Senate Agenda

November 21, 2025, Senate Agenda

1. Acknowledgement of the Traditional Territory

As we begin this Nipissing University Senate meeting, I would like to acknowledge that we are in the territory of the Robinson-Huron Treaty of 1850 and that the land on which we gather is the Nipissing First Nation Traditional Territory and the traditional territory of the Anishinabek. We respect and are grateful to hold this event on these lands with all our relations.

Senate Speaker

2. Approval of the Agenda
That the agenda of the November 21, 2025, Senate meeting be approved.

Motion 1

Senate Speaker

3. Adoption of Minutes
That the minutes of the Senate meeting of the October 24, 2025, Senate meeting be approved.

Motion 2

Senate Speaker

    i. October 24, 2025 DRAFT Senate Minutes and Reports.pdf

4. Business Arising from the Minutes

5. Reading and Disposing of Communications

6. Reports from Other Bodies

    i. President
    oral report

    ii. Provost & Vice-President Academic
    oral report

    iii. Vice-President Finance and Administration
    oral report

    iv. Board of Governors
    no report

    v. Alumni Advisory Board
    no report

    vi. Council of Ontario Universities (Academic Colleague)

        a. COU Academic Colleague Senate Report Nov25.pdf

    vii. Joint Committee of the Board and Senate on Governance
    no report

    viii. Nipissing University Student Union (NUSU)
    oral report

    ix. Other

---

7. Question Period

---

8. Reports of Standing Committees and Faculty Councils

i. Senate Executive Committee

Motion 3: That Senate receive the report of the Senate Executive Committee dated November 13, 2025

Motion 4: That Senate receive the Report of the Senate Governance Review Subcommittee dated October 9, 2025.

    a. Senate Exec Report November 13, 2025.pdf

    b. 2025-10-09 - Sen Governance review (minutes).pdf

Motions 3 and 4

ii. Academic Curriculum Committee

Motion 5: That Senate receive the Report of the Academic Curriculum Committee dated November 7, 2025.

Motion 6: That Senate approve, for the purposes of publishing the University's Academic Calendar, that the ACC may accept program changes for the upcoming academic year up until March 1. Any submissions to the ACC after this date will not take effect until the following academic year.

Motion 5 and 6

    a. Faculty of Education and Professional Studies
    The following non-substantive motions were received (see attached document):

Non-Substantive Motions

        ACC Nov 21 - Non sub motions.pdf

        ACC REPORT - November 7, 2025 (v2).pdf

        ACC Report Supporting Documentation - November 7, 2025.pdf

iii. Academic Quality Assurance and Planning Committee (AQAPC)

Motion 7: That Senate receive the Report of the Academic Quality Assurance and Planning Committee dated October 3, 2025, which includes for information:
a) March 2025 Quality Council Audit Report

Motion 8: That Senate receive the Report of the Academic Quality Assurance and Planning Committee dated October 31, 2025, which includes for information:
a) the Anthropology IQAP Final Assessment Report and Implementation Plan (FAR/IP)

Motion 7 and 8

    a. AQAPC Senate Report 3Oct25 and attachments.pdf

    b. AQAPC Senate Report October 31, 2025.pdf

    c. ANTH FAR-IP with Deans Response_Aug 29 2025.pdf

iv. Graduate Studies Committee

That Senate receive the Report of the Graduate Studies Committee dated October 30, 2025.

Motion 9

    a. GSC Report to Senate - October 2025.pdf

v. Senate Research Committee

That Senate receive the Report of the Senate Research Committee dated October 22, 2025.

Motion 10

    a. SRC October 2025 Report to Senate.pdf

---

9. Other Business

Senate Speaker

---

10. Amendments of By-Laws

---

11. Elections

Elect four (4) tenured faculty members, with at least one from each faculty, to be elected by Senate to serve on the Committee for the Search/Appointment/Reappointment of the Provost and Vice-President, Academic.

Elect one (1) faculty Senator to serve as the Council of Ontario Universities (COU) Academic Colleague (Alternate) for a three-year (3) term effective July 1, 2025 to June 30, 2028.

Elect one (1) faculty Senator to serve as Deputy Speaker of Senate for a term.

---

12. New Business

---

13. Announcements

---

14. Adjournment

Nipissing University

Minutes of the Academic Senate Meeting

October 24, 2025

2:30 p.m.

Room F210 & Zoom Videoconference

<u>**Members Present:**</u>	K. Wamsley (Chair), R. Hacquard, B. Law, N. Colborne, G. Raymer, D. Iafrate, N. Black
	R. Davis, H. Earl, R. Gendron, A. Hatef, K. Lucas, G. McCann, P. Nosko, M. Owens, T. Smith, K. Srigley (Interim Speaker), S. Srigley, T. Stewart, L. Thielen-Wilson, H. Zhu
	S. Cairns, C. Greco, D. Hemsworth, T. Horton, D. Jarvis, A. Kociolek, A. Leblond, A. Nkurunziza, C. Ricci, A. Schinkel-Ivy, I. Taveres, V. Williams
	C. Irwin, O. Pokorny, R. Kasperavicius
	F. Couchie
	R. Hehn
	J. Martin, N. Botham, O. Remillard
<u>**Absent With Regrets:**</u>	S. Kariuki, G. Phillips (Speaker), H. Texiera, R. Vernescu, M. Suszter, A. Adler, J. Allison, P. Maher, P. Millar, M. Sullivan, J. Thornborrow

The Interim Senate Speaker offered a Traditional Territory acknowledgement.

<u>**Adoption of the Agenda of the Senate Meeting of:**</u> October 24, 2025

Motion 1:   Moved by V. Williams, seconded by R. Gendron that the agenda of the October 24, 2025, be approved.
CARRIED

<u>**Adoption of the Minutes of the Senate Meeting of:**</u> September 12, 2025

The Interim Speaker indicated an amendment to correct the meeting time in the minutes from 10:30 am to 2:30 pm will be completed. Additionally, a concern was raised that the student survey discussion was not fully captured in the minutes, noting an inquiry that was made about paper surveys and the response given at the September meeting regarding the prevalence of online courses. The Teaching and Learning Committee recommended administering the survey online. The Interim Chair of this committee will submit changes to the Senate Secretary to reflect this recommendation in the September Senate minutes.

Motion 2:   Moved by M. Owens, seconded by S. Srigley that the minutes of the Senate meeting of September 12, 2025 be adopted.
                        CARRIED

Business Arising From the Minutes

In response to an inquiry about the number of academic misconduct cases for the 2024-25 academic year, the Registrar reported 38 cases – two-thirds from Arts & Science and one-third from Education and Professional Studies. Eleven faculty members were involved across all cases. Further details, such as breakdowns by major/minor and course, as well as information on misconduct related to clinical clearance, will be provided in the next report. A new process to consistently track and record academic misconduct, ensure confidentiality, and include data on AI involvement has been implemented, allowing for improved data collection in the future.

Reports From Other Bodies

The President's report is appended to the minutes.

The President also provided a report on behalf of the Provost and Vice-President Academic. The report highlighted the appointment of Dr. Charles Anyinam as the Interim Associate Dean, School of Nursing. Dr. Wamsley also extended his appreciation to Dr. Karey McCullough for her leadership and commitment to the School of Nursing.

A number of academic and program updates were provided, highlighting the completion of a comprehensive review of the BScN course prerequisites to better support student progression and academic sequencing.

Enrolment data will be reported in the next Senate cycle. The Strategic Enrolment Mandate Working Group continues to meet regularly to review recruitment and retention data.

With respect to governance and policy developments, work is ongoing on the Amalgamation, Consolidation, Transfer, Renaming and Closure of Academic Programs and Academic Units Policy through AQAPC. The Efficiency and Accountability Framework (EAF) Implementation Plan also remains a focus, with several governance actions underway. The Senate Executive and By-laws Committees have met to review and consider the recommendations through EAF, and Senate will receive updates as they become available.

The Vice-President Finance and Administration provided an oral report, noting Nipissing University is currently on budget for the 2025-26 year. Shortfalls in international tuition are being balanced by increased grant revenues and domestic tuition. Planning for the 2026-27 budget year is underway, with recognition that international tuition shortfalls will affect future multi-year forecasts. Overall, the financial situation remains stable, and the institution continues to monitor funding stability.

The Board of Governors provided a report. The report is attached to the minutes.

The NUSU VP Advocacy and Awareness provided an oral report, speaking to the repurposing of the restaurant in the NUSU Student Centre to a games room for student access. She also highlighted the success of homecoming weekend, with 1500 attendees throughout the day and 550 for the evening activities. Director and Student Senator elections have completed, and results are available on the NUSU website.

Question Period

Several questions and concerns were raised regarding the governance recommendations through the EAF Implementation Plan, including concerns around language used within the recommendations. The Interim Speaker reiterated that no decisions have been finalized and that there will be broader consultation. She encouraged Senators to send their feedback to the committee. It was noted that the language within the recommendations did not originate from the university but rather through the external audit process.

In response to a question about the policy review process, the President indicated an external advisor will be hired to lead a comprehensive review, with input from various university stakeholders.

A Senator raised concerns around the limited mention of Science and STEM programming in the Strategic and Academic Plans and advocated for increased support. The President and the Dean, Arts & Science, responded by outlining strategic plans for growth in science programs, including the introduction of the BSc in Environmental Science and targeted hiring.

Reports of Standing Committees and Faculty or University Councils

Senate Executive Committee

Motion 3:   Moved by K. Wamsley, seconded by T. Smith that Senate receive the Report of the Senate Executive Committee dated October 16, 2025, which includes for information:
a) The 2025-26 Graduate Studies Committee Work Plan;
b) The 2025-26 Senate Research Committee Work Plan; and
c) The 2025-26 Teaching and Learning Committee Work Plan.
CARRIED

Graduate Studies Committee

Motion 4:   Moved by B. Law, seconded by N. Black that Senate receive the Report of the Graduate Studies Committee dated September 24, 2025.
CARRIED

Senate Research Committee

Motion 5:   Moved by B. Law, seconded by N. Black that Senate receive the Report of the Senate Research Committee dated September 19, 2025.
CARRIED

Teaching and Learning Committee

A correction to the attendance of the committee was made prior to the motion.

Motion 6:   Moved by G. Raymer, seconded by D. Iafrate that Senate receive the Report of the Teaching and Learning Committee dated September 18, 2025.
CARRIED

Elections

The following positions required elections:

- Elect one (1) faculty Senate representative to serve on the Joint Committee of the Board and Senate on Governance

  Senator Chris Greco was acclaimed to the position.

- Elect two (2) faculty Senate representatives to serve on the Senate Budget Advisory Committee

  Senators Hilary Earl and Dan Jarvis were acclaimed to the positions.

- Elect one (1) faculty Senate representative to serve as Deputy Speaker of Senate for a term

  No nominations were received for the interim Deputy Speaker position, and the election will be included on the November 21, 2025, meeting of the Academic Senate.

New Business

Motion 7:   Moved by D. Iafrate, seconded by T. Horton that Senate consider receipt of the Report on Graduation Applicants dated October 17, 2025.
CARRIED

Motion 8:   Moved by D. Iafrate, seconded by V. Williams that Senate receive the Report of Graduation Applicants dated October 17, 2025.
CARRIED

Motion 9:   Moved by D. Iafrate, seconded by M. Owens that Senate grant approval to graduate the students in the Report on Graduation Applicants dated October 17, 2025.
CARRIED

The Deans read out the October 17, 2025, graduands by faculty and degree and congratulated the students and faculty on their achievements.

Adjournment

Senate was adjourned at 3:22 p.m.

………………………………………..   ………………………………………….
K. Wamsley (Chair)   A. Blaszczyk (University Secretary)

At October 24th, 2025 Senate meeting, the Registrar, provided additional information on Academic Misconduct as requested in September 12th, Senate meeting.

24FW		
Subject Code	# of Major	# of Minor
ENGL		7
ORGS	12	
ACAD	7	2
GEOG		2
PSYC	1	
COSC	2	
DATA	1	
PHIL	2	
ACCT	1	
MKTG	1	
Total*	27	11

- 38 Reports of Academic MIsconduct for the 24FW academic year
- 11 faculty for all 38 reports
- *10 Misconduct reports for Clinical Clearance Documentation in 24FW not included in the above total
- EPS represents 37% of the above reported misconducts, and 63% from A&S

24SS		
Subject Code	# of Major	# of Minor
ORGS		1
GEOG	1	
PSYC		1
GEND	1	m
NSGD	2	

| Total | 4 | 5 |

- 9 Academic Dishonesty Reports total for the 24SS term
- 5 faculty for all 9 reports
- EPS represents 33% of the above reported misconducts, and 66% from A&S

A new academic misconduct workflow was launched October 22nd, that will improve reporting efficiency, consistency, communication and data reporting. The new workflow also includes tracking AI related misconduct reports.

24 October 2025
President's Senate Report

Good afternoon Senators. I will be providing two reports today- the usual President's Report but also the Provost's Report. I'm sure many of you have questions with respect to the recent changes in leadership. I want to assure you that we are in a very stable position with respect to our current senior leadership team, our finances, with respect to our work on strategic planning, on our operational and academic plans, on our Project Integrate for enrolment, on our policy review, our efficiencies and governance reviews, quality assurance, our hiring for next year, and in all of our student services. We will begin our search for the next Provost shortly and will require four Senators to sit on the hiring committee; we will be hiring a search firm to conduct a national search in short order with a mind towards a July 1, 2026 start date. We will welcome Carole Richardson as our Interim Provost as of October 28. Please know that we have completed some very important academic work recently and we will be continuing that work and not changing course. As Chair of Senate, I will be stepping in to co-chair the governance work with our Senate Speaker, Dr. Srigley and I will be pleased to step in and assist the Interim Provost as necessary.

With respect to our conversations with the Province, they continue. We have been meeting about the funding formula and we will send a team to Laurentian University in November to meet with the Province, as they are conducting regional meetings to discuss funding with all of the universities. There has been no further commentary about university governance from the Province.

The Pariaggroup has submitted its Equity and Reconciliation audits and we have invited that group to provide a public presentation of its recommendations to Nipissing University within the next few weeks.

As you know, there has been some reconsideration of our Professor Emeritus/Emerita process. This is a process which was delegated to our Honorary Degrees Committee which includes faculty, staff, students, and Board members. In my estimation, these procedures and approvals should belong to Senate, so we will endeavour to have a proposal for Senate vetted by the appropriate subcommittee prior to the next Senate meeting.

The paths have been roughed in and the footings poured for lighting and the timber is supposed to arrive shortly for our outdoor classroom. We anticipate that we will be using the classroom before the Christmas break and that we can begin to take bookings in January. Dave Drenth has provided some visuals for you, although we won't know exactly what it looks like until it is completed. We will organize an appropriate opening and tours as soon as it is possible.

Tomorrow we will be welcoming over 300 visitors to our Fall Open House. Our thanks to those of you who are volunteering your time tomorrow for this very important event.

Board of Governors Report to Senate – October 2025

Board of Governors Meeting
September 25, 2025

The Board of Governors met on Thursday, September 25, 2025, In the President's Boardroom and via Zoom remote conferencing.

The Chair welcomed new members, Dr. Denyse Lafrance Horning, Dr. Tyson Stewart, Robin Tonna and Frank Miscio. He also welcomed back Joe Sinicrope and Stacie Fiddler after receiving notice of their LGIC reappointments during the summer months.

The Board reviewed the Audited Financial Statements in detail for the year ended April 30, 2025, and approved them as presented. The Financial Statements are available to view on the University's website.

The Board of Governors next meets on December 4, 2025.

Report to the Nipissing University Academic Senate
Council of Ontario Universities (COU)—Academic Colleague Meeting

Prepared by: Carlo Ricci
Date: 11 November 2025

1. Overview

I attended the Council of Ontario Universities (COU) Academic Colleague sessions held on,

- Evening Preparatory Meeting: Wednesday, October 22, 2025 (6:00–8:30 PM)

- Academic Colleague Meeting: Thursday, October 23, 2025 (9:00 AM–12:00 PM)

Both meetings operated under the Chatham House Rule, which allows information shared in the meetings to be used but prohibits attributing comments or ideas to specific individuals or institutions. This rule facilitated open, candid discussion about current issues affecting Ontario universities.

2. Context and Main Theme

The central focus of both sessions was the question, "Given the challenges brought about by current world issues, how can we foster civil discourse on our campuses?"

Discussion emphasized:

- The need to promote open, constructive dialogue rather than silence or disengagement.

- The importance of creating environments where community members feel able to think out loud and collaborate respectfully.

- Recognizing that when individuals disengage from campus dialogue, they may shift toward other groups or forums that do not encourage balanced or constructive conversation.

3. Key Discussion Points

3.1 Civil Discourse on Campus

Participants discussed approaches for strengthening civil discourse, including the following:

- Encouraging open expression while maintaining respect and safety.

- Developing shared language and shared understanding when addressing controversial or emotionally charged topics.

- Supporting faculty, staff, and students in navigating difficult conversations.

3.2 Remarks from a Professor (Working Group on Civil Discourse)

A professor involved in the ongoing Working Group on Civil Discourse provided remarks on,

- The current state of civil discourse in higher education.

- Risks and consequences for universities if they cannot maintain spaces for healthy dialogue.

- The need for proactive strategies to cultivate civil discourse rather than reactive responses to crises.

- Efforts underway within the Working Group to develop guidelines, tools, and educational resources.

4. Implications for Our University

While no institution-specific issues were discussed, several themes are relevant to our campus:

- Ensuring mechanisms exist for constructive dialogue, especially around global conflicts or politically sensitive issues.

- Investing in training or frameworks that help students and faculty engage productively.

- Reinforcing the university's commitment to academic freedom alongside a respectful campus culture.

5. Upcoming COU Academic Colleagues Meetings

The next scheduled meetings are,

- Tuesday, December 9, 2025: 6:00–8:30 PM

- Wednesday, December 10, 2025: 9:00 AM–12:00 PM (hybrid format)

6. Recommendations to Senate

1. Support initiatives that promote civil discourse training or programming for students, faculty, and staff.

2. Review or reaffirm institutional policies related to academic freedom, respectful discourse, and campus dialogue.

3. Consider establishing or joining a working group aligned with the broader sector's efforts on civil discourse.

4. Stay engaged with COU updates, as this theme is expected to remain a major priority throughout the academic year.

NIPISSING UNIVERSITY

REPORT OF THE SENATE EXECUTIVE COMMITTEE

November 13, 2025

A meeting of the Senate Executive Committee took place in person and by Teams conference on November 13, 2025.

The following members participated:
K. Wamsley (Chair), C. Richardson, K. Srigley (Interim Speaker), D. Iafrate, J. Allison, K. Lucas, S. Landriault (Recording Secretary, n-v)

Regrets: B. Law, N. Colborne, G. Raymer J. Martin

The meeting was convened to set the agenda for the November 21, 2025 Senate meeting.

Reports from the Senate Governance Review Subcommittee, Academic Curriculum Committee, Academic Quality Assurance and Planning Committee, Graduate Studies Committee, and the Senate Research Committee were received and included in the Senate agenda.
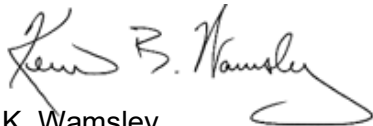
Members discussed the rationale behind substantive versus non-substantive motions in the ACC report. The Interim Associate Dean, School of Nursing, will be asked to be available to answer any questions that may arise.

The following elections will be included in the Senate agenda:
- Elect four (4) tenured faculty members, with at least one from each faculty, to be elected by Senate to serve on the Committee for the Search/Appointment/Reappointment of the Provost and Vice-President, Academic.
- Elect one (1) faculty Senate representative to serve as Interim Deputy Speaker of Senate for one term.
- Elect one (1) faculty Senator to serve as the Council of Ontario Universities (COU) Academic Colleague (Alternate) for a three-year (3) term effective now to June 30, 2028.

The Senate Executive Committee approved the November 21, 2025 Senate agenda.

Respectfully submitted,

K. Wamsley
Chair, Senate Executive Committee

Motion 1:   That Senate receive the Report of the Senate Executive Committee dated November 21, 2025.

NIPISSING UNIVERSITY ACADEMIC SENATE

SENATE GOVERNANCE REVIEW SUBCOMMITTEE MEETING

<mark>OPEN SESSION</mark>

October 9, 2025

The Senate Executive and Bylaws Committees met on Thursday, October 9, at 4:00 p.m. in the Provost's Boardroom (F309) and Zoom remote conferencing.

Members Present: Katrina Srigley, Committee Co-Chair
Ann Barbara Graff, Committee Co-Chair
John Allison
Nathan Colborne
Debra Iafrate
Barbi Law
Kristin Lucas
Graydon Raymer
Herminio Teixeira
Kevin Wamsley

Regrets: Todd Horton
Jaden Martin
Matt Suszter
Sandy Landriault (Senate Secretary)

Guests: Emma Sumilas (Office of the Provost – non-voting)

Recording Secretary: Abby Blaszczyk (University Secretary)

---

1. **Welcoming Remarks/Land Acknowledgement**

   The meeting was called to order at 4:02 a.m. and a traditional land acknowledgement was made.

2. **Senate Governance Review**

   The Senate Executive and Bylaws Committees, under the leadership of Co-Chairs Dr. Katrina Srigley and Dr. Ann Barbara Graff, have convened as an ad-hoc committee to consider and address the following six recommendations that have arisen through the Efficiency and Accountability Review:

   - Review and Design the Secretariat Model
   - Develop Governance Training and Onboarding Programs
   - Adopt a university-wide Policy Framework
   - Establish Clear Committee Frameworks and Conduct Governance Evaluation; and
   - Seek Clarity on the Role of Senate Officers

A central point of discussion was whether to accept all six recommendations in their entirety, a matter that has prompted significant dialogue. It was acknowledged that additional issues may emerge through the governance review process, necessitating a framework for addressing unforeseen concerns.

The Board of Governors is actively reviewing its committee structures, contemplating the consolidation or merging of certain committees. At this time, similar recommendations have not been made for Senate committees due in part to the broader, less defined terms of reference (TORs). There was a proposal to standardize committee TORs by distributing a template to all current Senate committees, inviting members to complete and discuss the document. The aim is to identify gaps in committee mandates and obstacles that may hinder their effectiveness. It was noted that some committees face challenges such as difficulty populating agendas. It was also noted that the role of the Senate Executive and Bylaw committees in this process is not to make determinations but rather to facilitate the review process.

In addition to the committee TOR template, a proposed survey, modeled after the Board's annual evaluation, designed to measure and evaluate Senate operations in relation to good governance practices was tabled. The survey is intended to inaugurate a reflective process among senators, with the goal of enhancing both training and operational coordination. A robust discussion took place around the survey, and it was decided that additional feedback would be welcomed on both the committee template and Senate survey by Friday, October 17. A follow-up meeting will be scheduled to determine next steps.

The meeting adjourned at 4:54 p.m.

_____   _____

Recording Secretary   Committee Chair

<u>November 21, 2025 – Academic Senate</u>
<u>Academic Curriculum Committee</u>
<u>Faculty of Education and Professional Studies</u>

The following non-substantive motions were received:

That the prerequisite for NURS 1526: Introduction to Pathopharmacology be changed as outlined in the attached proposal.

That the prerequisite for NURS 1516: Health Concepts Across the Lifespan be changed as outlined in the attached proposal.

That the prerequisite for NURS 1707: Nursing Practice Experience 1 be changed as outlined in the attached proposal.

That the prerequisite for NURS 2036: Development of Nursing Knowledge be changed as outlined in the attached proposal.

That the prerequisite for NURS 2016: Care of Individuals and Families with Health Challenges be changed as outlined in the attached proposal.

That the prerequisite for NURS 2706: Nursing Practice Experience 2 be changed as outlined in the attached proposal.

That the prerequisite for NURS 2037: Advanced Pathopharmacology be changed as outlined in the attached proposal.

That the prerequisite for NURS 2517: Therapeutic Relationships be changed as outlined in the attached proposal.

That the prerequisite for NURS 2707: Nursing Practice Experience 3 be changed as outlined in the attached proposal.

That the prerequisite for NURS 2047: Professional Nursing 2 be changed as outlined in the attached proposal.

That the prerequisite for NURS 3017: Nursing Across the Lifespan 1 be changed as outlined in the attached proposal.

That the prerequisite for NURS 3116: Qualitative Health Research be changed as outlined in the attached proposal.

That the prerequisite for prerequisite for NURS 3706: Nursing Practice Experience 4 be changed as outlined in the attached proposal.

That the prerequisite for NURS 3516: Population Health be changed as outlined in the attached proposal.

That the prerequisite for NURS 3036: Culture, Diversity, and Nursing Practice be changed as outlined in the attached proposal.

That the prerequisite for NURS 3536: Indigenous Health and Wellness be changed as outlined in the attached proposal.

That the prerequisite for NURS 3707: Nursing Practice Experience 6 be changed as outlined in the attached proposal.

That the prerequisite for NURS 3117: Quantitative Health Research be changed as outlined in the attached proposal.

That the prerequisite for NURS 3007: Community Health Nursing be changed as outlined in the attached proposal.

That the prerequisite for NURS 3517: Concepts of Maternal & Child Health Care be changed as outlined in the attached proposal.

That the prerequisite for NURS 3207: Concepts of Mental Health Nursing be changed as outlined in the attached proposal.

That the prerequisite for NURS 4036: Advanced Care of Individuals with Multi-System Health Challenges be changed as outlined in the attached proposal.

That the prerequisite for NURS 4436: Nursing Across the Lifespan 2 be changed as outlined in attached proposal.

That the prerequisite for NURS 4706: Nursing Practice Experience 6 be changed as outlined in the attached proposal.

That the prerequisite for NURS 4067: Leadership and Change in Nursing Practice be changed as outlined in the attached proposal.

That the prerequisite for NURS 4126 Professional Practice 3 be changed as outlined in the attached proposal.

Report of the
Academic Curriculum Committee (ACC)

November 7, 2025

Members Present:

Nathan Colborne (*acting Chair*)	Barbi Law	Graydon Raymer
Nancy Black	Debra Iafrate	Kurt Clausen
Robin Gibson	Ali Hatef	Aaron Kociolek
Toivo Koivukoski	Gillian McCann	Ping Zou
Jaden Martin		

Regrets: Carole Richardson, Kurt Clausen

Guests: Beth Holden, Emma Sumilas

Recording Secretary: Jane Hughes

The Academic Curriculum Committee reviewed and discussed proposed changes from the Faculty of Education and Professional Studies, as well as revisions to the Academic Calendar deadline. The outcomes of those discussions are reflected in the following recommendations to Senate.

Respectfully submitted,

Approved electronically by email.

Dr. Nathan Colborne
Acting Chair
Dean of Arts & Science

Motion 1: That Senate receive the Report of the ACC, dated November 7, 2025.

Faculty of Education & Professional Studies

Non-substantive:
That the prerequisite for NURS 1526: Introduction to Pathopharmacology be changed as outlined in the attached proposal.

Non-substantive:
That the prerequisite for NURS 1516: Health Concepts Across the Lifespan be changed as outlined in the attached proposal.

Non-substantive:
That the prerequisite for NURS 1707: Nursing Practice Experience 1 be changed as outlined in the attached proposal.

Non-substantive:
That the prerequisite for NURS 2036: Development of Nursing Knowledge be changed as outlined in the attached proposal.

Non-substantive:
That the prerequisite for NURS 2016: Care of Individuals and Families with Health Challenges be changed as outlined in the attached proposal.

Non-substantive:
That the prerequisite for NURS 2706: Nursing Practice Experience 2 be changed as outlined in the attached proposal.

Non-substantive:
That the prerequisite for NURS 2037: Advanced Pathopharmacology be changed as outlined in the attached proposal.

Non-substantive:
That the prerequisite for NURS 2517: Therapeutic Relationships be changed as outlined in the attached proposal.

Non-substantive:
That the prerequisite for NURS 2707: Nursing Practice Experience 3 be changed as outlined in the attached proposal.

Non-substantive:
That the prerequisite for NURS 2047: Professional Nursing 2 be changed as outlined in the attached proposal.

Non-substantive:
That the prerequisite for NURS 3017: Nursing Across the Lifespan 1 be changed as outlined in the attached proposal.

Non-substantive:
That the prerequisite for NURS 3116: Qualitative Health Research be changed as outlined in the attached proposal.

Non-substantive:
That the prerequisite for prerequisite for NURS 3706: Nursing Practice Experience 4 be changed as outlined in the attached proposal.

Non-substantive:
That the prerequisite for NURS 3516: Population Health be changed as outlined in the attached proposal.

Non-substantive:
That the prerequisite for NURS 3036: Culture, Diversity, and Nursing Practice be changed as outlined in the attached proposal.

Non-substantive:
That the prerequisite for NURS 3536: Indigenous Health and Wellness be changed as outlined in the attached proposal.

Non-substantive:
That the prerequisite for NURS 3707: Nursing Practice Experience 6 be changed as outlined in the attached proposal.

Non-substantive:
That the prerequisite for NURS 3117: Quantitative Health Research be changed as outlined in the attached proposal.

Non-substantive:
That the prerequisite for NURS 3007: Community Health Nursing be changed as outlined in the attached proposal.

Non-substantive:
That the prerequisite for NURS 3517: Concepts of Maternal & Child Health Care be changed as outlined in the attached proposal.

Non-substantive:
That the prerequisite for NURS 3207: Concepts of Mental Health Nursing be changed as outlined in the attached proposal.

Non-substantive:
That the prerequisite for NURS 4036: Advanced Care of Individuals with Multi-System Health Challenges be changed as outlined in the attached proposal.

Non-substantive:
That the prerequisite for NURS 4436: Nursing Across the Lifespan 2 be changed as outlined in attached proposal.

Non-substantive:
That the prerequisite for NURS 4706: Nursing Practice Experience 6 be changed as outlined in the attached proposal.

Non-substantive:
That the prerequisite for NURS 4067: Leadership and Change in Nursing Practice be changed as outlined in the attached proposal.

Non-substantive:
That the prerequisite for NURS 4126 Professional Practice 3 be changed as outlined in the attached proposal.

Other Business

Substantive:

Motion 2:   That Senate approve, for the purposes of publishing the University's Academic Calendar, that the ACC may accept program changes for the upcoming academic year up until March 1. Any submissions to the ACC after this date will not take effect until the following academic year.

Preamble: Prerequisite Revisions for Pedagogical Coherence in the On-Campus BScN Program

Context and Initial Curriculum Development

Following the dissolution of our collaborative nursing program, the School of Nursing developed a concept-based curriculum for the on-campus BScN and RPN-to-BScN bridging programs within a compressed four-month timeframe. Given these constraints, the initial curriculum design followed a traditional lockstep sequencing approach, requiring students to successfully complete all prior courses (the vast majority of which are core courses) before progressing to the next semester.

Identified Problems

Over the past three years, this approach has proven pedagogically incongruent with our concept-based framework and has created barriers to student progression. Two critical issues emerged. First, many required prerequisites do not provide the essential prior learning necessary for success in follow-on courses, undermining pedagogical coherence. Second, the rigid prerequisite structure has inadvertently created an ad hoc permission system wherein students who fall out of sequence seek course-by-course exemptions through individual faculty members. This decentralized process has resulted in inconsistent decision-making that threatens program integrity and creates inequitable pathways for students.

Illustrative Examples of Pedagogical Misalignment
Our systematic review revealed significant disconnects between required prerequisites and essential prior learning. For example, NURS 1526 (Introduction to Pathopharmacology) currently requires all first-semester courses, yet only BIOL 1011 and BIOL 1022 provide the foundational human biology, biochemistry, anatomy, and physiology necessary for understanding abnormal physiology and drug mechanisms. The three nursing prerequisites—NURS 1016 (holistic nursing concepts), NURS 1006 (professional accountability and ethics), and NURS 1037 (health assessment)—address conceptually distinct domains that do not provide the cellular or biochemical knowledge required for pathopharmacology success. Similarly, NURS 2036 (Development of Nursing Knowledge) currently requires all 1000-level NURS courses plus biology and sociology prerequisites, yet builds exclusively upon NURS 1006 and NURS 1016. This course examines epistemological questions about nursing knowledge development without engaging biobehavioural sciences or sociological frameworks—the additional prerequisites are not essential prior learning.

Review Process and Developmental Approach
To address these concerns, the School of Nursing undertook a comprehensive year-long review involving close consultation with the Registrar's Office, all program faculty, and the Academic Council (including program managers and the Associate Dean), with further review by the Dean and the university's head of Quality Assurance. Through systematic examination of course learning outcomes, conceptual scaffolding, and content sequencing, we identified which courses provide essential prior learning for each follow-on course.

Critically, our review recognized the curriculum's developmental trajectory. In years 1-2, students develop deep understanding of individual nursing concepts, requiring specific foundational knowledge for each course. Year 3 emphasizes increasing conceptual integration with prerequisites reflecting these evolving relationships. By year 4, courses demand sophisticated integration of all prior learning to develop entry-to-practice competencies and advanced clinical judgment. Consequently, with the proposed changes 4000-level courses now require completion of all required 3000-level NURS courses, ensuring students possess the comprehensive conceptual foundation necessary for capstone learning and professional readiness.

These revisions ensure pedagogical coherence aligned with our concept-based curriculum and support student progression by establishing clear, defensible prerequisite pathways. By identifying

only those prerequisites that provide essential prior learning—whether targeted or comprehensive depending on developmental level—these changes provide greater flexibility and consistency for students who fall out of sequence while eliminating ad hoc permissions and safeguarding program quality and integrity.

BScN Programs (on campus) motions

1000 level motions

Motion #1: The on-campus BScN program faculty recommend to the SoN Academic Council that the prerequisite for **NURS 1526**: Introduction to Pathopharmacology be changed

From

NURS 1016, NURS 1006, NURS 1037 with a minimum grade of 60%, BIOL 1011 and BIOL 1022

To
BIOL 1011, BIOL 1022

Rationale: To ensure pedagogical coherence and support student progression. Historically students had to successfully complete all prior courses (the vast majority of which are core courses) to progress to the next semester. We have reviewed these pre-requisites and have changed pre-requisites to the courses that include essential prior learning to be successful in the follow-on course. This establishes clear, consistent prerequisite pathways that eliminate the need for individual permission requests while maintaining program integrity. This also provides more flexibility and consistency for students who fall out of sequence.

Motion #2: The on-campus BScN program faculty recommend to the SoN Academic Council that the prerequisite for **NURS 1516**: Health Concepts Across the Lifespan be changed

From

NURS 1016, NURS 1006, NURS 1037 with a minimum grade of 60%, BIOL 1022 and BIOL 1011

To

NURS 1016 with a minimum grade of 60%

Rationale: To ensure pedagogical coherence and support student progression. Historically students had to successfully complete all prior courses (the vast majority of which are core courses) to progress to the next semester. We have reviewed these pre-requisites and have changed pre-requisites to the courses that include essential prior learning to be successful in the follow-on course. This establishes clear, consistent prerequisite pathways that eliminate the need for individual permission requests while maintaining program integrity. This also provides more flexibility and consistency for students who fall out of sequence.

Motion #3: The on-campus BScN program faculty recommend to the SoN Academic Council that the prerequisite for **NURS 1707**: Nursing Practice Experience 1 be changed

From

NURS 1016, NURS 1006, NURS 1037 with a minimum grade of 60%, BIOL 1022 and BIOL 1011

To

NURS 1006, NURS 1016, NURS 1037, with a minimum grade of 60% *, BIOL 1022*

Rationale: To ensure pedagogical coherence and support student progression. Historically students had to successfully complete all prior courses (the vast majority of which are core courses) to progress to the next semester. We have reviewed these pre-requisites and have changed pre-requisites to the courses that include essential prior learning to be successful in the follow-on course. This establishes clear, consistent prerequisite pathways that eliminate the need for individual permission requests while maintaining program integrity. This also provides more flexibility and consistency for students who fall out of sequence.

2000 level motions

Motion #4: The on-campus BScN program faculty recommend to the SoN Academic Council that the prerequisite for **NURS 2036**: Development of Nursing Knowledge be changed

From

All NURS courses at the 1000 level with a minimum grade of 60% or SAT, BIOL 1011, BIOL 2116, SOCI 1016, or NURS 2706, NURS 2016, with a minimum grade of 60% or SAT , BIOL 1011, BIOL 2116 and enrolment in the on-campus RPN-BScN program.

To

NURS 1006, NURS 1016 with a minimum grade of 60%, or enrollment in the RPN to BScN on-campus Program.

Rationale: To ensure pedagogical coherence and support student progression. Historically students had to successfully complete all prior courses (the vast majority of which are core courses) to progress to the next semester. We have reviewed these pre-requisites and have changed pre-requisites to the courses that include essential prior learning to be successful in the follow-on course. This establishes clear, consistent prerequisite pathways that eliminate the need for individual permission requests while maintaining program integrity. This also provides more flexibility and consistency for students who fall out of sequence.

Motion #5: The on-campus BScN program faculty recommend to the SoN Academic Council that the prerequisite for **NURS 2016**: Care of Individuals and Families with Health Challenges be changed

From

All NURS courses at the 1000 level in the on-campus BScN program with 60% minimum or SAT, and SOCI 1016; or enrolment in the on-campus RPN to BScN on-campus Program.

To

NURS 1037, NURS 1516, NURS 1526, NURS 1707 with 60% minimum or SAT, and SOCI 1016; or enrolment in the on-campus RPN-BScN Program

Rationale: To ensure pedagogical coherence and support student progression. Historically students had to successfully complete all prior courses (the vast majority of which are core courses) to progress to the next semester. We have reviewed these pre-requisites and have changed pre-requisites to the courses that include essential prior learning to be successful in the follow-on course. This establishes clear, consistent prerequisite pathways that eliminate the need for individual permission requests while maintaining program integrity. This also provides more flexibility and consistency for students who fall out of sequence.

Motion #6: The on-campus BScN program faculty recommend to the SoN Academic Council that the prerequisite for **NURS 2706**: Nursing Practice Experience 2 be changed

From

All NURS courses at the 1000 level in the on-campus BScN program with 60% minimum or SAT, and SOCI 1016; or enrolment in the on-campus RPN-BScN Program.

To

NURS 1516, NURS 1526, NURS 1707 with a minimum grade of 60% or SAT; or enrolment in the on-campus RPN-BScN Program.

Rationale: To ensure pedagogical coherence and support student progression. Historically students had to successfully complete all prior courses (the vast majority of which are core courses) to progress to the next semester. We have reviewed these pre-requisites and have changed pre-requisites to the courses that include essential prior learning to be successful in the follow-on course. This establishes clear, consistent prerequisite pathways that eliminate the need for individual permission requests while maintaining program integrity. This also provides more flexibility and consistency for students who fall out of sequence.

Motion #7: The on-campus BScN program faculty recommend to the SoN Academic Council that the prerequisite for **NURS 2037**: Advanced Pathopharmacology be changed

From

NURS 2706 and NURS 2016 with a minimum grade of 60% or SAT, PSYC 2506, BIOL 2116, ACAD 1601, and enrolment in the on-campus BScN program.

To

NURS 1526 with a minimum grade of 60% or SAT; BIOL 2116; or enrolment in the on-campus RPN-BScN Program.

Rationale: To ensure pedagogical coherence and support student progression. Historically students had to successfully complete all prior courses (the vast majority of which are core courses) to progress to the next semester. We have reviewed these pre-requisites and have changed pre-requisites to the courses that include essential prior learning to be successful in the follow-on course. This establishes clear, consistent prerequisite pathways that eliminate the need for individual permission requests while maintaining program integrity. This also provides more flexibility and consistency for students who fall out of sequence.

Motion #8: The on-campus BScN program faculty recommend to the SoN Academic Council that the prerequisite for **NURS 2517**: Therapeutic Relationships be changed

From

NURS 2706 and NURS 2016 with a minimum grade of 60% or SAT, PSYC 2506, BIOL 2116, ACAD 1601, and enrolment in the on-campus BScN program; or NURS 2706, NURS 2016, with a minimum grade of 60% or SAT, BIOL 1011, BIOL 2116 and enrolment in the on-campus RPN-BScN program.

To

NURS 1006, NURS 1016, NURS 2016 with a minimum grade of 60%, and PSYC 2506; or enrolment in the on-campus RPN-BScN Program.

Rationale: To ensure pedagogical coherence and support student progression. Historically students had to successfully complete all prior courses (the vast majority of which are core courses) to progress to the next semester. We have reviewed these pre-requisites and have changed pre-requisites to the courses that include essential prior learning to be successful in the follow-on course. This establishes clear, consistent prerequisite pathways that eliminate the need for individual permission requests while maintaining program integrity. This also provides more flexibility and consistency for students who fall out of sequence.

Motion #9: The on-campus BScN program faculty recommend to the SoN Academic Council that the prerequisite for **NURS 2707**: Nursing Practice Experience 3 be changed

From

NURS 2706 and NURS 2016 with a minimum grade of 60% or SAT, PSYC 2506, BIOL 2116, ACAD 1601, and enrolment in the on-campus BScN program; or NURS 2706, NURS 2016, with a minimum grade of 60% or SAT, BIOL 1011, BIOL 2116 and enrolment in the on-campus RPN-BScN program.

To

NURS 2016, NURS 2706 with a minimum grade of 60% or SAT; or enrolment in the on-campus RPN-BScN Program.

Rationale: To ensure pedagogical coherence and support student progression. Historically students had to successfully complete all prior courses (the vast majority of which are core courses) to progress to the next semester. We have reviewed these pre-requisites and have changed pre-requisites to the courses that include essential prior learning to be successful in the follow-on course. This establishes clear, consistent prerequisite pathways that eliminate the need for individual permission requests while maintaining program integrity. This also provides more flexibility and consistency for students who fall out of sequence.

Motion #10: The on-campus BScN program faculty recommend to the SoN Academic Council that the prerequisite for **NURS 2047**: Professional Nursing 2 be changed

From

NURS 2706 and NURS 2016 with a minimum grade of 60% or SAT, PSYC 2506, BIOL 2116, ACAD 1601, and enrolment in the on-campus BScN program or NURS 2706, NURS 2016, with a minimum grade of 60% or SAT, BIOL 1011, BIOL 2116 and enrolment in the on-campus RPN-BScN program.

To

NURS 1006, NURS 1016 with a minimum grade of 60%; or enrolment in the on-campus RPN-BScN Program.

To ensure pedagogical coherence and support student progression. Historically students had to successfully complete all prior courses (the vast majority of which are core courses) to progress to the next semester. We have reviewed these pre-requisites and have changed pre-requisites to the courses that include essential prior learning to be successful in the follow-on course. This establishes clear, consistent prerequisite pathways that eliminate the need for individual permission requests while maintaining program integrity. This also provides more flexibility and consistency for students who fall out of sequence.

3000 level courses

Motion #11: The on-campus BScN program faculty recommend to the SoN Academic Council that the prerequisite for **NURS 3017**: Nursing Across the Lifespan 1 be changed

From

All NURS courses at the 2000 level in the on-campus BScN program with a minimum grade of 60% or SAT; or NURS 2517, NURS 2707, NURS 2047, NURS 2036, with a minimum grade of 60% or SAT, ACAD 1601 and enrolment in the on-campus RPN-BScN program.

To

NURS 2036, NURS 2016, NURS 2047, NURS 2517, NURS 2707 with a minimum grade of 60% or SAT.

Rationale: To ensure pedagogical coherence and support student progression. Historically students had to successfully complete all prior courses (the vast majority of which are core courses) to progress to the next semester. We have reviewed these pre-requisites and have changed pre-requisites to the courses that include essential prior learning to be successful in the follow-on course. This establishes clear, consistent prerequisite pathways that eliminate the need for individual permission requests while maintaining program integrity. This also provides more flexibility and consistency for students who fall out of sequence.

Motion #12: The on-campus BScN program faculty recommend to the SoN Academic Council that the prerequisite for **NURS 3116**: Qualitative Health Research be changed

From

All NURS courses at the 2000 level in the on-campus BScN program with a minimum grade of 60% or SAT; or NURS 2517, NURS 2707, NURS 2047, NURS 2036, with a minimum grade of 60% or SAT, ACAD 1601 and enrolment in the on-campus RPN-BScN program

To

NURS 2036 with a minimum grade of 60% and SOCI 1016; or enrolment in the on-campus RPN-BScN program

Rationale: To ensure pedagogical coherence and support student progression. Historically students had to successfully complete all prior courses (the vast majority of which are core courses) to progress to the next semester. We have reviewed these pre-requisites and have changed pre-requisites to the courses that include essential prior learning to be successful in the follow-on course. This establishes clear, consistent prerequisite pathways that eliminate the need for individual permission requests while maintaining program integrity. This also provides more flexibility and consistency for students who fall out of sequence.

Motion #13: The SoN on-campus program faculty recommend to the SoN Academic Council that the prerequisite for **NURS 3706**: Nursing Practice Experience 4 be changed

From

All NURS courses at the 2000 level in the on-campus BScN program with a minimum grade of 60% or SAT Or NURS 2517, NURS 2707, NURS 2047, NURS 2036, with a minimum grade of 60% or SAT, ACAD 1601 and enrolment in the on-campus RPN-BScN program.

To

NURS 2037, NURS 2707, NURS 2517 with a minimum grade of 60% or SAT

Rationale: To ensure pedagogical coherence and support student progression. Historically students had to successfully complete all prior courses (the vast majority of which are core courses) to progress to the next semester. We have reviewed these pre-requisites and have changed pre-requisites to the courses that include essential prior learning to be successful in the follow-on course. This establishes clear, consistent prerequisite pathways that eliminate the need for individual permission requests while maintaining program integrity. This also provides more flexibility and consistency for students who fall out of sequence.

Motion #14: The on-campus BScN program faculty recommend to the SoN Academic Council that the prerequisite for **NURS 3516**: Population Health be changed

From

All NURS courses at the 2000 level in the on-campus BScN program with a minimum grade of 60% or SAT and enrolment in the on-campus BScN program; Or NURS 2517, NURS 2707, NURS 2047, NURS 2036 with a minimum grade of 60% or SAT, ACAD1601 and enrolment in the on-campus RPN-BScN program.

To

NURS 1516, NURS 2016, with a minimum grade of 60%, or enrolment in the RPN-BScN program

Rationale: To ensure pedagogical coherence and support student progression. Historically students had to successfully complete all prior courses (the vast majority of which are core courses) to progress to the next semester. We have reviewed these pre-requisites and have changed pre-requisites to the courses that include essential prior learning to be successful in the follow-on course. This establishes clear, consistent prerequisite pathways that eliminate the need for individual permission requests while maintaining program integrity. This also provides more flexibility and consistency for students who fall out of sequence.

Motion #15: The on-campus BScN program faculty recommend to the SoN Academic Council that the prerequisite for **NURS 3036**: Culture, Diversity, and Nursing Practice be changed

From

NURS 3706, NURS 3017, NURS 3116, NURS 3516, with a minimum grade of 60% or SAT, MATH 1267

To

NURS 2036, NURS 2517 with a minimum grade of 60%

Rationale: To ensure pedagogical coherence and support student progression. Historically students had to successfully complete all prior courses (the vast majority of which are core courses) to progress to the next semester. We have reviewed these pre-requisites and have changed pre-requisites to the courses that include essential prior learning to be successful in the follow-on course. This establishes clear, consistent prerequisite pathways that eliminate the need for individual permission requests while maintaining program integrity. This also provides more flexibility and consistency for students who fall out of sequence.

Motion #16: The on-campus BScN program faculty recommend to the SoN Academic Council that the prerequisite for **NURS 3536**: Indigenous Health and Wellness be changed

From

NURS 3706, NURS 3017, NURS 3116, NURS 3516, with a minimum grade of 60% or SAT, MATH 1267

To

NURS 2036 with a minimum grade of 60%.

Rationale: To ensure pedagogical coherence and support student progression. Historically students had to successfully complete all prior courses (the vast majority of which are core courses) to progress to the next semester. We have reviewed these pre-requisites and have changed pre-requisites to the courses that include essential prior learning to be successful in the follow-on course. This establishes clear, consistent prerequisite pathways that eliminate the need for individual permission requests while maintaining program integrity. This also provides more flexibility and consistency for students who fall out of sequence.

Motion #17: The on-campus BScN program faculty recommend to the SoN Academic Council that the prerequisite for **NURS 3707**: Nursing Practice Experience 5 be changed

From

NURS 3706, NURS 3017, NURS 3116,NURS 3516, with a minimum grade of 60% or SAT, MATH 1267

To

NURS 3706, NURS 3017 with a minimum grade of 60% or SAT.

Rationale: To ensure pedagogical coherence and support student progression. Historically students had to successfully complete all prior courses (the vast majority of which are core courses) to progress to the next semester. We have reviewed these pre-requisites and have changed pre-requisites to the courses that include essential prior learning to be successful in the follow-on course. This establishes clear, consistent prerequisite pathways that eliminate the need for individual permission requests while maintaining program integrity. This also provides more flexibility and consistency for students who fall out of sequence.

Motion #18: The on-campus BScN program faculty recommend to the SoN Academic Council that the prerequisite for **NURS 3117**: Quantitative Health Research be changed

From

NURS 3706, NURS 3017, NURS 3116, NURS 3516, with a minimum grade of 60% or SAT, MATH 1267

To

NURS 3116, NURS 3516 with a minimum grade of 60% ; MATH 1267

Rationale: To ensure pedagogical coherence and support student progression. Historically students had to successfully complete all prior courses (the vast majority of which are core courses) to progress to the next semester. We have reviewed these pre-requisites and have changed pre-requisites to the courses that include essential prior learning to be successful in the

follow-on course. This establishes clear, consistent prerequisite pathways that eliminate the need for individual permission requests while maintaining program integrity. This also provides more flexibility and consistency for students who fall out of sequence.

Motion #19: The on-campus BScN program faculty recommend to the SoN Academic Council that the prerequisite for **NURS 3007**: Community Health Nursing be changed

From

NURS 3017, NURS 3116, NURS 3706, and NURS 3516 with a minimum grade of 60% or SAT and MATH 1267.

To

NURS 3516 and NURS 2706 with a minimum grade of 60% or SAT.

Rationale: To ensure pedagogical coherence and support student progression. Historically students had to successfully complete all prior courses (the vast majority of which are core courses) to progress to the next semester. We have reviewed these pre-requisites and have changed pre-requisites to the courses that include essential prior learning to be successful in the follow-on course. This establishes clear, consistent prerequisite pathways that eliminate the need for individual permission requests while maintaining program integrity. This also provides more flexibility and consistency for students who fall out of sequence.

Motion #20: The on-campus BScN program faculty recommend to the SoN Academic Council that the prerequisite for **NURS 3517**: Concepts of Maternal & Child Health Care be changed

From

NURS 3017, NURS 3116, NURS 3706, and NURS 3516 with a minimum grade of 60% or SAT and MATH 1267

To

NURS 3017 and NURS 2707 with a minimum grade of 60% or SAT

Rationale: To ensure pedagogical coherence and support student progression. Historically students had to successfully complete all prior courses (the vast majority of which are core courses) to progress to the next semester. We have reviewed these pre-requisites and have changed pre-requisites to the courses that include essential prior learning to be successful in the follow-on course. This establishes clear, consistent prerequisite pathways that eliminate the need for individual permission requests while maintaining program integrity. This also provides more flexibility and consistency for students who fall out of sequence.

Motion #21: The on-campus BScN program faculty recommend to the SoN Academic Council that the prerequisite for **NURS 3207**: Concepts of Mental Health Nursing be changed

From

NURS 3017, NURS 3116, NURS 3706, and NURS 3516 with a minimum grade of 60% or SAT and MATH 1267

To

NURS 2517 and NURS 2706 with a minimum grade of 60% or SAT.

Rationale: To ensure pedagogical coherence and support student progression. Historically students had to successfully complete all prior courses (the vast majority of which are core courses) to progress to the next semester. We have reviewed these pre-requisites and have changed pre-requisites to the courses that include essential prior learning to be successful in the follow-on course. This establishes clear, consistent prerequisite pathways that eliminate the need for individual permission requests while maintaining program integrity. This also provides more flexibility and consistency for students who fall out of sequence.

4000 level courses

Motion #22: The on-campus BScN program faculty recommend to the SoN Academic Council that the prerequisite for **NURS 4036**: Advanced Care of Individuals with Multi-System Health Challenges be changed

From

NURS 3036, NURS 3536, NURS 3707, NURS 3117; and NURS 3007 or NURS 3517 or NURS 3207 with minimum grade of 60% or SAT

To

All required 3000 level NURS courses with a minimum grade of 60% or SAT.

Rationale:

Motion #23: The on-campus BScN program faculty recommend to the SoN Academic Council that the prerequisite for **NURS 4436**: Nursing Across the Lifespan 2 be changed

From

NURS 3036, NURS 3536, NURS 3707, NURS 3117; and NURS 3007 or NURS 3517 or NURS 3207 with minimum grade of 60% or SAT

To

All required 3000 level NURS with a minimum grade of 60% or SAT.

Rationale:

To ensure students have successfully completed all pre-requisite learning outcomes prior to taking 4000 level NURS courses.

Motion #24: The on-campus BScN program faculty recommend to the SoN Academic Council that the prerequisite for **NURS 4706**: Nursing Practice Experience 6 be changed

From

NURS 3036, NURS 3536, NURS 3707, NURS 3117; and NURS 3007 or NURS 3517 or NURS 3207 with minimum grade of 60% or SAT

To

All required 3000-level NURS with a minimum grade of 60% or SAT

Rationale:

To ensure students have successfully completed all pre-requisite learning outcomes prior to taking 4000 level NURS courses.

Motion #25: The on-campus BScN program faculty recommend to the SoN Academic Council that the prerequisite for **NURS 4067**: Leadership and Change in Nursing Practice be changed

From

NURS 3036, NURS 3536, NURS 3707, NURS 3117; and NURS 3007 or NURS 3517 or NURS 3207 with minimum grade of 60% or SAT

To

All required 3000-level NURS with a minimum grade of 60% or SAT

Rationale: To ensure students have successfully completed all pre-requisite learning outcomes prior to taking 4000 level NURS courses.

Motion #26: The BScN on-campus program faculty recommend to SoN Academic Council that NURS 4126 Professional Practice 3 be changed

From

Professional Practice 3

To

Professional Nursing 3

Rationale: This was a typographical error in the initial curriculum change and this name change better reflects our professional nursing cluster (NURS 1006 Professional Nursing 1; NURS 2047 Professional Nursing 2).

BScN program (4 yr on-campus)

Instructions

The following template provides a generic template that can be used to map a program. The maximum number of years and courses have been added to the template (you can delete those that you don't need.

The first page (Course Requirement for Program Completion) provides the information provided in the Academic Calendar. Ensure that:

- the total number of credits, electives and required course are accurate (be sure to total all credits to ensure alignment with your degree)
- all course names are correct (click on each required course link)
- if a course has a prerequisite course(s) then that course should be part of the required courses
- note any inconsistencies and be sure to contact the registrar (Beth) to have any errors update.

The next section enables you to map courses with your program, university and accreditation outcomes. If you have a table that has outcomes and courses will likely suffice (ask if you have questions). The accreditation outcomes show a third level but note that you likely will change the format for the bodies involved in regulating and accrediting your program

The third section shows the sequencing of course to ensure that the required courses flow through the program (ensuring prerequisites and corequisites are clearly identified).

The final section is the minimal courses syllabi that need to be included with your program mapping.

This package contains the information required to capture the curricular aspects of a program.

Contents

Course Requirements for Program Completion

- Students must complete all nursing theory courses with a minimum grade of 60% in order to progress through the program and 50% in non-nursing required courses. Students completing the BScN program must achieve a minimum average of 60% in the program.
- Students will be required to withdraw from the nursing program should they receive more than one grade of "unsatisfactory" in clinical courses.
- Students must complete the Bachelor of Science in Nursing Program in seven (7) years from the original date of admission

Program: Bachelor of Nursing			
Year 1 (CORE)	**Year 2 (CORE)**	**Year 3 (CORE)**	**Year 4 (CORE)**
BIOL 1022 (3cr)	BIOL 2116 (3cr)	MATH 1267 (3cr)	ELECTIVE (3cr)
BIOL1011 (3cr)	PSYC 2506 (3cr)	NURS 3017 (3cr)	NURS 4036 (3cr)
SOCI 1016 (3cr)	ELECTIVE (3cr)	NURS 3116 (3cr)	NURS 4436 (3cr)
Elective (3cr)	NURS 2047 (3cr)	NURS 3706 (3cr)	NURS 4706 (3cr)
NURS 1006 (3cr)	NURS 2016 (3cr)	NURS 3516 (3cr)	NURS 4067 (3cr)
NURS 1016 (3cr)	NURS 2706 (3cr)	NURS 3036 (3cr)	NURS 4126 (3cr)
NURS 1037 (3cr)	NURS 2037 (3cr)	NURS 3536 (3cr)	NURS 4704 (12 cr)
NURS 1526 (3cr)	NURS 2517 (3cr)	NURS 3707 (3cr)	
NURS 1516 (3cr)	NURS 2707 (3cr)	NURS 3117 (3cr)	
NURS 1707 (3cr)	NURS 2036 (3cr)	NURS 3007 (3cr)	
		NURS 3517 (3cr)	
		NURS 3207 (3cr)	
Core credits: 30	Core credits: 27	Core credits: 30	Core credits: 27

(White – required but not a nursing course – 'service course')
(Blue – Nursing course)
(Green – Choose one of the following courses..)

Additional Discipline Requirements:

Prior to starting the program and on annual basis, clinical placement requirements are mandatory for all students in clinical placement/clinical practicum courses including health forms, vaccinations, CPR certification, Mask Fit Testing, and criminal reference check. In addition, on an annual basis, students must provide evidence of an Influenza Vaccination (flu shot) and demonstrate successful completion of the annual year specific Dosage Calculation Competency testing (DCCT) with a passing grade of 90%.
The cycle for document submission and Dosage Competency testing is as follows:
On Admission:
Proof of CPR certification, health forms including vaccinations & immunizations updates, criminal reference documentation, and mask fit testing.
Annual Requirements:

April 30	CPR certification, health forms including vaccinations & immunizations updates
June 1	Criminal reference documentation
December 1	Influenza vaccination

Biannual Requirements:

April 30	mask fit testing

These required documents are prerequisites for all clinical practicum courses.

BScN Degree Requirements:

[View Catalog (nipissingu.ca)](https://nipissingu.ca)

- Students must complete all nursing theory courses with a minimum grade of 60% in order to progress through the program and 50% in non-nursing required courses. Students completing the BScN program must achieve a minimum average of 60% in the program.
- Students will be required to withdraw from the nursing program should they receive more than one grade of "unsatisfactory" in clinical courses.
- Students must complete the Bachelor of Science in Nursing Program in seven (7) years from the original date of admission.

Purpose of Program

Enter in the goals of the program (this program will) as would be noted in the calendar and marketing material.

Program-Level Student Learning Outcomes

Upon graduation the student will be able to:

1. practise holistic nursing care within legislative and ethical codes of practice;
2. develop and sustain therapeutic relationships and/or partnerships with clients as individuals, families, communities, or populations to co- create goals to achieve their health objectives;
3. support clients in their ability to identify, plan, and achieve their health goals;
4. participate actively and collaboratively as a member of the interprofessional health care team;
5. use critical inquiry, evidence-informed decision making and clinically relevant skills to engage in best practices in nursing across the lifespan;
6. provide cultural, physical and psychological safe care and engage in quality improvement processes;
7. co-ordinate and influence change within the context of nursing care.

Program-Level Outcomes Matrix

The follow matrix shows which courses provided (**B**eginner, **I**ntermediate, **P**roficient)[1]. Each program outcome should flow through multiple Courses ensuring the student reaches **P**roficient by the end of the program.

Outcome	BIOL 1022	BIOL 1011	SOCI 1016	NURS 1016	NURS 1037	NURS 1526	NURS 1516	NURS 1707	NURS 1006	BIOL 2116	PSYC 2506	NURS 2047	NURS 2016	NURS 2706	NURS 2037	NURS 2517	NURS 2707	NURS 2036	ELECTIVE	MATH 1267	NURS 3116	NURS 3706	NURS 3516	NURS 3036	NURS 3017	NURS 3707	NURS 3117	NURS 3536	NURS 3207	NURS 3517	NURS 3007	NURS 4036	NURS 4436	NURS 4067	NURS 4126	NURS 4706	NURS 4704	ELECTIVE
	Year 1									Year 2										Year 3												Year 4						
1				B	B			B				I	I	B		I	I				I					P									P	P	P	
2				B			B	B	B				I	B		I	I				I	I	I			P		I	I	I	I					P	P	
3			B	B			B	B			B		I	B		I	I				I	I				P			I	I	I	P	P			P	P	
4								B	B			I	I	B			I				I					P			I	I	I	P	P	P		P	P	
5				B	B			B					I			I		I		I					I		I		I	I	I	P	P			P	P	
6	B	B		B				B		B	I	I	B	B	I	I	I				I	I	I			I		I				P	P	P	P			
7				B					B				B	B				B			I		I					I				P	P				P	

---

[1] Please note that this is the minimum number of progressions, if your program has been developed with more levels of progression you do not have to alter your course map. You may also be using other letters which again is fine as long as there is a progression.

University Level Outcomes

The annual APOP contains the student outcomes that each student should meet as a graduate of Nipissing University.

University-Level Student Learning Outcomes

Upon graduation the student will be able to:

1. Analyze critically and creatively
   a. engage in the examination of ideas, issues, and problems, drawing on and critiquing established bodies of knowledge and means of analysis.
   b. organize information logically and consider alternative strategies, recognizing the need for multiple voices and will seek opportunities for those voices to be heard.
   c. utilize divergent or lateral thinking to expand on ideas and create new ways of looking at a situation.
2. Use knowledge and skills proficiently
   a. demonstrate competence in the knowledge and skills specific to their area of study by productively applying their knowledge, skills and tools to a variety of situations.
3. Initiate inquiries and develop solutions to problems
   a. demonstrate a curiosity that results in inquiry by proposing questions that encourage deliberation, creative expression, and the formulation of solutions to problems, in theoretical, conceptual and applied fields.
   b. evaluate the benefits and challenges of different solutions when proposing specific courses of action.
4. Communicate effectively
   a. communicate respectfully, by listening attentively, seeking clarification, and working to understand the points of view of others.
   b. effectively present information using a variety of modes and media, adapting their method of presentation to suit specific audiences.
   c. convey their intended message using a variety of oral, written, and visual strategies and a variety of media platforms to ensure accurate communication.
5. Pursue self-motivated and self-reflective learning
   a. initiate action and demonstrate confidence in the application of their knowledge and skills.
   b. work independently and productively.
   c. set personal and professional goals and establish a plan of action to attain those goals.
   d. reflect on their growth and development and use reliable and practical strategies to learn from that reflection.
6. Engage in collaborative leadership and professional practices
   a. work cooperatively, cultivating and thriving in diversity, with diverse peoples.
   b. demonstrate strong interpersonal skills.
   c. demonstrate leadership skills by motivating, including, and supporting others.
   d. seek opportunities to collaborate.
   e. engage in professional dialogue and participate in learning communities.
7. Engage in ethical and respectful practices
   a. engage in activities ethically and equitably: they act with integrity and take responsibility for their actions.
   b. engage in their work using ecologically sustainable practices.
8. Contribute locally, regionally, nationally, and globally

a. demonstrate they are socially just: they are prepared to participate in local, regional and global communities.
b. demonstrate knowledge of Anishinabek ontologies.
c. initiate change.
d. utilize their knowledge and skills to positively impact their community.

University - Level Outcome Matrix

The follow matrix shows which courses provided (**B**eginner, **I**ntermediate, **P**roficient). Each program outcome should flow through multiple Courses ensuring the student reaches **P**roficient by graduation at Nipissing.

Outcome	BIOL 1022	BIOL 1011	SOCI 1016	NURS 1016	NURS 1037	NURS 1526	NURS 1516	NURS 1707	NURS 1006	BIOL 2116	PSYC 2506	NURS 2047	NURS 2016	NURS 2706	NURS 2037	NURS 2517	NURS 2707	NURS 2036	MATH 1267	NURS 3116	NURS 3706	NURS 3516	NURS 3036	NURS 3017	NURS 3707	NURS 3117	NURS 3536	NURS 3517	NURS 3007	NURS 3207	NURS 4036	NURS 4436	NURS 4067	NURS 4126	NURS 4706	NURS 4704
				Year 1									Year 2										Year 3										Year 4			
1			B	B	B		B		B	B	I					I		B		I		I		I		P	I	I	I	I	P	P			P	P
2	B	B			B	B		B		B			I	I	I		I		I	I		I		I	I			P	P	P	P	P			P	P
3			B	B			B		B			I	B			I		I		I		I	I	I		I	I	I	I	I	P	P	P	P		
4				B				B	B	B				I		I	I	B		I	I			I	I	P					P	P	P	P	P	P
5				B				B	B		I			B		I	I	I	P	P		P		P		P									P	P
6				B			B	B	B					I		I	I			I	I	I		I	I	I							P	P		P
7					B			B	B			I	B	B		I			I	I				I	I										P	P
8			B	B					B	B	I					I		B		I	P						P	P	P	P			P			

Course Sequencing – all semesters are pre-requisites for the subsequent semester

Semester 1		Semester 2	
NURS 1006	Professional Nursing 1	NURS 1526	Introduction to Patho-pharmacology
NURS 1016	Introduction to Holistic Nursing	SOCI 1016	Introduction to Sociology
NURS 1037	Health Assessment	NURS 1516	Introduction to Health Concepts Across the Lifespan
BIOL 1022	Concepts in Human Anatomy and Physiology	NURS 1707	Nursing Practice Experience 1
BIOL 1011	Human Biochemistry	ACAD 1601	Academic Writing
Semester 3		Semester 4	
Elective	Elective	NURS 2037	Advanced Patho-Pharmacology
NURS 2016	Introduction to Care of Individuals and Families with Health Challenges	NURS 2517	Therapeutic Relationships
BIOL 2116	Principles of Microbiology	NURS 2707	Nursing Practice Experience 3
NURS 2706	Nursing Practice Experience 2	NURS 2047	Professional Nursing 2
PSYC 2506	Health Psychology	NURS 2036	Development of Nursing Knowledge
Semester 5		Semester 6	
NURS 3017	Nursing Across the Lifespan 1	NURS 3036	Culture, Diversity and Nursing Practice
NURS 3116	Qualitative Health Research	NURS 3536	Indigenous Health and Wellness
NURS 3706	Nursing Practice Experience 4	NURS 3707	Nursing Practice Experience 5
NURS 3516	Population Health	NURS 3117	Quantitative Health Research
MATH 1267	Applied Health Statistics	One elective of:	
		NURS 3007	Community Health Nursing
		NURS 3517	Concepts of Maternal & Child Health Care
		NURS 3207	Concepts of Mental Health Nursing
Semester 7		Semester 8	
NURS 4036	Advanced Care of Individuals with Multi-System Health Challenges	NURS 4704	Integrated Practicum
Elective	Elective	NURS 4126	Professional Nursing 3
NURS 4436	Nursing Across the Lifespan 2		
NURS 4706	Nursing Practice Experience 6		
NURS 4067	Leadership and Change in Nursing Practice		

NIPISSING UNIVERSITY

Program Curriculum Mapping Package RPN-BScN program (on-campus)

Instructions

The following template provides a generic template that can be used to map a program. The maximum number of years and courses have been added to the template (you can delete those that you don't need.

The first page (Course Requirement for Program Completion) provides the information provided in the Academic Calendar. Ensure that:

- the total number of credits, electives and required course are accurate (be sure to total all credits to ensure alignment with your degree)
- all course names are correct (click on each required course link)
- if a course has a prerequisite course(s) then that course should be part of the required courses
- note any inconsistencies and be sure to contact the registrar (Beth) to have any errors update.

The next section enables you to map courses with your program, university and accreditation outcomes. If you have a table that has outcomes and courses will likely suffice (ask if you have questions). The accreditation outcomes show a third level but note that you likely will change the format for the bodies involved in regulating and accrediting your program

The third section shows the sequencing of course to ensure that the required courses flow through the program (ensuring prerequisites and corequisites are clearly identified).

The final section is the minimal courses syllabi that need to be included with your program mapping.

Program Curriculum Mapping Package RPN-BScN program (on-campus)

This package contains the information required to capture the curricular aspects of a program.

Contents

NIPISSING UNIVERSITY

Program Curriculum Mapping Package RPN-BScN program (on-campus)
Course Requirements for Program Completion

- Students must complete all nursing theory courses with a minimum grade of 60% in order to progress through the program and 50% in non-nursing required courses. Students completing the BScN program must achieve a minimum average of 60% in the program.
- Students will be required to withdraw from the nursing program should they receive more than one grade of "unsatisfactory" in clinical courses.
- Students must complete the Bachelor of Science in Nursing Program in seven (7) years from the original date of admission

Year 2 (CORE)	Year 3 (CORE)	Year 4 (CORE)
BIOL 2116 (3cr)	MATH 1267 (3cr)	ELECTIVE (3cr)
BIOL 1011 (3 cr)	NURS 3017 (3cr)	NURS 4036 (3cr)
ELECTIVE (3 cr)	NURS 3116 (3cr)	NURS 4436 (3cr)
NURS 2047 (3cr)	NURS 3706 (3cr)	NURS 4706 (3cr)
NURS 2016 (3cr)	NURS 3516 (3cr)	NURS 4067 (3cr)
NURS 2706 (3cr)	NURS 3036 (3cr)	NURS 4126 (3cr)
NURS 2036 (3cr)	NURS 3536 (3cr)	NURS 4704 (12 cr)
NURS 2517 (3cr)	NURS 3707 (3cr)	
NURS 2707 (3cr)	NURS 3117 (3cr)	
ELECTIVE (3 cr)	NURS 3007 (3cr) or	
	NURS 3517 (3cr) or	
	NURS 3207 (3cr) or	
Core credits: 27	Core credits: 30	Core credits: 27

(White – required but not a nursing course – 'service course')
(Blue – Nursing course)
(Green – Choose one of the following courses..)

Additional Discipline Requirements:

Prior to starting the program and on annual basis, clinical placement requirements are mandatory for all students in clinical placement/clinical practicum courses including health forms, vaccinations, CPR certification, Mask Fit Testing, and criminal reference check. In addition, on an annual basis, students must provide evidence of an Influenza Vaccination (flu shot) and demonstrate successful completion of the annual year specific Dosage Calculation Competency testing (DCCT) with a passing grade of 90%.

The cycle for document submission and Dosage Competency testing is as follows:

On Admission:
Proof of CPR certification, health forms including vaccinations & immunizations updates, criminal reference documentation, and mask fit testing.

Annual Requirements:

April 30	CPR certification, health forms including vaccinations & immunizations updates

Program Curriculum Mapping Package RPN-BScN program (on-campus)

June 1	Criminal reference documentation
December 1	Influenza vaccination

Biannual Requirements:

April 30	mask fit testing

These required documents are prerequisites for all clinical practicum courses.

BScN Degree Requirements:

View Catalog (nipissingu.ca)

- Students must complete all nursing theory courses with a minimum grade of 60% in order to progress through the program and 50% in non-nursing required courses. Students completing the BScN program must achieve a minimum average of 60% in the program.
- Students will be required to withdraw from the nursing program should they receive more than one grade of "unsatisfactory" in clinical courses.
- Students must complete the Bachelor of Science in Nursing Program in seven (7) years from the original date of admission.

Purpose of Program

Enter in the goals of the program (this program will) as would be noted in the calendar and marketing material.

Program-Level Student Learning Outcomes

Upon graduation the student will be able to:

8. practise holistic nursing care within legislative and ethical codes of practice;
9. develop and sustain therapeutic relationships and/or partnerships with clients as individuals, families, communities, or populations to co- create goals to achieve their health objectives;
10. support clients in their ability to identify, plan, and achieve their health goals;
11. participate actively and collaboratively as a member of the interprofessional health care team;
12. use critical inquiry, evidence-informed decision making and clinically relevant skills to engage in best practices in nursing across the lifespan;
13. provide cultural, physical and psychological safe care and engage in quality improvement processes;
14. co-ordinate and influence change within the context of nursing care.

Program Curriculum Mapping Package RPN-BScN program (on-campus)

Program-Level Outcomes Matrix

The follow matrix shows which courses provided (**B**eginner, **I**ntermediate, **P**roficient)[2]. Each program outcome should flow through multiple Courses ensuring the student reaches **P**roficient by the end of the program.

Outcome	BIOL 2116	BIOL 1022	NURS 2016	NURS 2706	NURS 2047	NURS 2517	NURS 2707	NURS 2036	MATH 1267	NURS 3116	NURS 3706	NURS 3516	NURS 3036	NURS 3017	NURS 3707	NURS 3117	NURS 3536	NURS 3207	NURS 3517	NURS 3007	NURS 4036	NURS 4436	NURS 4067	NURS 4126	NURS 4706	NURS 4704
				Year 2										Year 3										Year 4		
1			I	B	I	I	I				I				P									P	P	P
2			I	B		I	I				I	I	I		P	I		I	I	I					P	P
3		B	I	B		I	I				I	I			P		I	I	I	I	P	P			P	P
4			I	B	I		I				I				P		I	I	I	I	P	P	P		P	P
5			I					I		I				I		I		I	I	I	P	P			P	P
6	B	I	B	B	I	I	I				I	I	I		I	I							P	P	P	P
7			B					B		I			I				I							P	P		P

---

[2] Please note that this is the minimum number of progressions, if your program has been developed with more levels of progression you do not have to alter your course map. You may also be using other letters which again is fine as long as there is a progression.

Program Curriculum Mapping Package RPN-BScN program (on-campus)

University Level Outcomes

The annual APOP contains the student outcomes that each student should meet as a graduate of Nipissing University.

University-Level Student Learning Outcomes

Upon graduation the student will be able to:

9. Analyze critically and creatively
   a. engage in the examination of ideas, issues, and problems, drawing on and critiquing established bodies of knowledge and means of analysis.
   b. organize information logically and consider alternative strategies, recognizing the need for multiple voices and will seek opportunities for those voices to be heard.
   c. utilize divergent or lateral thinking to expand on ideas and create new ways of looking at a situation.
10. Use knowledge and skills proficiently
    a. demonstrate competence in the knowledge and skills specific to their area of study by productively applying their knowledge, skills and tools to a variety of situations.
11. Initiate inquiries and develop solutions to problems
    a. demonstrate a curiosity that results in inquiry by proposing questions that encourage deliberation, creative expression, and the formulation of solutions to problems, in theoretical, conceptual and applied fields.
    b. evaluate the benefits and challenges of different solutions when proposing specific courses of action.
12. Communicate effectively
    a. communicate respectfully, by listening attentively, seeking clarification, and working to understand the points of view of others.
    b. effectively present information using a variety of modes and media, adapting their method of presentation to suit specific audiences.
    c. convey their intended message using a variety of oral, written, and visual strategies and a variety of media platforms to ensure accurate communication.
13. Pursue self-motivated and self-reflective learning
    a. initiate action and demonstrate confidence in the application of their knowledge and skills.
    b. work independently and productively.
    c. set personal and professional goals and establish a plan of action to attain those goals.
    d. reflect on their growth and development and use reliable and practical strategies to learn from that reflection.
14. Engage in collaborative leadership and professional practices
    a. work cooperatively, cultivating and thriving in diversity, with diverse peoples.
    b. demonstrate strong interpersonal skills.
    c. demonstrate leadership skills by motivating, including, and supporting others.
    d. seek opportunities to collaborate.
    e. engage in professional dialogue and participate in learning communities.
15. Engage in ethical and respectful practices
    a. engage in activities ethically and equitably: they act with integrity and take responsibility for their actions.
    b. engage in their work using ecologically sustainable practices.
16. Contribute locally, regionally, nationally, and globally

Program Curriculum Mapping Package RPN-BScN program (on-campus)

a. demonstrate they are socially just: they are prepared to participate in local, regional and global communities.
b. demonstrate knowledge of Anishinabek ontologies.
c. initiate change.
d. utilize their knowledge and skills to positively impact their community.

Program Curriculum Mapping Package RPN-BScN program (on-campus)

University-Level Outcome Matrix

The follow matrix shows which courses provided (**B**eginner, **I**ntermediate, **P**roficient). Each program outcome should flow through multiple Courses ensuring the student reaches **P**roficient by graduation at Nipissing.

Outcome	BIOL 2116	BIOL 1011	NURS 2016	NURS 2706	NURS 2036	NURS 2517	NURS 2707	NURS 2047	ELECTIVE	MATH 1267	NURS 3116	NURS 3706	NURS 3516	NURS 3036	NURS 3017	NURS 3707	NURS 3117	NURS 3536	NURS 3517	NURS 3007	NURS 3207	NURS 4036	NURS 4436	NURS 4067	NURS 4126	NURS 4706	NURS 4704	ELECTIVE
					Year 2										Year 3										Year 4			
1					B	I		I			I		I		I		P	I	I	I	I	P	P			P	P	
2	B		I	I			I			I	I		I		I	I			P	P	P	P	P			P	P	
3		B		I	I		I				I		I	I	I		I	I	I	I	I	P	P	P	P			
4				I	B	I	I				I	I			I	I	P					P	P	P	P	P	P	
5				B	I	I	I	I			P	P		P	P		P									P	P	
6			B	I		I	I					I	I	I		I	I	I						P	P		P	
7				B		I		I			I	I					I	I								P	P	
8					B	I		I			I		P						P	P	P	P		P				

NIPISSING UNIVERSITY

Program Curriculum Mapping Package RPN-BScN program (on-campus)
Course Sequencing - all semesters are pre-requisites for the subsequent semester

Semester 1		Semester 2	
Elective	Elective	NURS 2037	Advanced Patho-Pharmacology
NURS 2016	Introduction to Care of Individuals and Families with Health Challenges	NURS 2517	Therapeutic Relationships
BIOL 2116	Principles of Microbiology	NURS 2707	Nursing Practice Experience 3
NURS 2706	Nursing Practice Experience 2	NURS 2047	Professional Nursing 2
PSYC 2506	Health Psychology	NURS 2036	Development of Nursing Knowledge
Semester 3		**Semester 4**	
NURS 3017	Nursing Across the Lifespan 1	NURS 3036	Culture, Diversity and Nursing Practice
NURS 3116	Qualitative Health Research	NURS 3536	Indigenous Health and Wellness
NURS 3706	Nursing Practice Experience 4	NURS 3707	Nursing Practice Experience 5
NURS 3516	Population Health	NURS 3117	Quantitative Health Research
MATH 1267	Applied Health Statistics	One elective of:	
		NURS 3007	Community Health Nursing
		NURS 3517	Concepts of Maternal & Child Health Care
		NURS 3207	Concepts of Mental Health Nursing
Semester 5		**Semester 6**	
NURS 4036	Advanced Care of Individuals with Multi-System Health Challenges	NURS 4704	Integrated Practicum
Elective	Elective	NURS 4126	Professional Nursing 3
NURS 4436	Nursing Across the Lifespan 2		
NURS 4706	Nursing Practice Experience 6		
NURS 4067	Leadership and Change in Nursing Practice		

Report of the

ACADEMIC QUALITY ASSURANCE AND PLANNING COMMITTEE

Academic Year 2024-2025

October 3, 2025

The second meeting of the Academic Quality Assurance and Planning Committee of 2025-2026 was held on Friday, October 3, 2025 in person and via Teams conference.

COMMITTEE MEMBERS:

Ann-Barbara Graff (Chair)	Nancy Black	Veronika Williams
Barbi Law	Stephen Tedesco	Steve Hansen
Nathan Colborne	Rob Breton	Jaden Martin
Graydon Raymer	Charles Anyinam (Vice-Chair)	
Debra Iafrate	Greg Rickwood	

Regrets: Roxana Vernescu

Guests: Patty Chabbert, Beth Holden, Robin Gibson, Emma Sumilas

Recording Secretary: S. Landriault

The Chair offered a Traditional Territory acknowledgement.

Business Arising from the Minutes

The Provost and the AQAPC Subgroup presented Version 2.0 of the Draft Amalgamation, Consolidation, Transfer, Renaming and Closure of Academic Programs and Academic Units Policy for discussion only. Key points and concerns raised during the meeting included: orphaned academic programs that lack clear definitions of academic programs, units, schools and divisions; Indigenous representation and the inclusion of Indigenous content experts and broader representation to ensure the policy reflects Indigenization, Reconciliation, and Indigenous governance; program proposal submissions; Strategic Alignment, whereas policy discussions must be consistent and reflect the institution's strategic direction, values, mission, and differentiated strengths.

Next Steps:
The Provost emphasized the urgency of consolidating programs and amalgamating academic units to support long-term institutional sustainability. The goal is to finalize the policy at the October 31 AQAPC meeting.

Quality Assurance Audit – Update

The March 2025 Quality Council Audit Report, included in the AQAPC agenda was discussed. The audit highlights significant progress since the 2019 audit, particularly in the areas of leadership, engagement, and the overall approach to Quality Assurance. Improvements are credited to the efforts of the Manager of Quality Assurance and Program Innovation, Deans, Senate, and those involved in Cyclical Program Reviews (CPRs). There is now a more proactive, strategic, and informed understanding of self-studies as tools for improvement rather than mere compliance.

Key issues and next steps include a new target of 6 years for the completion of self-studies; data collection for upcoming reviews will begin earlier and templates are now centralized; initial letters for the 2026 QA cycle will be sent in October, with working sessions in November/December; review of the full list of active and inactive programs; and a deeper reflection on who is involved in Indigenization and Reconciliation efforts.

Nipissing University Annual Program Reviews 2024-25 Report

The Provost noted that the Annual Program Reviews (APRs) 2024-25 Report marks the first institution-wide assessment of academic programs using surveys completed by faculty and evaluated by the Deans.

The APR process highlighted the need for greater clarity around faculty roles and the integration of Indigenization, intentionally excluded this year due to the Equity Audit but planned for inclusion next year. Concerns were raised about misalignment between APRs, strategic planning, accreditation, and IQAP, underscoring the need for greater coherence. The process provided valuable insights into departmental activity. Common themes across programs will inform institutional planning, including Project Integrate. Continued refinement is needed, particularly regarding roles and responsibilities. Additional concerns included student opinion survey fatigue, limited engagement with Library Services, and the need for stronger support in marketing and recruitment.

The Provost recommended that the Annual Program Reviews 2024-25 Report be discussed at an upcoming Senate meeting in an in-camera session with the inclusion of Associate Deans and Directors.

Governance Review – Update

The Provost provided an update on the Governance review. The Senate Governance Review is commencing with Co-Chair and Interim Speaker, Katrina Srigley and Senate Chair, Kevin Wamsley. The Senate Executive Committee and the By-laws and Elections Committee will address the six recommendations from the EAF Implementation–Governance Recommendations report. They will be discussed at Senate.

The President and the University Secretary are directing the Board's process of Governance Review. The initial recommendation was to collapse four of the existing Board committees to two to be more effective and respectful of members' time. The Finance Committee would become the Finance, Plant and Property Committee. The Fundraising and Community Relations Committee will be merged to become the Community Relations Committee and will have a greater Indigenous and Reconciliation focus. The size of the Board will remain the same.

Motion 1:   That Senate receive the Report of the Academic Quality Assurance and Planning Committee dated October 3, 2025, which includes for information:
a)   March 2025 Quality Council Audit Report

ONTARIO UNIVERSITIES
COUNCIL on QUALITY ASSURANCE

September 23, 2025

Dr. Ann-Barbara Graff
Provost and Vice-President, Academic
Nipissing University
North Bay, ON P1B 8L7

Dear Dr. Graff:

I am writing to advise you that the Quality Council, at its meeting of September 19, 2025, accepted the recommendation of the Council's Audit Committee that the Council approve the Report on the Quality Assurance Audit of Nipissing University. Attached to this letter are two versions of the Final Approved Audit Report, one that includes the addendum containing the summary comments on the findings of the audited quality assurance activities, and one that does not.

As you are aware, the Report identifies one Cause for Concern, seven Recommendations and 17 Suggestions. The Cause for Concern is as follows:

CAUSE FOR CONCERN 1: Ensure that all CPRs are conducted within a cycle not to exceed eight years.
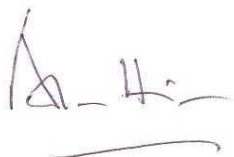
As noted in the Audit Report, the Quality Council would welcome the submission of a one-year follow-up report. This update is to include details on the progress made and the mechanisms and measures already put into place, as well as anticipated, to address the Cause for Concern, as well as the seven Recommendations identified in the Report.

Additionally, the Council observed that this is the second cyclical audit of Nipissing University that has resulted in a Cause for Concern. In response, the Council has requested that the Audit Committee undertake a broader discussion regarding the wider implications of such an outcome for universities more generally.

In the meantime, and in alignment with the Quality Assurance Framework, specifically QAF 6.2.10, the Report, except for the addendum that details the findings related to the audited sample of quality assurance activities, has been posted on the Quality Council's website. The Council asks that the Report also be posted on Nipissing University's website.

If you have any questions about the Quality Assurance Cyclical Audit, please direct them to Christopher Evans or Cindy Robinson.

Sincerely yours,

Alan Harrison
Chair

cc: Debra Iafrate, Registrar
        Stephen Tedesco, Director, Institutional Research and Planning
        Christopher Evans, Executive Director, Quality Assurance

ONTARIO UNIVERSITIES
COUNCIL on QUALITY ASSURANCE

REPORT ON THE QUALITY ASSURANCE AUDIT OF NIPISSING UNIVERSITY

SEPTEMBER 2025

Contents

Introduction to the Cyclical Audit for Nipissing University

Nipissing University received its charter as an independent University in 1992. As a primarily undergraduate university committed to addressing the needs of Northern Ontario, Nipissing's most recent strategic plan outlines six priorities: fulfilling their responsibility to truth and reconciliation; nurturing their relationship with water, land and place; embodying harmony and care; inspiring innovative growth and development; building sustainable futures; and celebrating who they are. Its two academic Faculties (Faculty of Arts and Science, and Faculty of Education and Professional Studies) offer 37 undergraduate degree programs, as well as eight graduate degree programs through the School of Graduate Studies. The University serves over 3 500 current students with approximately 195 faculty and 1 300 part-time and full-time staff, and has a growing body of over 40 000 alumni. Several of Nipissing's programs housed in the Faculty of Education and Professional Studies, including Social Work and Nursing, are also subject to accreditation by external professional bodies.

The Nipissing University audit described in this report was conducted using the provisions of the 2021 version of the Quality Assurance Framework (QAF) that is overseen by the Ontario Universities Council on Quality Assurance (the Quality Council). The QAF describes procedures for the academic review of proposed new degree programs and the periodic review of existing degree programs in Ontario's university sector. The Framework draws on the long experience of Ontario universities in undertaking quality assurance and brings together best practice at both the undergraduate and graduate levels. All Ontario universities have agreed to abide by this Framework, and each university has developed an Institutional Quality Assurance Process (IQAP) that complies with the QAF and provides each university with an internal policy for the conduct of quality assurance.

The QAF provides Ontario universities with autonomy over their quality assurance processes. However, the Quality Council has the authority to audit their quality assurance activities periodically. The purpose of the audit is to determine whether each university's quality assurance practices are in compliance with its IQAP and the QAF, and to guide the university on needed remediation in any areas that are out of compliance. The audit process is part of the universities' accountability to stakeholders (prospective students, students, graduates, parents, employers, the provincial government, taxpayers, and public at large) to provide evidence that each university's degree programs not only meet national and international academic standards, but also strive continuously to improve quality.

The first cycle of audits under the 2010 QAF commenced in 2012, and was completed in 2020, with two to three universities being audited in each year. Nipissing University was in the third group of universities undergoing audit in 2014-15, resulting in a subsequent Focused Audit in 2019-20. The second cycle of audits commenced in 2022, and Nipissing University is again in the third group and therefore being audited in 2024-25.

The auditors followed the Audit Process as described in the QAF (QAF 6.2, please refer to Appendix A). The Quality Assurance Secretariat selected the three auditors from the Audit Committee's membership (see brief biographical information in Appendix B), and along with one of those auditors, provided an orientation to the University's Key Contact and other relevant stakeholders at the outset. Upon receipt of the preliminary documentation from the University, the Audit Team selected and reviewed a sample of six programs for audit from the New Program Approval Protocol and from the Cyclical Program Review Protocol. Due to a relatively low number of new programs introduced by Nipissing University since its last cyclical audit, the sample included only one new program and five cyclical program reviews (CPRs). The process involved a desk audit using the University's Institutional self-study and records of the sampled programs, together with associated documents. In addition to the programs that underwent a desk audit, a further two programs, with in-progress CPRs nearing completion, were included as part of the site visit meetings.

The Audit Team conducted a site visit at Nipissing University from March 26 – 28, 2025 (see Appendix C for the site visit schedule). During the site visit, the Audit Team met with the University's senior leadership, those with important roles in the quality assurance process, and representatives from those programs selected for audit. Following the audit, the Audit Team prepared a report, with Recommendations and Suggestions, subject to a multi-stage review process and final approval by the Quality Council.

The following comprised the Audit Team for the Nipissing University audit:

Dr. Johanne Bénard
Dr. Bettina West
Dr. Kirsten Woodend
Dr. Christopher Evans, Quality Council Secretariat support
Ms. Brittany McFarlane, Quality Council Secretariat support

The audit process is both complex and time-consuming for all sectors of the University, from staff and students to faculty and administration. Nipissing University provided the auditors with extensive documentation for the audit well in advance of the site visit. Requests for additional information and documentation were handled in a timely manner. The site visit, an intense series of meetings over a three-day period, was very well planned, and the Audit Team members commend those responsible for organizing the meetings and offer their thanks for the hospitality and assistance they received throughout their stay.

It was clear to the Audit Team that Nipissing University has a broad and deep culture of service, collegiality and collaboration. While institutional attitudes towards quality assurance have posed challenges in the past, there is a desire to build and maintain momentum towards a positive

quality assurance culture through a commitment to continuous improvement, as evidenced by the level of engagement of many faculty members, Deans, and the senior executive team.

The Quality Assurance Context at Nipissing University

Nipissing University's first IQAP was ratified by the Quality Council in 2011. It underwent several subsequent revisions, resulting in re-ratification in 2013, and in 2019 in response to Recommendations outlined in the 2016 Audit Report as well as for internal clarification purposes. In 2023, the latest IQAP iteration was undertaken both in response to the results of the University's focused audit in April 2020, as well as to align it with the revised 2021 Quality Assurance Framework (2021 QAF).

Nipissing's Provost and Vice President, Academic is the administrative authority responsible for the University's quality assurance policy and procedures and serves as key contact to the Quality Council. The University's Academic Senate has the ultimate authority over quality assurance. It approves the IQAP and any revisions, as well as all new degree programs, new graduate diplomas and major modifications to existing programs. Three senate committees directly support academic quality priorities. First, according to its Terms of Reference, the Academic Quality Assurance and Planning Committee (AQAPC) sets priorities related to the introduction of new programs, reviews and makes recommendations to Senate on matters related to academic policies and standards, and provides Senate with the outcomes and recommendations arising from CPRs. Additionally, the Academic Curriculum Committee (for undergraduate programs) and the Graduate Studies Committee support the program modification process.

Quality assurance is also integrated into a number of other offices across the University, including the Centre for Teaching and Learning (CTL), the Office of Institutional Planning and Analysis (OIPA), and the Registrar's Office (RO). These areas work together to support academic units in IQAP-related activities.

In 2024, Nipissing established two new full-time permanent staff roles, a Manager of Quality Assurance and Program Innovation, and a Director of Teaching and Learning, with the intent of enhancing its collaborative support structure as the University continues to evolve its quality assurance culture and practices. These new complementary roles provide significant additional supports that have been well received by program representatives undergoing current quality assurance activities.

Nipissing employs a unique approach to the CPR process in that it establishes an Internal Review Committee (IRC) within each program for the review. The committee is comprised of a minimum of one faculty member from the program under review, a faculty member from another program who is at arm's length from the program under review, one upper-year student and one student from first or second year who are majoring in the program under review. Its role is to

prepare the self-study document based on broad consultation with faculty, students and staff and to respond to the external reviewer report based on input from the academic unit.

The Audit Team was particularly impressed with the students they met during the site visit. Their level of knowledge and engagement with quality assurance, either through involvement in university-level committee work or through participation in their program's CPR, is commendable.

In terms of innovative initiatives that support quality assurance, the OIPA office recently developed a Teams-based dashboard of institutional planning data and tracking tools to support IQAP related processes. Program-specific data tables assist academic units with direct access to, as well as preparation and analysis of, current information required for cyclical program reviews. This dashboard provides updated tables in real time for program review purposes, and to track key measures such as student applications and enrolments on an ongoing basis.

Finally, while not directly linked to IQAP requirements, the University is poised to launch a new annual 'program health check' report, intended to assess whether programs are 'healthy' based on set criteria (including criteria related to quality assurance). The report will incorporate a rubric that allows Deans to arrive at an objective score. The new initiative will encourage more regular use of program data to inform trends and would potentially dovetail with cyclical program reviews that occur on a less frequent basis.

Findings Arising from the Quality Assurance Audit of Nipissing University

The findings of the 2024-25 cyclical audit are based on the following:

- The report of the 2014-2015 Audit and the University's responses;

- The report of the 2019-2020 Focused Audit;

- The University's 2024 Institutional self-study;

- Advice from the Quality Council's Appraisal Committee on areas where it has observed a pattern in the University's application of its IQAP during the development of New Program Proposals;

- A scan of quality assurance-related pages from the University's website;

- The desk audit of documentation provided by the University for five programs that have undergone CPRs and one new program that has undergone appraisal for approval; and

- Information gathered or further requested from the meetings with groups and individuals during the March 2025 Nipissing University site visit.

The findings of this audit led to a series of Commendations, Recommendations, Suggestions, and one Cause for Concern. Further details on these findings are provided in subsequent sections of this report.

The 2014-15 Audit

The previous Cyclical Audit, conducted in 2014-15, included eight Recommendations, three of which were identified as "Causes for Concern", as well as seven Suggestions and some commendations. While most of the recommendations and causes for concern were addressed in the University's one-year response, there remained a number of issues related to deficiencies in Final Assessment Reports that were not fully resolved. As a result, the Audit Committee conducted a desk audit on the Quality Council's behalf in 2016. The outcome of the desk audit, together with the University's one-year follow-up response, concluded that several recommendations from the Audit Report were not fully addressed, which ultimately led to a requirement that the University undergo a Focused Audit in 2019-20.

The 2019 Focused Audit

A Focused Audit took place in 2019-20 with the subsequent report from the Audit Team leading to the Quality Council determining that the University had satisfactorily addressed the outstanding Causes for Concern arising from the 2014-15 Cyclical Audit. The report provided 11 observations, intended to provide constructive feedback on the University's ongoing efforts to move forward in its quality assurance work, as well as to offer informal suggestions on opportunities to further enhance its quality assurance practices and processes going forward.

Ongoing Issues

A few items from the 2014-15 Audit and the 2019-20 Focused Audit remain unresolved and have resulted in a Cause for Concern, as well as several Recommendations and Suggestions in this audit.

- Recommendation 5 in the Cycle 1 Audit Report directed the University to ensure that the external and internal reviewers appointed are at "arm's-length" from the program to be reviewed. While a process is now established in this regard, a suggestion is offered to further strengthen the process. This is further discussed in Suggestion 14 of this Audit Report.

- Observation 2 in the 2019-20 Focused Audit Report addressed the need for additional work on program-level learning outcomes, their assessment, and AQAPC's oversight of their inclusion in CPRs. While progress has been made in this regard, Recommendation 4 details the ongoing issues that remain and Suggestions 7 and 10 of this Audit Report

provides some additional advice on how the University may wish to address these issues.

- Observation 4 in the 2019-20 Focused Audit Report indicated the potential for problems associated with the IQAP scheduling related to the timing of CPRs. Given the degree of ongoing issues observed with respect to CPR scheduling, a Cause for Concern has now been identified in this Audit Report. See also Suggestion 9 of this Audit Report for related advice.

- Observation 8 in the 2019-20 Focused Audit Report indicated a need to take steps to ensure the practice of creating and posting an Executive Summary of the Final Assessment Report was addressed in a way that aligned with IQAP requirements, as opposed to posting the full Final Assessment Report. The current IQAP states: "An Executive Summary and Implementation Plan becomes the public document and is posted to the University's website." However, as an Executive Summary continued to be absent from several of the CPRs selected for audit, Recommendation 6 of this Audit Report discusses the issue further.

- Observation 9 in the 2019-20 Focused Audit Report mentioned that the approach to managing quality assurance-related documentation was still somewhat informal at Nipissing. While progress has been made in this regard, Recommendation 3 and Suggestion 4 of this Audit Report provide additional elaboration on ongoing and related findings.

Implications of the Institutional Self-Study

The 2021 Quality Assurance Framework requires the university to provide the Audit Team with an Institutional self-study (ISS) that reflects on its quality assurance policies and practices prior to a site visit. Nipissing University submitted a helpful ISS that provided insights into its evolving quality assurance approaches, challenges and recent initiatives in the spirit of continuous improvement.

Within this document, the University asked that the Audit Team pay particular attention to and advise on the following aspects of its quality assurance-related work:

1. Feedback on the University's recent progress in formalizing expertise around the Quality Assurance process, particularly with respect to the two recent hires (Director of Teaching and Learning, and Manager of Quality Assurance and Program Innovation).

Historically, there has been significant reliance on a single position to oversee quality assurance at Nipissing, which posed certain risks in terms of continuity for QA oversight and loss of institutional memory. The Audit Team applauds the University's recent efforts to more effectively manage program quality assurance, both by building greater capacity through the addition of personnel who directly manage and support the University's IQAP processes, as well as

through the development of clear and consistent communication tools, such as templates, faculty and Senate committee orientations and training. The expansion of the support structure is a positive step forward and the audit team supports the new initiatives and, going forward, encourages the University to evaluate their effectiveness over time. See also Suggestions 2 and 5.

2. Assistance in reinforcing the purpose and benefits of consistent adherence to robust analysis of curriculum and learning outcomes for student and program success.

The Audit Team heard positive feedback from several faculty members in academic units that have recently undergone a curriculum mapping exercise. While admittedly a daunting task, there was a uniform appreciation of the value of the resources now available through the Centre for Teaching and Learning (CTL). Moreover, recent updates to templates based on user experiences have been helpful for faculty undergoing program review and new program proposal processes. The templates provide useful guidance for more effective critical analysis of program data.

However, program learning outcomes are still not well understood by many faculty members in terms of their purpose and role in continuous improvement, particularly those who have not engaged in recent quality assurance processes. This may require a more comprehensive approach to orientation, or training sessions for units as they prepare for upcoming program reviews. For example, adding prompts to the template for the New Program Proposal and the CPR self-study template would help to ensure those using them are fully aware of the support they can receive as they develop the program-level learning outcomes they must describe in their proposals and self-studies respectively. See also Suggestions 1, 7 and 10.

Commendations (QAF 6.2.7)

The Commendations section acknowledges individuals or administrative units that have demonstrated characteristics leading to strong quality assurance practices or a culture of continuous improvement.

Ongoing enhancement of QA administrative support structures - As previously mentioned, the creation of the two new positions, Director of Teaching & Learning and Manager of Quality Assurance and Program Innovation, has strengthened Nipissing's platform for supporting its IQAP-related policies and procedures, as well as its capacity to communicate its commitment to quality assurance. During the site visit, faculty provided positive feedback on the recent improvements in supports, both in terms of access to advising, as well as to improved guidance via updated templates.

In addition, the Audit Team recognizes the efforts of the Office of Institutional Planning and Analysis (OIPA) in creating a Teams-based dashboard, containing data that is available in real

time and is accessible by program units to monitor a variety of QA-related metrics. These data tables are aligned with the requirements of the CPR self-study document and can also be customized using various filtering variables. The OIPA is to be commended for its provision of support to program units in accessing and using the tool. Early reports from faculty who have engaged with the new dashboard for CPR purposes have been positive. See also Suggestions 8 and 15.

Senate Committee (AQAPC) - The Audit Team also commends the expanded scope of the Senate committee, AQAPC, and its sustained commitment to quality assurance. The committee members see their role as one of supporting faculty by providing meaningful, personalized, and often iterative feedback to units that are undergoing program reviews or developing new programs. By engaging at the individual or unit level, members are helping to facilitate a culture shift in a collegial, less formal manner that is conducive to faculty acceptance and buy in. According to several committee members, recent informal mentoring efforts by AQAPC members have contributed to better quality self-studies. AQAPC is encouraged to continue with the training and orientation provided to its members to effectively fulfil their role as it relates to quality assurance. See also Suggestion 5.

Incorporation of Experiential Learning into CPR Site Visits – While not a widespread practice, the Audit Team noted that, in at least one program's site visit, the external review team was given a unique opportunity to observe students in a studio class with the faculty member present, followed by a separate meeting with only students present. This provided reviewers with a candid insight into the student experience and is viewed as a worthwhile 'exception' to standard CPR site visit practices. The University is encouraged, on a case-by-case basis, to identify further opportunities for academic units to enhance CPR site visits by providing external reviewers with access to examples of experiential learning in real time.

Causes for Concern

Causes for concern, which are potential structural and/or systemic weaknesses in quality assurance practices (for example, inadequate follow-up monitoring, as required per QAF 5.4.1d) or a failure to make the relevant implementation reports to the appropriate statutory authorities (as required per QAF 5.4.2). Causes for Concern require the university to take the steps specified in the report and/or by the Quality Council to remedy the situation.

Nipissing University must:

CAUSE FOR CONCERN 1: Ensure that all CPRs are conducted within a cycle not to exceed eight years.

The 2021 QAF (5.1.1) requires that institutions ensure there not be more than eight years between any CPRs. Nipissing's 2023 IQAP states "The Schedule of Reviews indicates the year

in which the site visit will take place and academic units are expected to begin preparing review documentation in the academic year prior to the site visit."

Based on the audit of the selected CPRs and a review of Nipissing's Schedule of Cyclical Reviews, significant evidence was noted of the QAF and the IQAP requirements not being met. For example, a majority of programs that completed their most recent CPR between 2019 and 2024 had a timespan of between 9 and 12 years from the time of their previous review. Moreover, the year of review has changed in different versions of the schedule of reviews. Changing the year of review detracts from the overall transparency of the schedule, as a CPR must begin no later than eight years from the academic year in which the program was last scheduled to be cyclically reviewed (not from when the CPR actually occurred). In addition, it is evident there are still delays in CPRs. Most notably, several new programs that launched between 2014 and 2016 have not yet completed an initial CPR.

The Audit Team recognizes that the turnover of personnel and the lack of document management in past years has likely contributed to these issues and that current efforts are underway to schedule the next cycle of reviews minimally within 8 years or less. The University must ensure that CPR scheduling dates are an accurate reflection of the required timelines, and that all programs meet the requirement, as described in the Quality Assurance Framework. Additional guidance is available through the Quality Council's website: Guidance on Timelines for Cyclical Program Reviews — Ontario Universities Council on Quality Assurance. See also related Suggestions 3, 4 and 9.

Recommendations to the Institution

Recommendations, which are recorded in the auditors' report when they have identified failures to comply with the IQAP and/or there is misalignment between the IQAP and the required elements of the Quality Assurance Framework. The university must address these recommendations, including in its response to the auditors' report when required.

Nipissing University must:

RECOMMENDATION 1: Ensure that the process for monitoring the University's new programs, as detailed in its IQAP and required by QAF 2.9.2, is consistently followed.

While the Audit Team was concerned by the absence of any formalized and documented monitoring for new programs, this issue has been identified as a Recommendation rather than a Cause for Concern. There have been two new programs approved and launched since the last Cyclical Audit, with very limited enrollments. While the requirement for new program monitoring is articulated in the IQAP, the University was unable to provide a template or evidence of any new program monitoring.

According to the Nipissing IQAP (1.6 - Step15), "The Dean, in consultation with the Chair, Director or Program Coordinator, will provide a monitoring report to the Office of the Provost for distribution to the AQAPC on a new degree program, normally after the degree program has been operating for five years. In cases where enrolment is low in the first few years, the date for submitting a Monitoring Report may be delayed." The Audit Team notes that the five-year timeline has the potential to place the monitoring report close to the first CPR of the program, particularly if the University intends to move to a 6-year review schedule, as was mentioned during the site visit (See also Suggestion 9). This may reduce the monitoring report's usefulness if academic units do not have time to utilize its findings prior to the first CPR.

The University must review its current process and IQAP requirements for new program monitoring to ensure timeliness, usefulness and compliance.

RECOMMENDATION 2: Ensure that New Program Proposals address all of the evaluation criteria, as required by the QAF and the IQAP.

While only a small number of New Program Proposals have been put forward by Nipissing University in recent years, the Quality Council's Appraisal Committee has identified concerns regarding the completeness of the submissions they have received. This was confirmed through the Audit Team's desk audits. The Appraisal Committee's advice to the Audit Team noted that all of the new program proposals from Nipissing University had resulted in requests for additional information on the teaching and learning criteria, and that several of the submissions resulted in multiple requests for additional information. In light of these concerns, the Audit Team recommends that the University review the current processes and templates available for New Program Proposals. See also Suggestion 4.

RECOMMENDATION 3: Ensure all steps related to quality assurance processes are documented and stored somewhere that is readily accessible to future quality assurance auditors.

For the sample of quality assurance activities selected for audited, the Audit Team noted that the University's documentation of some of the steps of the quality assurance process described in the IQAP was missing. For example, there were instances noted where formal documentation of approvals was missing in the New Program Approval process. It was also unclear from the CPR documentation provided, what information and guidance both internal and external reviewers received, aside from the self-study and meeting agenda, in preparation for the site visit. Such documentation is the primary means by which an audit verifies that a required step has occurred.

The University must examine all the components of its quality assurance practices and adopt an effective and appropriate storage and retrieval system for documentation, which is key to successful quality assurance. See also Suggestion 4.

RECOMMENDATION 4: Ensure that CPR self-studies address all of the required elements, as required by the QAF (5.1.3) and the IQAP.

During the desk audits, the Audit Team noticed that, while most of the information required by the QAF/IQAP evaluation criteria was captured in the self-study documents, in some instances a few of the QAF evaluation criteria and other requirements for the self-study were either missing or inadequately reported. For example, the Audit Team noted that, in one of the programs audited, there was no section in the core of the self-study describing how the concerns and recommendations raised in the previous review had been addressed. The Final Assessment Report was simply included as an appendix, without reference in the main body of the report. In another instance, there was no description in the self-study of how the report writing was done and who was included in the process of preparing it. It was also noted in several reports that there was minimal discussion about assessment of teaching and learning and whether or how students were achieving their program-level learning outcomes. As a consequence, some External Reviewers Reports offered weak commentary on key elements of the program that mirrored the deficiencies noted in the self-study.

Internal review and approval of the self-study requires ensuring that all elements of the evaluation criteria are present and fully addressed. While the CPR self-studies reviewed were based on earlier IQAP versions, it is important to ensure all criteria in the revised 2023 IQAP are clearly presented as required in current self-study templates to ensure that units will comment on and provide evidence of these criteria.

The audit team recognizes that positive recent steps have been taken in this regard, through the enhanced role played by members of the AQAPC. The University must ensure that the IRC is fully equipped to understand and address the required elements and that all other parties with sign-off/approval roles are provided with the necessary orientation and guidelines/tools to complete their role in the process in an informed and thorough manner. See also Suggestions 1, 2, 3, and 4.

RECOMMENDATION 5: Ensure the process used when reviewing the adequacy of external reviewers' reports for both new programs and CPRs is followed, as required by the IQAP (1.6).

During the site visit, the Audit Team learned that, on occasion, external reviewers' reports are found to be somewhat inadequate in terms of providing meaningful feedback or actionable recommendations. As a result, it becomes difficult for the academic unit to respond to the feedback and concerns. In some cases, the weaknesses of the External Reviewers Report may arise because of deficiencies in the self-study as noted in Recommendation 4.

The University must ensure the procedures described in the 2023 IQAP (1.6 – Step 10) are used when the report does not meet the institution's requirement. Specifically, "Upon receipt of

the External Reviewers' Report, the Report will be reviewed by the Office of the Provost to ensure that it provides a comprehensive assessment of the degree program(s). If the Report is not satisfactory, the Office of the Provost, in consultation with the Dean(s) will identify any gaps and request additional information from the External Reviewers." The University can also document this step once the Office of the Provost signs off on the External Reviewer's Report.

RECOMMENDATION 6: Ensure there is an Executive Summary accompanying the FAR.

As a requirement of the QAF (5.3.2 (b)), the 2019 IQAP (Part 1: E) and the 2023 IQAP (Section 1: Step 13) state that an Executive Summary to accompany the FAR will be created by the Office of the Provost. However, an Executive Summary was not present in the documentation provided for several of the CPRs selected for audit. Since the IQAP places responsibility for the FAR in the office of the Provost, it is the expectation of the Audit Committee that the presence of an Executive Summary will be ensured by the Provost. The Quality Council Guide to the QAF provides guidelines for the preparation of an Executive Summary to the FAR.

RECOMMENDATION 7: When bundling programs in a CPR, ensure all degree programs under review are listed consistently in the documentation for all steps of the process (QAF 5.1.2).

During the desk audit, the Audit Team noted that, in some instances, there was a discrepancy between the program(s) listed in the initial letter sent out by the Provost and those listed on the final self-study document and/or the FAR/IP. It is important to ensure that there is clarity about which programs are subject to review when bundling occurs. The University must verify consistency and accuracy in its communications when identifying degree programs to be included in a bundled CPR, and ensure the FAR/IP provides a complete list of the academic degrees and program name(s) at the outset, rather than the Department name.

Suggestions to the Institution

Suggestions, which are forward-looking, are made by auditors when they identify opportunities for the university to strengthen its quality assurance practices. Suggestions do not convey any mandatory obligations and sometimes are the means for conveying the auditors' province-wide experience in identifying good, and even on occasion, best practices. Universities are under no obligation to implement or otherwise respond to the auditors' Suggestions, though they are encouraged to do so.

Suggestions related to Overall Quality Assurance Processes

Nipissing University should:

SUGGESTION 1: Consider strategies to help build a culture of QA within academic units.

While a clear commitment to QA was expressed by the University's senior leadership team, the Audit Team noted that a number of program faculty members remain somewhat skeptical of the nature and purpose of some IQAP processes. It is not uncommon for faculty to express concern over taking on the additional workload involved in a CPR, particularly for those who have not had prior experience with the process.

To this end, in addition to providing an informative orientation to CPR (see suggestion 10), it may be helpful to incorporate opportunities for mentorship and collaboration across programs. For example, developing a network of mentors with previous experience, either through having worked on their program's CPR or major modifications, or as former AQAPC members who have reviewed self-study documents, would help to guide faculty members that are new to the job, and ease their work burden. Programs could also collaborate by sharing samples of successful self-study documents with program IRCs about to embark on the process. Being able to view an example of a well-written report could help to manage expectations of what is required. In addition, it opens new channels for QA-related communication, ultimately contributing to a more deeply-engrained culture of QA.

SUGGESTION 2: Consider providing an orientation for new Chairs, Deans and other senior leaders and committee members at the outset of their new term, that includes information on their role and responsibilities in QA.

Nipissing has undergone several leadership changes in recent years, at the program, Dean and senior executive levels. Turnover of this nature can often result in delays or omissions within the QA process. Providing orientation and mentoring for those who hold key roles in quality assurance processes such as program coordinators, Chairs, Deans, and Senate Committee members with QA responsibilities can contribute to a smooth transition and continuity in quality assurance processes when occupants of the positions change.

Unlike orientations for programs initiating their CPR, these orientations would focus more broadly on the roles and responsibilities of the leadership team, support systems, best practices, and possible models of prior self-studies identified as exemplary.

In addition, the Audit Team encourages continuation of the training and orientation provided to AQAPC in fulfilling their role as a committee, particularly in regard to the "Self-Study Quality Assurance Framework Compliance Checklist". The role and responsibility of the AQAPC in verifying the self-study and the appendices address all the evaluation criteria (through a compliance checklist) for the program is an important component of the CPR process.

SUGGESTION 3: Consider creating a flowchart of the quality assurance process steps for units to improve process clarity.

The Audit Team noted that some academic units did not have a clear sense of the full set of process steps for undertaking a CPR, particularly those beyond the external review report and their required response. It is important that academic units remain aware of their role in the later stages of the process, so that they are able to schedule time for action items and scheduled monitoring reports. A visual flowchart diagram outlining the full process, as well as timely updates on where a unit is in the process, could address potential last-minute frustration in the future.

SUGGESTION 4: Consider options for developing a better tracking system for written documentation related to quality assurance processes, including signoffs on each step of the process.

Having an effective tracking system for documentation is a key to successful quality assurance. As mentioned in the ISS, process tracking remains a challenge at Nipissing, as the current approach relies heavily on individual memories. For instance, the Audit Team noted a lack of consistency in how arm's length verification for external reviewers was historically managed. While this particular example has since been remedied by the University, the broader issue of reliance on a small number of staff to maintain a complicated record system can introduce risks that potentially have a detrimental impact on quality assurance as a whole, particularly with respect to institutional memory and document retrieval.

An improved tracking system can facilitate better communication, prevent loss of information due to turn-over, avoid redundancy and enable the digitization of paper documents for centralized storage in a QA repository, including previous review reports. The University indicated that projects are underway to better utilize technology and process development to support both quality assurance processes and overall curriculum mapping processes within a single source of integrated master data. Additional suggestions for digital tools and resources being used by other universities can be found in the Quality Council's 2021-22 Omnibus Report.

SUGGESTION 5: Consider reviewing the AQAPC Terms of Reference to ensure alignment and appropriateness of the membership and its increased role in QA activities (CPR, new programs, major modifications), as well as in the review of upcoming annual 'program health checks'.

The Audit Team was impressed with the knowledge and engagement of AQAPC members on QA-related activities. After reviewing the committee's Terms of Reference, it appeared that many of the activities described by its members were above and beyond what was initially expected of them based on the Terms of Reference. For example, in addition to providing feedback via a formal checklist, some committee members would lend additional informal support and advice to IRCs as they finalize their CPR self-study for external-review. As well, the committee has provided recent feedback on updates to self-study templates. Neither of these activities, both of which involve substantial time and effort on the part of the committee, are

explicitly outlined in the Terms of Reference. Moreover, it was mentioned that AQAPC would also take on responsibility for reviewing annual 'program health check' reports, which are to be introduced in 2025.

The Audit Team suggests that a review take place and the Terms of Reference be updated to more appropriately reflect the expanded role of this important committee. For example, some possible updates may include incorporation of a formalized orientation and onboarding of members in relation to quality assurance requirements and supports, as well as possible inclusion of the Director, Teaching and Learning as an ex-officio non-voting member.

SUGGESTION 6: **Consider creating a formal process for recognizing the work of students in quality assurance processes.**

The involvement of students in the quality assurance processes is very important. As previously mentioned, the Audit Team was impressed by the students they interviewed during the site visit. While most of the students were aware of the University's quality assurance processes and spoke very highly about their involvement in committees, a few were less familiar with the processes and wanted to know more. The students all felt their contributions were meaningful, but also noted that the time commitment was often significant and they did not have much to show for their efforts at the end of the process.

Time can be an impediment to student involvement in quality assurance activities. Since changes resulting from quality assurance processes are likely to occur after a student's tenure in a program, incentives for student involvement are important to motivating students to make the time to participate. Incentives that other institutions have found to be successful in increasing student participation include framing participation in quality assurance as part of professional development, or, in some cases, assigning a course credit to certain types and levels of participation. In addition, a few of the students interviewed during the Nipissing site visit suggested that their contribution as an IRC member might be added to their co-curricular record, as a way to recognize their efforts.

The University should proactively encourage student voices to emerge as fully as possible. For additional ideas on how to involve students in QA processes, please consult the QC Guide to the QAF: Involving Students in Quality Assurance Processes.

SUGGESTION 7: **Explore opportunities to engage faculty in curriculum mapping and evaluation as a process and tool for visualizing curriculum.**

The Audit Team was impressed by the progress in the uptake of curriculum mapping among some academic units. Nipissing University is encouraged to build on this progress by seeking opportunities, with the expert assistance of the Centre for Teaching and Learning, to focus the activity of curriculum mapping and evaluation on the benefits of the process itself as well as the

outcomes. In this way, value is placed on the structured collegial conversations regarding the alignment among course and program level learning outcomes as well as on degree level expectations and the evolution of curriculum as envisioned by the program. There is a risk that faculty perceive curriculum mapping as primarily a burdensome administrative requirement for making desired curriculum changes. By reframing the process as a mechanism for visualizing curriculum through collegial discussion and as the foundation for curriculum evaluation, it becomes more evident where the richness and possibilities of the curriculum reside. As such, it may be helpful to review the current templates for both new program proposals and for CPR self-studies in order to identify ways to incorporate more information about the supports offered through the CTL to assist with curriculum mapping and evaluation criteria.

SUGGESTION 8: Consider how best to create synergies between the monitoring data provided by institutional planning, the new annual program health checks, and the monitoring of recommendations identified for action in the Implementation Plan.

There is a clear desire on the part of the University's senior executive team to integrate QA processes/outcomes and strategic planning. As a result, there is a need to optimize the value obtained from each of the above-mentioned data sources, while also remaining cognizant to refrain from unduly increasing the overall administrative burden. The Audit Team commends the University's efforts to lean into a culture of monitoring and continuous improvement. However, on a cautionary note, it also suggests further consideration be given to whether the annual program health check may eventually lead to 'reporting fatigue' among faculty Chairs and Departments, especially when also combined with QA monitoring report requirements.

Suggestions Specific to Cyclical Program Reviews

SUGGESTION 9: Consider the implications of moving to a six-year CPR cycle.

During the site visit, the University indicated that it plans to move to a six-year cycle for CPRs in order to better align with faculty cycles (i.e. Chair terms) and to continue its momentum for monitoring and for continuous improvement. While there is potential merit in this approach, the Audit Team cautions that a significant shortening of the CPR cycle may also result in unintended consequences, including increased burden on faculty, and insufficient time to implement and monitor the outcomes of new programs and/or major program modifications. No other university in Ontario is using such a short timeline so seeking advice from other universities on why they have seven or eight years would be helpful to make the decision. If the University decides to proceed with this six-year approach, it would also have to amend its wording in the IQAP (Section 1.2 related to scheduling of CPRs). (See also Cause for Concern 1)

SUGGESTION 10: Consider ways to ensure academic units are provided access to and engage with the necessary resources available to manage their CPR at the outset of the process.

There is a need for proactive clarity regarding the supports available to academic units, given the constraints on time and access to administrative supports within the program areas. The Audit Team noted that a formal orientation process at the outset of a program review was not required in earlier versions of the University's IQAP. However, a workshop/orientation session is now listed as a step that follows initial notification of the CPR process. Going forward, this will be a helpful starting point for the IRC, Chairs and other relevant participants to come together, in order to effectively prepare them for the nature and importance of their role in the CPR process, from development of the self-study document, engaging multiple stakeholders, responding to external reviewers, and following through on the Executive Summary and FAR/IP.

During the orientation, a number of supports and resources may be incorporated. For example, representatives from units that support QA processes (CTL, OIPA, QA Office, Registrar) who offer well developed services could proactively reach out to units at this initial stage of the process, rather than waiting for the unit to initiate contact. In addition, information and relevant documents that are regularly collected through the Dean's office (e.g. department annual reports, CVs, etc.) might be made available to units, rather than having faculty pull these items together on their own.

There is also benefit in continuing to prepare and disseminate alternate forms of guidance such as web-based handbooks, tip-sheets, and other forms of guiding documentation (exemplars, key Nipissing University contacts, current program-level status on activities within the QA cycle), to augment the structured orientation. These additional resources will also assist those transitioning into roles at times of the year when other forms of orientation are not routinely offered.

SUGGESTION 11: Consider ways to more effectively make use of the IRC model already in place when preparing the CPR self-study.

During the site visit, the Audit Team was impressed by several academic units whose IRC worked collaboratively to compile and write their program self-study document. However, several other units reported that most of the work was left to one or two individuals – most often the program Chair - rather than shared amongst the committee members.

Acknowledging that it can be difficult to engage faculty with additional workload responsibilities, a number of strategies employed by other universities have been found to be useful. For example, the purpose and role of each IRC member could be explicitly laid out during the orientation to the CPR process. As well, bringing in a recently retired professor emeritus or a

faculty member from another department who have been involved in the preparation of prior successful CPRs to act as a mentor has been found to be helpful in some cases.

SUGGESTION 12: Consider requiring the programs to update their self-studies if one year or more passes between its approval and the site visit.

The Audit Team noted that, in one of the programs audited, the delay of the site visit impacted the quality of the self-study, based on outdated data. This discrepancy between the data from the self-study and the review could be remedied by including an appendix with current data and their analysis. Given the direct access by academic units to updated tables in real time through a dashboard, this request from the university would not be too onerous.

SUGGESTION 13: Consider ways to provide additional clarity for the role of the Internal Representative during the External Review Process.

While not a requirement of the QAF, the use of Internal Representatives has been implemented by many universities in recent years, and appears to be a beneficial practice when these representatives act as a liaison between external reviewers and the University. The practice also provides faculty members an opportunity to engage and learn more about quality assurance processes outside of their own program.

The Audit Team notes that the 2023 IQAP now identifies an Internal Representative as 'optional' for CPR site visits. While this is within the purview of the University, it may be helpful to provide guidelines outlining when and how this representative is to be included or omitted during a site visit. When an Internal Representative is included in a site visit, it may also be beneficial to incorporate an orientation for first time representatives (perhaps incorporating past faculty representatives who can share their experiences in the role). In addition, it may be beneficial to ensure Internal Representatives have dedicated time with external reviewers at the outset of the site visit well as a post site visit debrief to allow for candid discussions.

SUGGESTION 14: Consider requesting that external reviewers self-declare arm's length status in writing by providing a form for them to read/sign.

At some institutions, the external reviewers are asked to confirm their arm's length status when accepting the invitation to serve. While not a requirement, introducing this step would serve to further strengthen Nipissing's existing processes for verifying the arm's length status of its external reviewers. A request for external reviewers to self-declare arms length status in writing by providing a form for them to read and sign would also serve to incorporate more formal documentation confirming the arms length requirement.

SUGGESTION 15: Consider the risks of providing external reviewers with access to the data dashboard available to the program under review.

The Audit Team was provided with a very informative demonstration of the Institutional Planning Data and Tracking Tools during the site visit. The 'dashboard' allows individual academic units access to program-specific data tables that are identified as being required for inclusion in the CPR self-study. The OIPA also gives external reviewers access to the tool as an optional part of their review process.

While providing external reviewers with access to the program's data in this way arguably represents a transparent approach to the CPR process, the Audit Team wonders whether it may also have negative repercussions. For example, it may pose a risk of academic units not engaging in sufficient analysis and interpretation of their program data, and assuming that the reviewers will do so on their own. Conversely, even if programs do provide the relevant tables and analysis in the self-study document, reviewers may choose to engage in their own analysis and draw their own interpretations rather than relying on the work done by the IRC. This could be especially problematic if the OIPA is unable to offer the same level of data interpretation support to external reviewers that they provide to programs. Perhaps, as a follow up to the site visit, the University may consider seeking feedback from the external reviewers on whether and how they used the tool to help inform whether to continue this practice.

SUGGESTION 16: Consider more directly involving academic units in the preparation and follow-up to their FAR/IP.

The Audit Team noted that there was a lack of understanding among some academic units about how FARs and IPs were generated, how recommendations were selected for action and where these FARs and IPs ultimately resided. As documents, FARs and IPs can be very useful in sustaining the priority areas of programs, particularly as programs and those holding academic leadership roles change over time. Ensuring that the FARs and IPs are retained by the QA/Provost's office, but owned and worked on by the program areas can help to sustain the continuity of care required to achieve the key goals of the program over time.

While not a requirement, the Audit Team suggests that the value of the Final Assessment Report and Implementation Plan would be better understood by engaging programs in their development or review prior to Senate approval. For example, one approach would be to have the program's Chair (or equivalent) review and comment on a draft of the FAR/IP while it is being prepared. Having this or a similar form of engagement by the unit could facilitate a greater degree of buy-in to the wider CPR process and ultimately, an increased sense of ownership of and responsibility for the items selected for action in the IP.

An alternate approach might be to split up the orientation into two stages: an initial one to cover the steps up to and including the external reviewers' site visit; and then a second orientation following the site visit to go over the role of the internal response, FAR/IP and subsequent monitoring requirement(s).

Suggestions Specific to New Degree Program Approvals

SUGGESTION 17: **Consider additional ways in which the Dean's office can support faculty members engaged in the new program development process.**

New program development can be a time consuming and often daunting undertaking for faculty members. For new programs of an interdisciplinary nature, it is often difficult for faculty within a specific discipline to identify other areas within the University that offer complementary areas of expertise or existing courses. By facilitating meetings/consultations across related programs, either within or outside of the Faculty, Deans are better positioned to identify contacts that could offer potential synergies in curriculum/course sharing. Support of this nature from the Dean's office would ease the burden of individual faculty members trying to identify and arrange such meetings.

Recommendations to the Quality Council, Including Provisions for Adjusted Oversight (QAF 6.2.7.i-vi)

The quality assurance culture at Nipissing University is clearly shifting from a focus on compliance to one which is forward looking and concerned with continuous program improvement. As such, no change in oversight is suggested by the Audit Team at this time.

The next Audit of Nipissing University should review improvements to the tracking, documentation and storage of all quality assurance processes for both new programs and CPRs.

Conclusion and Next Steps for Nipissing University

The quality assurance audit at Nipissing University has revealed significant recent improvements in its engagement with the goals and practices of the Quality Council. The senior administration is fully committed to creating a strong culture of academic quality through continuous improvement. This is evidenced through the creation of new QA administrative support positions (Director, Teaching and Learning; Manager, Quality Assurance and Program Innovation), user-friendly Teams-based data tables available to all programs, an expanded role for the AQAPC, and ongoing updates to the University's IQAP-related templates. While the programs selected for desk audit represent the policies and practices prior to the implementation of these more recent initiatives and therefore identified a number of compliance issues, the Audit Team was able to confirm the shift in approach through discussions with program representatives engaged in more recent in-progress CPRs.

Given the noted disconnect between the scheduling and completion time for older reviews compared with more recent processes, Nipissing University is asked to provide a follow-up report on how they have addressed the CPR scheduling concerns and related delays expressed

in Cause for Concern 1. In addition, to address the current lack of evidence around new program monitoring, an update is requested on how the University has addressed the monitoring of new programs from a process perspective, as outlined in Recommendation 1, including the development of a template for new program monitoring.

Given these findings, the Audit Committee would additionally recommend a one-year follow-up report on the progress of the Cause for Concern and the Recommendations found in this Report.

Appendix A: Overview of the Quality Assurance Audit Process for Nipissing University

Every publicly assisted university in Ontario will be audited at least once every eight years (QAF 6.1).

Purpose

Quality assurance is a shared responsibility between the Quality Council and Nipissing University. Its aim is to ensure a culture of continuous improvement and support for a vision of a student-centered education based on clearly articulated program learning outcomes.

Quality assurance processes result in an educational system that is open, accountable, and transparent. The Cyclical Audit process allows the University to evaluate its quality assurance policies and practices, together with an assessment of performance by the Quality Council.

Objectives

The objectives of the Cyclical Audit are to ensure transparency and accountability in the development and review of academic programs, to assure students, citizens, and the government of the international standards of quality assurance processes, and to monitor the degree to which the university has:

a) Improved/enhanced its quality assurance processes and practices;
b) Created a culture of continuous improvement; and
c) Developed processes that support program-level learning outcomes and student-centered learning.

Scope

The Cyclical Audit:

a) Reviews institutional changes made in policy, process, and practice in response to the recommendations from the previous audit;
b) Confirms the University's practice is compliant with its IQAP as ratified by the Quality Council and notes any misalignment of its IQAP with the QAF; and
c) Reviews institutional quality assurance practices that contribute to continuous improvement of programs, especially the processes for New Program Approvals and Cyclical Program Reviews.

AUDIT PROCESS (QAF 6.2)

A. Pre-orientation and briefing

To initiate the audit process, a briefing occurred on February 28, 2024. The Quality Assurance Secretariat and a member of the Audit Team provided an orientation on what to expect from the Cyclical Audit to the Key Contact and other relevant stakeholder(s).

B. Assignment of auditors

Normally three auditors, selected from the Audit Committee's membership by the Quality Assurance Secretariat, are assigned to conduct the Cyclical Audit. The auditors are senior academics with experience in the development, delivery and quality assessment of graduate and undergraduate programs, and are at arm's length from the university. They are accompanied on the audit visit by member(s) of the Quality Assurance Secretariat.

C. Institutional self-study

The University prepared a written self-study report that presented and assessed its institutional quality assurance processes, including challenges and opportunities, and with particular attention to any issues flagged in the previous audit. The report was submitted to the Quality Assurance Secretariat in advance of the desk audit and formed the foundation of the Cyclical Audit.

D. Selection of the sample of quality assurance activities for audit

The audit team independently selected a sample of programs for audit, normally two programs developed under the New Program Approval Protocol and three or four programs that have undergone a Cyclical Program Review. Programs that have undergone the Expedited Protocol and/or the Protocol for Major Modifications are not normally subject to audit.

A small sample of new programs still in development and/or cyclical program reviews that are still in progress may additionally be selected, in consultation with the University. In these instances, documentation for these in-progress programs is not required for submission. Instead, the auditors ask to meet with program representatives to gain an understanding of current quality assurance practices.

Specific areas of focus may also be added to the audit when an immediately previous audit has documented causes for concern, or when the Quality Council so requests. The University may also request specific programs and/or quality assurance elements be included in the audit. The auditors may consider, in addition to the required documentation, any additional elements and related documentation stipulated by the university in its IQAP.

The auditors selected the following Nipissing University programs for audit:

New Programs:

- Data Science, BSc, Faculty of Arts and Science, approved by the Quality Council in 2020

Cyclical Program Reviews:

- Biology / Environmental Biology & Technology (BSc), 2023 – Faculty of Arts and Science
- History (MA), 2021 – School of Graduate Studies
- Criminology & Criminal Justice (BA), 2019 – Faculty of Education and Professional Studies
- Mathematics (MSc), 2019 – School of Graduate Studies
- Bachelor of Fine Arts (BFA), 2019 – Faculty of Arts and Science

Cyclical Program Reviews in progress:

- Liberal Arts (BA), Cyclical Program Review 2023-2024 – Faculty of Arts and Science (Site Visit Scheduled for November 14-15, 2024, as noted in the October 28, 2024 Status Report on Cyclical Program Reviews)
- Political Science (BA), Cyclical Program Review 2023-2024 – Faculty of Arts and Science (Site Visit Scheduled for November 25, 27, 29, 2024, as noted in the October 28, 2024 Status Report on Cyclical Program Reviews)

Findings in Areas of focus Requested by the University (Identified in the Institutional Self-Study):

The university may request review of an area about which it has particular concerns.

E. Desk audit of the university's quality assurance practices

In preparation for the site visit, the auditors undertook a desk audit of the University's quality assurance practices. Using the institutional self-study and records of the sampled programs, together with associated documents, this audit tests whether the university's practice is compliant with its IQAP[1], as ratified by the Quality Council, as well as any misalignments of the IQAP with the QAF.

---

[1] Changes to the institution's process and practices within the eight-year cycle are to be expected. The test of the conformity of practice with process will always be made against the ratified Institutional Quality Assurance Process applying at the time of the conduct of the review.

It is essential that auditors have access to all relevant documents and information to ensure a clear understanding of the university's practices. The desk audit serves to raise specific issues and questions to be pursued during the on-site visit and to facilitate an effective and efficient audit. The documentation submitted for audit includes:

a) Relevant documents and other information related to the programs selected for audit, as requested by the Audit Team;
b) The record of any revisions of the university's IQAP, as ratified by the Quality Council; and
c) The annual report of any minor revisions of the university's IQAP that did not require Quality Council re-ratification.

Universities may provide additional documents at their discretion (QAF 6.2.5).

The auditors undertook to preserve the confidentiality required for all documentation and communications and to meet all applicable requirements of the Freedom of Information and Protection Privacy Act (FIPPA).

F. Site visit

The principal purpose of the site visit is for the auditors to get a sufficiently complete and accurate understanding of the University's application of its IQAP in its pursuit of continuous improvement of its programs. Further, the site visit serves to answer questions and address information gaps that arose during the desk audit and assess the degree to which the institution's quality assurance practices contribute to continuous improvement of its programs.

During the site visit, auditors spoke with the University's senior academic leadership including those who the IQAP identifies as having important roles in the QA process, as well as representatives from those programs selected for audit, students, and representatives of units that play an important role in ensuring program quality and success. (QAF 6.2.6)

G. Audit Report

Following the conduct of the audit, the auditors prepared a report that is considered "draft" until it is approved by the Quality Council. The report, which is to be suitable for subsequent publication, comments on the institution's commitment to the culture of engagement with quality assurance and continuous improvement, and:

a) Describes the audit methodology and the verification steps used;
b) Comments on the institutional self-study submitted for audit;
c) Describes whether the university's practice is in compliance with its IQAP as ratified by the Quality Council, on the basis of the programs selected for audit;
d) Notes any misalignment of its IQAP with the QAF;

e) Responds to any areas the auditors were asked to pay particular attention to;
f) Identifies and records any notably effective policies or practices revealed in the course of the audit of the sampled programs; and
g) Comments on the approach that the University has taken to ensuring continuous improvement in quality assurance through the implementation of the outcomes of cyclical program reviews and the monitoring of new programs.

The report shall not contain any confidential information. A separate addendum, not subject to publication, provides the University with detailed findings related to the audited programs.

Where appropriate, the report may include:

- **Causes for concern**, which are potential structural and/or systemic weaknesses in quality assurance practices (for example, inadequate follow-up monitoring, as required per QAF 5.4.1d) or a failure to make the relevant implementation reports to the appropriate statutory authorities (as required per QAF 5.4.2). Causes for concern require the university to take the steps specified in the report and/or by the Quality Council to remedy the situation.
- **Recommendations**, which are recorded in the auditors' report when they have identified failures to comply with the IQAP and/or there is misalignment between the IQAP and the required elements of the Quality Assurance Framework. The university must address these recommendations in its response to the auditors' report.
- **Suggestions**, which are forward-looking, are made by auditors when they identify opportunities for the university to strengthen its quality assurance practices. Suggestions do not convey any mandatory obligations and sometimes are the means for conveying the auditors' province-wide experience in identifying good, and even on occasion, best, practices. Universities are under no obligation to implement or otherwise respond to the auditors' suggestions, though they are encouraged to do so.

The Audit Report includes recommendations that the Quality Council take one or more of the following steps, as appropriate:

  i. Direct specific attention by the auditors to the issue(s) with in the subsequent audit, as describe in QAF 6.2.4;
 ii. Schedule a larger selection of programs for the university's next audit;
iii. Require a Focused Audit;
 iv. Adjust the degree of oversight and any associated requirements for more or less oversight;
  v. Require a Follow-up Response Report, with a recommended timeframe for submission; and/or
 vi. Any other action that is deemed appropriate.

H. Disposition of the Audit Report

The Quality Assurance Secretariat submits the Audit Report to the Audit Committee for consideration. Once the Audit Committee is satisfied with the Report, it makes a conditional recommendation to the Quality Council for approval of the Report, subject only to minor revisions resulting from the fact checking stage described below:

● The Quality Assurance Secretariat provides a copy to the University's "authoritative contact" (QAF 1.3), for fact checking to ensure that the report does not contain errors or omissions of fact but not to discuss the substance or findings of the report.
● That authority submits its report on the factual accuracy of the draft report within 30 days. If needed, the authority can request an extension of this deadline by contacting the Quality Assurance Secretariat and providing a rationale for the request. This response becomes part of the official record, and the audit team may use it to revise their report. The University's fact checking response will not be published on the Quality Council's website. When substantive changes are required, the draft report will be taken back to the Audit Committee.

The Chair of the Audit Committee takes the Audit Committee's recommendation for approval of the report to the Quality Council. The Council either accepts the report or refers it back to the Audit Committee for modification.

I. Transmittal of the Audit Report

Upon approval by the Quality Council, the Quality Assurance Secretariat sends the approved report to the University with an indication of the timing for any required follow-up.

J. Publication of main audit findings

The Quality Assurance Secretariat publishes the approved report of the overall findings, absent the addendum that details the findings related to the audited programs, together with a record of the recommendations on the Quality Council's website. The University will also publish the report (absent the previously specified addendum) on its website.

K. Institutional Follow-up Response Report

When a Follow-up Response Report is required (QAF 6.2.7v), the University will submit the report within the specified timeframe, detailing the steps it has taken to address the recommendations and/or Cause(s) for Concern. If the Audit Team is satisfied with the University's Follow-up Response Report, it drafts a report on the sufficiency of the response. The auditors' report, suitable for publication, is then submitted to the Audit Committee for consideration. If the Audit Team is not satisfied with the institutional response, the Audit Team will consult with the institution, through the Quality Assurance Secretariat, to ensure the follow-up response is modified to satisfy the requirements of the Audit Report. The Institution will be

asked to make any necessary changes to the follow-up response within a specified timeframe. The Audit Committee submits a recommendation to the Quality Council to accept the University's follow-up response and associated auditors' report.

L. Web publication of Follow-up Report

When a Follow-up Report is required, the Quality Assurance Secretariat publishes this Report and the auditors' report on the scope and adequacy of the University's response on the Quality Council website and sends a copy to the University for publication on its website.

M. Additional reporting requirements

A report on all audit-related activity is provided to the Ontario Council of Academic Vice-Presidents, the Council of Ontario Universities and the Ministry of Colleges and Universities through the Quality Council's Annual Report.

Appendix B: Auditor Bios

Dr. Johanne Bénard, *Professor, French Studies, Queen's University*

Dr. Bénard is a bilingual Professor in Queen's University's Department of French Studies and has also held the position of Associate Dean (Studies) in the Faculty of Arts and Science. As a member of the senior leadership team, she was responsible for academic consideration and accommodation, academic integrity, advising and appeals. Dr. Bénard worked on the New Protocol on Academic Consideration (2016-2018). As Undergraduate Chair and Head of the French Studies Department, Dr. Bénard played a significant role in many curriculum changes and reviews of the French Studies Department over a period of 20 years. Additionally, she has held Chair positions on the Academic Orientation Committee, Board of Studies, Curriculum Committee, Promotion, Renewal and Tenure Committee, and Appointments Committee. She held the position of Acting Head in the Department of French Studies in 2022-2023.

Dr. Bettina West, *Associate Professor Emeritus, Toronto Metropolitan University (TMU)*

Bettina (Tina) is an Associate Professor Emeritus of Marketing at TMU. She joined the Department of Marketing Management as a tenure-stream faculty member in 2005. Her research interests include topics related to reputation management, online privacy, social media communication and management education. In addition to her teaching, research and graduate supervision responsibilities, she served as a reviewer for TMU's Research Ethics Board, as a member of the Academic Integrity Council's appeals committee, and as an invited member of the Senate Academic Standards Committee, and the Learning and Teaching Committee. She was Chair of the Department of Marketing Management for several years, before assuming the role of TRSM Associate Dean, Faculty and Academic, leading the School's undergraduate

curriculum renewal initiatives, and working to build a culture of innovation, inclusivity and collaboration. Dr. West was subsequently appointed Director, Curriculum Quality Assurance, in the Office of the Vice-Provost Academic, where she ensured continuous improvement and effective implementation of the policies related to TMU's Institutional Quality Assurance Process.

Dr. Kirsten Woodend, *Associate Professor, Fleming School of Nursing, Trent University*

Kirsten Woodend is an Associate Professor in the Trent/Fleming School of Nursing program. She was Dean of the Trent/Fleming School of Nursing at Trent University from 2011-2021. She was the Director and Associate Dean, School of Nursing, Faculty of Health Sciences, at the University of Ottawa (2007-10) and Assistant Director of that School in 2006. Professor Woodend was chair of Trent's Cyclical Program Review Committee from 2015 to 2017 and then again from 2018 to 2020. She has also led program reviews and accreditation reviews for the schools of nursing at both Ottawa and Trent Universities.

With respect to new program development, Professor Woodend has experience with processes for developing a new program from its initial stages to completion. She has led and been a member of new program working groups at Trent University including the PhD in Interdisciplinary Social Research, BSc Honours Kinesiology, MScN Nursing Professional Practice (joint degree with Ontario Tech), and Graduate Diplomas (Type 3) Dementia Studies for Registered Nurses and Mental Health and Addictions Nursing. She has been a member of several committees involved with Quality Assurance Processes including Trent's Provost's Planning Group (first stage in program development), Faculty Board (reviews curriculum changes including major modifications), Senate Executive, and Senate.

Appendix C: Site Visit Schedule

Day 1 – March 26

Time	Participants
08:30 – 9:00 a.m.	Audit Team **Planning Meeting**
9:00 – 11:00 a.m.	Audit Team meets with **Senior QA team** - Dr. Ann-Barbara Graff, Provost and Vice-President, Academic - Robin Gibson, Manager, Quality Assurance and Program Innovation
11:00 – 11:15 a.m.	Break
11:15 a.m. – 12:15 p.m.	Audit Team meets with representatives from University's **QA Support Services** - Stephen Tedesco, Director, Institutional Planning and Analysis - Dr. Nancy Black, Executive Director, Library Services - Stephanie Vennard Hummel, Instructional Designer, Centre for Teaching and Learning *(sitting in for Dr. Kari Rasmussen, Director, Centre for Teaching and Learning)* - Debra Iafrate, Registrar - Beth Holden, Associate Registrar, Academic Policy and Advising - Sarah Marinelli, Associate Registrar, Recruitment - Heather Brown, Associate Registrar, Admissions
12:15 – 1:00 p.m.	Lunch

1:00 – 2:00 p.m.	Audit Team meets with **Mathematics (MSc), 2019 – School of Graduate Studies** Program representatives: - Dr. Alex Karassev, Professor, Chair, and Former MSc Math Graduate Chair, Department of Computer Science and Mathematics / Faculty of Arts and Science - Mathematics - Dr. Tzvetalin Vassilev, Professor, Department of Computer Science and Mathematics / Faculty of Arts and Science - Mathematics - Dr. Logan Hoehn, MSc Math Graduate Program Chair and Associate Professor, Department of Computer Science and Mathematics / Faculty of Arts and Science - Mathematics
2:00 – 3:00 p.m.	Audit Team meets with **Criminology & Criminal Justice (BA), 2019 - Faculty of Education and Professional Studies** Program representatives: - Dr. Christopher Greco, Chair and Assistant Professor, School of Criminal Justice - Dr. Paul Millar, Associate Professor, School of Criminal Justice - Dr. Ron Hoffman, Associate Professor, School of Criminal Justice
3:00 – 3:15 p.m.	Break
3:15 – 3:45 p.m.	Audit Team meets with representatives of **Liberal Arts / in-progress QA activity** - Dr. Nathan Colborne, Dean of Arts and Science - Dr. Jane Barker, Associate Dean of Arts and Science (Interim) - Dr. Derek Neal, Associate Professor, Department of History, Anthropology and Ancient Studies / Faculty of Arts and Science – History - Dr. Vesko Valov, Professor, Computer Science and Mathematics / Faculty of Arts and Science – Mathematics

3:45 – 4:45 p.m.	Audit Team meet with **Internal Reviewers** - Dr. Rosemary Nagy, Internal Reviewer for Social Work Program, Professor, Gender Equality and Social Justice, Faculty of Arts and Science - Religion and Cultures and Indigenous Studies (Virtual) - Dr. Katrina Srigley, Internal Reviewer for Political Science Program, Professor and Former Chair of the Department of History, Anthropology and Ancient Studies / Faculty of Arts and Science – History

Day 2 - March 27

Time	Participants
08:30 – 9:00 a.m.	Audit Team **Planning Meeting**
9:00 – 10 a.m.	Audit Team meets with **Senate Sub-Committee Academic Quality Assurance and Planning Committee (AQAPC)** - Dr. Ann-Barbara Graff, Chair of AQAPC, Provost and Vice-President, Academic - Dr. Nathan Kozuskanich, Vice-Chair of AQAPC, Professor and Chair of the Department of History, Anthropology and Ancient Studies / Faculty of Arts and Science – History - Dr. Charles K. Anyinam, Associate Professor / School of Nursing, Graduate Faculty | School of Graduate Studies (Virtual) - Dr. Alireza Khorakian, Professor / Faculty of Education and Professional Studies - School of Business (Virtual) - Dr. Barbi Law, Associate Vice-President, Research, Innovation and Graduate Studies - Dr. Veronika Williams, Professor, School of Nursing, Faculty Collaborator, Rare Dementia Support Canada, Graduate Faculty, Graduate Studies and Research - Dr. Nancy Black, Executive Director, Library Services - Dr. Prasad Ravi, Professor, School of Business, Faculty of Education and Professional Studies (Virtual)

10 – 10:30 a.m.	Audit Team receives **Demo on Institutional Planning Data and Tracking Tools** - Stephen Tedesco, Director**,** Institutional Planning and Analysis
10:30 – 10:45 a.m.	Break
10:45 – 11:45 a.m.	Audit Team meets with **Data Science** Program representatives: - Dr. Alex Karassev, Professor, Chair, and Former MSc Math Graduate Chair, Department of Computer Science and Mathematics / Faculty of Arts and Science - Mathematics - Dr. Tzvetalin Vassilev, Professor, Department of Computer Science and Mathematics / Faculty of Arts and Science - Mathematics - Dr. Logan Hoehn, Associate Professor, Computer Science and Mathematics / Faculty of Arts and Science - Mathematics - Dr. Murat Tuncali, Professor and Former Chair, Department of Computer Science and Mathematics / Faculty of Arts and Science - Mathematics - Dr. Mark Wachowiak, Professor, Department of Computer

	Science and Mathematics / Faculty of Arts and Science - Computer Science (Virtual)
11:45 – 12:30 p.m.	Lunch with the **President** - Dr. Kevin Wamsley, President and Vice-Chancelor
12:30 – 1:00 p.m.	Break

1:00 – 2:00 p.m.	Audit Team meets with **Deans** - Dr. Graydon Raymer, Dean, Faculty of Education and Professional Studies (Interim) - Dr. Nathan Colborne, Dean of Arts and Science - Dr. Jane Barker, Associate Dean of Arts and Science (Interim) - Dr. Karey McCollough, Associate Dean, School of Nursing (Interim) - Dr. Daniel Walters, Associate Dean of Graduate Research
2:00 – 3:00 p.m.	Audit Team meets with **History (MA), 2021 – School of Graduate Studies** Program representatives - Dr. Nathan Kozuskanich, Professor and Chair of the Department of History, Anthropology and Ancient Studies / Faculty of Arts and Science - History - Dr. Katrina Srigley, Professor and Former Chair of the Department of History, Anthropology and Ancient Studies / Faculty of Arts and Science - History - Dr. Robin Gendron, Professor, Department of History, Anthropology and Ancient Studies / Faculty of Arts and Science - History - Dr. John Allison, Professor, Faculty of Education and Professional Studies - Schulich School of Education - Dr. James Murton, Graduate Coordinator and Professor, Department of History, Anthropology and Ancient Studies / Faculty of Arts and Science - History, Graduate Studies - History, MA
3:00 – 3:15 p.m.	Break
3:15 – 4:15 p.m.	Audit Team meets with **Bachelor of Fine Arts (BFA), 2019 - Faculty of Arts and Science** Program representatives - Dr. Laura Peturson, Chair and Associate Professor, Department of Fine Arts and English Studies / Faculty of Arts and Science - Fine Arts/Visual Arts - Leah Symington, Fine Arts Coordinator (Supplies), Department of Fine Arts and English Studies / Faculty of Arts and Science - Fine Arts/Visual Arts

Time	Participants
4:15 – 4:45 p.m.	Audit Team meets with **Political Science (BA)** representatives of in-progress QA activity: - Dr. Toivo Koivukoski, Associate Professor and Program Coordinator for Political Science, Department of Philosophy, Political Science, Economics and Social Welfare / Faculty of Arts and Science - Political Science - Dr. David Tabachnick, Professor and Chair, Department of Political Science, Philosophy, and Economics/ Faculty of Arts and Science - Political Science

Day 3 - March 28

Time	Participants
8:15 - 8:45 a.m.	Audit Team **Planning Meeting**
08:45 – 9:45 a.m.	Audit Team meets with **Biology / Environmental Biology & Technology (BSc), 2023 – Faculty of Arts and Science** Program representatives: - Dr. April James, Department Chair - Biology, Chemistry and Geography - Professor / Faculty of Arts and Science - Biology and Chemistry and Geography - Geography and Geology - Dr. Jeff Dech, Program Representative, Professor / Faculty of Arts and Science - Biology and Chemistry and Geography - Biology and Chemistry - Dr. Peter Nosko, Associate Professor / Faculty of Arts and Science - Biology and Chemistry and Geography - Biology and Chemistry - Joseph Boivin, Laboratory Instructor / Faculty of Arts and Science - Biology and Chemistry and Geography - Biology and Chemistry - Dr. Stephen Kariuki, Associate Professor / Faculty of Arts and Science - Biology and Chemistry and Geography - Biology and Chemistry - Dr. Tony Parkes, Associate Professor / Faculty of Arts and Science - Biology and Chemistry and Geography - Biology and

	Chemistry
09:45 – 10:45 a.m.	Audit Team **Meeting**
10:45 – 11:00 a.m.	Break
11:00 a.m. – 12:30 p.m.	Audit Team meets with **Senior QA team** - Dr. Ann-Barbara Graff, Provost and Vice-President, Academic - Robin Gibson, Manager, Quality Assurance and Program Innovation
12:30 – 1:30 p.m.	Lunch with **Students** - Tyandra Miller, NUSU Executive - Jaden Martin, NUSU Board of Directors - Nicholas Botham, NUSU Board of Directors - Owen Remillard, NUSU - Elsa Allen, Indigenous Studies IRC - Emerson Bach, Biology IRC - Jerry Poliszczuk, Social Work IRC - Rebecca Misiasz, Kinesiology IRC - Grace O'Neill, Kinesiology IRC

1:30 – 2:15 p.m.	Audit Team de-brief with **Provost and QA Leaders** - Dr. Ann-Barbara Graff (Provost and Vice-President, Academic) - Robin Gibson (Manager, Quality Assurance and Program Innovation) - Dr. Graydon Raymer, Dean, Faculty of Education and Professional Studies (Interim) - Dr. Nathan Colborne, Dean of Arts and Science - Dr. Jane Barker, Associate Dean of Arts and Science (Interim) - Dr. Nathan Kozuskanich, Vice-Chair, AQAPC

Appendix D: Acronyms

AQAPC – Academic Quality Assurance and Planning Committee

CPR – Cyclical Program Review

CTL – Centre for Teaching and Learning

IRC – Internal Review Committee

ISS – Institutional self-study

OIPA – Office of Institutional Planning and Analysis

QAF – Quality Assurance Framework

RO – Registrar's Office

<div align="center">

Report of the

ACADEMIC QUALITY ASSURANCE AND PLANNING COMMITTEE

Academic Year 2024-2025

</div>

<div align="right">

October 31, 2025

</div>

The third meeting of the Academic Quality Assurance and Planning Committee of 2025-2026 was held on Friday, October 31, 2025 in person and via Teams conference.

COMMITTEE MEMBERS:

Carole Richardson (Chair)	Debra Iafrate	Veronika Williams
Barbi Law	Nancy Black	Steve Hansen
Nathan Colborne	Stephen Tedesco	Greg Rickwood
Graydon Raymer	Rob Breton	Jaden Martin

Regrets: Roxana Vernescu

Guests: Patty Chabbert, Robin Gibson, Emma Sumilas

Recording Secretary: E. Sumilas

The Chair offered a Traditional Territory acknowledgement.

Business Arising from the Minutes

The Draft Amalgamation, Consolidation, Transfer, Renaming and Closure of Academic Programs and Academic Units Policy was reviewed. The working group (N. Colborne, D. Iafrate, R. Breton, V. Williams, P. Chabbert) continues to develop the draft policy, emphasizing the importance of completing it given that related processes, such as program amalgamations, are already underway. The Committee supported continuing work on the draft with the goal of finalizing the policy by next year. A flowchart will be added to clarify procedural steps. Members agreed to continue refining the policy internally while awaiting further information regarding the external RFP consultant. For any current or upcoming amalgamations, existing processes will continue to be followed until the policy is approved. The updated draft will be circulated to the full AQAPC Committee for feedback before returning to the subgroup for revisions, and the amalgamation policy component will be presented to the Academic Curriculum Committee (ACC) in the coming weeks as appropriate background for consideration.

Anthropology IQAP Final Assessment Report and Implementation Plan (FAR/IP)

The Anthropology IQAP Final Assessment Report and Implementation Plan (FAR/IP) was presented for information only, with no motions proposed.

Moved by N. Colborne, seconded by N. Black that the AQAPC recommend to Senate for information the Anthropology IQAP Final Assessment Report and Implementation Plan (FAR/IP) as circulated.
CARRIED

The Anthropology IQAP Final Assessment Report and Implementation Plan (FAR/IP) will be included in the November 21, 2025 Senate agenda for information.

Quality Assurance Update

The Manager of Quality Assurance and Program Innovation provided an update on the upcoming Education and Nursing IQAP reviews and requested volunteers to review the self-studies in early January 2026.

The Provost thanked the following members for volunteering to review the IQAP self-studies for compliance:
Education - N. Black and D. Lafrate
Nursing - N. Black and B. Law

Election of an AQAPC Vice-Chair

In accordance with Senate By-law 9.4(b)(i), the Committee elected a Vice-Chair from among its faculty members. Dr. Veronika Williams was acclaimed as Vice-Chair for the remainder of the 2025-26 term.

New Business/Question Period

A question was raised regarding the voting status of the Director of Indigenous Initiatives. Following discussion, the Committee agreed to refer the matter to the Senate By-laws Committee for consideration.

Respectfully submitted,

Carole Richardson

Carole Richardson, PhD
Chair, Academic Quality Assurance and Planning Committee

Motion 1:   That Senate receive the Report of the Academic Quality Assurance and Planning Committee dated October 31, 2025, which includes for information:
   a) the Anthropology IQAP Final Assessment Report and Implementation Plan (FAR/IP)

FINAL ASSESSMENT REPORT AND IMPLEMENTATION PLAN

PROGRAM UNDER REVIEW

PROGRAM	SENATE APPROVAL DATE	PREPARED BY
Anthropology	[Select Date]	Provost and Vice-President

A. SUMMARY OF REVIEW PROCESS & LISTING OF PROGRAMS UNDER REVIEW

SELF-STUDY REVIEW TIMELINE	DATE
1. Self-Study Presented to AQAPC	December 17, 2024
2. Site Visit Conducted	February 3-14, 2025
3. Reviewer's Report Received	March 14, 2025
4. Internal Reviewers Response Received	June 18, 2025
5. Dean's Response Received	August 29, 2025

The members of the review committee were:
Dr. Julia E. Murphy, Kwantien Polytechnic University
Dr. Mary-Lee Mulholland, Mount Royal University

The academic programs offered by the Department which were examined as part of the review included:
Bachelor of Arts

This review was conducted under the terms and conditions of the IQAP re-ratified by the Quality Council on January 30, 2023 and approved by Senate on June 26, 2023.

B. PROGRAM STRENGTHS

The reviewers described the Anthropology program at Nipissing University as "a dynamic and future-focused program that equips students with critical skills to engage with local and global challenges." They cite the pedagogy, curriculum design, and faculty research as highly innovative and state that the program's focus on contemporary research methodologies, critical theory, environmental anthropology, and anti-colonial frameworks "make it unique, not only in northern Ontario, but in all of Canada." Finally, they argue that the Anthropology program offers "a model that other programs, including [their] own, could learn a great deal from."

The reviewers remarked that the Anthropology program demonstrates an "outstanding commitment to all six guiding principles of the 2024-2025 Strategic Plan" including enhanced commitments to truth and reconciliation through meaningful collaborations with Indigenous communities both locally and nationally. They emphasize the program's strength in environmental anthropology, which places considerations of land, water, and place at the core of the curriculum. They note that "the program and curriculum address sustainability not only in theoretical terms, but also through practical learning experiences," and describe it "as a leader in challenging outdated environmental paradigms." The program was further commended for fostering environments of harmony, care, and inclusivity, which are reflected in student-centred and responsive approaches to teaching where "faculty demonstrate kindness, empathy, and genuine care."

Another strength highlighted by the reviewers is that the curriculum design and structure facilitate student achievement of program level and university level learning outcomes. They note: "the design of the Major and the Specialization beautifully accomplishes each of the objectives and outcomes while, at the same time, offering an incredibly forward-thinking, critical, thoughtful, and rigorous program." They observe that this has been accomplished through a great deal of reflection, review, and revision of the curriculum whereby faculty have "revised required courses to reduce overlap, designed new courses to fill gaps, and carefully scaffolded content and skills throughout each level of study." They note that assessment of learning outcomes is highly innovative and effective and that evaluation of student learning goes beyond conventional exams and essays to include "creative, engaged, experiential, and critical assessments." They point to the Anthropology program's emphasis on "core principles, critical and current anthropology, methods and theory, Indigenizing and anti-colonial approaches, experiential learning, and the environment, provides students with an undergraduate education that includes breadth, depth, and rigour." They further point out that the faculty have been "incredibly creative and adaptive...to ensure that their program is both rigorous and flexible" by offering required courses in regular rotation and working with the Registrar's Office to ensure that students can meet their degree requirements while maintaining a high degree of choice in their anthropology electives. They identify that students and alumni of the Anthropology program are "archiving success in graduate school and employment" and that "by encouraging critical inquiry, ethical research, cross-cultural understanding, and engagement with current issues, students are prepared for employment and further studies."

In summary, the reviewers described the Anthropology program as outstanding and conclude that it should be supported by every possible means, especially during these times of budgetary and economic uncertainty. Despite its small size, they argue that the program makes significant contributions to Nipissing University and suggest that any available resources that can be used to sustain and support its efforts should be provided.

C. OPPORTUNTIES FOR IMPROVEMENT AND ENHANCEMENT

Recommendation 1: Continue to Pursue an Honours Program: As external reviewers, we received conflicting information regarding the feasibility of an Honours degree in Anthropology. However, based on student desire and the practicality of linking with the Education program we encourage the development of creative and flexible means to allow not just Anthropology students, but all students in the Faculty of Arts and Sciences, access to an Honours program. These programs are an important opportunity for students to undertake undergraduate research and work-related experiential learning. Moreover, for some students, the lack of an Honours degree can act as an impediment to admission to graduate school. One solution to this issue is an increase in the number of cross-listed courses. Based on the current specialization in the program, this would be best served by collaborations with History, Indigenous Studies, Geography, Gender Equality and Social Justice, and Religion and culture.

Unit's Response:
The Anthropology faculty fully supports this recommendation and agrees that access to an Honours program should be pursued. Currently, Anthropology students who wish to obtain an Honours degree can only do so as part of an Honours Double Major with another discipline. This option is not well advertised to students, who often only find out that they are able to do a Double Honours Major through word of mouth or in conversation with program faculty.

Frequently this doesn't occur until it is too late in their program to avoid taking an extra year to finish their program. We strongly encourage more targeted marketing of the Honours Double Major option for students within Anthropology and in other disciplines across the Faculty of Arts and Science so that students are well informed about the possibility of taking a Double Honours Major in Anthropology in their first year. While access to a Double Honours Major benefits Anthropology students, we support the development of a stand-alone Honours Degree in Anthropology, which we believe could be achieved with the current faculty complement. Most Honours degree programs at Nipissing University require a minimum average of 70% across 60 credits, with 6 credits at the 4000-level. Anthropology already offers 63 credits in Anthropology, with an additional 33 cross-listed credits. We offer one Anthropology course at the 4000-level, and there are currently four 4000-level courses cross-listed with Sociology. While having four 4000-level courses cross-listed with Sociology is not ideal, two of those courses could easily be converted to Anthropology courses as they are the Honours Thesis I and II course, and when offered to Anthropology students, are taught by the Anthropology faculty. While we do already offer enough credits in Anthropology for an Honours Degree, we also support collaborations with other programs such as History, Indigenous Studies, Geography, Gender Equality and Social Justice, and Religions and Cultures to increase the number of cross-listed courses so that Anthropology students can easily obtain enough credits for degree progression in an Honours Specialization.

Dean's Response: The integration of Anthropology faculty members and courses into the Sociology program, along with faculty members and courses from Gender Equality & Social Justice and Religions & Cultures, will allow for the accomplishing of many of the goals set out by the reviewers and the Unit. Students will achieve an Honours degree, albeit a Sociology degree, and will accomplish the learning objectives and skills imparted by the current Anthropology degree offering. Current Anthropology faculty members will be able to supervise undergraduate students with a particular interest in and aptitude for an Anthropological approach. This integration is currently in process with the cooperation of the faculty members in Anthropology and will protect the most valuable and distinctive aspects of our excellent Anthropology program.

Provost's Response: The external reviewers highlight how successfully the anthropology program/faculty have internalized the strategic plan and the future direction of the University. It is important to focus on the pedagogical objectives within any alternative programmatic structure.

Recommendation 2: Continue to Explore Curricular Collaborations: To strengthen the Anthropology program, we recommend continuing to explore collaborations with Geography, History, Indigenous Studies, Religion and Culture, and Gender Equality and Social Justice. These partnerships could take several forms:
1. Cross-Listed Courses: Develop and cross-list courses that integrate anthropological perspectives with related disciplines, such as Indigenous governance and land stewardship, historical archaeology, memory and narratives, or cultural landscapes that would be relevant to the revisioned Certificate in Archaeological Monitoring.
2. Interdisciplinary Field Schools: Establish joint field schools where students gain hands-on experience in applied anthropology, archaeology, and community-based research.
3. Sustainable Planning - Building on the current relationship between Sustainable Planning and Anthropology there are great opportunities for collaborations in curriculum and sharing resources, including cross-appointed faculty. (See Recommendation 1)

Unit's Response:
The Anthropology faculty have already begun discussions with many of the programs identified by the reviewers as potential collaborators for the expansion of cross-listed courses. We especially see potential for cross-listing courses with History to support the Certificate in Archaeological Monitoring, such as HIST 3415: Fieldwork in Classical Archaeology. The Anthropology program does currently provide a field course, ANTH 2027: Applied Archaeological Excavation, that might be of interest to students in Indigenous Studies, History, and Geography, however this course has not been adequately marketed or resourced and consequently has often been cancelled when enrollment fails to exceed 15 students. Cross-listing and targeted marketing of the field course might increase enrolments, as might partnerships with regional Indigenous Education Institutes, such as Anishinabek Education Institute and Shingwauk

Kinoomaage Gamig, to create student pathways. The Anthropology faculty welcomes opportunities to establish joint field schools in collaboration with other programs, with the recognition that field schools are time and labour intensive and would require additional administrative support.

The Anthropology program has been involved in the preparation of the proposal for Sustainable Planning degree and participated in the External Reviewers site visit in April 2025. We see Anthropology as positioned to make significant contributions to a degree in Sustainable Planning, especially given our expertise in environmental anthropology, extractive industries, and local-global dynamics related to capitalism and colonialism. The Anthropology program continues to serve on the Sustainable Planning Degree Proposal Committee, which will allow us to foster collaborations in curriculum and resource sharing between our programs.

Dean's Response: I agree with this recommendation. Current discussions of amalgamation should have the effect of making courses such as ANTH 2027 available and attractive to more students, making investment in this course easier to justify. Anthropology has been part of the proposal for Sustainable (now Community) Planning and, as the Unit Response highlights, other collaborations are in discussion. The consolidation of resources in the amalgamation should make these collaborations easier to pursue.

Provost's Response: I appreciate the external reviewers' direction to focus on interdependencies and integration, as all programs benefit from closer association.

Recommendation 3: Create a Certificate in Cultural Resource Management (CRM) - Building on the relationship with the Nipissing First Nation and the existing Certificate in Archaeological Monitoring we recommend that the program undertake a review to revise and broaden this to a qualification in Cultural Resource Management (CRM). This is proposed in the Self-Study report as a Certificate in "Cultural Heritage Management." CRM is a practice of identifying, evaluating, protecting and managing archeological and historic sites and landscapes in compliance with provincial and federal policies. CRM work is also connected with the collection and curation of material - or belongings - from these sites in Indigenous, local, provincial, and federal museums, tourist sites, and universities and the development of 15 educational materials related to them. The term CRM is recognized nationally and is used most commonly in policy. This would open up many valuable opportunities for students to participate in work-integrated learning related to this field. Students in both external reviewers' universities have successfully found employment in CRM and consulting archaeology shortly after graduation and have been enthusiastic about working in this field. Another important aspect of this kind of work is that it is increasingly done collaboratively with First Nations and by companies that are fully or partially owned by First Nations or Indigenous people. This makes the revisioned certificate an element in collaborations with local First Nations whose members might want to obtain qualifications to work in diverse ways with their own cultural histories and belongings. It would also be beneficial to non-Indigenous students interested in this kind of work to be trained in the relevant skills in an indigenized context.

Unit's Response:
The Anthropology faculty support this recommendation and agree that a revision and broadening of the Certificate in Archaeological Monitoring to a qualification in Cultural Resource Management (CRM) would be widely recognized as an employable field and that students could gain valuable experience in work-integrated learning through such a program. We believe that a minor or designation in CRM would attract new students to Nipissing University and would provide significant opportunities to contribute graduates to important fields such as impact assessment, environmental consulting, tourism, museum studies, and regional planning. We especially support the continued focus on CRM in collaboration with Indigenous communities, organizations, businesses, and Educational Institutes in ways that foster partnerships and contribute to priorities laid out in the Strategic Plan surrounding our institutional commitment to truth and reconciliation. However, such a revision to the certificate would require additional faculty resources specifically in the area of Indigenous archaeology. While we realize the budgetary constraints in the current fiscal climate, we see opportunities for cross-appointments in Sustainable Planning (which increasingly requires archaeological expertise as a result of provincial legislation), Indigenous Studies, and History.

Dean's Response: This is an exciting possibility I fully support exploring. While the Unit is correct about budgetary constraints in the Faculty of A&S and at Nipissing University, there are likely hires forthcoming in Community Planning

and Indigenous Studies that could, if well-planned, support a qualification in CRM. I encourage the current Anthropology faculty members to collaborate with other relevant programs when position requests are developed in the upcoming academic year.

Provost's Response: It is important that any initiative be fully explored and submitted for consideration before one assumes that financial constraints limit possibility. There are many ways to imagine how a CRM designation being delivered (e.g., post-graduate, through Extended Learning, in co-operation with a partner). Until we actually see a design, it would be impossible to assess costs and revenue. The Dean can lead the exploration; it is always necessary to negotiate the exploit (current resources) – explore (opportunities) balance.

Recommendation 4: Explore Innovations in Marketing - A concern raised repeatedly during our meetings was the lack of consistent and impactful marketing of social sciences and humanities programs at Nipissing, including Anthropology. Students commented that the opportunity to do a double Major, the only available option for Anthropology students to access the concurrent Education program, was not well advertised. We recommend facilitating the regular updating of the department website with essential information for students, including upcoming course offerings, cross-listed courses, events and opportunities, and FAQs sheet about combining Anthropology and Education and the (revisioned) Certificate in Archaeological Monitoring.

Unit's Response:
The Anthropology program has worked hard to inform students about our program and to disseminate information about our degree programs, course offerings, cross-listed courses, and events and opportunities. For example, given that we have only 2 full time faculty, we have developed a course cycling plan that we regularly share with the Office of the Registrar so that students can be informed of course offerings over multiple years and can plan their degree accordingly. We also regularly advise students on cross-listed courses, upcoming courses and events, and the option of doing a Double Honours degree in Anthropology. However, without dedicated resources in marketing our ability to reach a broad range of students is limited. We also note that updating information, either in the academic calendar or on the departmental website, has been a challenge. For example, the Anthropology landing page on the institutional website still lists Anthropology as part of Sociology, even though this has not been the case for at least two years. We strongly support the recommendation for more consistent, accurate, timely, and impactful marketing for Anthropology and other social sciences and humanities programs at Nipissing University, but this will require support from outside of the program to achieve.

Dean's Response: I support this recommendation. Over the past year, several audits and assessments of internal processes (EAF, Governance, Project Integrate) have resulted in far-reaching recommendations. The implementation of these recommendations should address many of the issues raised by the external reviewers and the unit and that have been raised perennially at Nipissing University. Marketing and communication, including the website, are important issues addressed by Project Integrate and its recommendations.

Provost's Response: The University is undertaking a new approach to recruitment. The Marketing department is aware the faculty do not have clear understanding of their shared roles in marketing programs. The Registrar's Office also has a role in disseminating information to current students about program options.

Recommendation 5: Consider Expanding Online Course Offerings - During the review process, the success and popularity of the online version of ANTH 1006 was mentioned several times. Although most instructors agree that in-person teaching is far more impactful, the needs of student populations continue to change. Most students work full or part-time and many of Nipissing's students come from rural or remote communities. To increase enrollment and recruitment, more options for online courses could be beneficial. It would expand the pool of potential per-course instructors to include people who are not residents of the North Bay area. An investment in high-quality online courses that involve multi-modal forms of engagement can contribute to recruitment, retention, and graduation. At Mount Royal University we offer 10% of our classes online (with a commitment to as many in-person options for each course) and through this strategy have grown the program substantially in the last five years.

Unit's Response:

The Anthropology program supports this recommendation. While the program was offered entirely in-person prior to the Covid-19 pandemic, being forced to migrate all course offerings online at this time taught us a great deal about the wishes of our student body. Our courses also proved immensely popular as electives for students in both the Nursing program and in college bridging programs in Business. Students in both of these programs tend to live outside of North Bay and are in need of relevant electives. Anthropology has established a strong reputation in both fields for offering relevant applied content that complements core offerings these fields. Furthermore, as the reviewers note, students in Anthropology and in Arts & Science more generally tend to work to support their studies. As a result, attending a three-hour seminar during the day on a weekday is impossible for many of them. With relatively few course offerings overall, this can provide a disincentive for would-be Anthropology majors. We have found that by offering some of our courses online, either asynchronously or synchronously in the evenings, we can provide a workable alternative for many of these students. We also believe there is strong demand for more online offerings at Nipissing and think Anthropology is well-positioned to help fill this gap, while still offering a number of in-person options.

Dean's Response: Anthropology offers a good mix of online and on-site course options. The challenge with these courses is balancing accessibility with student experience. I encourage the program to consult with the Centre for Teaching and Learning regarding best practices for online courses. The Dean will continue to consider the optimal delivery modes for courses offered in all programs.

Provost's Response: I encourage all program to do market assessments/analysis to determine the appropriate mix. There is a larger conversation here that potentially aligns with Recommendations 3 and 4. How are online opportunities being used to highlight what anthropology is and to recruit students to the discipline? Is there a value in thinking about 105s and dedicated resources to mature/returning students or students who are not coming to Nipissing directly from high school? Is online a way to ensure maximum participation in CRM, and is online potentially a way to integrate simulation, VR, and other pedagogical tools that will integrate experiential learning into designation?

Recommendation 6: Resourcing - While we understand that budgets are limited in this political climate, what these two faculty members have been able to create is unique, progressive, critical, innovative, and leading-edge. The addition of one more faculty member to build the applied archaeology educational opportunities through the revisioned Certificate would be a great opportunity for students and the University as a whole.

Unit's Response:
The Anthropology faculty supports this recommendation. We see Archaeology as a growth area, particularly in this part of Ontario where there is tremendous demand on the part of students and Indigenous communities alike and where there is a dearth of offerings at nearby universities. We advocate for finding creative ways to develop archaeology at Nipissing through faculty cross-appointments that could service multiple programs such as History, Indigenous Studies, and the proposed Sustainable Planning program and that could position Nipissing University as a leader in CRM, draw new students to campus, and enhance our institutional commitment to regional treaty partners, and priorities to support truth and reconciliation outlined in the Strategic Plan. We do, however, accept that budgets are limited and want to make it clear that the sustainability of the socio-cultural Anthropology program is not dependent on additional hirings and could support an Honours degree without any additional resources.

Dean's Response: I support this recommendation. As I stated in my response to Recommendation #3, there are planned hires in Community Planning and Indigenous Studies that could support an initiative such as this. These types of creative hiring proposals are precisely the ones that have been highlighted by the Provost as having an increased chance of success. I look forward to receiving such a proposal in the next round of position requests.

Provost's Response: The process for making application for tenure-track and tenure positions is well established.

D. IMPLEMENTATION PLAN

Below are the recommendations that require specific action as a result of the Review, along with the identification of the position or unit responsible for the action in question. Notwithstanding the position or unit identified as the being responsible for specific recommendations, the Dean of the Faculty has the overall responsibility for ensuring that the recommended actions are undertaken

RECOMMENDATION	RESPONSIBLE MEMBER/UNIT	PROJECTED COMPLETION
Integration of program into Sociology program (recommendation 1, 2)	Dean of Arts & Science	December 2025
Culture Resource Management as a new program/designation and the balance of online/f2f programming should be reviewed deeply together (recommendation 3 and 5)	Dean of Arts and Science and Director, Centre for Teaching and Learning.	April 2026

E. CONFIDENTIAL COMMENTS

(This is an optional area that can be used to discuss confidential matters that need to be addressed. This section will be removed when posting the Final Assessment Report on the Quality Assurance Website)

Nipissing University
Graduate Studies Committee Report
October 30, 2025

The Graduate Studies Committee met on October 30, 2025.

Members in attendance: B. Law (Chair), N. Black, K. Clausen, N. Colborne, S. Hansen, B. Kelly, J. Murton, G. Raymer, T. Vassilev. Regrets: D. Iafrate, W. MacKenzie. Absent: K. Greer
Guests: H. Brown, G. Hornby, D. Walters
Recording Secretary: A. McCarthy

Reports from the Office of Research, Innovation & Graduate Studies were distributed prior to the October 30 meeting. Updates included:

- Eight graduate students registered for free OCAP® training subsidized by external funding received by the Office of Research, Innovation, and Graduate Studies.
- Graduate teaching assistant training module completion will be included in Record of Student Development.
- Upcoming scholarship deadlines, and the Graduate Studies Information Session for prospective students on October 31st.
- Five graduate students received support through the Fall Graduate Student Travel Award Fund. The deadline for winter submissions is February 15.

Discussions Included:

- Debrief of Graduate Student Orientation activities – Members discussed potential online pre-arrival orientation topics, timing of on-campus orientation sessions, and strategies for increasing graduate student engagement opportunities in campus community.
- Annual review of Graduate Studies Awards and Funding Model

New business included:

- The committee considered a motion proposing a new MA Sociology course.

Moved by Steve Hansen, seconded by Nancy Black, the Graduate Studies Committee recommends to Faculty Executive (Arts & Science) that the course, SOCI 5306 Sociology of Organizations, be added to the academic calendar. This will be forwarded to Arts and Science for consideration at the next Faculty Council Executive meeting.

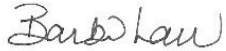- The committee considered a motion proposing a Master of Education (MEd) transfer credit.

Amendment: Minimum of 70% grade to be achieved in the course for inclusion of transfer credit, in line with Graduate level grading regulations.

Moved by Kurt Clausen, seconded by Nancy Black, the Graduate Studies Committee recommends to Faculty Executive (EPS) that completion of the 2nd Year NU B.Ed. course EDUC 4756 (Curriculum Design and Inquiry) with a minimum grade of 70% achieved, be given transfer credit to the NU M.Ed.

as the equivalent of an elective course. This will be forwarded to EPS for consideration at the next Faculty Council Executive meeting.

- Review of draft Visiting Graduate Student Researcher Policy
- Review of Graduate Student Awards management plans for the Tri-Agency CGRS-M and CGRS-D Awards
- Review Terms of Reference for Awards & Funding Committee

Respectfully submitted,

B. Law
Chair, Graduate Studies Committee

MOTION 1: That Senate receives the report of the Graduate Studies Committee, dated October 30, 2025.

Nipissing University
Senate Research Committee Report
October 22, 2025

The SRC met on October 22, 2025.

Members in attendance: B. Law (Chair), S. Arnocky, N. Black, C. Cho, H. Zhu.
Guests: C. Byers (non-voting). Recording Secretary: L. Snoddon.
Regrets: N. Botham, W. MacKenzie, K. Sarginson (non-voting), M. Sullivan.

Reports from the Office of Research, Innovation & Graduate Studies were distributed prior to the October 22nd meeting. Updates included:

- Professional Development Opportunity: [The World Conference on Research Integrity](#) to be held in Vancouver in May 2026, focused on the themes of Artificial Intelligence, Research Security, and Indigenous Knowledge Systems.
- The newly established OCUR EDI community of practice will have its first meeting in November, with representation from universities across Ontario.
- The province continues to engage with universities to discuss annual commercialization plan reporting and research security requirements.
- September 25th [Research Rendezvous Event](#) featured a presentation by Dr. Amir Erfani and Alain Carlson on the NU Statistics Canada Research Data Centre (RDC).
- Fall external grant competitions: 6 SSHRC Insight Grant applications and 1 CFI application. Anticipated to exceed last year's total Tri-Agency grant submissions, inclusive of upcoming NSERC Discovery Grants, NSERC Alliance grants, and CIHR grants.

New Business included:

- The committee considered the Internal Awards Review Committee recommendations for the ARSCA competition *in camera*. The recommendations were passed *in camera* and were forwarded to the PVPA. Award recipients will be announced at the November Senate meeting.
- Research Month 2026 planning updates and tentative dates (UGRC, NU360, 3MT)
- CRC EDI Action Plan requirements reviewed

Announcements included acknowledgement of two professional development events:

- *Discovery to Impact: Best Practices for Implementation Science in Northern Ontario and Beyond,* a full day seminar on October 20th, organized by Dr. Mary Pat Sullivan and Dr. Veronika Williams (Co-Principal Investigators) as part of their CIHR grant.
- Internal Grants Workshop on October 22nd, presented by Kristen Sarginson (Research Coordinator) with Dr. Carly Dokis and Dr. Aaron Kociolek.

Respectfully submitted,

Barb Law

B. Law
Chair, Senate Research Committee

Motion 1: That Senate receives the report of the Senate Research Committee, dated October 22, 2025.