

Journeys in Nursing Scholarship



THOMPSON RIVERS UNIVERSITY

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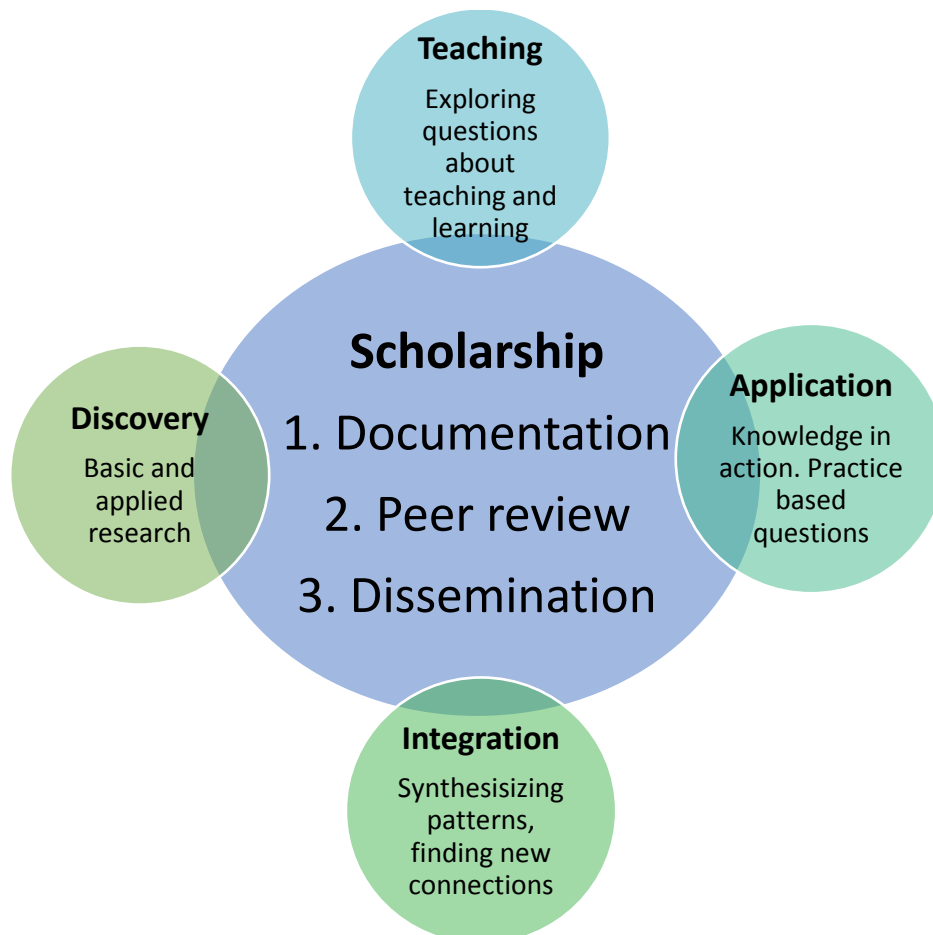
HISTORY OF JOURNEYS IN NURSING SCHOLARSHIP: EXCHANGING STORIES AND VISIONS

In 2006 TRU School of Nursing (SON) Journeys in Nursing Scholarship (JNS) Committee originated as part of the Scholarship Committee. Its purpose was to provide a forum for nursing faculty to present their current and future plans for a diverse range of scholarly work including teaching, practice and research. The idea was to have faculty present their scholarly work so that they might connect with one another to share ideas, plans and activities that would foster a supportive community of scholars. The subsequent 2009 and 2013 Journeys in Nursing Scholarship had similar objectives. JNS has been well received by SON faculty and the diversity and quality of presentations has been excellent.

Boyer's Model of Scholarship

The Canadian Association of Schools of Nursing (CASN) (2013) articulates a broad view of knowledge and knowledge development in a practice based profession:

Scholarship encompasses a full range of intellectual and creative activities that include the generation, validation, synthesis, and/or application of knowledge to advance science, teaching, and practice. Scholarship domains include inquiry that builds a scientific body of knowledge (Scholarship of Discovery), inquiry that supports the pedagogy of the discipline and a desire to understand how students learn and how teaching influences this process (Allen & Field, 2005) (Scholarship of Teaching), the advancement of knowledge related to expert practice (Scholarship of Application), and the development of new insights as a result of integrative, interdisciplinary, and synthesizing work (Scholarship of Integration) (Boyer, 1990).



AGENDA

0900	Welcome – Housekeeping - Julie Cinel
0905	Opening Comments - Donna Murnaghan
0920	Faculty use of technology- Krista Lussier & Tara Lyster
0940	Public health nursing and comprehensive school health - Joyce O'Mahony, Star Mahara & Tanya Sanders
1000	Rural Citizen Led Coalitions: Enabling voice through entrepreneurial activity to improve health care -Barbara Jean Buckley
1020	An alternative approach to wound management for nurse educators - Nicola Waters
1040	Coffee Break
1100	What insights do students gain into relational practice during a simulation? - Candace Walker
1120	Disenfranchised grief – fact or fiction? An ethnographic exploration into nurse's grief and subsequent professional conduct in acute care settings. - Michelle Funk
1140	The development of Practical Nursing in BC: A social historical perspective, 1940-1980 - Shari Caputo
1200	Lunch Break – Poster viewing and discussions
1300	Shifting priorities: Developing prioritization and decision making skills in upper level undergraduate students for the care of multiple, complex clients - Andrea Sullivan & Shari Caputo
1320	Towards culturally safe care of LGBTQ2S+ Clients - Kirstin McLaughlin
1340	Use of animations in learning: Perspectives of nursing students - Noeman Mirza
1400	Student Perspectives on MAiD (Medical Assistance in Dying): A Simulated Pilot Study - Noeman Mirza & Julie Cinel
1420	Water, Copper & Health - Darlene Sanderson & Mona Polacca
1440	Final Reflection and Closure – Star Mahara
1455	Wrap up – Evaluations
1500	Departure

FACULTY USE OF TECHNOLOGY

Krista Lussier RN BSN MSN & Tara Lyster RN BScN MN

Changing demographics and shifting expectations for the learning environment require Universities to examine teaching and learning practices and necessary digital supports. The integration of technology is no longer an option in higher education and Faculty are aware they need to be more skilled integrating technology (Dahlstrom & Brooks).

To understand the issues and challenges in supporting technology in the learning environment, it is necessary to understand the expectations and knowledge level of Faculty members. Without understanding these expectations, we are unable to identify what is missing and assumptions are made about resources, what hardware and software is needed, and necessary faculty development required to facilitate the implementation of technology mediated learning into the classroom. Through this understanding, we can address the faculty technological experiences and pedagogical needs, enhancing the overall system of information technology in higher education. If we do not have faculty development that begins with understanding faculty needs and expectations there potentially could be misalignment of resources leading to frustration and lack of technology integration.

In this presentation, we will outline our study methodology, discuss the research findings and share our recommendations.

PUBLIC HEALTH NURSING AND COMPREHENSIVE SCHOOL HEALTH

Joyce O'Mahony RN PhD, Star Mahara RN MSN, & Tanya Sanders RN MScN

Although public health nurses (PHNs) relate to schools and communities in the delivery of essential public health programs such as immunization and preventive screening, there has been a serious gap in capitalizing on their full scope of practice as partners with schools and communities to advance health promotion. To address this gap we conducted a participatory action research (PAR) to study the process of engagement of PHNs in a partnership model with schools and the community. We worked within rural and urban contexts to build healthy school teams and complete assessments that focussed on current school health and identification of potential priorities for action. The research team consisted of academic researchers, health care professionals (healthy schools coordinator, manager, new graduate PHN) and health promoting schools coordinator.

Data analysis revealed three themes: facilitators of PHN engagement in partnership model, barriers of PHN engagement, and the rural context. Key points are presented with the aim of increasing the understanding of how PHN's engage with schools and communities to advance health promotion through CSH. Relationship building, time, "meeting schools where they are at," knowledge of CSH, and conflicting priorities influenced the PHNs ability to engage in this work. In conclusion, PHNs can be catalysts for engaging the voice of schools for the implementation of CSH initiatives. PHN roles and relationships are integral to population health interventions that contribute to positive health outcomes. Intersectoral collaboration enables PHNs to be a vital link between school/health system programs and policies that facilitate best practices.

RURAL CITIZEN-LED COALITIONS: ENABLING VOICE THROUGH ENTREPRENEURIAL ACTIVITY TO IMPROVE HEALTH CARE

Barbara Jean Buckley RN PhD

Older adults want to age-in-place in their rural communities. However, they often lose this option when services necessary to address their complex health needs are unattainable in their rural communities. Evidence has recently advanced the role of citizen-led coalitions (CLC) as one option to enable rural older adult voices and a way to increase attention and a platform to propose solutions to the health and social needs of rural older adults. To understand how CLCs enable age-friendly voice and influence, in this study I examined the language of CLCs through entrepreneurship theories of the production of constraints and challenge-action. The overall study objective was to understand the entrepreneurial activities of CLC. Results and conclusions from this study will be shared. The development of this work is only one piece of a program of rural based research in progress. This presentation will also include a discussion on the development of a rural research network and report on current research in progress with Residential Care Physicians, and proof of concept (PMH/PCH) research with the Kootenay Boundary Rural Divisions of Family Practice.

AN ALTERNATIVE APPROACH TO WOUND MANAGEMENT FOR NURSE EDUCATORS

Nicole Waters PhD MSc RN

Although wounds occur in people of all ages and often independently of other health concerns, as people get older and particularly as they develop chronic diseases their susceptibility to skin damage increases while their ability to repair injuries decreases. Living with wounds that are difficult to heal can have a profoundly disruptive impact; odour, pain, restricted mobility and social isolation become everyday realities for the wounded. As a result, the time nurses spend caring for wounds and the complexity of decision making have increased dramatically. Within the context of scientific advances, demographic and organizational changes, “advanced wound care” has emerged as a new healthcare specialty. Yet, while technological innovations have undoubtedly improved clinical outcomes in many cases, research suggests that institutional goals are not always aligned with those of the patient. The need to demonstrate “best practice” means nurses are expected to follow algorithmic treatment pathways that may limit their ability to respond to individuals’ unique needs. This session introduces a mnemonic tool that has been implemented successfully in a number of institutions to help students and clinicians look beyond the wound to take into consideration the complex needs of individuals living with or at risk of wounds.

WHAT INSIGHTS DO STUDENTS GAIN INTO RELATIONAL PRACTICE DURING A SIMULATION?

Candace Walker RN BScN MN

Difficulties finding valuable practice placements necessitates for faculty to create experiences that will help learners grow their knowledge, skills, and abilities (Curl, Smith, Chisholm, McGee, & Das, 2016). The literature implies that simulation is being used interchangeably for clinical practice hours and nursing skill development (Curl et al., 2016). However, the research on the effectiveness of simulations for relational practice skills is limited.

At TRU, we commonly run simulations for groups of students to provide them with hands-on learning in a safe environment and to decrease student numbers on the wards. Learning outcomes for simulation often include the development of psychomotor skills and clinical decision making; however, I was curious if students felt there was benefit to participating in simulations involving complex family interactions and if this experience influenced their practice in any way.

During clinical, students participate in a simulation reflective of situations typical to the students' current practice area. I use an unfolding simulation with multiple scenarios and debriefing sessions which allow each student a chance to play a variety of roles including nurse, observer, and family member. Students then completed a questionnaire about their experience with questions directed specifically toward their skills and abilities around relational practice.

Some of the findings were surprising, which has sparked a potential for future research around the inclusion of simulations involving relational practice skills in all years of the program.

DISENGRANCHISED GRIEF – FACT OR FICTION? AN ETHNOGRAPHIC EXPLORATION INTO NURSE’S GRIEF AND SUBSEQUENT PROFESSIONAL CONDUCT IN ACUTE CARE SETTINGS

Michelle Funk RN, BScN, MScN, MHR (Palliative Care)

It is expected that Registered Nurses care for the multitude aspects of a patient’s needs while in a hospital venue including end-of-life care. Nurses are one the most visible of the front line workers in an acute care setting and caring for the dying is ultimately the responsibility of the registered nurse. Yet nurses are often isolated in bereavement as professionals as they adhere to standards and codes of ethics and public mourning may be viewed as unprofessional in some institutions. Due to the nature of the increased acuity in institutional settings, heavy patient loads, and the notion of “stiff upper lip”, nurses may suppress their emotions after the death of a patient. Therefore, it can be much more difficult to mourn or react to a patient death. In this light, the concept of disenfranchised grief is worthwhile to investigate. Disenfranchised grief is defined as the grief experienced by those who incur a loss that is not, or cannot be, openly acknowledged, publicly mourned, or socially supported (Doka, 1999).

This presentation will explore the possibility of disenfranchised grief as experienced by acute care nurses. The concept of disenfranchised grief has been largely unexplored in terms of nurses and mourning after the death of a patient in settings that are not accustomed to or have resources in place following the death of a patient.

To date, it is unknown how nurses express their unresolved grief and loss of a patient in a setting that primarily in place to heal as opposed to palliate.

THE DEVELOPMENT OF PRACTICE NURSING IN BC: A SOCIAL HISTORICAL PERSPECTIVE, 1940-1980

Shari Caputo RN BScN MN

The purpose of this presentation is to examine the development of the practical nurse role within the BC health care system focusing on the years between 1940 and 1980, and utilizing historiographical research methodology, with both primary and secondary data sources.

The socio-political contexts that encouraged practical nurse development in Canada will be briefly discussed as well as the education of and their emerging role in health care. Specifically in BC, the significant delay in legislation is addressed, as well as organized responses by various groups, such as BC government Ministries, the national and BC Registered Nurses Associations, the hospital union and by the practical nurses themselves. Of particular importance, nursing relations, such as RN endorsement of and collaboration with practical nurses, as well as themes such as power and tension amongst practical and registered nurses are also explored.

To conclude, the presentation points out potential areas of future research and how the politics of PN development have connections to contemporary nursing issues such as scope of practice, role ambiguity and nurse substitution.

SHIFTING PRIORITIES: DEVELOPING PRIORITIZATION AND DECISION MAKING SKILLS IN UPPER LEVEL UNDERGRADUATE STUDENTS FOR THE CARE OF MULTIPLE, COMPLEX CLIENTS

Shari Caputo RN BScN MN and Andrea Sullivan RN BSN MN

The ability to effectively prioritize the care of multiple, complex clients has been documented as a difficult skill to develop for newly graduated nurses (Hendry and Walker, 2004). Without this skill, there can be detrimental effects on client outcomes. In an upper level lab theory and lab practice course, the presenters developed a new unit on client prioritization and decision making with a two fold objective. First, to develop students clinical reasoning skills with the prioritization of multiple clients, and second, to trial an innovative learning technique of using standardized patients. The scenario was based on the use of standardized patients, who played multiple clients on an acute medical ward. The lab educators wanted to create an experiential experience that fully engaged students in their learning by developing their communication and collaboration skills with clients and peers, and work on their ability to prioritize and think critically to make decisions for multiple and changing client care needs. This presentation will discuss the development of this prioritization unit that includes the theory class development, the simulation experience, lessons learned from using standardized patients, and feedback from the students and the standardized patients for future simulation experiences on client prioritization.

TOWARDS CULTURALLY SAFE CARE OF LGBTQ2S+ CLIENTS

Kirstin McLaughlin, RN BScN (Hons.) MPH and Dr. Eric Haywood-Farmer

What does it mean to be culturally safe? When using this term with students, how are we defining “culture?” *“Towards Culturally Safe Care of LGBTQ2S+ Clients”* seeks to explore the history of this unique population within Canada; provide a safe space in which to deconstruct participant’s beliefs; examine existing and evolving vocabulary used in describing the community; acknowledge persistent barriers and resulting health disparities experienced by community members; and provide practical suggestions for working with this distinct population.

Within the last year, the aforementioned presentation has been shared with Royal Inland Hospital (RIH) second year medical residents, Thompson Rivers University (TRU) School of Nursing Global Health students, and all nursing staff working in acute psychiatry at RIH.

USE OF ANIMATIONS IN LEARNING: PERSPECTIVES OF NURSING STUDENTS

Noeman Mirza RN PhD

To promote or test nursing students' knowledge application, educators often use case scenarios which resemble real-life situations. Since scenarios are predominantly presented to nursing students in written, video, or simulation formats, there is very limited literature on the use of animation-based scenarios in nursing education. This presentation reports on the development and utilization of animated scenarios to promote nursing students' reasoning abilities. Pros and cons of animated scenarios are outlined with emphasis on the usefulness of animations in learning. Strategies on how to introduce animations in teaching and research are also discussed along with how nursing students perceive the use of animations in learning.

STUDENT PERSPECTIVES ON MAID: A SIMULATED PILOT STUDY

Noeman Mirza, RN, PhD, Julie Cinel, RN, MScN, Kim Burgess, RN, PhD

Medical Assistance in Dying (MAiD) is a newly legislated practice in the Canadian Health Care System that has multifactorial implications. Many sectors will be influenced as a result of this novel initiative, and a dearth of evidence magnifies the need for studies that will assist in articulating the state of knowledge for this impactful policy change. As future professionals, nursing students will need to understand the issues associated with MAiD, and the overall impact of this legislation on their practice. The purpose of this presentation is to report on a descriptive study intended to identify student perspectives of key issues associated with MAiD after being presented with a simulated scenario in which a client is considering MAiD.

WATER, COPPER AND HEALTH

Darlene Sanderson RN PhD and Mona Molacca

Elders have shared that Water has its own life force, that rivers and streams are the arteries and veins of Mother Earth, and that the oceans are the sacred mat that links all of Life. We know that water is necessary for the health of all people, plants and animals. Yet, half of all of Mother Earth's lakes and rivers are polluted. And billions of people live without access to clean drinking water and adequate sanitation. Many of these communities are Indigenous. Even in Canada – a 'developed' country – 1/6 Indigenous communities do not have access to safe, clean drinking water.

Despite our proven sustainable cultural practices that respect and honor the natural environment, the lived experiences of our communities are overlooked. In many policies and strategies for action, the scientific world is looked to for both water policy development and climate change strategies. As original caretakers and guardians of Mother Earth, we have valuable insights for sustainable water practices that could inform and suggest alternatives to current water management and governance systems.

In 2010, Mona Polacca and I have coordinated with 10 Indigenous Nations and community groups to directly address their needs concerning water. These include: unsafe drinking water infrastructure, climate change impacts, agricultural pollutants (herbicides, runoff from ranching), deforestation, the impacts of hydro-electric power and mining. We worked with communities to develop their own water statements, which were translated into their language and formed the basis for Indigenous water and mining policy, based on the values of the people. The Nations are governed by their own laws, Original Instructions and teachings, which maintained and sustained harmony with the natural world for millennia. These laws carry the solutions to the crisis with water that we collectively face.

We are currently engaging with Tk'Emlups Te Secwepempc to hear what they envision the solutions to be to promote their own wellness and protection of water.

POSTER PRESENTATIONS

The following set of abstracts will be presented as posters, please take time to visit your peers at their posters during lunch and coffee break times. Thank you.

POSTER: DEVELOPMENT OF AN INDIGENOUS CULTURAL COMPETENCE ASSESSMENT TOOL (ICCAT): A SIMULATED PILOT STUDY INVOLVING A LOCAL INDIGENOUS CARE SITUATION

Sheila Blackstock RN, BScN, MScN, COHN, Darlene Sanderson RN PhD, & Noeman Mirza RN PhD

Development of an Indigenous Cultural Competence Assessment Tool (ICCAT) to facilitate cultural competency in nursing practice within Thompson Rivers University (TRU) is timely given the Truth and Reconciliation Commission (TRC) of Canada's Calls to Action (2016). The research aligns with the recent Tk'emlups te Secwepemic (T te S)/TRU agreement by engaging local Indigenous Knowledge keepers in the articulation of defining cultural competency proficiency. The interplay of cultural competency and cultural safety within nursing curriculum and practice (Blackstock, 2017; Rowan et al., 2013) shows potential in role modelling, advocacy, mentorship, and leadership within interdisciplinary team(s) (Hayward, Canali, & Hill, 2005) in the provision of culturally appropriate care to Indigenous Peoples. In order to ensure BScN students are provided with sufficient training on cultural competence in the BScN curriculum, their existing level of cultural competency will be assessed through a simulated scenario which exposes them to a specific cultural situation pertaining to the local Secwepemic people. Assessment of cultural competency within a simulated setting will allow a safe environment for nursing students to demonstrate and refine their skills prior to attempting in clinical situations.

POSTER: IMMIGRANT WOMEN'S EXPERIENCES OF POSTPARTUM DEPRESSION IN CANADA: A SYSTEMATIC REVIEW WITH NARRATIVE SYNTHESIS

Higginbottom, G., RN PhD, O'Mahony, J., RN PhD, Morgan, M., MA PhD, Osswald, B., MD BPharm

Background: Understanding ethnocultural orientation of immigrant women in maternity is critical for their successful integration and social cohesion. A key aspect is the timely identification and treatment of postpartum depression (PPD), which has high prevalence in this vulnerable population. A narrative synthesis systematic review was conducted to answer the research question: What are the ethnoculturally defined patterns of help-seeking behaviours and decision-making and other predictive factors for therapeutic mental health care access and outcomes in respect of PPD for immigrant women in Canada?

Methods: Guidelines for systematic and grey literature review were followed to identify and select literature. Methodological quality was appraised using tools developed by the Centre for Evidence Based Management. The narrative synthesis methodology relied primarily on text to summarize and explain findings, using four elements: a) developing a theory of why and for whom, b) developing a preliminary synthesis, c) exploring relationships in the data, and d) assessing the robustness of the synthesis. ATLAS.ti software was used to synthesize findings.

Findings: Our review revealed precursors to differences in health care access and utilization by immigrant women with depressive symptomatology. These factors were recognized to be critical determinants of the effectiveness of services and patient/client outcomes. Analysis of 22 studies led to the development of four interrelated themes: (a) effects of immigration; (b) social support, isolation and poverty; ethnocultural determinants; gender roles and relationships. Findings will guide the provision of culturally acceptable and appropriate care for PPD in immigrant women by health care professionals.

POSTER: INDIGENOUS COMMUNITY WELLNESS KNOWLEDGE IN ACTION: EVALUATION OF RESEARCH PROTOCOLS, PROCESSES, PRINCIPLES IN PRACTICE

Lisa Bourque Bearskin RN PhD, Brittaney Katernick BScN, Jeffrey McNeil MSW & Darlene Sanderson RN PhD

Indigenous Peoples in Canada have used their traditional practices of wellness to ensure their survival as peoples since time immemorial. Within the present health care systems, there is very little evidence that these practices of traditional knowledge and any related knowledge translation activities within Indigenous communities, are being incorporated, acknowledged or valued. Working in partnership with three different Indigenous communities we explore how traditional wellness knowledge practices have been sustained and how present day community activities incorporate traditional practices into the current health care system. Beaver Lake Cree Nation, the WASi (Women as Sinew in Community), and Tk'Emlups te Secwepemc Nation leading community wellness projects will identify, articulate, share and facilitate community processes to assess culturally distinct practices and attempts to integrate traditional knowledge activities aimed at the wellness. The project will be laid out in four key phases: knowledge gathering phase, knowledge sharing phase, knowledge regeneration phase and a knowledge mobilization phase. Integral to this work is the use of an Indigenous research framework that builds on local community protocols, principles, and processes will be followed as they are outlined to the research team by expert community based Indigenous researchers. The outcome of this work is to support the evolution of health care delivery "by and for" Indigenous peoples, as well as support the identification of those wellness indicators that support the sustainability of Indigenous ways of being, knowing and doing. The long term goal is that traditional Indigenous wellness practices will emerge as required best practice for addressing healthcare practices through collective decision-making processes.

POSTER: SPECIALTY NURSING EDUCATION AT TRU: FEASIBILITY OF DEVELOPING A PERIOPERATIVE CERTIFICATE PROGRAM FOR REGISTERED NURSES AND PRACTICAL NURSES

Julie Cinel RN BScN MSN & Heather Correale RN BScN MSN

Perioperative nursing is one of the largest specialty nursing groups in Canada and there is a well-documented lack of qualified nurses to fill gaps in this practice area. The purpose of this analysis was to explore the feasibility of developing a certificate program in Perioperative Nursing at Thompson Rivers University (TRU) for both Registered Nurses and Licensed Practical Nurses. A Labour Market analysis was carried out to determine industry needs and student demand. Current perioperative program offerings were evaluated to assess program need, structures, costs, and geographical access. Current policy and government priorities were also investigated to determine the feasibility of a new program. The process required consultations with stakeholders, coordination with Institutional Planning and Effectiveness at TRU, and analysis of grey and academic literature. Results indicated that there is evidence to support the feasibility of a certificate program in Perioperative Nursing at TRU. There appears to be an opportunity for the development of a novel, innovative perioperative certificate program at TRU that would meet the needs of the surrounding health authorities, and improve the quality of surgical patient care. Based on findings, a budget model has been proposed. Perioperative nursing education in British Columbia must evolve in a manner that addresses the current human resource crisis, and prepares nurses for their changing role in this province.

POSTER: A PILOT STUDY ON THE IMPACT OF INTERPROFESSIONAL COLLABORATION ON NURSING AND RESPIRATORY THERAPY STUDENTS' DIAGNOSTIC AND INTERVENTION ACCURACY IN A SIMULATED CARE SITUATION WITH INCREASING COMPLEXITY

Noeman Mirza, RN, PhD, Heather Noyes, RRT, MEd, & Wendy McKenzie, RN, MScN

Simulation is increasingly being used to teach psychomotor skills and critical thinking to health care students within an interprofessional learning environment. While simulation-based studies involving nursing (RN) and respiratory therapy (RT) students focus on competence, confidence, professional identity, readiness for learning, and perceptions about collaboration and communication, they do not emphasize performance-related effects of interprofessional collaboration on students' clinical reasoning outcomes. This presentation will report on a quasi-experiment which examines the impact of interprofessional collaboration on 30 RN and RT students' diagnostic and intervention accuracy in a simulated care situation with increasing complexity. From this presentation, educators will gain insight on how interprofessional collaboration impacts RN and RT students' clinical reasoning outcomes and how students' reasoning outcomes change as care situations become more complex.

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