

Final Assessment Report (FAR) and Implementation Plan (IP)

Periodic Program Review (PPR)

Graduate Program in Nursing (MN, PHCNP Certificate)

Last Updated: October 21, 2025

FINAL ASSESSMENT REPORT

In accordance with the University Institutional Quality Assurance Process (IQAP), this final assessment report provides a synthesis of the external evaluation and the internal response and assessments of this graduate program. This report identifies the peer review identified strengths of the program, together with opportunities for program improvement and enhancement, and it sets out and prioritizes the recommendations that have been selected for implementation.

The report also includes an Implementation Plan that identifies who will be responsible for approving the recommendations set out in the final assessment report; who will be responsible for providing any resources entailed by those recommendations; any changes in organization, policy or governance that will be necessary to meet the recommendations and who will be responsible for acting on those recommendations; and timelines for acting on and monitoring the implementation of those recommendations.

Nursing (MN, PHCNP Certificate)

EXECUTIVE SUMMARY

The Daphne Cockwell School of Nursing (DCSN) houses the Master of Nursing (MN), the Primary Health Care Nurse Practitioner certificate, and the Faculty of Community Services PhD in Urban Health. The focus of this Periodic Program Review (PPR) is on the Master of Nursing (MN) program which has options for the following four streams:

- Option 1 - MN Course Stream - completed either on a full or part-time basis;
- Option 2 - MN Thesis Stream - completed on a full-time basis only;
- Option 3 - Combined MN with the Primary Health Care Nurse Practitioner (PHCNP) Certificate - completed on a full or part-time basis; and
- Option 4 - Primary Health Care Nurse Practitioner (PHCNP) Certificate - a post-Master's degree completed on a full or part-time study basis for students who already have a MN Degree.

The MN program provides Registered Nurses (RNs), who are licensed and entitled to practice without restrictions in the Province of Ontario, with opportunities to develop leadership and educational

expertise to advance nursing knowledge and practice. Through critical thinking and scholarly inquiry, DCSN MN students integrate advanced theory, research, and practice in order to be prepared for an integral role in shaping a complex and changing healthcare system.

Overall, the MN program is designed to ensure that graduates have an advanced level of skill and knowledge necessary to contribute to the further development of nursing science and to facilitate the utilization of best practice knowledge across the healthcare spectrum. Underpinned by values relating to social justice, accountability, advocacy and partnership, the program provides nursing education to graduate students who wish to achieve an advanced level of knowledge and skills in evidence-informed practice, education, policy and leadership.

Streams and Fields in the Program

Students in the MN Course-Based option (option 1) or Thesis-based option (option 2) are admitted into one of two Fields of Study: Field I – Leadership in Health Care Policy and Education or Field II – Health and Illness of Individuals and Communities. Each of these fields have designated courses from which students may pick in addition to a core program of required courses.

The MN program consists of five required core courses that are common to course-based and thesis-based students in both fields. Course-based students have two required field courses that are specific to the student's field of study and three elective classes, while thesis-based students have one required field course and a required thesis worth 4 credits.

All PHCNP students, regardless of whether in the combined MN/PHCNP option or PHCNP certificate-only, need to complete the seven required PHCNP courses governed by the Ontario Primary Health Care Nurse Practitioner Consortium and delivered through its university partners. Once students graduate they are eligible to write the Canadian Nurse Practitioner Family/All Ages Exam (CNPE:F/AA) or other NP registration exams recognized by the College of Nurses of Ontario.

PEER REVIEW

The graduate program in **Nursing (MN, PHCNP Certificate)**, submitted a Self-Study Report to the Yeates School of Graduate & Postdoctoral Studies that outlined program descriptions and learning outcomes, an analytical assessment of the program, program data including data from student surveys and the standard data packages. Course outlines and CVs for full-time faculty members were also appended.

The Peer Review Team (PRT) for the Periodic Program Review (PPR) of the graduate program in Nursing (MN, PHCNP Certificate) consisted of Dr. Nancy Carter, Assistant Dean, Graduate Nursing Programs, Associate Professor, School of Nursing, McMaster University; Dr. Debbie Kane, Associate Professor, Faculty of Nursing, University of Windsor' and Dr. Mona Sawhney, Associate Professor, School of Nursing, Queens University.

The PRT site visit was conducted on March 26-27, 2025. The visit included interviews with the University and Faculty Administration including the Provost and Vice-President Academic, Faculty Dean, Faculty Associate Dean, Vice-Provost and Dean Yeates School of Graduate & Postdoctoral Studies (YSGPS); Associate Dean Programs YSGPS, Graduate Program Director of the Graduate Program, Director Graduate Program Administration, and meetings with Faculty, a group of current students, administration, and support staff.

The PRT report was communicated to the Associate Dean, YSGPS on May 6, 2025, and a response to the report from the graduate program and Faculty Dean was communicated on August 18, 2025. The responses of the Program and the YSGPS were reviewed and approved during the meeting of the Programs and Planning Committee (PPC) on October 2, 2025. This was then approved by YSGPS Council on October 21, 2025.

PROGRAM STRENGTHS, WEAKNESSES, AND OPPORTUNITIES

The PRT identified the following strengths, weaknesses, and opportunities.

Strengths

- Students shared their satisfaction with the program and faculty, and the opportunities for student engagement at TMU
- Different streams are offered and there are opportunities for student choice in electives
- The Practicum course was valued by students
- There appears to be a diverse student population
- The physical resources - labs, spaces, and classrooms are up to date
- Administrative staff is committed and supportive

Weaknesses

- There are gaps in curriculum and lack of renewal has left the “fields” and course content outdated
- There is lack of orientation, and lack of clear communication and support for students
- There is a lack of faculty-student interaction outside of the classroom
- There is an over-reliance of administrative staff to support and advise students

Opportunities

- Create more engagement between faculty and students through processes such as faculty advisement, and participation in events such as orientation
- Capitalize on AD SRI role to build research programs and opportunities for students
- Promote more student involvement with faculty to support promotion and tenure

SUMMARY OF PRT RECOMMENDATIONS, GRADUATE PROGRAM, FACULTY DEAN, AND YSGPS RESPONSES, AND IMPLEMENTATION PLAN

A report on the progress of these initiatives will be provided in the 1 Year Follow-up Report which will be due in one year from the date of Senate approval.

PRT Recommendations	PRT Rationale	Program Response	Proposed Action	Program Timeline and Responsibility/Lead	Response From Dean Of Faculty of Community Services	YSGPS Response
Recommendation 1: Renew the curriculum renewal and update programs	The curriculum has not undergone major revisions for over 20 years, and in that time, there have been many changes in health care and nursing roles. See section 2.3. This is a <i>major revision</i> that would require removing undersubscribed courses/content or courses/content that are no longer relevant and creating new courses and embedding content that will assist graduates obtain the education they need to be successful post-graduation. Dedicated resources and external support are recommended.	This issue has been on our radar for some time, and we plan to implement this recommendation. As per our PPR Self-Study, the need for a major revision of the curriculum including changing the Fields of Study, core, and elective courses, has been identified. Although individual courses have been updated overtime, the program has not had the resources to undertake a major revision of the curriculum. We will take the reviewers suggestions about changes to the required research courses and interprofessional course, however the program will do a thorough review consulting with faculty members, students, and the program Advisory Council for the implementation of changes, in order to meet to meet the current and future needs of our graduates both in the MN and PHCNP programs. It is important to note that the PHCNP program has 7 courses that are offered through the COUPN university consortium, and these courses are	This extensive process will need to include a review of comparator programs as well as sustained involvement by faculty and ongoing consultation and discussions with our graduate students, alumni, and Advisory Council. The Program will consult with the Directors of DCSN and the Dean FCS to explore funding to hire an external consultant and the potential for some course release time for Graduate Program Director and/or graduate faculty member to ensure this huge task of curriculum renewal is completed in a timely manner.	A thorough curriculum review will take time (e.g. 2 years) to complete and will occur in stages with the priority for the next year to review current courses and to update them and add additional courses if needed to fill in content gaps identified by PRT.	We are committed to supporting curriculum review and redevelopment of the MN program. This recommendation is an important way to help prepare students to operate competently in healthcare leadership, alongside advancements in healthcare systems, organizations, and technology. We will work closely with the program to understand how curricula changes will unfold and the resources that are needed at each stage of the redevelopment.	YSGPS supports the program’s initiative to undertake a significant curriculum revision. As a starting point, we encourage the program to also consult with the Curriculum Specialists at the Centre for Excellence in Learning and Teaching to (re)consider if and how the Program-Level Learning Outcomes may be revised, and to ensure that any curricular revisions are grounded in these PLOs. We will provide support to the program with respect to the administrative requirements for minor and major modifications that will be required as this process moves forward.

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		currently being revised. Therefore, we will need to wait on direction from the PHCNP provincially before changing the PHCNP courses at TMU as they need to fit with the revised courses at the consortium level The PRT suggested combining the qualitative and quantitative research methods core courses. Faculty noted that new graduate students struggle with methodological issues due to lack of exposure in undergraduate program. This includes developing appropriate research questions; statistical skills in qualitative and other forms of data analysis; and opportunities to practice developing research design and skills in data analysis. Faculty recommended keeping the courses separate to give graduate students the time to develop the above-mentioned skills, share their learning and apply clinical experience with their peers. It is recognised that the content currently in these courses should be updated with current research methods and analysis relevant to nursing. The program agrees with the PRT that this curriculum renewal will require				

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		dedicated resources internally and an external expert in nursing curriculum development to facilitate these major revisions. <i>Resource Implications:</i> In order to support this recommendation, we will request funding to hire an external consultant (potential individuals were recommended by the PRT) and to have the Graduate Program Director and key graduate faculty members with some release time from teaching to complete this work.				
Recommendation 2: Develop new courses specific to, but not limited to quality improvement, program planning and evaluation, artificial intelligence, digital health, financial management, data utilization and interpretation	The changing health care environment requires nurses with graduate degrees to have advanced knowledge in many areas. Graduates of the TMU program will work in multiple sectors of health, education, research and public policy. More relevant and applicable courses will provide choice to students and prepare	The program agrees that as part of the curriculum renewal (see Recommendation 1) the topics/content listed by the PRT are important to be incorporated into the graduate program/courses. The MN program already has a program and planning course and some of this content is in current courses. The program has a health informatics course where AI and digital health is discussed. But there are other topics that can be addressed either as new courses or revamped existing courses such as quality improvement and financial management. While the program has quantitative and qualitative courses,	The program will have dedicated meetings throughout the year involving all MN faculty, students, and the established Advisory Council to facilitate a fulsome review of current curriculum and work with external curriculum expert (see Recommendation 1) to revamp the existing program curriculum. The DCSN will consider diverse expertise that may	See Recommendation 1	We support the approach proposed by the program to formulate more coordinated and systematic processes to achieve the necessary curricular changes proposed by the PRT, while also anticipating the need for more centralized mechanisms that will facilitate curricular improvements and sustain a nimble, relevant, and forward-facing nursing curriculum.	YSGPS supports the curricular changes that will provide students with more opportunities to engage with diverse and innovative course content. We are happy to offer support to the program when undertaking the curriculum modification process. We recommend that the program explore possibilities of cross-listing courses from other programs as electives, allowing program

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	them for future careers.	these could be adapted to include health care system data utilization and interpretation. The program recognizes that these course updates are required to make graduate nursing education more aligned with nursing practice. While many of our faculty currently make regular updates to their courses, the program needs a more centralize mechanism for sharing updates and teaching materials in a way that is meaningful to the program and ultimately, students. The process of coming together as a school for curriculum review and redevelopment will help us further understand the best approaches to meet this PRT recommendation	support relevant new courses when hiring.			students the opportunity to study relevant topics from a different disciplinary perspective. For example, students may be interested in taking electives in programs such as Urban Health, Public Policy and Administration, or Health Administration (Community Care). YSGPS will facilitate connections to these programs as requested by the program.
Recommendation 3: Collapse courses MN8904 and MN805 into a single course worth 3 academic credit hours.	For reasons noted in previous sections of the report, there is an opportunity to consolidate the seminar portion into a one term course which incudes the practicum.	The program supports the recommendation of collapsing the MN8904/MN8905 courses into one course worth three academic hours. This would be consistent with clinical courses in the PHCNP component of the program where they are one credit and three academic hours over 12 weeks for students. In addition, many other graduate nursing programs in	The work to make the changes to the practicum course will take place in the 2025-2026 academic year and continue, as course loading with MN8904 and MN8905 for both students and faculty members is completed for this year.	To be implemented in 2026-2027.	We support the program in moving in this direction of change proposed by the PRT. As outlined by the program, collapsing these courses into one course will provide more consistency within and across programs, promote feasibility in students'	The proposed change directly responds to student feedback, while also creating space within the curriculum to broaden student exposure to essential material. YSGPS supports this curricular change and commends the program for thinking

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		Ontario have one clinical course for students worth one credit across three weekly academic hours. However, for this to be feasible, the program also supports the PRT recommendation written within the report that would involve decreasing the number of hours of the practicum to 8-12 hours per week instead of 16 hours. We have received students’ feedback as part of the PPR process that the clinical courses would be more feasible if the clinical practicum were carried out as 8-12 hours weekly. This would be combined with a weekly class where students would integrate their learning. We believe this is feasible as in our PPR Self-Study we had suggested that instead of a focus on number of hours at the organization for the practicum course, the focus be on students meeting their agreed upon learning goals, which would include completing a “project” or “deliverable” for the organization. With the practicum only being 1 course in the current 10 course program, this would allow a new course to be included that can include the content identified as (see Recommendation 2) missing from the	The program will initiate and hold discussions with faculty and students this academic year to ensure this new practicum/seminar course is in line with student learning needs and GDLEs. Therefore, the aim is to complete the newly combined practicum/seminar course as one aspect of our major curricular modification for the 2026/2027 academic year.		learning and clinical experience, and facilitate their success in achieving learning objectives. We will work closely with the program during the curriculum revision process to strategize and make decisions about resource needs	holistically and strategically regarding curricular reform.

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		current curriculum and also include content that would provide students with the knowledge and skills to support successful completion of their final practicum course. <i>Resource Implications:</i> No additional resources are needed to implement this recommendation.				
Recommendation 4: Reconsider the research methods courses in NP Program and offer applied methods more relevant to clinical practice	Most graduates of the NP program will take on roles with an emphasis on clinical care of patients and families. As clinicians, these graduates will need expertise in evidence-based health care, critical appraisal of evidence, quality improvement, and program evaluation. This applied content is likely more relevant than research methodology.	Graduate faculty members had discussions about this recommendation, and they do agree that NPs will need expertise in evidence-based health care, critical appraisal of evidence, quality improvement, and program evaluation. They also agree that graduates from the MN program need this expertise as well so with the curriculum renewal this content will be built in the courses for all students. The faculty did not agree necessarily that this content is “more relevant” for NPs than research methodology, therefore they believe strongly that NPs also need to learn about both quantitative and qualitative research. They noted that this is also a key GDLE that should not be diminished.	As part of the curriculum renewal (see earlier recommendations) the school will ensure the courses will contain this type of content for both MN and PHCNP students. However, as noted above, any changes to the courses for NP students will also take into consideration what content is in the 7 revised courses offered through the consortium	Ongoing as part of the Program Curriculum Revisions	We support the program’s intentions to both improve the research courses for graduate students (both MN and PHCNP students) and ensure alignment with the upcoming NP provincial consortium course revisions. We will work closely with the program during the curriculum revision to strategize and make decisions about resource needs.	YSGPS agrees that rigorous methodological training is an essential part of graduate education. We support the program’s decision to maintain the research methodology component of the curriculum alongside efforts to include more specific areas of applied methods that are relevant to clinical practice. Thoughtful curricular revision will be necessary to determine how best to incorporate this additional material into the broader suite of core and elective courses.

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		As a result, considerations on how to enrich both components of research for NP students will be an important aspect of our curricular revision. However, as mentioned under Recommendation 1 – the PHCNP program is undergoing a provincial curriculum updates/renewal so decisions about what research courses will be required courses for TMU PHCNP students will also be dependent on the outcome of these provincial program changes. The expectation is that this renewal of curriculum will not be completed by the COUPN consortium until 2026. <i>Resource Implications:</i> See Recommendation 1.				We agree with the program’s decision to consider changes to research-specific courses in the context of provincial consortium revisions and support the program’s deferral of decisions on this matter until 2026.
Recommendation 5: Assign faculty advisors to all students	Students need support and advisement, and currently rely on staff for this function, which is a risk for the program. Faculty advisors would help students navigate their respective program and enhance faculty	The program will re-implement the faculty advisor model as in the past where we assigned each newly admitted student with a faculty advisor who would provide advice about course selection and guidance; however, this was stopped a few years ago due to faculty feedback. In discussions with current faculty members, they are keen to be faculty	Since faculty voiced the importance of being engaged with students throughout their graduate degree, the program will look to re-introduce the faculty advisor model and will seek input from faculty about how to move forward with this process of matching	To be implemented in Fall 2026	The program is commended for their efforts to support students’ integration and success through more augmented engagement with faculty advisors. We are eager to engage in any further discussions of strategies or initiatives	YSGPS strongly supports this program action and believes that formalizing connections between faculty and students through a faculty advisor model will facilitate positive student experiences and a strong program culture.

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	and student interaction.	advisors and to provide input on how the model would work to facilitate a more inclusive and collaborative approach to engage students. For example, instead of having to meet one on one with each student, meet in groups. <i>Resource Implications:</i> No additional resources are needed to implement this recommendation.	faculty and students, and ways to best support students. Through more purposeful gathering and discussions with students, we will also work to understand issues faced by students more broadly, in order to develop strategies to address students’ needs overtime.		that the program deems necessary to engage in their efforts to continue supporting students.	YSGPS is happy to provide guidance regarding the structure of such initiatives and advise on best practices with respect to faculty advisor models.
Recommendation 6: Clarify role responsibilities of staff compared to faculty	There is a lack of faculty engagement with students, and reliance on administration for several functions such as advisement. This has resulted in a lack of role clarity, blurring of roles, and burden on the leadership team. This is a risk for students.	The program agrees with this recommendation. As per this recommendation, the program will be re-instituting the faculty advisor role and also look for more ways to increase student/faculty engagement outside the classroom so that faculty can be more engaged with students. In addition, we will facilitate more involvement/engagements of faculty in student events. For example, the program hosts a number of drop-in sessions (e.g. research presentations led by faculty, guest speaker series, coffee chats). The program will continue to invite faculty to be engaged with students at these sessions.	In order to address the PRT recommendation that faculty become more engaged with graduate students, the program will invite faculty to participate in various activities. This includes the orientation for new students in September. In both DCSN and Graduate Program Faculty meetings, all faculty will be provided with updates on current issues with graduate curriculum and student issues and be invited to contribute and	To be implemented in 2025-2026 Academic Year.	We commend and support the program on these proposed actions to facilitate further engagement between faculty and students.	YSGPS believes the faculty advisor model holds great promise to increase faculty engagement in the program. In implementing this model, we encourage the program to work with faculty and staff to develop clear guidelines with respect to the varying roles and responsibilities of faculty advisors, Student Advising Coordinators, program staff, and program leadership.

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		While we have invested in our Student Advising Coordinators to support students in a well-rounded way, we also recognise the need to support student to participate in school life, including school committees and other collective evaluation processes. With this in mind, both faculty and students will be invited to participate in the curriculum renewal process. The program will engage with faculty, staff and students to get a better understanding this issue about what the PRT refers to as ‘lack of role clarity and blurring of roles between staff and faculty’. Once the issues are clearly identified, the program will implement strategies to address them. <i>Resource Implications:</i> No additional resources are needed to implement this recommendation.	reinforce decisions in the classroom. Faculty will be provided with opportunities that are available throughout the academic year to meet and mentor students such as faculty-led research workshops, career nights/panel discussions, and monthly coffee chats with current students. In 2025-2026 faculty will be assigned to advise a group of graduate students as per faculty request to return to the Faculty Advisor role. Faculty will be responsible for meeting with graduate students at least two times per semester and engage with this group of students and offer mentorship.			YSGPS also supports the program’s initiatives to engage with students. The inclusion of students in the curriculum revision process will ensure student perspective and experiences inform the structure of the program moving forward. We also support the program’s efforts to engage students more frequently in conversations and feedback sessions and are happy to provide support as needed to ensure these initiatives produce insightful and constructive changes within the program.

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Recommendation 7: Implement measures to address the TRC Calls to Action	The program can no longer wait for Indigenous faculty hiring and must seek external resources to ensure Indigenous health and cultural safety are a curricular thread in the program.	The program has been updating courses to address Indigenous health and sovereignty since 2017, and this content is deeply embedded in various courses and in course readings. However, the external reviewers did not have access to all the full content of current course offerings and would not have been aware of this. The school has hired an Indigenous faculty who provides experiential perspectives/knowledge to support students’ learning. We also call on our FCS Indigenous Resurgent staff to inform Indigenous content in our curriculum. Although the program has started to make course changes, it was identified that much more could be done as per PRT recommendation to ensure the health and cultural safety are a curricular thread in the program. As well, TRC content may not be substantive and well-focused. So, we will assess the level, consistency, and connectedness of this content across courses to understand how best to integrate the TRC recommendations. This will be a priority for the program	Involve the Special Advisor to the President, Equity, Diversity, Inclusion and Decolonization (EDID) Curriculum Transformation in the curriculum renewal process for consultation and advice. All graduate faculty and CUPE instructors will engage in structured and intentional curricula evaluation and revision processes annually to ensure curricula are responsive to TRC and up-to-date.	To be started in 2025 and will be ongoing process with the major curriculum revisions	We applaud the program on all current efforts to integrate Indigenous content into the curriculum. As discussions about curricular revisions unfold, we will engage in discussions about resource needs, and strategies to support the integration of TRC recommendations in a fulsome, balanced, and authentic way	YSGPS commends the program for its work to address the TRC Calls to Action and to meet its obligations under Recommendation 9 of the Standing Strong Task Force report. The hiring of a new faculty member is helpful in providing additional capacity; in addition, YSGPS supports the program’s efforts to engage all faculty members in the process of ensuring curriculum responds to the TRC Calls to Action and Recommendation 9.

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		as we move forward with the major curriculum revisions. Part of this curricular revision process is to understand how we build in mechanisms overtime to address the TRC in a sustainable way, such that we can engage with Indigenous health content, utilise Indigenous methodologies, and decolonise the way we engage in teaching. The program believes strongly that this is important to avoid putting demands and burden for teaching this content on our Indigenous colleagues, rather all faculty need to engage in decolonizing our curricula and teaching methods. We will work closely with the university team that is currently undertaking the implementation of recommendation 9 of the Standing Strong Report. We will also work closely with the FCS curriculum team that is currently developing an Indigenous elective course. <i>Resource Implications:</i> In order to support this recommendation, we request				

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		resources to provide training on decolonization for all DCSN faculty, CUPE instructors and staff who will engage in the tenets of the TRC recommendations.				