

DOUGLAS COLLEGE

Health Care Assisting Certificate Program

Community Mental Health Work Program

Health Care Support Work Program

JULY 2021

Table of Contents

Introduction

The Health Care Support Work (HCSW) Program at Douglas College combines certificates in Health Care Assisting (HCA) and Community Mental Health Work (CMHW). Other postsecondary institutions in British Columbia offer similar certificates, but no other institution combines them in a single program. Thirty-six HCA programs are recognized by the BC Care Aide and Community Health Worker Registry (17 public and 19 private). Because these programs follow a provincial curriculum, they are quite similar in content and structure. In this crowded space, the Douglas College program is distinguished by the high-quality simulations and experiential learning opportunities supported by its excellent lab facilities. By contrast, there appear to be only three CMHW certificate programs in BC. These programs vary in length and content and are not subject to regulatory oversight. The relatively small number of programs provides Douglas College with an opportunity to play a leadership role in this branch of health education. While the combination of HCA and CMHW programs into an HCSW credential represents a distinctive approach in the postsecondary landscape, one of the major conclusions of this review is that the HCA and CMHW programs should be offered as independent credentials at Douglas College. This separation may result in more useable institutional research data, promote greater student success, and improve the marketability of both programs.

As with many programs at postsecondary institutions, COVID-19 has significantly impacted the Health Care Support Work program. In combination with recent faculty turnover and the delivery of the new Health Care Assistant Partnership Pathway (HCA-PP) program, the pandemic has presented challenges for teaching and learning, faculty relationships, and administrative processes. More positively, the pandemic has highlighted opportunities for increased online and remote delivery of HCSW programming, which could help with student enrolment and retention. Faculty members are cautiously optimistic about the development of new delivery modes.

The self study report was generally very comprehensive and clear. Excellent visual resources were provided to permit external review of lab facilities, storage areas, and classrooms. However, the way the programs are structured makes it difficult for meaningful data to be produced. There were some challenges analyzing the data presented in some of the appendices due to small sample sizes and low response rates for some surveys. Interviews conducted during the external review were well organized and informative, but student and alumni involvement was limited. Several open sessions were scheduled but only a single alumna was interviewed as part of the process.

The recommendations contained in the self study report are sound and well considered. Understandably, many of them are quite narrow in nature, relating to improvements in particular courses and program-specific administrative processes or operational matters. There is a notable absence of recommendations about program relationships across the College or connections to wider institutional goals and priorities. Several additional recommendations listed below aim to highlight opportunities in these areas.

Recommendations

Recommendations from Self Study Report	Agree	Disagree	Neither Agree or Disagree	Comments
Program Content/Curriculum				
Review delivery of CMHW curriculum and revise how practicum experiences are organized—so that the two clinical practice (HCSW 1195 and HCSW 1200) courses are combined into one clinical experience.			✓	There was insufficient evidence to support this recommendation. Some interviewees felt the CMHW curriculum did not cover important topics in sufficient depth. Lengthening the CMHW program may present other alternatives.
Review and revise structure of courses that have multiple modes of delivery (lecture, experiential/lab and reality) so that courses are separated into individual courses.			✓	There are varying opinions about the advantages and disadvantages of revising this structure. Some felt that making changes would clarify student evaluation and progression, while others stressed the importance of integrating learning across multiple modes of delivery. Examining the best practices of other programs before moving forward with this is recommended.
Review CMHW clinical practice component to explore ways of increasing the hours of practice for students.	✓			
Review and revise Curriculum Guidelines for two clinical courses (HCSW 1195 and HCSW 1200) in the CMHW program, as they have a range of expected hours. To ensure equity among students, the department needs to decide on what is considered the minimum hours needed to master the courses.	✓			
CMHW program would benefit from exploring an evidenced-based community mental health framework that guides the content delivery of the program.	✓			

Recommendations from Self Study Report	Agree	Disagree	Neither Agree or Disagree	Comments
Core Competencies and Program Outcomes				
No recommendations identified in the Self-Study Report				
Experiential Learning Opportunities				
No recommendations identified in the Self-Study Report				
Program/Course Delivery				
Review and revise scheduling of theory and clinical practice courses so that clinical practice experiences commence earlier in the semester and theory courses are spread out over the entire semester rather than being front loaded thereby balancing workload for students.			✔	There are advantages and disadvantages of revising this scheduling. Examining the best practices of other programs and exploring alternative ways of balancing workload are recommended.
Identify ways to increase student retention in the program. Areas that could be reviewed and revised: - Articulate clear progress expectations re deadlines for completing clinical requirements Create an evaluation/examination grid to support students in planning/organizing their learning.	✔			Interviewees indicated that some students leave the program after the first few weeks. Developing strategies to help students cope with heavy workloads, provide clear and concise program information, and make program requirements less arduous at the outset may improve retention.
Student Outcomes				
No recommendations identified in the Self-Study Report				
Admission, Enrolments and FTEs				
Explore ways to increase applications and enrolment to the programs by marketing to Coquitlam, Port Coquitlam, Port Moody, Maple Ridge and Pitt Meadows communities	✔			

Recommendations from Self Study Report	Agree	Disagree	Neither Agree or Disagree	Comments
Pathways				
Monitor the access from HCA to CMHW regularly (through student surveys) to identify ways to ensure a fluid transition into a new practice context			✓	The relevancy of this if programs separate and there is no HCSW credential is uncertain. There is some indication that students may be ambivalent about the value of the CMHW training once they have completed the HCA certificate, especially if they have already started working as HCAs.
Explore ways to facilitate the transition from CMHW to HCA (i.e. identify CMHW students that may be interested in the HCA program and reserve seats for these students in the HCA program so that they do not have to wait for the next offering to register).	✓			
Program Advisory Committee (PAC) and External Partnerships				
Program Advisory Committee membership to include students and alumni of programs.	✓			Although it is beneficial to have students on PAC's, these programs are short. Many students already appear to struggle with workload, so their contributions would likely be limited. Therefore, having students on this PAC is not recommended. However, there would be great value in including alumni on PACs.
Explore ways to share program curricula with clinical practice sites (other than clinical course expectations)	✓			Current PAC members are highly engaged and appear to have the desire and capacity to provide further input. The positive and longstanding relationship between the program and PAC suggests opportunities for further collaboration.

Recommendations from Self Study Report	Agree	Disagree	Neither Agree or Disagree	Comments
Faculty and Faculty Development				
Faculty to engage in a team building facilitation session aimed at creating a positive, transparent and healthy working environment with a commitment to collaborative monitoring of the environmental climate on a regular time frame.	✓			Employee turnover, program growth, new hires, COVID-19, and the delivery of HCA-PP programming have resulted in significant change and associated stress in recent years for faculty in these programs. Meaningful efforts to address current interpersonal dynamics in a positive way is recommended.
Include all faculty in curriculum planning—set up teams to work on various aspects of the curriculum— thereby engaging faculty and acknowledging expertise/knowledge.	✓			
Operations: Workload Assignments				
Review the QTT process and current list and create a workload assignment structure that values each faculty's expertise, allows for consistency in course teaching, ensures balance in workload assignments and maintains accordance with DCFA Collective agreement.	✓			
Operations				
Review, clarify and streamline admission processes and program requirements (specifically clinical practice requirements) to create a user-friendlyprocess for all involved (students, faculty, staff, student advisors) to increase enrollments and decrease attrition	✓			Interviewees made particular mention of the need to streamline communication processes by identifying key contacts for students and improving information flow.

Recommendations from Self Study Report	Agree	Disagree	Neither Agree or Disagree	Comments
Operations (con't)				
Remove offering of the HCSW credential. The government sponsored program in which employers will hire individuals as *Health Care Support Workers* to provide non-clinical care whilst completing entry-level training will create confusion for public, stakeholders and potential applicants if the College continues to offer a credential of the same name.	✓			There are additional advantages to removing the HCSW credential. These include : ➢ Improving the clarity of internal data ➢ Providing greater flexibility when making CMHW program changes ➢ Providing greater understanding for potential students who are viewing the program websites ➢ Creating opportunities to package a revised CMHW program for contract delivery which may increase program revenue.
Explore alternate delivery modes for individuals that are working and cannot attend classes on a full-time Monday to Friday basis (possible hybrid delivery).	✓			There is support for this among faculty, with the caveat that it needs to be well thought out to ensure online course delivery is appropriate and adequately supported (i.e. some course content may be sensitive for those living alone or with mental health issues).
Costs				
Develop strategies to increase enrolment and decrease attrition to lower FTE cost per student	✓			

Additional Recommendations

Additional Recommendations	Comments
Content/Curriculum	
Review and potentially revise policies and practices regarding students use of cell phones in the practicum courses, including the practice of posting pictures on social media.	PAC members indicated that students use of cell phones is sometimes inappropriate, such as using their phones while in clinical and posting clinically-related pictures on social media.
Build on preliminary efforts to Indigenize course content and program curriculum in both HCA and CMHW, and explore opportunities to hire Indigenous faculty into the programs.	Some progress has been made in this area in recent years, and such efforts align well with institutional priorities.
Core Competencies and Program Outcomes	
No further recommendations	The HCA program is recognized by the BC Care Aide and Community Health Worker Registry and, as such, meets core competencies and provincial program requirements.
Experiential Learning Opportunities	
Consider adding field trips to long term care facilities into the HCA curriculum.	Visiting long term care facilities early in the program will help students identify with the role of the HCA and the type of work that HCAs do.
Explore opportunities to increase simulations in the HCA program curriculum.	This program feature is a significant differentiator for Douglas College. It is recognized as a major asset by the PAC and program faculty, and it appears to enhance program marketability and student success.
Program/Course Delivery	
Consider lengthening the CMHW program to include more content on medications and medication administration	PAC members stated that medication knowledge of students could be enhanced.
Consider lengthening the two CMHW clinical courses HCSW 1195 and HCSW 1200	Rather than combining the two clinical practice courses (HCSW 1195 and HCSW 1200) there could be value in lengthening both courses to enrich the student learning experience and enable more comprehensive evaluation of both courses.
Examine best practices in the province regarding the structuring of theory, lab and clinical courses	There are advantages and disadvantages to combining theory, lab and clinical courses. Learn by the experiences of other programs before splitting the current courses.

Additional Recommendations	Comments
Student Outcomes	
No further recommendations	
Admission, Enrolments and FTEs	
Consider alternate ways to market the program.	Many stakeholders indicated that potential students do not really understand what these programs entail. Enhancing web pages and/or revising information sessions to improve understanding of program outcomes and employment realities could improve student retention. A more strategic approach to marketing that clarifies any continuing relationship between HCA, CMHW, and HCSW may result in more applicants and better retention.
Pathways	
Lengthening the CMHW program could provide an opportunity to build a stronger pathway to the Bachelor of Science in Psychiatric Nursing (BSPN) program.	Currently some students have a desire to move into the BSPN program. Enabling students preferred entry and/or advanced credit would improve the existing pathway.
Consider preferred entry of CMHW program graduates into the BSPN program	As above.
Program Advisory Committee (PAC) and External Partnerships	
Consider developing and delivering a formal PAC orientation program for new PAC members	Though existing PAC members felt they had a good understanding of their roles and responsibilities, they indicated there was no formal orientation nor was there any written reference material about PAC function that they were aware of.
Faculty and Faculty Development	
Enhance faculty mentorship. Employ strategies to support existing faculty in their efforts to mentor new faculty.	Many new faculty members are being hired because of retirements and because of the BC government's agenda to increase the number of HCAs in the province. This puts an added strain on existing faculty. Several faculty members identified the need for more support in navigating student issues and other challenging situations and expressed desire for more collective problem solving.
Develop a formal faculty orientation program	As above. Some newer faculty felt they required more active support after they were first hired.

Additional Recommendations	Comments
Operations	
Consider more online delivery to provide greater program flexibility for students	COVID-19 has mandated that most of the program be delivered using alternate delivery modes. Faculty are receptive to alternate delivery with careful consideration as to which courses and content can be most effectively and appropriately delivered online, recognizing that some course content is sensitive and some students may require additional support while learning.
Costs	
Continue to monitor expenses and consider program efficiencies	These programs are expensive to run, particularly the HCA program, but there may be opportunities to be more efficient
Encourage more faculty engagement in the budgeting process	Faculty creativity may lead to some new ideas around program efficiency.

Conclusions

The many strengths of the Health Care Support Work program at Douglas College have underpinned its success to date and position it well for the future. The most notable of these strengths include its positive reputation among employers, dedicated faculty, well supported clinical placements, and excellent on-campus instructional spaces and facilities. The main challenges facing the program result from the unique configuration of HCA, CMHW, and HCSW credentials and the disruption caused in recent years by rapid and unanticipated program change. Yet despite the challenges, the continued success of the the HCA and CMHW programs at Douglas College seems likely given their proven track record and strong foundations, evident institutional support, and the receptiveness of faculty to evolve with the changing landscape of postsecondary health education in BC.

This External Review was completed by:

Brad Martin, Dean, Faculty of Education, Health and Human Development, Capilano University, and
Debbie Sargent, DAS Consulting, Retired Dean of Health Sciences, Vancouver Community College
July 2021

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)	*Health Sciences*	
Department / Program	Health Care Support Work Health Care Assisting Community Mental Health Work	
Date Submitted	December 2021	
External Review Panel (ERP)	1. Dr. Brad Martin	Dean, Education, Health & Human Development, Capilano University
	2. Debbie Sargent	External Consultant
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	N/A	
RESPONSE/RECOMMENDATIONS		
SUMMARY RESPONSE	The external reviewer made several general recommendations and a number of highly specific recommendations concerning program curriculum, admission and delivery. Many of these recommendations align with the program's self-study report. The most prominent/central recommendation is that the College discontinue the HCSW 'credential,' which is itself an amalgam of two other credentials: the Health Care Assisting (HCA) certificate and Community Mental Health Worker (CMHW) certificate. The VPA strongly supports the recommendation to remove the HCSW credential and is in general agreement with other, more specific, recommendations.	
All Self-Study recommendations accepted?	☒ Yes ☐ No [with provisos regarding provincial curriculum and practical limitations noted below]	
All External Report recommendations accepted?	☒Yes ☐ No [with provisos regarding provincial curriculum and practical limitations noted below]	

| VPA's RECOMMENDATIONS

In particular, **HCSW** should focus on the following: | The VPA requests that the Faculty Dean take all necessary steps to suspend the HCSW credential as soon as possible, with a view to having it discontinued.

The VPA directs the Faculty Dean to appoint a curriculum review and renewal (CRR) committee comprised of no more than 5 program faculty members. The CRR committee will address the multiple educational and operational issues identified in the reviewer's report while recognizing that there may be practical limitations imposed by the provincially mandated HCA curriculum that could prevent the implementation of all recommendations.

Further, the VPA directs that either the Faculty Dean or Associate Dean be a member of the CRR committee, or participate closely in the work of the committee. Importantly, the committee will need to revise the curriculum of the two certificate programs to address issues with program credit structure and fractional workloads of program instructors.

Finally, the VPA recommends that the Faculty Dean lead a renewal of the Program Advisory Committee (PAC) consistent with College policy and the external reviewer's recommendations concerning the HCSW PAC.

As per the College's routine follow-up to comprehensive program reviews, the Department is to submit its Implementation and Action Plan (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. |
| **Next scheduled PR (5 – 7 years):** | 2027 |

December 14, 2021

_____   _____
Vice President, Academic and Provost   Date