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12-13-2010

Agenda: Faculty of Health Sciences Graduate Policy and Curriculum Council, December 17, 2010

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December 13, 2010

To : Members of the Faculty of Health Sciences Graduate Policy and Curriculum Council

From : Medy Espiritu
Assistant Secretary & SynApps System Administrator

The next meeting of the Faculty of Health Sciences Graduate Policy and Curriculum Council will be held on **Friday, December 17, 2010** at **9:00 a.m.** in **MDCL-3304**.

Listed below are the agenda items for discussion.

If you are unable to attend this meeting, please call extension 24204 or email *espiritu@mcmaster.ca*.

A G E N D A

I. Minutes of September 22, 2010 meeting

II. Business arising

III. Health Research Methodology Program – new course
HRM *726 - The Science and Practice of Knowledge Translation: Foundations

IV. Nursing Program
- Transfer from Course-based MSc/PHCNP program
- Police Records Check Policy

V. Occupational Therapy Program – change in course title and description
*728 - Adulthood, Community & Participation: Professional Roles and Experiential Practicum V

VI. Health Policy Program
- Changes to the timing of the comprehensive examination

VII. Other business

FACULTY OF HEALTH SCIENCES GRADUATE POLICY AND CURRICULUM COUNCIL
SEPTEMBER 22, 2010, 2:00 PM
MDCL-2218

PRESENT: Dr. C. Hayward (Chair), Dr. P. Baxter, Dr. M. Black, Dr. B. Coombes, Ms. L. DoHarris, Dr. S. Hanna, Ms. L. Geddes, Ms. L. Letts, Dr. B. Lichty, Dr. J. Mahony, Dr. J. MacDermid, Dr. L. Schwartz, Mr. P. Self, Mrs. M. Espiritu (Assistant Secretary)

I. Occupational Therapy (OT) and Physiotherapy (PT) Programs

Police Records Check Policy

Ms. Letts reviewed the proposed police records check policy for the OT and PT programs. She explained that incoming students in the programs are required to provide a police records check. The process includes vulnerable-sector screening and a police record check of RCMP and the National Canadian Police Information Centre databases. She said that the police records check must be renewed annually. She stated that the proposed document was modelled from the police records check policy of the Department of Medicine's undergraduate program. Responding to a question, Ms. Letts referred to the section of the document outlining the procedures for students who fail the requirement. In the event of a "not clear" police records check, Ms. Letts explained that an Advisory Panel reviews student files on a case-by-case basis. The approval of the Assistant Deans will be based on the reviews conducted by the Advisory Panel. She added that offer of admission is contingent upon a "clear" police records check.

Ms. Letts moved, and Ms. Geddes seconded,

"that the Faculty of Health Sciences Graduate Policy and Curriculum Council approve the proposed Police Records Check Policy for the Occupational Therapy and Physiotherapy programs, as described in the document."

The motion was **carried**.

Leaves of Absence Policies for the M.Sc. (OT) and M.Sc. (PT) Programs

Ms. Letts explained that the OT/PT programs are reviewing two existing policies to ensure that they are in accordance with the School of Graduate Studies policy. She then briefly reviewed the documents pertaining to the policy on leave of absence related to health or extenuating circumstances, and the policy on parental leave of absence. In response to a query, Ms. Letts explained that students must submit a request to return three months in advance. The process involves mandatory health training and screening which often takes 3 months to complete; the program needs advance information as to how many students need clinical placement, etc. A member commented that the phrase "other extenuating circumstances, excluding financial reasons" in the policy statement is too exclusionary. Ms. Letts explained that since they make

adjustments to their faculty and resources annually, they felt the statement is necessary to ensure the policy states clearly that "financial reasons" are excluded. The Council members then suggested revising the wording of the policy statement, and adding a statement that students should consult the general regulations of the School of Graduate Studies concerning leaves of absence in matters related to financial aspects (i.e., scholarships, tuition fees, etc.) A member questioned the involvement of the Associate Dean in the approval process. Ms. Letts responded that, in her opinion, the involvement of the Associate Dean is quite important, especially in evaluating the reasons for the leave (i.e., validity of the medical documents).

Ms. Letts moved, and Ms. Geddes seconded,

"that the Faculty of Health Sciences Graduate Policy and Curriculum Council approve the proposed Policy for Leaves of Absence for Students in the M.Sc. (OT) and M.Sc. (PT) Programs, and the Policy for Leave of Absence for a Graduate Student who is a new parent in the M.Sc. (OT) and M.Sc. (PT) Programs, subject to revising the policy statement mentioned above."

The motion was **carried**.

Changes to courses – Physiotherapy program

Ms. Geddes reviewed the updates to the following courses in the Physiotherapy program:

*621 – Fundamentals of Musculoskeletal Practice/Problem-based II
*622 – Fundamentals of Musculoskeletal Practice/Clinical Laboratory II
*624 – Physiotherapy Clinical Practice I
*721 – Community-based Physiotherapy/Problem-based V
*722 – Community-based Physiotherapy-Clinical Laboratory V
*724 – Physiotherapy Clinical Practice IV

Dr. Geddes moved, and Dr. Hanna seconded,

"that the Faculty of Health Sciences Graduate Policy and Curriculum Council approve the updates/changes to courses *621, *622, *624, *721, *722, *724, as outlined in the documents."

The motion was **carried**.

Dr. Hayward then briefly discussed the Graduate Faculty Participation list for Council information.

There was no other business, and the meeting adjourned at 2:50 p.m.

SCHOOL OF GRADUATE STUDIES

RECOMMENDATION FOR CHANGE IN GRADUATE CURRICULUM - FOR CHANGE(S) INVOLVING COURSES

PLEASE READ THE FOLLOWING NOTES BEFORE COMPLETING THIS FORM:

1. This form must be completed for **ALL** course changes. All sections of this form **must** be completed.
2. An electronic version of this form must be emailed to the Assistant Secretary and SynApps System Administrator (Email: *espiritu@mcmaster.ca*).
3. A representative from the department is required to attend the Faculty Curriculum and Policy Committee meeting during which this recommendation for change in graduate curriculum will be discussed.

DEPARTMENT/PROGRAM	Health Research Methodology		
COURSE TITLE	The Science and Practice of Knowledge Translation: Foundations		
COURSE NUMBER	**726**	**COURSE CREDIT**	
		FULL COURSE ( )	**HALF COURSE (X)** / **QUARTER (MODULE) ( )**
INSTRUCTOR(S)	Melissa Brouwers, PhD		
PREREQUISITE(S)	HRM *721/*771 or permission of instructor		

NATURE OF RECOMMENDATION ***(PLEASE CHECK APPROPRIATE BOX)***

NEW COURSE	X	**DATE TO BE OFFERED:** Spring 2011	**WAS THE PROPOSED COURSE OFFERED ON DEAN'S APPROVAL? IF YES, PROVIDE THE DATE:**

WILL THE COURSE BE CROSS-LISTED WITH ANOTHER DEPARTMENT? IF YES, ATTACH TO THIS FORM ANY RELEVANT CORRESPONDENCE WITH THE OTHER DEPARTMENT(S). NOTE: CROSS-LISTING OF COURSES REQUIRES APPROVAL FROM EACH DEPARTMENT AND FACULTY CONCERNED.

CHANGE IN COURSE TITLE		**PROVIDE THE CURRENT COURSE TITLE:**			
CHANGE IN COURSE DESCRIPTION		**600-LEVEL COURSE** ***(Undergraduate course for graduate credit)*** ***Please see #4 on page 2 of this form***			
CHANGE TO FULL COURSE		**CHANGE TO HALF COURSE**		**CHANGE TO QUARTER COURSE**	
COURSE CANCELLATION		**PROVIDE THE REASON FOR COURSE CANCELLATION:**			
OTHER		**EXPLAIN:**			

BRIEF DESCRIPTION FOR CALENDAR - Provide a brief description *(maximum 6 lines)* to be included in the Graduate Calendar.

This is an overview course aimed to introduce graduate students to the science and practice of knowledge translation and exchange (KT). This course will be of interest to graduate students who wish to pursue an academic career in the field of KT, students whose primary research is in another domain but wish to strengthen their KT-related skills, and students who are interested in doing KT as part of their professional activities. This course is part of the Health Services Research field of the HRM graduate program.

CONTENT/RATIONALE - Provide a brief description, i.e., outline the topics or major sub-topics, and indicate the principal texts to be used.

See attached course outline.

1. STATEMENT OF PURPOSE (How does the course fit into the department's program?)

This course is part of the Health Services Research field of the HRM graduate program.

2. EXPECTED ENROLMENT:

8-10 students.

3. DESCRIBE IN DETAIL THE METHOD OF PRESENTATION OF COURSE MATERIAL (i.e., lectures, seminars):

Faculty-led presentations and small-group tutorials including discussion.

4. DESCRIBE IN DETAIL THE METHOD OF EVALUATION: (For 600-level course, indicate the Extra Work to be required of graduate students, i.e., exams, essays, etc.)

Major project: 75%; Part 1 (30%) and Part 2 (45%)
Facilitator: 10%
Participation: 15%

5. TO PREVENT OVERLAP, IS A COURSE IN THE SAME OR A RELATED AREA OFFERED IN ANOTHER DEPARTMENT? IF YES, PLEASE ATTACH TO THIS FORM ANY RELEVANT CORRESPONDENCE WITH THE OTHER DEPARTMENT(S).

RS725 was previously offered jointly and cross-listed with HRM. However, the context and problems in KT and the learning needs of HRM students are sufficiently distinct from those in RS that a course tailored specifically to HRM students is well justified.

6. IF THE COURSE IS INTENDED PRIMARILY FOR STUDENTS OUTSIDE YOUR DEPARTMENT, DO YOU HAVE THE SUPPORT OF THE DEPARTMENT/PROGRAM CONCERNED?

n/a

PLEASE PROVIDE THE CONTACT INFORMATION FOR THE RECOMMENDED CHANGE:

Name: Melissa Brouwers, PhD Email: mbrouwer@mcmaster.ca Extension: 42824

If you have any questions regarding this form, please contact the Assistant Secretary and SynApps System Administrator, School of Graduate Studies, extension 24204.

SGS/December 2006

HRM Course Outline

Course Number & Title:	HRM XXX: The Science and Practice of Knowledge Translation: Foundations
Course Co-ordinator:	Melissa Brouwers, PhD
Additional Faculty/Support:	

Course Description

This is an overview course aimed to introduce graduate students to the science and practice of knowledge translation and exchange (KT). This course will be of interest to graduate students who wish to pursue an academic career in the field of KT, students whose primary research is in another domain but wish to strengthen their KT-related skills, and students who are interested in doing KT as part of their professional activities. This course is part of the Health Services Research field of the HRM graduate program.

Course Objectives

- Introduce graduate students to science and practice of KT
- Strengthen students KT-related skills

Educational Methods/Course Format

- Faculty-led presentations
- Small-group tutorials and discussion

Course Text/Materials

Readings are available through peer-reviewed journals and relevant KT websites.

Prerequisites:	HRM *721/*771 or permission of instructor
Session	**Topic**
Week 1	Introduction and Overview
Week 2	KT Models and Frameworks
Week 3	KT Theory
Week 4	Knowledge and Evidence I (out-of-class session)
Week 5	Knowledge and Evidence II
Week 6	Short Presentations and Foundations of KTE Strategies and Evaluation I
Week 7	Foundations of KTE Strategies and Evaluation II
Week 8	KTE – Patient and Populations Evaluation – Observational Strategies
Week 9	KTE – Health Care Providers Evaluation – Experimental Strategies
Week 10	KTE – Policy Makers and Organizational Leaders Evaluation – Process
Week 11	KTE – Multifaceted Approaches KTE – Integrating Across Approaches Evaluation – Economic Strategies
Week 12	Sustainability
Week 13	Class Presentations

Evaluation of Student Performance

Major Project: 75%

Project Overview (Not Graded).
Not Graded One paragraph

Part 1 (30%).
25% Written report (12 page maximum)
5% Short presentation to class (5 slides maximum)

Part 2 (45%).
35% Written Report (18 page maximum)
10% Short presentation to class (10 slides maximum)

Facilitator: 10%
Once per term

Participation: 15%
Throughout term

HRM Curriculum Committee Questions – HRM ###: The Science & Practice of Knowledge Translation: Foundations

All members of the HRM Curriculum Committee approved the proposal for HRM ###: The Science & Practice of Knowledge Translation: Foundations as an HRM course. There were some comments and suggestions (see below). Please let me know if you would like to respond to the HRM Curriculum Committee and/or revise the forms (HRM or GPCC) or the course syllabus before I circulate it to GPCC for review and approval. Thank you. Kristina Vukelic.

Points to Consider	Response/ comments
Outline: • Maybe it would be beneficial to describe more explicitly what session 4: knowledge and evidence (out of class session) will be. It is not clear from the syllabus. • Please check all the links if they are up-to-date; e.g. the link to CASP is outdated. **Outline - Course Policy Information:** • suggest to remove the section re: the SGS policy on evaluations, but adding the HRM program policies re: attendance and misconduct: Academic Integrity The Office of Academic Integrity website provides information on the following: • The McMaster University Academic Integrity Policy • Information for students (i.e., videos, quizzes, plagiarism, inappropriate collaboration, etc) • Information for faculty (i.e., plagiarism, inappropriate collaboration, forms and procedures, etc) **Any violations (as defined by the Academic Integrity Policy) will not be tolerated.** Attendance Policy 1. Any absence must be due to a reasonable excuse that is exceptional and out of the control to some extent of the student (illness, death in family, wedding, special exams etc). 2. One absence with a legitimate excuse is reasonable, 2 may be ok, but three would almost never be acceptable. 3. If you are absent you get 0 for participation on that day. 4. Greater than 2 absences must be approved by the Assistant Dean - HRM. If not 'approvable' (and the prior expectation is that most requests would not be), you will be asked to withdraw from the course. **If you are unable to attend a session, please request permission from the course coordinator, Melissa Brouwers (mbrouwer@mcmaster.ca)**	*On day 1, the students will be provided with the how-to of session 4. It would have be too long to have added to the syllabus.* *Links will be checked.* *SGS policy on evaluations remained.* *Academic Integrity statements added.* *A modified Attendance statement has been added.*

Content & Material: • A minor issue: please consider using a checklist from Users' Guides by Gord Guyatt rather than CASP tool to assess systematic reviews. Some of the CASP questions seem to check if authors of a systematic review performed certain action rather than if they did it well or what the results of that assessment were. I understand the differences are subtle but questions from Users' Guides seem to be logically better fitting the purpose of critical appraisal of usefulness of a systematic review. • I could not find any reference to the KT efforts of HIRU and their projects in the syllabus. They seem very relevant to the topic. This seems to fit session 4&5 or session 9 quite well.	*The User's Gude by Guyatt has been extremely helpful. However, since its publication there has been considerable work internationally on standards for reporting and critically appraising SRs (e.g. AMSTAR, PRISMA, CASP, tools from CEMB, and the like). The choice of the CASP tool probably is less appropriate than the AMSTAR. That change has been made. Issues of competing instruments will be discussed in class.* *KT contributions across within the department and across the university are enormous. Rather than focusing on one cluster (HIRU for example) at the expense of the others, the goal would be to have examples addressed through the presentations of the guest speaks.*
Prerequisites: • suggest "HRM *721 or permission of the instructor" as the course prerequisite	*Changes made.*
Assignments: • the descriptions might be too prescriptive • possibly reduce the length and the number of the assignments	*Assignment descriptions have been made more succinct and framed as guidance.* *Assignments remained.*
Participation: • online discussion boards: it might be confusing for students and a lot of work on the part of the instructor to evaluate participation in class *and* online	*This will be pilot tested this year. It has worked for other courses in faculty of health sciences with some success.*
Other: • Maybe it would be beneficial to simplify the way the course is described, i.e. try to use less technical language. I am concerned that some students may choose not to take this course just because it will not be clear to them what it is about.	*Some modifications to the introductory statements have been made to make it more accessible.*

The Science and Practice of Knowledge Translation: Foundations
Spring 2011

Time: May and June 2011 - Spring Term
Mondays and Thursdays
9 am to noon
See schedule for specifics

Place: TBD

Coordinator: Dr. Melissa Brouwers
Room G2-207 Henderson Research Centre
711 Concession Street
(G wing: 2-storey building in between Juravinski Cancer Centre and Juravinski Hospital—formerly Henderson Hospital)
mbrouwer@mcmaster.ca
905 527 4322 ext. 42824 (direct)

Guest Speakers: TBD

COURSE OVERVIEW

Knowledge translation (KT) is a dynamic and iterative process that includes synthesis, dissemination, exchange and ethical application of knowledge to improve the health of individuals and the health care system. This is an overview course aimed to introduce graduate students to the science and practice of KT. This course will be of interest to graduate students who wish to pursue an academic career in the field of KT, students whose primary research is in another domain but wish to strengthen their KT-related skills, and students who are interested in doing KT as part of their professional activities. This course is part of the Health Services Research field of the HRM graduate program.

COURSE PREREQUISITES

HRM 721 or permission from the instructor.

COURSE REQUIREMENTS

A. COURSE REQUIREMENT OVERVIEW

Major Project: 75%

Project Overview (Not Graded).
Not Graded One paragraph

Part 1 (30%).
25% Written report (12 page maximum)
5% Short presentation to class (5 slides maximum)

Part 2 (45%).
35% Written Report (18 page maximum)
10% Short presentation to class (10 slides maximum)

Facilitator: 10%
Once per term

Participation: 15%
Throughout term

B. Course Requirement Details

B.1 Major Project Description

Students have a choice of pursuing one of two types of projects, Applied KT or Discovery KT. Descriptions of the project options are summarized below. Students will be asked to commit to a project type and submit one paragraph outlining their objectives and scope for feedback and approval.

Applied KT Project

Students doing an Applied KT Project will choose a knowledge-to-action problem in the context of public health, clinical practice, or health policy and design a KT intervention and evaluation plan to solve this problem, using best KT methods and practices.

- Part 1 of the project will be to describe the problem and analyze the knowledge adopters.
- Part 2 of the project will be to describe the KT intervention and evaluation plan.
- All students will submit a brief paragraph committing to project objectives and scope no later than Session 3. Students will receive feedback but no formal grade. Projects must be approved by the course coordinator.

Part 1. Identification of the Knowledge-to-Action Problem and Analysis of Knowledge Adopters

Written Proposal Length:
12 point
12 double-spaced pages (maximum), excluding references and appendices
Oral Presentation Length:
7 minutes maximum + 3 minutes for questions
5 slides maximum

Knowledge-Action Problem

Tactic 1. Starting with the problem

- What is the problem in practice/policy? What are the data/statistics that show there is a problem?
- What might be the solution to this problem? What research evidence exists to support the solution? Are there any systematic reviews or clinical practice guidelines related to the solution? What is the quality and strength of the research evidence supporting your proposed solution?
- What theoretical or conceptual framework do you intend to use to guide your thinking around implementing this solution? What is the rationale for using this framework?

OR

Tactic 2. Starting with the knowledge

- What research evidence (solution) exists that needs to be used in practice/policy (e.g., clinical practice guideline, systematic review results)? What is the quality and strength of the research evidence supporting this solution?
- What is the current practice/policy as it relates to the evidence? What is the evidence or statistics to support a problem exists? What are the data/statistics for the practice/policy?
- What theoretical/conceptual framework do you intend to use to guide your thinking around implementing this solution? What is the rationale for using this framework?
- Support your arguments with data and references.

Analysis of Knowledge Adopters

- Stakeholder perspectives: Who are all the relevant stakeholders and potential adopters? What are the perspectives about the problem/issue of these stakeholders?

- What might be some of the barriers and facilitators to adopting the solution by these stakeholders? How do these barriers and facilitators compare with the literature?

Part 2. Proposed Pragmatic KT Intervention and Implementation Plan with Evaluation

Written Proposal Length:
18 double-spaced pages, excluding references and appendices
Revision of background – 6 page maximum
Plan and evaluation – 12 page maximum
Oral Presentation Length:
10 minutes + 5 minutes for questions
10 slides

- Revised and updated background (knowledge to action problem, analysis of knowledge adopters).
- Theoretical framework to guide the implementation intervention(s)/knowledge transfer strategies.
- What is the proposed implementation intervention(s)? Describe the intervention/strategies along with the rationale for selecting/tailoring them (e.g., evidence of effectiveness).
- Evaluation: Key indicators (process and outcome) for assessing whether the implementation intervention has had the desired effects on practice and/or policy.
- Sustainability: Discuss at least two factors related to sustainability planning and evaluation.
- Timeline: Propose a one-year outline of activities for implementing and evaluating your pragmatic KT intervention.

KT Discovery

In this project, students will be asked to write a research proposal designed to advance the science of KT, for instance, examining the determinants of knowledge use, developing and testing a new KT intervention strategy, or developing a new measurement tool related to KT. The primary objective here is to advance the science of KT.

Part 1 of the project will be to describe the background to the research problem and identify your specific research question(s) and hypotheses. Part 2 of the project will be to describe the full methodological approach that will be used to study the research question(s) and test the hypotheses.

Part 1. Background, Research Questions, and Hypotheses

Written Proposal Length:
12 double-spaced pages, excluding references and appendices
Oral Presentation Length:
7 minutes maximum + 3 minutes for questions
5 slides maximum

- What is the current state of the evidence in this area? What has been explored in previous studies and what has been found? What are the rationale and evidence for this as a research priority?
- What are the underpinning theories or frameworks being used? What is the rationale for their use?
- What are the specific research questions you will address?
- What are the specific hypotheses you will test? If there are no hypotheses, why not?
- What new knowledge is anticipated?

Part 2. Methodological Approach

Written Proposal Length:
18 double-spaced pages, excluding references and appendices
Revision of background (Part 1) – 6 page maximum
Plan and evaluation – 12 page maximum
Oral Presentation Length:
10 minutes + 5 minutes for questions
10 slides

- Revised background, research questions, and hypotheses (6 pages)
- What research design will be used to study the questions?
- What is the research approach and methodology? What is the justification for this approach? Are the design and approach methodologically feasible and appropriate? In what context will the study take place? Who is involved in the

study? How will participants be recruited? What data will be collected? How will the data be analyzed?

- What are the potential difficulties that may be encountered in the study, and what are the plans for management?
- Who are members of the research team (give descriptions of co-investigator phenotypes—specific people do not have to be listed) and their role?
- Is the study timeline appropriate and feasible?
- How will the new knowledge advance the field?
- To whom will the results of the study be disseminated? For what objectives? By what means?
- Will the research study achieve the research objectives?

B2. Facilitator Description

Students will take part in facilitating the online forum *and* class discussion regarding the key readings. Students will be evaluated on their ability to summarize key issues and findings from at least two of the readings, describe how the readings were (or were not) helpful in contributing to their understanding of KT, and describe how classmates might use the readings to inform the approach they take with their major project. Students will choose the session and readings they wish to facilitate on the first day of class. More details and suggestions about the online forum process will be provided on the first day of class.

B.3 Participation Description

Students are expected to prepare for, attend, and participate meaningfully in all scheduled classes. The following two aspects of student participation will be considered for evaluation purposes:

Online participation: Over the term, students will be required to contribute at least one original on-line post and respond to one on-line post related to readings or assignments in six of the sessions. The original post and the response post do not have to be within the same session or on the same topic. Each post must not exceed 100 words–and it is anticipated that many posts will be considerably shorter. At the conclusion of the term, students will choose their three best posts to submit for grading. More details and suggestions about the online forum process will be provided on the first day of class.

In-class participation: Students will be expected to be active learners and participants during the in-person sessions.

In both cases, students will be evaluated on evidence of their preparedness, ability to contribute meaningfully to the discussion, capacity to bring in new ideas, and ability to ask good questions (these can be questions of clarification, questions to extend discussion, etc.). The focus is on the quality rather than the quantity of contributions.

Although some of the criteria are similar, the participation grade will be considered separately from the facilitator grade.

ACADEMIC INTEGRITY

The Office of Academic Integrity website provides information on the following:

- The McMaster University Academic Integrity Policy
- Information for students (i.e., videos, quizzes, plagiarism, inappropriate collaboration, etc)
- Information for faculty (i.e., plagiarism, inappropriate collaboration, forms and procedures, etc)

Any violations (as defined by the Academic Integrity Policy) will not be tolerated.

ATTENDANCE POLICY

Any absence must be due to a reasonable excuse that is exceptional and out of the control to some extent of the student (illness, death in family, wedding, special exams etc). Greater than 2 absences must be approved by the Assistant Dean - HRM. If not 'approvable' you may be asked to withdraw from the course. If you are unable to attend a session, please notify the course coordinator, Melissa Brouwers (mbrouwer@mcmaster.ca).

SESSIONS

Session 1: Introduction and Overview

The objectives of this session are:

- to introduce the concept of knowledge translation (terms, definitions)
- to provide a brief overview of its historical roots
- to provide an overview of some different perspectives of the concept
- to review course expectations, assignments, and activities

Required Readings: Although it is our first session together, students are encouraged to read the material before class, where possible.

Champagne F, Lemieux-Charles L, McGuire W. Introduction: towards a broader understanding of the use of knowledge and evidence in health care. In L. Lemieux-Charles, Champagne F, editors. Using knowledge and evidence in health care-multidisciplinary perspectives. Toronto: University of Toronto Press; 2005. p. 3-17.

Lomas J. Forward: improving research dissemination and uptake in the health sector: beyond the sound of one hand clapping. In: Straus S, Tetroe J, Graham D, editors. Knowledge translation in health care. Moving from evidence to practice. Oxford: Wiley-Blackwell Publishing; 2009. p. vii-xv.

Useful Websites:

Canadian Institutes of Health Research (CIHR). Knowledge Translation Overview. http://www.cihr-irsc.gc.ca/e/29418.html

Canadian Health Services Research Foundation (CHSRF). http://www.chsrf.ca/knowledge_transfer/index_e.php

KT Clearinghouse. http://ktclearinghouse.ca

Session 2: KT Models and Frameworks

The objectives of this session are:

- to distinguish between a model or framework and a theory
- introduce students to KT models and frameworks
- to compare and contrast the value and limitations of these frameworks to advance the practice and science of KT

Required Readings:

Graham ID, Logan J, Harrison MB, Straus SE, Tetroe J, Caswell W, et al. Lost in Knowledge translation: time for a map? J Contin Educ Health Prof. 2006;26:13-24.

Grol R, Wensing M. Effective implementation: a model. In Grol R, Wensing M, Eccles M, editors. Improving patient care. The implementation of change in clinical practice. Oxford: Elsevier; 2005. p. 41-57.

Kitson A, Rycroft-Malone J, Harvey G, McCormack B, Seers K, Titchen A. Evaluating the successful implementation of evidence into practice using the PARiHS framework: theoretical and practical challenges. Implement Sci. 2008;3:1.

Additional Readings:

Ward V, House A, Hamer S. Developing a framework for transferring knowledge into action: a thematic analysis of the literature. J Health Serv Res Policy. 2009;14(3):156-64.

Session 3: KT Theory

The objectives of this session are:

- to introduce students to KT theories
- to compare and contrast the value and limitations of theories to advance the practice and science of KT

Required Readings

Graham ID, Tetroe J. Some theoretical underpinnings of knowledge translation. Acad Emerg Med. 200714(11): 936-41.

Improved Clinical Effectiveness through Behavioural Research Group (ICEBeRG). Designing theoretically-informed implementation interventions. Implement Sci. 2006 Feb 23;1:4.

And choose at least 1 of:

Graham ID, Tetroe T, KT Theories Group. Planned Action Theories. In: Straus S, Tetroe J, Graham D, editors. Knowledge translation in health care. Moving from evidence to practice. Oxford: Wiley-Blackwell Publishing; 2009. p. 185-95.

Hutchinson A, Estabrooks CA. Cognitive psychology theories of change. In: Straus S, Tetroe J, Graham D, editors. Knowledge translation in health care. Moving from evidence to practice. Oxford: Wiley-Blackwell Publishing; 2009. p. 196-205.

Hutchinson A, Estabrooks CA. Educational theories. In: Straus S, Tetroe J, Graham D, editors. Knowledge translation in health care. Moving from evidence to practice. Oxford: Wiley-Blackwell Publishing; 2009. p. 206-14.

Denis JL, Leoux P. Organizational theory. In: Straus S, Tetroe J, Graham D, editors. Knowledge translation in health care. Moving from evidence to practice. Oxford: Wiley-Blackwell Publishing; 2009. p. 215-25.

Sales A. Quality improvement. In: Straus S, Tetroe J, Graham D, editors. Knowledge translation in health care. Moving from evidence to practice. Oxford: Wiley-Blackwell Publishing; 2009. p. 226-34.

Session 4. Knowledge and Evidence I (out-of-class session).

Session 5. Knowledge and Evidence II

The objectives of these sessions are:

- to introduce types and sources of evidence
- to introduce the students to fundamental knowledge synthesis "products"
    - systematic review
    - practice guidelines
    - decisions aids
- to train students to critically appraise practice guidelines and systematic reviews
- to enable students to identify a knowledge-to-action gap

Required Readings:

Tetzloff J, Tricco AC, Moher D. Knowledge synthesis. In: Straus S, Tetroe J, Graham D, editors. Knowledge translation in health care. Moving from evidence to practice. Oxford: Wiley-Blackwell Publishing; 2009. p. 226-34.

Brouwers MC, Stacey D, O'Conner AM. Knowledge translation tools. In: Straus S, Tetroe J, Graham D, editors. Knowledge translation in health care. Moving from evidence to practice. Oxford: Wiley-Blackwell Publishing; 2009. p. 226-234.

Kitson A, Strauss SE. Identifying the knowledge-to-action gaps. Knowledge translation tools. In: Straus S, Tetroe J, Graham D, editors. Knowledge translation in health care. Moving from evidence to practice. Oxford: Wiley-Blackwell Publishing; 2009. p. 60-72.
OR
Wensing M, Grol R. Methods to identify implementation problems. In Grol R, Wensing M, Eccles M, editors. Improving patient care. The implementation of change in clinical practice. Oxford: Elsevier; 2005. p. 109-19.

Additional Readings:

Gaddis GM, Greenwald P, Huckson S. Towards improved implementation of evidence-based clinical algorithms: clinical practice guidelines, clinical decision rules and clinical pathways. Acad Emerg Med. 2007;14(11):1015-22.

Brouwers MB, Kho ME, Browman GP, Burgers JS, Cluzeau F, Feder G, et al. AGREE II: Advancing guideline development, reporting and evaluation in health care.
Can Med Assoc J. Epub 2010 Jul.

Shea BJ, Hamel C, Wells GA, Bouter LM, Kristjansson E, Grimshaw J, et al. AMSTAR is a reliable and valid measurement tool to assess the methodological quality of systematic reviews. J Clin Epidemiol. 62(10):1013-20. Epub 2009 Feb 20.

Elwyn G, O'Connor AM, Bennett C, Newcombe RG, Mary Politi M, Duran MA, et al. Assessing the quality of decision support technologies using the International Patient Decision Aid Standards instrument (IPDASi). PLoS One. 2009;4(3):1-9.

Useful Websites:

OHRI Patient Decision Aids Web Site: http://decisionaid.ohri.ca/index.html
AGREE Enterprise Web Site: http://www.agreetrust.org/

Out of Class Session:

Students are required to choose one of the three evaluation activities listed below and to come to Session 6 prepared to discuss these experiences.

- Students are required to read and evaluate a clinical practice guideline of their choosing using the AGREE II OR complete AGREE II Practice Exercise Tutorial.
- Students are required to read and evaluate a systematic review of their choosing using AMSTAR.
- Students are required to read and evaluate a patient decision aid of their choosing.

Student will be provided with further details on the first day of class.

Session 6. Short Presentations
Foundations of KTE Strategies and Evaluation I

Short presentations of Part 1 of the major project.

The objectives of this session are:

- to review the evaluation exercises undertaken the previous week
- to consider issues relevant to uptake of knowledge and research utilization
- to consider issues important in the preparation of implementing a KTE intervention
- to consider issues important in the preparation of a KTE research grant proposal

Required Readings:

Wensing M, Grol R. Characteristics of successful innovations. In Grol R, Wensing M, Eccles M, editors. Improving patient care. The implementation of change in clinical practice. Oxford: Elsevier; 2005. p. 84-108.

Estabrooks C, Floyd J, Scott-Findlay S, O'Leary K, Gushta M. Individual determinants of research utilization: a systematic review. J Adv Nurs. 2003;43:506-10.

Additional Readings:

Grol R. Effective organization of the implementation. In Grol R, Wensing M, Eccles M, editors. Improving patient care. The implementation of change in clinical practice. Oxford: Elsevier; 2005. p. 208-19.

Session 7: Foundations of KTE Strategies and Evaluation II

The objectives of this session are:

- to review knowledge dissemination and exchange of knowledge
- to consider issues important in the preparation of implementing a KTE intervention
- to consider issues important in the preparation of a KTE research grant proposal

Required Readings

Gagnon M. Knowledge dissemination and exchange of knowledge. In: Straus S, Tetroe J, Graham D, editors. Knowledge translation in health care. Moving from evidence to practice. Oxford: Wiley-Blackwell Publishing; 2009. p. 235-247.

Wensing M, Bosch M, Grow R. Selecting, tailoring and implementing knowledge translation interventions. In: Straus S, Tetroe J, Graham D, editors. Knowledge translation in health care. Moving from evidence to practice. Oxford: Wiley-Blackwell Publishing; 2009. p. 94-113.

Straus SE, Tetroe J, Graham ID, Zwarenstein M, Bhattacharyya O. Monitoring use and evaluating outcomes of knowledge use. In: Straus S, Tetroe J, Graham D, editors. Knowledge translation in health care. Moving from evidence to practice. Oxford: Wiley-Blackwell Publishing; 2009. p. 151-9.

Session 8. KTE – Patient and Populations
Evaluation – Observational Strategies

The objectives of this session are:

- to consider the value and limitations of evidence from the perspectives of patients and populations
- to review KTE interventions targeting patients and populations
- to consider factors to facilitate the sustainable application of KTE strategies for these stakeholders
- to consider issues relevant to research focused on patients and populations
- to review the role of observational evaluation strategies

Required Readings

Wensing M, Elwyn G, Grol R. Patient-mediated strategies. In: Grol R, Wensing M, Eccles M, editors. Improving patient care. The implementation of change in clinical practice. Oxford: Elsevier; 2005. p. 185-96.
OR
O'Conner AM. Patient-medicated interventions. In: Straus S, Tetroe J, Graham D, editors. Knowledge translation in health care. Moving from evidence to practice. Oxford: Wiley-Blackwell Publishing; 2009. p. 137-44.

Legare F, Ratte S, Gravel K, Graham ID. Barriers and facilitators to implementing shared decision-making in clinical practice. Update of a systematic review of health professionals' perceptions. Patient Educ Couns. 2008;73(3):526-35.

Wensing M, Eccles M, Grol R. Observational evaluations of implementation strategies. In: Grol R, Wensing M, Eccles M, editors. Improving patient care. The implementation of change in clinical practice. Oxford: Elsevier; 2005. p. 248.

Session 9. KTE – Health Care Providers
Evaluation – Experimental Strategies

The objectives of this session are:

- to consider the value and limitations of evidence from the perspectives of health care providers
- to review KTE interventions targeting health care providers
- to consider factors to facilitate the sustainable application of KTE strategies for these stakeholders
- to consider issues relevant to research focused on health care providers
- to review the role of experimental evaluation strategies

Required Reading:

At least two of the following:

Davis D, Davis N. Educational interventions. In: Straus S, Tetroe J, Graham D, editors. Knowledge translation in health care. Moving from evidence to practice. Oxford: Wiley-Blackwell Publishing; 2009. p. 113-23.

Eccles MP, Foy R.. Linkage and exchange interventions. In: Straus S, Tetroe J, Graham D, editors. Knowledge translation in health care. Moving from evidence to practice. Oxford: Wiley-Blackwell Publishing; 2009. p. 123-26.

Foy R, Eccles MP. Audit and feedback interventions. In: Straus S, Tetroe J, Graham D, editors. Knowledge translation in health care. Moving from evidence to practice. Oxford: Wiley-Blackwell Publishing; 2009. p. 126-131.

Gupta S, McKibbon A (2009). Informatics interventions. In: Straus S, Tetroe J, Graham D, editors. Knowledge translation in health care. Moving from evidence to practice. Oxford: Wiley-Blackwell Publishing; 2009. p. 131-136.

AND

Braspenning J, Campbell S, Grol R. Measuring changes in patient care: development and use of indicators. In: Grol R, Wensing M, Eccles M, editors. Improving patient care. The implementation of change in clinical practice. Oxford: Elsevier; 2005. p. 222-34.

Eccles M, Grimshaw J, Campbell M, Ramsay C. Experimental evaluations of change and improvement strategies. In: Grol R, Wensing M, Eccles M, editors. Improving patient care. The implementation of change in clinical practice. Oxford: Elsevier; 2005. p. 235-47.

Session 10. KTE – Policy Makers and Organizational Leaders
Evaluation – Process

The objectives of this session are:

- to consider the value and limitations of evidence from the perspectives of policy makers and organizational leaders
- to review KTE interventions targeting policy makers and organizational leaders
- to consider factors to facilitate the sustainable application of KTE strategies for these stakeholders
- to consider issues relevant to research focused on policy makers and organizational leaders
- to review the role of process evaluation strategies

Required Readings

Graham ID, Tetroe JM. Getting evidence into policy and practice: perspective of a health research funder. J Can Acad Child Adolesc Psychiatry. 2009 Feb:18(1):46-50.

Ferlie E. Organizational interventions. In: Straus S, J. Tetroe J, Graham ID, editors. Knowledge translation in health care. moving from evidence to practice. Oxford: Wiley-Blackwell Publishing; 2009. p. 144-50.

Wensing M, Klazinga N, Wollersheim H, Grol R. Organizational and financial interventions. In: Grol R, Wensing M, Eccles M, editors. Improving patient care. The implementation of change in clinical practice. Oxford: Elsevier; 2005. p. 173-185.

Hulscher M, Laurant M, Grol R. Process evaluation of change interventions. In Grol R, Wensing M, Eccles M, editors. Improving patient care. The implementation of change in clinical practice. Oxford: Elsevier; 2005. p. 256-272.

Additional Readings:

See the SUPPORT Tools Series Health Res Policy Syst. 2009 Dec;16(7 Suppl 1):S9.

Session 11: KTE – Multifaceted Approaches
KTE – Integrating Across Approaches
Evaluation – Economic Strategies

The objectives of this session are:

- to review multi-faceted KTE interventions
- to an example real-world health care system
- to review the role of economic evaluation strategies

Required Readings

Shepperd S. Framework for evaluating complex interventions. . In: Straus S, Tetroe J, Graham D, editors. Knowledge translation in health care. Moving from evidence to practice. Oxford: Wiley-Blackwell Publishing; 2009. p. 159-1164.

Wensing M, Grol R. Multifaceted interventions. In Grol R, Wensing M, Eccles M, editors. Improving patient care. The implementation of change in clinical practice. Oxford: Elsevier; 2005. p. 197-206.

Browman GP, Brouwers M, Fervers B, Sawka C. Population-based cancer control and the role of guidelines - towards a systems approach. In: Elwood JM, Sutcliffe SB, editors. Cancer Control. Oxford University Press, Oxford; 2010. p. 153-168.

Additional Readings:

Brouwers M, Hanna S, Abdel-Motagally M, Yee J. Clinicians' evaluations of, endorsements of, and intentions to use practice guidelines change over time: a retrospective analysis from an organized guideline program. Implement Sci. 2009 Jun;28;4:34.

Session 12: Sustainability

The objectives of this session are:

- to discuss factors leading to sustained practice innovation
- to discuss features needed in a sustainability action plan
- to analyze health services from a long-term, multidimensional systems perspective

Required Readings:

Davies B, Tremblay D, Edward N. Sustaining evidence-based practice systems and measuring the impacts. In: Bick D, Graham ID, editors. Evaluating the impact of evidence-based practice. Oxford: STTI/Wiley-Blackwell; 2010 May. p. 166-178

Additional Readings:

Maher L. Gustafson D, Evans A. Sustainability model and guide. Updated. NHS Institute for Innovation and Improvement 2010. URL www.institute.nhs.uk/sustainability.

Session 13: Class Presentations

McMaster University

SCHOOL OF GRADUATE STUDIES

RECOMMENDATION FOR CHANGE IN GRADUATE CURRICULUM - FOR CHANGE(S) INVOLVING DEGREE PROGRAM REQUIREMENTS / PROCEDURES

PLEASE READ THE FOLLOWING NOTES BEFORE COMPLETING THIS FORM:

1. This form must be completed for **ALL** changes involving degree program requirements/procedures. **All** sections of this form **must** be completed.
2. An electronic version of this form must be emailed to the Assistant Secretary and SynApps System Administrator (Email: *espiritu@mcmaster.ca*).
3. A representative from the department is required to attend the Faculty Curriculum and Policy Committee meeting during which this recommendation for change in graduate curriculum will be discussed.

DEPARTMENT	Nursing
NAME OF PROGRAM	Nursing

PROGRAM DEGREE	**Ph.D. ( )**	**M.A. ( )**	**M.A.Sc. ( )**	**M.B.A. ( )**	**M. Eng. ( )**	**M.Sc. (x)**	**Diploma Program ( )**	**Other *(Specify)***

NATURE OF RECOMMENDATION *(PLEASE CHECK APPROPRIATE BOX)*

CHANGE IN ADMISSION REQUIREMENTS		**CHANGE IN COMPREHENSIVE EXAMINATION PROCEDURE**		**CHANGE IN COURSE REQUIREMENTS**	
CHANGE IN THE DESCRIPTION OF A SECTION IN THE GRADUATE CALENDAR		**EXPLAIN:**			
OTHER	x	**EXPLAIN:** Some of our course based MSc students enrolled in the usual 7 half courses, plus scholarly paper, may wish to request to transfer into the stream leading to the PHCNP certificate.			

DESCRIBE THE EXISTING REQUIREMENT/PROCEDURE:

Previously, when the Masters core courses for the MSc/PHCNP program were obtained through the Rehabilitation Sciences program, the course equivalence between the two streams (MSc-course based and MSc/PHCNP) was not possible and therefore students could not transfer. Since the change in core course design for the MSc leading to PHCNP certificate has been approved, the course equivalence is more compatible and transfers will be considered.

PROVIDE A DETAILED DESCRIPTION OF THE RECOMMENDED CHANGE *(Attach additional pages if space is not sufficient.)*

Transfer in the first year from the regular course-based MSc to the course-based MSc leading to PHCNP certificate requires a letter of request from the student and responses to the PHCNP Admission's 3 question essay submitted to the Transfer Committee, with a letter of support from the Advisor and proof of the required employment hours (i.e., two years of full time nursing practice within the past five years). Requests for transfer must occur before the January 15 admission deadline and will be considered with all the new applicants to the MSc/NP program. Until admissions decisions are made, students should continue in their course-based program (taking NUR 701 and NUR 768). If successful, they would change their status and become MSc/NP students. They can apply to have up to one half course from term 1 credited toward their NP program as is currently the policy for other students. The course that would be most suitable would be HRM 721 in lieu of NUR 712.

RATIONALE FOR THE RECOMMENDED CHANGE:

There are strong candidates for the MSc/PHCNP program who may have started in the regular course-based MSc program but who then decide to change programs. We do not want to require that these strong candidates complete the full MSc program then apply to the post Masters PHCNP since this will delay their entry into the PHCNP program.

PROVIDE IMPLEMENTATION DATE: ***(Implementation date should be at the beginning of the academic year)***

If possible we would like to consider requests that begin with the winter term 2011, provided the requests are submitted by January 15, with discussion about course selection for the winter term by December 31, 2010.

ARE THERE ANY OTHER DETAILS OF THE RECOMMENDED CHANGE THAT THE CURRICULUM AND POLICY COMMITTEE SHOULD BE AWARE OF? IF YES, EXPLAIN.

NA

PROVIDE A DESCRIPTION OF THE RECOMMENDED CHANGE TO BE INCLUDED IN THE CALENDAR:

NA

CONTACT INFORMATION FOR THE RECOMMENDED CHANGE:

Name: Margaret Black Email: blackm@mcmaster.ca Extension: 22259 Date: November 1, 2010

If you have any questions regarding this form, please contact the Assistant Secretary and SynApps System Administrator, School of Graduate Studies, extension 24204.

SGS/medy

DRAFT

Summary of Police Records Check Policy

- The Nursing Graduate Program McMaster University requires incoming students who will be participating in a professional nursing practicum as part of their program (e.g., MSc, ANN and PHCNP Graduate Diplomas) to provide a Police Check, including vulnerable-sector screening and a police record check of RCMP and National Canadian Police Information Centre (CPIC) databases.

- "Not clear" checks include convictions under the *Criminal Code, Controlled Drugs and Substances Act, Food and Drugs Act* as well as pardoned sexual offences, outstanding warrants etc. It also includes restraining orders under *Criminal Code* or *Family Law Act*.

- Vulnerable Sector Screening provides additional information - e.g. findings of guilt where a pardon has not been granted, probation orders etc.

- "Not clear" checks result in:

  - Student notification
  - Consideration by Advisory Panel
  - Panel findings provided to Assistant Dean

- Potential Outcomes:

  - Offer of admission is revoked
  - Offer deferred for one year to allow further investigation
  - Student admitted but any clinical facility is informed in writing of the "Not Clear" check
  - If student already enrolled, student may be required to withdraw, be suspended, or expelled
  - An applicant who believes that a decision was based on incorrect or incomplete information may request a review by the University Registrar

- Review process - request for review goes to the Advisory Panel

- Advisory Panel:

  - Chair of Admissions Committee
  - Registrar or Delegate
  - Senior Student Representative
  - Supported by the Administrative Assistant and External Advisor

DRAFT

McMaster Policies, Procedures and Guidelines

Complete Policy Title: Police Records Check – Nursing Graduate Program

Approval by McMaster Senate on _____

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A. PREAMBLE

1. The purpose of a university is to encourage and facilitate the pursuit of knowledge and scholarship. In the Faculty of Health Sciences Nursing Graduate Program, the attainment of this purpose may require students to interact with children and other vulnerable populations whom the university must take reasonable measures to protect.

2. Students in the MSc and MSc/NP, PHCNP (Primary Health Care Nurse Practitioner) and ANN (Advanced Neonatal Nurse Practitioner) programs of Nursing Graduate Program work at various practice sites run by external clinical agencies. In order to protect the public, the Nursing Graduate Program needs to confirm with these agencies the absence of a criminal conviction or outstanding criminal charges prior to the students participating in a clinical rotation.

3. Students demonstrate the ability to work with vulnerable populations in many ways, including:

   - Acquiring clinical knowledge and competence;
   - Showing respect for others; and
   - Development and demonstration of ethical frameworks.

4. This Policy applies to candidates to whom an offer of admission has been made ("candidates"), as well as to all registered students, and students who have withdrawn from the Nursing Graduate Program, but who re-apply for the purpose of gaining readmission ("students")

5. This policy represents the Nursing Graduate Program's recognition of the importance of confidentiality, safety and well-being in a work environment to ensure that candidates and students, by virtue of their past behaviour, do not pose a threat to their patients/clients.

B. RELATED POLICIES

6. This policy governs both candidates and students. In some instances, a student's behaviour may involve both academic and non-academic issues, in which case the student may be subject to the procedures of several policies, including the Student Code of Conduct. The Student Appeal Procedures applies to any appeals of decisions related to suspension or expulsion of students. The admission review procedures of the University[1] apply to any request for review of decisions related to revocation or deferral of the offer of admission.

C. POLICE CHECKS: AUTHORITY AND RESPONSIBILITY[2]

7. It is not a violation of the Ontario *Human Rights Code* to deny admission to the Nursing Graduate Program or to suspend or expel a student from the Nursing Graduate Program as a result of a record of offence.

---

[1] Currently defined under section 39(a) of the Student Appeal Procedures.

[2] Taken from the Council of Ontario Faculties of Medicine (COFM), *Police Records Check Policy Document*, June 8, 2006 and from the Ontario Council of University Programs in Rehabilitation Sciences (OCUPRS), *Principles Guiding the Vulnerable Sector Screen Process for Students within the Rehabilitation Science*, May 5, 2009

8. As programs within a public institution, the Nursing Graduate Program is required to act fairly and reasonably when making decisions that affect the rights and opportunities of others. As a result, decisions regarding denying admission, withdrawal of an offer of admission, or removal from an academic program must be made thoughtfully, respecting the need for procedural fairness.

9. The Nursing Graduate Program shall make reasonable efforts to inform potential candidates of the requirement to have a Police Check and that a "Not Clear" Police Check may result in withdrawal of an offer of admission, suspension or expulsion from the program.

10. A candidate who submits false, misleading or incomplete information as part of an application shall be subject to denial of admission or withdrawal of an offer of admission. Enrolled students who submit false, misleading or incomplete information shall be subject to suspension or expulsion with a transcript notation to that effect.

D. POLICE RECORDS CHECK AND VULNERABLE-SECTOR SCREENING

11. The Police Check includes:

    a) a Vulnerable Sector Screening; and

    b) a Police Records Check of the databases from both the Royal Canadian Mounted Police (RCMP) and the National Canadian Police Information Centre (CPIC).

12. A Vulnerable Sector Screening shall provide the following information:

    a) Criminal Records (Young Person) (Pursuant to Section 119(1)(a) of the *Youth* Criminal *Justice Act*);

    b) Records of "Not Guilty: Not criminally responsible on account of Mental Disorder";

    c) Apprehension under the *Mental Health Act;*

    d) Convictions, pending charges, and ongoing investigations under federal and provincial statutes, where available (information maintained under the *Highway Traffic Act*, and the *Compulsory Automobile Insurance Act*, are not included);

    e) Relevant Occurrence Reports;

    f) Findings of guilt where a pardon has not been granted;

    g) Absolute and conditional discharges where not prohibited by legislation; and/or

    h) Probation, Prohibition and other Judicial Orders.

13. A Police Records Check of the RCMP and CPIC databases shall provide the following information:

    a) Convictions under any of the following:

        i) the *Criminal Code of Canada*;

        ii) the *Controlled Drugs and Substances Act*;

iii) the *Food and Drugs Act*; and/or

iv) the *Youth Criminal Justice Act*.

b) The existence of any of the following:

v) Pardoned sexual offences;

vi) Undertakings to enter into a Surety to Keep the Peace;

vii) Outstanding warrants and charges; and/or

viii) Restraining orders under the *Criminal Code of Canada* or the *Family Law Act*.

but may not include:

a) Expired judicial orders;

b) Convictions under provincial statutes;

c) Pardoned records other than pardoned sexual offences;

d) Local records of other police services in Canada; and/or

e) Cases where the applicant has been found not guilty by reason of mental disorder.

14. A Police Check that discloses the existence of any of the occurrences listed in paragraphs 11, 12, and 13 shall be deemed a "Not Clear" Police Check.

E. IMPLICATIONS OF A "NOT CLEAR" POLICE RECORD CHECK

15. Convictions prosecuted by way of indictment under the *Criminal Code of Canada* for which a pardon has not been granted shall result in withdrawal of an offer of admission, or expulsion:

16. Convictions under the following legislation may result in withdrawal of an offer of admission, suspension or expulsion:

a) The *Controlled Drugs and Substances Act*;

b) The *Food and Drugs Act*; and/or

c) Criminal Records (Young Person) (Pursuant to Section 119(1)(a) of the *Youth Criminal Justice Act*).

d) Summary convictions under The *Criminal Code of Canada* for which a pardon has not been granted

17. The following information may result in withdrawal of an offer of admission, suspension or expulsion

a) pardoned sexual offences;

b) undertakings to enter into a Surety to Keep the Peace;

c) restraining orders under the *Criminal Code of Canada* or the *Family Law Act*;

d) Records of "Not Guilty: Not criminally responsible on account of Mental Disorder";

e) Convictions under other Federal and Provincial statutes;

f) Absolute and conditional discharges where not prohibited by legislation; and/or

g) Probation, Prohibition and other Judicial Orders.

18. Information pertaining to the following matters may result in deferral of admission or registration or suspension for up to one year on the condition that the issue raised in the Police Check is resolved.

a) outstanding warrants and charges; and/or

b) pending charges, and ongoing investigations under federal and provincial statutes.

F. OBTAINING A POLICE RECORDS CHECK

19. Students should contact their local police agency to obtain a Police Check.

20. The procedure involves a request to the local police to do searches for criminal record information and the existence of a record in the Canadian Police Information Centre (CPIC) databases.

21. It is recommended that students request two original copies - one for submission to the Nursing Graduate Program and one to keep for their own records.

22. The cost of the Police Records Check shall be at the expense of the student and currently varies between $10 to $60.

23. The process may take up to six weeks depending on the local police agency. Additional information about a Canadian Police Information Centre can be found at www.rcmp-grc.gc.ca.

G. SPECIFIC RESPONSIBILITIES

G.1 All Members of the University

24. All members of the Nursing Graduate Program (students, faculty, instructors, staff and invigilators) are responsible for the maintenance of a safe atmosphere in all phases of academic life, including research, teaching, learning and administration.

25. All members of the Nursing Graduate Program have a responsibility to:

a) provide assistance and co-operation in the protection of others; and

b) report known incidents of criminal behaviour.

G.2 Nursing Graduate Program Admissions Office

26. The Nursing Graduate Program Admissions Office is responsible for assisting the Nursing Graduate Program with issues related to the Police Records Checks. Responsibilities include:

    a) assisting with the development and implementation of this policy;

    b) providing advice regarding the Advisory Panel's procedures;

    c) acting as a resource for the Advisory Panel;

    d) storing all documentation regarding Police Records Check decisions; and

    e) tracking complaints and inquiries with respect to this policy.

G.3 Administration

27. The Administration of the Nursing Graduate Program academic programs include: Dean, Associate Dean, Assistant Deans, the Associate Vice-President (Academic), the Provost, and the Senate.

28. The Administration is responsible for:

    a) dissemination of information about the expectations for Police Checks;

    b) assisting all members of the Nursing Graduate Program with understanding the requirements of the Police Check; and

    c) an anonymous review of the facts of each situation

G.4 Advisory Panel

29. The Advisory Panel (also referred to as the "Panel" in this policy) is responsible for the consideration of all "Not Clear" Police Checks.

30. The Panel shall have both student and faculty representation as described in Appendix 1.

31. The recommendations of the Panel are to be communicated in writing to the Assistant Dean of the Nursing Graduate Program.

32. The Panel is prohibited from communicating with the relevant students.

33. The Panel is prohibited from knowing the identification of the parties to whom the record relates, except where an individual agrees to waive his/her anonymity.

G.5 Prospective Candidates

34. Offers of admission to the Nursing Graduate Program are conditional upon the receipt by the Nursing Graduate Program Admissions Office of a "Clear" Police Records Check.

35. Candidates who have accepted an offer of admission to the Nursing Graduate Program are required to complete an RCMP "Consent for Disclosure of Criminal Record Information Form" (at Appendix 2).

36. The candidate is required to forward an original copy of their Police Check to the Nursing Graduate Program Admissions Office by the first business day following the August Civic Holiday in Ontario of the academic year for which the candidate has received an offer of admission.

37. The Police Check must be performed in the six months preceding the date in which admission is being sought.

38. A "Clear" Police Records Check, conducted at the candidate's expense, is required in order for a student to register at the beginning of the academic year.

G.6 Enrolled Students

39. A "Clear" Police Records check is required in order for the student to continue in the program. Students are required to notify the Nursing Graduate Program Admissions Office if their status changes in any way, after the date they receive the ‘Clear” police check.

40. A conviction prosecuted by way of indictment under the *Criminal Code of Canada*, as evidenced in a “Not Clear” Police Check, shall result in expulsion.

G.7 International, Visa and Non-Status Candidates and Students

41. This policy, in its entirety, applies to International, Visa and Non-Status candidates and students with regard to offers of admission or continuing status in the program.

42. International, Visa and Non-Status candidates and students shall be required to provide a sworn affidavit indicating that he or she has no knowledge of any criminal records in any jurisdiction either in or outside of Canada related in any way to the candidate or student. If an International, Visa or Non-Status candidate or student does have knowledge of any such criminal record, he or she shall specify the nature of the offence and provide details in the sworn affidavit regarding the offence.

43. The sworn affidavit must address all aspects of the Police Check as articulated in this Policy.

44. The Nursing Graduate Program Admissions Office shall verify the sworn affidavit and its contents.

45. Falsely executed affidavits and/or false statements shall result in immediate revocation of an offer of admission to prospective candidates.

46. Falsely executed affidavits and/or false statements discovered to be made by enrolled students shall result in suspension or expulsion with transcript notation to that effect.

H. "NOT CLEAR" POLICE RECORDS CHECK

H.1 Candidates for Admission

47. The offer of admission to a candidate is contingent upon a “Clear” Police Check or approval by the Assistant Dean of the Nursing Graduate Program on the advice of the Advisory Panel in the event of a “Not Clear” Police Check.

48. The information provided by an original copy of the Police Check shall be deemed to be complete and accurate.

49. The Assistant Dean of the Nursing Graduate Program shall notify a candidate who has a "Not Clear" Police Check that the matter shall be forwarded to the Panel for consideration.

50. The Assistant Dean of the Nursing Graduate Program shall forward to the Panel the de-personalized file of each candidate with a "Not Clear" Police Check (referred to as the "File" throughout this policy).

51. The Panel shall consider the File of each candidate with a "Not Clear" Police Check on a case by case basis as expeditiously as possible to facilitate registration by September 1st.

52. The File to which the Panel shall have access shall only contain de-personalized information as it relates to each "Not Clear" Police Check, or equivalent information as it relates to International, Visa and Non-Status candidates.

53. The File to which the Panel shall have access shall have the following personal identifiers removed by the Nursing Graduate Program Admissions Office: name, student number, address, telephone number, cellular telephone number, facsimile number, gender, city of residence, race, nationality, ethnicity, and any other information that may reasonably be deemed to be identifiable.

54. The Panel shall not have any contact with the candidate.

55. In considering the File, the Panel will take the following factors into consideration:

    a) The relevancy of the conviction or charge to the candidate's program, with a specific view as to whether the offence involved:

        i) children or other vulnerable populations;

        ii) sexual activity;

        iii) violence;

        iv) acts of dishonesty; and/or

        v) the use of alcohol or illegal drugs.

    b) The date of any conviction;

    c) The seriousness of any conviction;

    d) Efforts at rehabilitation undertaken by the candidate;

    e) The likelihood that offence(s) will be repeated;

    f) The policies of clinical facilities;

    g) The nature of the offence or incident and its relevance to the standards using the College of Nurses of Ontario;

    h) The candidate’s full and open disclosure of all relevant information; and

    i) Such other factors as deemed reasonable by the Panel.

56. Upon consideration of the File, the Panel can make any of the following recommendations to the Assistant Dean of the Nursing Graduate Program:

    a) Revoke the offer of admission;

    b) Defer admission of the candidate on the condition that the issue(s) raised by the Police Check are resolved within one (1) year from the date of the offer of admission. In this event, the Panel shall re-evaluate the matter upon receipt of evidence from the candidate attesting to the resolution of issue(s); or

    c) Accept the candidate into the program despite a "Not Clear" Police Check, provided that,

        i) The clinical facilities at which the candidate is placed is informed, in writing, of the student's "Not Clear" Police Records Check,

        ii) The clinical facilities maintain the right not to accept the candidate for clinical placement(s), and

        iii) The candidate is apprised of the consequences of a denied placement, including but not limited to the inability to complete the requirements of the program, potentially jeopardizing their progress in the program and completion of degree requirements.

    d) Accept the candidate into the program subject to the imposition of other conditions or restrictions deemed appropriate in the circumstances.

57. The Panel shall communicate its recommendations in writing to the Assistant Dean of the Nursing Graduate Program.

58. Upon receiving the Panel's recommendations, the Assistant Dean of the Nursing Graduate Program shall make a decision regarding status of the candidate. If the decision of the Assistant Dean of the Nursing Graduate Program differs from the recommendation of the Panel, then the Assistant Dean of the Nursing Graduate Program will provide a written rationale for the decision.

59. The Assistant Dean of the Nursing Graduate Program shall communicate his or her decision to the candidate in writing prior to September 1st.

60. The decision of the Assistant Dean of the Nursing Graduate Program is final. However, the candidate may challenge the decision under the established university process for review of admissions[3] if the candidate believes that the decision was founded on incorrect or incomplete information.

I. REQUEST FOR REVIEW OF ADMISSION DECISIONS

61. To request a review of the decision of the Assistant Dean of the Nursing Graduate Program regarding the application of this policy, candidates for admission shall file a Request for Review and any relevant documentation supporting the request with the Registrar within fifteen (15) business days of receipt of the decision.

62. The Registrar shall determine whether the information upon which the decision was based was incomplete or incorrect, and, if so, shall refer the Request for Review to the Panel for reconsideration.

[3] Currently defined by Section 39(a) of the Student Appeal Procedures

63. The Panel will review its previous recommendation in light of the additional relevant information.

64. Upon consideration of additional relevant information, the Panel may make the following recommendations, if applicable, in writing to the Associate Dean, Graduate Studies (Health Sciences):

    a) uphold the decision to withdraw the offer of admission;

    b) defer the offer of admission, for a period of no more than one (1) academic year;

    c) impose specific conditions on the admission and/or continued enrolment of the student;

    e) implement specific restrictions or sanctions suitable to specific circumstances and/or placements;

    f) admit the candidate without special restrictions or conditions;

    g) such other conditions or restrictions deemed appropriate in the circumstances by the Panel.

65. The Panel shall communicate its recommendations to the Associate Dean, Graduate Studies (Health Sciences) within twenty (20) business days of receipt by the Panel of the Request for Review.

66. The Associate Dean, Graduate Studies (Health Sciences) shall make a decision regarding the Panel's recommendations. If the decision of the Associate Dean, Graduate Studies (Health Sciences) differs from the recommendation of the Panel, then the Associate Dean, Graduate Studies (Health Sciences) will provide a written rationale for the decision. The decision of the Associate Dean, Graduate Studies (Health Sciences) shall be final and not subject to appeal. The Associate Dean, Graduate Studies (Health Sciences) shall communicate that decision in writing within ten (10) business days to the candidate.

8.2 Students in the Program

67. The Assistant Dean of the Nursing Graduate Program shall notify a student who has a "Not Clear" Police Check that the matter shall be forwarded to the Panel for consideration.

68. The Assistant Dean of the Nursing Graduate Program shall forward to the Panel the File of each student with a "Not Clear" Police Check.

69. The Panel shall consider the File of each student with a "Not Clear" Police Check on a case by case basis, within a reasonable time.

70. The File to which the Panel shall have access shall only contain de-personalized information as it relates to each "Not Clear" Police Check, or equivalent information as it relates to International, Visa and Non-Status students.

71. The File to which the Panel shall have access shall have the following personal identifiers removed by Nursing Graduate Program Admissions Office: name, student number, address, telephone number, cellular telephone number, facsimile number, gender, city of residence, race, nationality, ethnicity, and any other information that may reasonably be deemed to be identifiable.

72. The Panel shall not have any contact with the student whose File is being considered.

73. In considering the File, the Panel will take the following factors into consideration:

a) The relevancy of the conviction or charge to the student's appropriate program with a specific view as to whether the offence involved:

i) children or other vulnerable populations;

ii) sexual activity;

iii) violence;

iv) acts of dishonesty; and/or

v) the use of alcohol or illegal drugs.

b) The date of any conviction;

c) The seriousness of any conviction;

d) Efforts at rehabilitation undertaken by the student;

e) The likelihood offences will be repeated;

f) The policies of clinical facilities in the local jurisdiction;

g) The nature of the offence or incident and its relevance to the standards using the College of Nurses of Ontario;

h) The student's full and open disclosure of all relevant information; and

i) Such other factors as deemed reasonable by the Panel.

74. Upon consideration of the File, the Panel can make any of the following recommendations to the Assistant Dean of the Nursing Graduate Program:

a) Permit the student to continue in the program despite a "Not Clear" Police Check provided that:

i) the clinical facilities to which the student is placed be informed, in writing, of the student's "Not Clear" Police Check;

ii) the clinical facilities maintain the right not to accept the student for clinical placement(s); and

iii) the student is apprised of the consequences of a denied placement, including but not limited to the inability to complete the requirements of the program, potentially jeopardizing his/her progress in the program and completion of degree requirements.

b) Allow the student to register subject to the imposition of conditions or restrictions deemed appropriate in the circumstances.

c) Require the student to withdraw from the program for a period of up to one year until such time as the outstanding issue is resolved

d) Suspend or expel the student from the program;

75. The Panel shall communicate its recommendations in writing to the Assistant Dean of the Nursing Graduate Program within a reasonable time.

76. Upon receiving the Panel's recommendations, the Assistant Dean of the Nursing Graduate Program shall make a decision regarding recommendations 76 a) to d). In the case of a recommendation to suspend or expel the student, the Assistant Dean of the Nursing Graduate Program shall make a recommendation to the Associate Dean, Graduate Studies (Health Sciences) regarding the status of the student within a reasonable time. If the decision or recommendation of the Assistant Dean of the Nursing Graduate Program differs from the recommendation of the Panel, then the Assistant Dean of the Nursing Graduate Program will provide a written rationale for the decision or recommendation.

77. The Associate Dean Graduate Studies (Health Sciences) shall communicate his or her decision with the reason(s) to the student in writing within a reasonable time.

J. RECORDS

78. The Nursing Graduate Program shall maintain a record of each candidate or student with a "Not Clear" Police Check.

79. All Panel recommendations shall be kept separate from a student's academic record.

80. Decisions of the Assistant Dean of the Nursing Graduate Program that are communicated to the candidate or student as required by this policy shall be kept in the student's academic record.

K. APPEAL

81. Students may appeal the decision of the Associate Dean, Graduate Studies (Health Sciences) with respect to suspension or expulsion under the appeal provisions found in the Student Appeal Procedures. No appeal procedure shall be available for decisions on admission or re-admission to the Nursing Graduate Program.

L. REVIEW AND APPROVAL

83. This policy was approved by the Senate of McMaster University in XXXX.

APPENDIX 1: ADVISORY PANEL

Requirements for Selection and Operation

1. The Panel shall consist of the following three members:

    a) Chair of the Nursing Graduate Program Admissions Committee;

    b) Registrar (or delegate);

    c) A student Representative in his or her 2nd year of studies in the Nursing Graduate Program selected by the Assistant Dean of the Nursing Graduate Program.

2. The Chair of the Nursing Graduate Program Admissions Committee shall chair meetings of the Advisory Panel. Decisions of the Advisory Panel shall be made by majority vote.

3. The Panel shall be supported by an Administrative Assistant who shall record all Panel proceedings. This Administrative Assistant shall have no decision making capacity on the Panel.

4. The Advisory Panel may, from time to time, enlist the services of independent experts including lawyers, police, risk management consultants, screening consultants or other individuals with relevant training for the purpose of providing advice to the Panel. This "external advisor" shall have no decision making capacity on the Panel.

5. In the event that the Chair of the Nursing Graduate Program Admissions Committee is unavailable or unable to participate, a member of the Admissions Committee delegated by the Chair shall serve in this capacity.

6. The Nursing Graduate Program Admissions Office shall ensure that members of the Panel receive necessary training to discharge their responsibilities.

7. The Panel shall report the following information to the appropriate Assistant Dean:

    a) By August 15th of each year, the list of cases to be considered by the Panel; and

    b) By March 1st of each year, a summary of the Panel's work in the previous academic year, recommendations for change and any other information the Panel deems necessary or the Assistant Dean of the Nursing Graduate Program requires of the Panel.

8. Decisions of the Panel shall be recorded by the Administrative Assistant, and dated and signed by the Panel Chair.

APPENDIX 2 – CONSENT FORM

Royal Canadian Mounted Police / Gendarmerie royale du Canada

CONSENT FOR DISCLOSURE OF CRIMINAL RECORD INFORMATION

IF COMPLETED MANUALLY, PLEASE PRINT

PART 1

Surname	Given name (1)	Given name (2)	Sex ☐ M ☐ F	Tel. no. (incl. area code)
Address (no., street, apt.)	City	Province	Postal code	
Date of birth (yyyy-mm-d)	Place of birth	Driver's licence no.	Usual first name or alias	Maiden name
Previous address if less than 5 years at current address Address (no., street, apt.)	City	Province	Postal code	

PART 2

Pursuant to Section 8(1) of the Privacy Act of Canada, I hereby authorize the Royal Canadian Mounted Police to disclose my personal information to:

Full name	Title	Name of organization	
Address (no., street, apt.)	City	Province	Postal code

PART 3

WAIVER AND RELEASE:
I hereby release and forever discharge Her Majesty the Queen in Right of Canada, the Royal Canadian Mounted Police, their members, employees, agents and assigns from any and all actions, causes of actions, claims and demands for damages, loss or injury, which may hereafter be sustained by myself, howsoever arising out of the above authorized disclosure of information and waive all rights thereto.

PART 4

This consent is valid for a period of three months from the date of signature.

Signed this _____ day of _____ _____ Signature of applicant _____

PART 5

Following is information contained in the records of the RCMP or records from other police forces accessible through computer queries and is based on a name and date of birth check only. ****A record may or may not exist** for the subject of this inquiry, positive identification and a certified criminal records check can only be obtained through a fingerprint check. This can be made with the submission of a complete set of fingerprints to:

INFORMATION AND IDENTIFICATION SERVICES
CANADIAN CRIMINAL RECORD INFORMATION SERVICES
BOX 8885
OTTAWA, ONTARIO K1G 3M8

YOUNG OFFENDER INFORMATION - The Young Offenders Act makes it an offence to disclose young offender information. In cases where an adult's record contains young offender information or a young offender requests a copy of his/her criminal record, the criminal record information MUST be given to the requester. Individuals can disclose their own information, but even with consent the RCMP are not legally permitted to disclose young offender information.

INSTRUCTION TO REQUESTERS: The following section contains varying degrees of police information.

- Confirm with the party identified in PART 2, the exact information they require.
- Choose the category which best symbolizes the information you are providing consent for the RCMP to disclose and place your initials in the appropriate INITIALS box.
- The party identified in PART 2 will be advised accordingly of negative checks.
- Checks resulting in possible "hits" for information identified in categories 1, 2 or 3 will require confirmation by the submission of fingerprints.
- You will be required to confirm that information located through the checks stipulated in category 4, is your personal information.
- You may withdraw this consent prior to disclosure.

No.	Initials	Category of Information for Disclosure	FOR POLICE USE ONLY
1.		Records of criminal convictions found in the Identification Data Bank attainable through the Canadian Police Information Centre (CPIC) for which a pardon has not been granted. RCMP: Make CPIC Criminal Record "LEVEL 1" Query ONLY.	☐ None located ☐ ** May or may not exist
2.		Records of criminal convictions attainable through CPIC for which a pardon has not been granted plus records of outstanding criminal charges which the RCMP are aware of or indicated within the Investigative Data Bank of CPIC. RCMP: Make CPIC Criminal Record "LEVEL 1" Query AND a Persons CPIC Query.	☐ None located ☐ ** May or may not exist
3.		Records of criminal convictions and summary of police information (including records of outstanding criminal charges which the RCMP are aware of or indicated within the Investigative Data Bank of CPIC) attainable through CPIC for which a pardon has not been granted plus records of discharges which have not been removed from the Identification Data Bank in accordance with the Criminal Records Act. This will include all charges regardless of disposition. RCMP: Make CPIC Criminal Record "LEVEL 2" Query AND a Persons CPIC Query.	☐ None located ☐ ** May or may not exist
4.		Police information located on computer systems (e.g. Police Information Retrieval System (PIRS), CPIC) and information located through local police indices checks. This will include all information related to non convictions and all charges regardless of disposition. RCMP: Make Persons Queries on PIRS and CPIC. In view of the general nature of this information confirm with requester this is in fact information pertaining to him/her. Requesters MUST confirm information which pertains to them prior to disclosure. If a discrepancy exits, do not disclose this information.	☐ None located ☐ ** May or may not exist

COMPLETED BY

Member (signature)	Reg. no.	Unit	Date

RCMP GRC 3584 eng. (1999-12) (WEB-pdf)

SCHOOL OF GRADUATE STUDIES

RECOMMENDATION FOR CHANGE IN GRADUATE CURRICULUM - FOR CHANGE(S) INVOLVING COURSES

PLEASE READ THE FOLLOWING NOTES BEFORE COMPLETING THIS FORM:

1. This form must be completed for **ALL** course changes. All sections of this form **must** be completed.
2. An electronic version of this form must be emailed to the Assistant Secretary and SynApps System Administrator (Email: *espiritu@mcmaster.ca*).
3. A representative from the department is required to attend the Faculty Curriculum and Policy Committee meeting during which this recommendation for change in graduate curriculum will be discussed.

DEPARTMENT/PROGRAM	Occupational Therapy Program			
COURSE TITLE	Adulthood, Community & Participation: Professional Roles and Experiential Practicum V			
COURSE NUMBER	728	**COURSE CREDIT**		
		FULL COURSE ( )	**HALF COURSE (X)**	**QUARTER (MODULE) ( )**
INSTRUCTOR(S)	Brenda Vrkljan			
PREREQUISITE(S)	Completion of year 1 & Term IV OT Courses			

NATURE OF RECOMMENDATION ***(PLEASE CHECK APPROPRIATE BOX)***

NEW COURSE		**DATE TO BE OFFERED:**	**WAS THE PROPOSED COURSE OFFERED ON DEAN'S APPROVAL? IF YES, PROVIDE THE DATE:**

WILL THE COURSE BE CROSS-LISTED WITH ANOTHER DEPARTMENT? IF YES, ATTACH TO THIS FORM ANY RELEVANT CORRESPONDENCE WITH THE OTHER DEPARTMENT(S). NOTE: CROSS-LISTING OF COURSES REQUIRES APPROVAL FROM EACH DEPARTMENT AND FACULTY CONCERNED.

CHANGE IN COURSE TITLE	X	**PROVIDE THE CURRENT COURSE TITLE:** Adulthood Disability & Participation: PREP V			
CHANGE IN COURSE DESCRIPTION	X	**600-LEVEL COURSE** ***(Undergraduate course for graduate credit) Please see #4 on page 2 of this form***			
CHANGE TO FULL COURSE		**CHANGE TO HALF COURSE**		**CHANGE TO QUARTER COURSE**	
COURSE CANCELLATION		**PROVIDE THE REASON FOR COURSE CANCELLATION:**			
OTHER	x	**EXPLAIN:** Change in evaluations: Self-Directed Oral Learning Examination (SOLE) worth 60% (30% per case x 2); the In-Depth Consultation Report worth 40%; Professional Competency Portfolio (complete/incomplete).			

BRIEF DESCRIPTION FOR CALENDAR - Provide a brief description *(maximum 6 lines)* to be included in the Graduate Calendar.

This course is designed to provide opportunities for students to learn practice skills in occupational therapy as they relate to working with adults and older adults with disabilities in their communities. Course content builds on knowledge and skills from previous terms with a focus on in-depth and "hands-on" exploration of evidence based assessments, interventions and service delivery models in complex areas of occupational therapy practice. Students have opportunities to apply rehabilitation strategies that relate to individuals, their occupations and their community environments. Emphasis will be placed on applying learning to case scenarios.

CONTENT/RATIONALE - Provide a brief description, i.e., outline the topics or major sub-topics, and indicate the principal texts to be used.

Topics covered in the course include environmental assessment, adult learning, health literacy, seating and mobility assessment and intervention, working in the automobile insurance sector, understanding and addressing addictions, motivational interviewing, traumatic stress recovery, psychotherapeutic approaches, driving assessment, dementia and responsive behaviours, and cognitive assessment.

1. STATEMENT OF PURPOSE (How does the course fit into the department's program?)

This course is in the fifth term of the program, in which students are expected to integrate basic clinical reasoning skills and apply them to more complex scenarios and practice settings. .

2. EXPECTED ENROLMENT:

The course is integral in assisting student occupational therapists to develop clinical skills for entry into practice. Since this is a compulsory course in the MSc (OT) Program, all students are expected to enroll and complete the course (approximately 60 students).

3. DESCRIBE IN DETAIL THE METHOD OF PRESENTATION OF COURSE MATERIAL (i.e., lectures, seminars):

Students are engaged in a combination of large group discussion and small group workshop sessions during the classroom setting. There has been a re-ordering of the presentations to coincide more directly with concurrent classes (OT 727 - Inquiry & Integration) in which students are enrolled in the Term.

4. DESCRIBE IN DETAIL THE METHOD OF EVALUATION: (For 600-level course, indicate the Extra Work to be required of graduate students, i.e., exams, essays, etc.)

The SOLE (60%) is a 24 hour oral and take home examination, that reflects actual clinical situations. This 3-part examination entails a 1-1 encounter between student and evaluator. Part 1: Students review 2 clinical scenarios (25 minutes each), generate hypotheses, ask key questions, and generate a learning plan. Part 2: Students work independently to gather and synthesize information and meet learning objectives. Part 3: The student meets with the evaluator (1:1) and reviews clinical approach for each scenario, including a reference/resource list.
In-depth Consultation Report (40%): Students work in small groups on a consulation report based on a real-life community situation, including a needs assessment as well as recommendations. Evaluation will be based on a written report.
Professional Competency Portfolio (complete/incomplete): Individually, students will review their learning to date in the program, identify learning gaps, and develop learning plans to address professional preparation for practice.

5. TO PREVENT OVERLAP, IS A COURSE IN THE SAME OR A RELATED AREA OFFERED IN ANOTHER DEPARTMENT? IF YES, PLEASE ATTACH TO THIS FORM ANY RELEVANT CORRESPONDENCE WITH THE OTHER DEPARTMENT(S).

There is no course that overlaps with this one.

6. IF THE COURSE IS INTENDED PRIMARILY FOR STUDENTS OUTSIDE YOUR DEPARTMENT, DO YOU HAVE THE SUPPORT OF THE DEPARTMENT/PROGRAM CONCERNED?

N/A

PLEASE PROVIDE THE CONTACT INFORMATION FOR THE RECOMMENDED CHANGE:

Name: Lori Letts Email: lettsl@mcmaster.ca Extension: 27816 Date: November 24, 2010

If you have any questions regarding this form, please contact the Assistant Secretary and SynApps System Administrator, School of Graduate Studies, extension 24204.

SGS/December 2006

To: GPCC

From: Mita Giacomini, Director, Health Policy PhD Program

Re: Requesting GPCC approval for changes to comp exam timing for Health Policy PhD Program

Date: 22 October 2010

The Advisory Committee of the Health Policy PhD Program recently decided to change the timing of comprehensive examinations to allow students more flexibility in planning the courses necessary to prepare for the comps.

With this memo, we are requesting GPCC approval of the *proposed timing changes only* (and please note, not a re-review of the rest of the approved process).

Our comprehensive exams involve the distribution of a study reading list several months prior to each exam, and each exam is taken on a single day, on campus. The process and format were was approved by GPCC in 2009, and described in the attached document. Proposed changes appear in **blue boldface**.

We propose the following changes in timing:

> Methods comp – Moved from **February** of year 2 to **April** of year 2, to allow students to complete, prior to taking the comp, any methodology courses taken in winter term of year 2;
>
> Breadth fields comp – Moved from **June** of year 1 to **December** of year to, to allow students 3 terms, instead of 2, to first complete their breadth field courses (this will be helpful to all students, but has become especially important for students in our health economics stream, who must usually take a sequenced health economics field requirement in fall of year 1 and consequently must often defer their breadth political studies course to fall of year 2);
>
> Specialty field comp – Moved from **May** of year 2 to **June** of year 2, to allow students at least one month break between taking their methods and specialty field comps.

Health Policy Ph.D. Program Comprehensive Exam Process

DRAFT, not for distribution to students

version of 20 October 2009; **proposed changes for GPCC approval highlighted in blue**

Introduction

The purpose of the comprehensive examination is to demonstrate that the student (1) has mastered and retained essential knowledge in each of the three major curriculum areas (breadth fields, methods, and specialty field), (2) is able to integrate material across these areas appropriately and effectively in this interdisciplinary field, and (3) is able to apply theory and methods to the analysis of current issues and problems in health policy.

Comprehensive examinations are completed when the student has completed all required coursework in the area being examined. All exams all should be completed by the end of the first 24 months of full-time doctoral studies. The current Graduate Calendar should be consulted for additional university-wide policies concerning comprehensive examinations.

Timing & Format of the Comprehensive Examinations

Comprehensive Examinations are normally offered once per year in each major curricular area (breadth fields, methods, and specialty field), according to the schedule below. For each area, an alternate exam may be offered in some years as necessary to accommodate exceptional circumstances (e.g., for students who fail their first attempt, or to accommodate delayed offerings of key breadth courses).

Examination I:	**BREADTH FIELDS: SOCIAL ORGANIZATION, HEALTH ECONOMICS, <u>AND</u> POLITICAL STUDIES**
Who takes this exam:	All first-year students in all fields
Month and Year of regular exam [alt.]:	**December, Year 2** ~~June Year 1 *(exception: for 2008-09 incoming cohort, December Year 2)*~~ ~~[December Year 2]~~
Preparation:	A reading list for preparation is posted the October prior to the regularly scheduled exam (~8 mos. prior)

	(exception: for 2008-09 incoming cohort, reading list will be posted March 2009).
Format of exam:	One 5 hr sit-down exam is given on campus; short answer, short essay format
Examiners:	HP Program Comps Committee, all fields (social organization, health economics, political studies)
Evaluation:	The exam will be assigned one of three marks: Pass, Pass with Distinction, or Fail Each exam is marked by two faculty members with expertise in the area examined. In the case of conflicting marks, a third examiner marks to break the tie. To pass this breadth exam, the student must receive passing marks in all 3 content areas: social organization, health economics, and political studies. In case of failure, there will be an opportunity to re-take the exam on the alternate date for that year, and before the end of the first 24 months of fulltime enrollment in the PhD program. In the case of a second failure, the student would be asked to withdraw from the program.

Examination II:	**METHODS**
Who takes this exam:	All first-year students in all fields
Month and Year of regular exam [alt.]:	**April of Year 2** ~~February of Year 2 [April of Year 2]~~
Preparation:	A reading list for preparation is posted the June of the academic year prior to the regularly scheduled exam (~8 mos. prior).

Format of exam:	One 4 hr sit-down exam is given on campus; short answer, short essays format
Examiners:	HP Program Comps Committee, members representing expertise in both qualitative and quantitative methodologies
Evaluation:	The exam will be assigned one of three marks: Pass, Pass with Distinction, or Fail Each exam is marked by two faculty members with expertise in the area examined. In the case of conflicting marks, a third examiner marks to break the tie. To pass this methods exam, the student must receive passing marks in all 3 content areas: quantitative methods, qualitative methods, and mixed/general methods. In case of failure, there will be an opportunity to re-take the exam on the alternate date for that year, and before the end of the first 24 months of fulltime enrollment in the PhD program. In the case of a second failure, the student would be asked to withdraw from the program.

Examination III:	**SPECIALTY FIELDS: SOCIAL ORGANIZATION, HEALTH ECONOMICS, <u>OR</u> POLITICAL STUDIES**
Who takes this exam:	Each second-year student takes 1 exam in his/her field
Month and Year of regular exam [alt.]:	**June of Year 2** ~~May of Year 2 [July of Year 2]~~
Preparation:	A reading list for preparation is posted the October prior to the regularly scheduled exam (~7 mos. prior).

Format of exam:	One 4 hr sit-down exam for each field is given on campus; short answer, short essay format
Examiners:	HP Program Comps Committee members in each specialty field (field leader + 2 HP faculty members in that field) administer each relevant field exam
Evaluation:	The exam will be assigned one of three marks: Pass, Pass with Distinction, or Fail Each exam is marked by two faculty members with expertise in the area examined. In the case of conflicting marks, a third examiner marks to break the tie. In case of failure, there will be an opportunity to re-take the exam on the alternate date for that year, and before the end of the first 24 months of fulltime enrollment in the PhD program. In the case of a second failure, the student would be asked to withdraw from the program.

Health Policy PhD Program Comprehensive Examining Committee

- The Health Policy PhD Program Comprehensive Examination Committee consists of each of the program field leaders on the Health Policy PhD Program Advisory Committee (3 fields), plus additional 2 HP faculty members who represent each field. It is possible for one faculty member (other than the field leader) to represent more than one field, depending on declared area(s) of expertise.

- Health Policy PhD Program Comprehensive Examination Committee members are appointed to serve for 3-year terms.

- Additional faculty members may be appointed as necessary to achieve at least 3 faculty members with adequate expertise in each of the 3 general methodology areas (quantitative, qualitative, and mixed or general methods).

- The Health Policy PhD Program Comprehensive Examination Committee, with input from Health Policy PhD Program faculty and the Health Policy PhD Program Advisory Committee, prepares annual comprehensive examination reading lists and exam questions, and marks the exams.

- Each exam is marked by two faculty members with expertise in the area examined. In the case of conflicting marks, a third examiner marks to break the tie.

Comprehensive Examination Reading Lists

- Reading lists for study and preparation of the *breadth field* and *specialty field* examinations are normally posted for students in October each academic year. Reading lists for the *methodology* examinations are posted in June.

- Examination questions are developed primarily from material on the reading list. Additional reading material may be presented for analysis in the context of the exam.

- The Health Policy PhD Program Comprehensive Examination Committee updates and revises the reading lists for each examination area every 1-2 years. An archive of readings in the field and relevant program courses is maintained by the program for the Committee to draw upon. All Health Policy faculty members are invited to contribute to this archive.

- Core reading lists for the Health Policy PhD Program comprehensive examinations are selective. Students are encouraged to be well-read beyond the core study list and to draw on additional material from their training, as appropriate, for the exam.

- The reading lists is comprised of the following (note: following on conventions used by other graduate programs at McMaster University, 1 unit is equivalent to 1 journal article or book chapter, and 1 book is equivalent to 5 units):
    - Breadth fields: 60 units (20 units in each of the three breadth field areas);
    - Specialty field: 80 units in the student's specialty field area (20 of which would be considered core breadth readings for a non-specialist, i.e., are included in the 60 units of breadth field readings, above)
    - Qualitative methods: 15 units
    - Quantitative methods: 15 units
    - Mixed/general/interdisciplinary empirical methods: 15 units