



25-Jan-11

**Faculty of Health Sciences
Recanati School for Community Health Professions
Ben-Gurion University of the Negev**

**A response to the report of the
Committee for the Evaluation of Nursing Study Programs**

January 2011

The Department of Nursing at the Recanati School for community Health Professions, Faculty of Health Sciences, Ben-Gurion University ("the Department"), wishes to express its gratitude to the Evaluation Committee ("EC") for its thorough report. The Department wishes also to thank the EC for grasping the strengths and weaknesses of the Department and identifying its problems to such depth in such a short time.

However, before commencing the detailed response to the report, we wish to state that we agree, embrace and applaud to the great majority of the EC's recommendations. Moreover, part of the recommendations that require additional resources, such as changing the promotion policy of the teaching staff; reducing weekly contact hours of staff members, recruiting additional high ranking, professorial level staff and many more, are identical to the Department's requests. Nevertheless, these demands have not been fulfilled due to University budget constrains and possibly for the lack of a high academic image of the nursing profession. We hope that the EC's recommendations may be the trigger to convince the Council of Higher Education and the universities to place academic and research nursing in the highest priority. If this happens, part of the Department's demands may, perhaps, be met. The Department, on its part, will do its best to implement these resource dependent recommendations, although the most significant part should be played by the Council for Higher Education, to whom the EC has reported.

The following will relate to each one of the specific recommendations included in the report.

BN program of study (p. 10)

1. The Department, together with other nursing schools and departments, conducted a long struggle to reduce the involvement of the Ministry of Health in teaching contents. This struggle yielded a huge reduction in prescribed teaching hours along the years, but was unsuccessful in reducing the proportion of dictated core curriculum, which indeed leaves almost no room to academic initiatives. Again, the EC's recommendations may, perhaps, cause a change in the Ministry's policy in this regard, and for this we are grateful.
2. The BN curriculum includes two research seminars (4 credits each) in the 3rd and 4th years. One is a thorough literature review of a clinical issue, while the other is a real mini research project performed in small groups, which requires also data field collection. The introductory parts of both seminars stress critical thinking, critical reading and scientific writing capacities. Faculty active in research participate in coaching and mentoring students in these seminars.
3. We agree that most clinical courses should be taught by nurses. We have already started this process (i.e., emergency nursing as well as psychiatry and mental health nursing. In the near future



nursing faculty will teach orthopedics and urology.) However, until we shall recruit (or nurture) sufficient numbers of qualified nursing staff, we will continue to use specialists from other disciplines to teach the materials.

4. We agree that computer assisted learning should be further developed. The Department will take measures in this direction such as on-line courses in the graduate program.

5. The Faculty is planning to further upgrade the existing Simulation Center. Eventually we will transfer a larger portion of the clinical teaching hours to the Center. A Nursing Faculty member is expected to be involved, full time in the planning and management of these facilities.

RN to BN program of study (p. 12)

1. The Department wishes to improve preparatory classes for English, sciences and computer literacy prior to embarking upon the RN to BN program. We have revised the RN to BN program to include requirements in the basic and clinical sciences, In addition, we will institute a pre-requirement (challenge) exam in both English and computer literacy.

MN program of studies (p. 14)

1. Postgraduate specialty courses (advanced nursing courses) were indeed given by the Department as a required part of the MN program (all tracks) until 2009, although even then contents and hours of these courses were prescribed by the Ministry. Presently, the universities are relinquished even from hosting these courses. We cannot agree more with this recommendation which is, unfortunately, also not in our hands.

2. We are taking this recommendation most seriously. Post graduate courses in community nursing and public health do exist, and were practiced in the Department for many years. However, these specialties are recognized by the State only if they are taken within the Ministry's post graduated courses. We, therefore, can provide the knowledge, but will not be able to recruit students if this knowledge is not formally recognized. As soon as the Ministry of Health will allow to incorporate the advanced clinical courses under the academic realm we will be able to develop any track needed, including community nursing and public health.

3. We wish to be able to accept more students to the Thesis Track. However, this depends on additional high ranking and experienced staff, which, in turn, depends upon budgets. Nevertheless, we accept the recommendation to limit the number of advisees for each existing and future advisor to 4-6 students to 1 advisor different from the EC recommendations (1:8 or 1:15). We also welcome the recommendation to use co-advisors from other departments and Faculties, including qualified scientists and physicians.

4. Theses written in English are very much welcomed, we are aware that a thesis written in English will be easier to publish. Students wishing to do so will be encouraged. We will appreciate Faculty/University help in establishing support infrastructure to facilitate research and publication.

We will continue to encourage the advisors to write up their advisees' theses as a publishable paper.

Basic Baccalaureate Students (p. 16)

1. We agree with the recommendation to reduce the burden of the interviewing process. Modified objective additional criteria will be introduced. Interviewing will be limited to borderline/special cases.



2. The Department cannot create scholarships. It does not have budget for this and is not allowed to raise funds on its own. The University does provide scholarships to students in need according to criteria common to all the Universities students.

3.4. The admission standards are growing constantly yet slowly along the years. In a long run, sharp raise of these criteria may indeed increase the prestige of the profession and improve the quality of the admitted students. However, it will reduce the number of applicants in the short run. The shortage of nurses in the country, does not allow us to do so.

However, a BN as a Second Career Track, which may attract high quality candidates, is currently under consideration in the Council for Higher Educations. We agree that such candidates should not be granted merely a RN diploma that precludes their professional advancement, but to grant a full RN + MN accelerated direct track diploma.

We take pride in admitting to our MN Program a few such students who underwent a RN as a Second Career in other centers, skipping the RN to BN stage.

MN Program students (p. 17)

1. We would have liked to increase the number of students in the program however are limited by the Planning and Budget Committee. Once additional student numbers and dedicated budget will be approved it will depend upon recruiting new high rank staff, which has been discussed before.

We also would like very much to reinstall clinical specialty courses within the Master's program, as it used to be in the past and discontinued by the Ministry of Health and the Council for Higher Education, as was also discussed before.

2. We shall take into serious consideration the recommendation to create multi-disciplinary research models. The issue of publishing theses has been addressed before.

3. We agree to structure career mentoring for students, especially for the MN ones. To initialize this step, we intend to start a follow-up of the graduates and try to create at the same time an alumni organization.

4. We have been doing our best for many years to advance a career "ladder" that will include at least a Nurse Specialist title. Unfortunately, this is entirely and solely in the hands of the Ministry of Health and the legislator.

5. The recommendation to create an academic inter-universities national center for PhD education in nursing is both interesting and new, and we shall certainly explore it with the Council for Higher Education and the other universities. We will approach the office of PhD studies in the university to establish such a program in the near future. Among the limitations are the availability of qualified mentors.

The ratio of theses and dissertations per faculty member has already been addressed before.

Research (p.18)

1. We cannot agree more with the recommendation to count a clinical and exercise supervision hour as full one hour. Implementing this ratio will demand an increase in Faculty positions.

3. The Faculty does provide seed funds for beginning researchers. These funds are within the limit of \$1000-5000, and awarded to few individuals. Nursing faculty's requests are usually granted. Yet,



after one or two such seed money grants the staff member has to find her or his own grants from national and international granting agencies.

4. We shall try to pursue the recommendation to increase collaborative research with established researchers in other departments. The faculty research committee will initiate several discussions to advance this important point.
5. Also the recommendation to create research consortia with other academic institutions within and out of the country will be explored. We have started to establish such collaborations with the department of Nursing of Columbia University, West Virginia, NEU Boston and Drexel.
6. The recommendation that the Faculty has to count case studies towards promotion should be implemented.
7. The nursing Faculty does participate and is engaged in disciplinary research mainly in the community and will expand its involvement in interdisciplinary research regarding the health needs of the Negev population, as recommended.

Faculty (p.20)

We embrace and applaud to all the recommendations regarding the faculty development, and hope that the University will allocate the necessary resources to implement them. This can be advanced only if BGU will be approved to increase the number of students and if highly qualified research faculty can be recruited. These include the following recommendations:

1. To recruit at least three PhD new faculty and one additional professor of nursing along the next two years.
2. To reduce the teaching load of Faculty members that are actively involved in research. Appropriate criteria for evaluation of research involvement will be developed
4. To establish clinical track appointments for leading nurses in the hospital and community. This will contribute to clinical teaching and research. A similar track are available for physicians.
5. To enable qualified staff members in the Parallel Track to reach professorial rank.
6. To recruit at least one professorial level staff member, possibly from abroad, for two-years of leave of absence/sabbatical, to lead research in the Department with special regard to community oriented research. We agree to support nursing Faculty to participate in short or long term fellowships in Israel and abroad.
8. To accommodate the promotion criteria to include clinical performance, contribution and involvement in clinical practice, excellence in teaching and research.
10. To reduce faculty's teaching contact hours through recruitment of additional staff.

Three other recommendations are thoroughly welcomed, These are:

3. To provide excellent graduates with the opportunity and funds for post graduate or post-doc education in centers of excellence.
7. The School does encourage current faculty to enroll in PhD studies. The number of staff members who underwent this track during the last five years is rather significant (4 in the last 5 years and one to



graduate in 2011). Transferring 7-10 parallel track Faculty to the regular track (maintaining their academic and social benefits) will significantly advance the academic output of the department.

9. Faculty periodical review and appraisal is in place for years. Unfortunately, the "Second Track" routine does not permit promotions to senior posts following such appraisal.

Resources (p. 22)

1. The Department will need additional administrative personnel according to new programs to be developed.
2. The Department is implementing the recommendation to improve the access of students and staff to the library from home.
3. The Faculty has a plan to allocated resources to upgrade the simulation center in the near future. Nevertheless, the Department is already modifying some of its teaching methods and replace some clinical exposure for simulation laboratory.
4. The computer stations are available at all times to students as well as two computer labs in the adjacent building of the School of Medicine are barely sufficient at this point in time and should be expanded.

The General comments (p.23)

The School's and the Department's leaderships wish to thank again the EC for their outstanding job. We hope that this report will strengthen the Department.

Five of the six recommendations in this chapter (# 1-4, 6) have already been addressed and discussed before. The Department cannot agree more with all these recommendations, and hopes that they will promote a change in the attitude of the general University to the Department.

Recommendation 5 suggests reducing the diversity of the MN theses in order to create specific research areas in the Department. This is an important recommendation However, it is a two edge sword: no doubt that it will promote the strength of the research in the Department. Yet, it may estrange some MN students, interested in specific aspects of their everyday clinical work, who may be reluctant to devote such an effort to issues that are strange to them.

The Department will try to implement some of the recommendations, which do not depend on external decisions (such as promotions and recruitment) as soon as possible. .

Following the report, the Department now realizes clearly that its strengths in teaching and clinical work, for which it was praised, do not compensate for its weakness in research, and that in order to preserve its reputations the Department must take active measures to strengthen this aspect.

S. Sofer

Yael Edan

Prof. Shaul Sofer, M.D.
Dean
Faculty of Health Sciences
Ben-Gurion University of the Negev

Prof. Yael Edan
Deputy Rector
Ben-Gurion University of the Negev