Are Proud to Present:

Rejuvenating Nursing Education Through Relational Practice

Fantasyland Hotel and Conference Centre
Edmonton, AB
February 20 - 22, 2019

Collaborating Universities
Conference Program

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**Workshop #3:** “Critical Conversations: Towards an Understanding of Truth and Reconciliation and the Work of Nursing Schools” facilitated by Heather Bensler RN, MSN; Honourary Professor Madeleine Kétéskwēw Dion Stout, MA, RN; Evelyn Voyageur RN, BScN, PhD; andHonoured Elder Rose Martial.

4. Conference Program Schedule
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A Special Thank You To Our Sponsors and Exhibitors!

Your financial commitment and support of nursing education is immeasurable!
The University of Alberta respectfully acknowledges that we are located on Treaty 6 territory, a traditional gathering place for diverse Indigenous peoples including the Cree, Blackfoot, Metis, Nakota Sioux, Iroquois, Dene, Ojibway/Saulteaux/Anishinaabe, Inuit, and many others whose histories, languages, and cultures continue to influence our vibrant community.
Welcome from the 2019 Conference Planning Committee

Welcome everyone! To what we trust will be a rewarding and enriching few days of collaboration, dissemination, and learning. The Conference Planning Committee (the Committee) is proud of the breadth and depth of programming being offered at this year’s conference with 60 concurrent sessions, over 20 poster presentations, 2 keynote addresses, 2 lunchtime presentations, multiple vendors and exhibitors, and more than 200 participants! We have often reflected on how remarkable the WNRCASN conference is, bringing together such a large and influential group of registered nurses, nursing educators, researchers, and academics! While the program is full and fast-moving, we do hope you find time to meet and share ideas and questions with the amazing nursing minds that will be in attendance!

The Committee has been working on bringing this conference to fruition since the wrap up of last year’s amazing conference in Calgary. We would like to take this opportunity to thank our committee members and those whose help was invaluable in bringing this conference together.

To our committee members: your work and dedication has been exemplary!

Conference Committee

**VJ Gibbins RN, BScN, MS, PhD(Student) - Co-Chair**
Faculty Lecturer, University of Alberta, Faculty of Nursing
WNRCASN Webmaster

**Tanya Park RN, PhD - Co-Chair**
Associate Professor, Acting Associate Dean-Undergraduate Programs,
University of Alberta, Faculty of Nursing

**Elisha Vadanais RN, MScN - Co-Chair**
Faculty Lecturer, University of Alberta, Faculty of Nursing

**Lynn McCaw - Event Coordinator**
University of Alberta, Office of Advancement, Faculty of Nursing

**Janelle Morin - Director, Marketing and Communications**
University of Alberta, Faculty of Nursing

We would like to thank the following people for their contributions supporting the Conference:

**Deirdre Jackman RN, PhD** - Executive Director for Clinical Partnerships, University of Alberta Faculty of Nursing, for her development and facilitation of the panel presentation on Friday, Feb 22, 2019 entitled, *Clinical Partnerships: Yours, Mine, Ours.***

**Janet Lam and Wendy Wong** - Programmer Analysts, University of Alberta Faculty of Nursing for their tech support before, during, and after the conference!

**Allie Voisin BCS** - Communications Assistant, University of Alberta Faculty of Nursing for her technological and creative support in advertising, branding, and visual effects for the conference program!
## Program and Schedule of Events
**Wednesday, February 20, 2019**

### Pre-Conference Workshops and Meetings

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00am - 9:00am</td>
<td><strong>Registration</strong> for Conference and Workshops Opens</td>
<td>Main Foyer</td>
</tr>
<tr>
<td></td>
<td><strong>Registration</strong> for Conference and Workshops Opens</td>
<td>Level 3</td>
</tr>
<tr>
<td>9:00am - 12:00pm</td>
<td><strong>Workshop #1</strong> - Maryellen Weimer, PhD</td>
<td>Room 9</td>
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<tr>
<td></td>
<td>Reflection for Growth</td>
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<tr>
<td>9:00am - 3:00pm</td>
<td><strong>Workshop #2</strong> - Kristina Thomas Dreifuerst RN, PhD</td>
<td>Room 10</td>
</tr>
<tr>
<td></td>
<td>Learning to Use DML Debriefing</td>
<td></td>
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<tr>
<td>9:00am - 3:00pm</td>
<td><strong>University of Alberta Collaborative Admin Council</strong></td>
<td>Room 16</td>
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<tr>
<td></td>
<td>Meeting with Dr. Tanya Park</td>
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<tr>
<td>9:00am - 3:00pm</td>
<td><strong>Workshop #3</strong> - Heather Bensler RN, MSN</td>
<td>Room 9</td>
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<tr>
<td></td>
<td>Indigenous Health Critical Conversations</td>
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<tr>
<td>1:00pm - 5:00pm</td>
<td><strong>WNRCASN Executive / Member-At-Large Council</strong></td>
<td>Room 5</td>
</tr>
<tr>
<td></td>
<td>Meeting - President: Ngoc Huynh</td>
<td></td>
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<tr>
<td>3:00pm - 6:00pm</td>
<td><strong>WNRCASN Executive / Member-At-Large Council</strong></td>
<td>Room 5</td>
</tr>
<tr>
<td></td>
<td>Meeting - President: Ngoc Huynh</td>
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<tr>
<td>6:00pm - 9:00pm</td>
<td><strong>Opening Reception and WNRCASN Awards Ceremony</strong></td>
<td>Room 6</td>
</tr>
</tbody>
</table>

Navigating the Fantasyland Hotel - all conference events take place on the 3rd Level
Pre-Conference Workshops
Wednesday, February 20, 2019

Workshop #1  9:00 am - 12:00 pm  Room 9

“Reflection For Growth”
Presented by
Dr. Maryellen Weimer

Dr. Maryellen Weimer, PhD
Professor Emeritus of Speech Communication, Penn State Berks
Editor, The Teaching Professor
Renowned Author

Teaching is a demanding profession that requires ongoing attention to a host of details - PowerPoint slides to assemble, content to update, exam questions to develop, care plans to grade, feedback to offer in class, on student work, during office hours and in clinicals. There’s little time for reflection--time to ask, not what am I doing tomorrow or next time I teach that class, but time to ask why. Why am I doing it this way? What’s the educational rationale that justifies this approach? This is critical reflection, not a fault-finding critique that erodes confidence, but a mindful analysis that refreshes, re-energizes and keeps teaching alive and well. During this interaction session we’ll explore why and how reflection contributes to instructional growth.
Pre-Conference Workshops
Wednesday, February 20, 2019

Workshop #2 9:00 am - 3:00 pm Room 10

“Learning to Use DML Debriefing”
Presented by
Dr. Kristina Thomas Dreifuerst

Dr. Kristina Thomas Dreifuerst PhD, RN, CNE, ANEF, FAAN
Associate Professor, Marquette University Faculty of Nursing
Immediate Past-President, INACSL

Debriefing for Meaningful Learning® (DML), a theoretically-derived and evidence based method of debriefing has been adopted by faculty at schools of nursing world-wide. Now the movement toward debriefing across the curriculum is revolutionizing nursing education. Come to this workshop to learn how to successfully implement DML in simulation, clinical and classroom education - it will dramatically impact the way you teach and your student’s ability to think like a nurse! In this session you will experience and practice the components of this debriefing method and leave ready to begin using it in your own program.
Pre-Conference Workshops

Wednesday, February 20, 2019

Workshop #3 1:00 pm - 5:00 pm Room 9

Critical Conversations:
Towards an Understanding of Truth and Reconciliation and the work of Nursing Schools in Canada.

This workshop is generously supported by the University of Calgary, University of Victoria, North Island College, University of Alberta, Thompson Rivers University, University of Saskatchewan, and Mount Royal University. Thank you to all for your donations of money, time, energy, and commitment!

This workshop will provide space for participants and facilitators to come together and explore the ongoing efforts that are occurring in schools of nursing and communities as we work to decolonize and Indigenize our health care processes. Organizers will bring together Indigenous Knowledge Holders including Honoured Professor, Madeleine Kétéskwē Dion Stout RN, MA; Elder in Residence at North Island College, Dr. Evelyn Voyageur RN, BScN, PhD; and Elder in Residence at University of Alberta, Rose Martial to guide the work through focused discussion. Exemplars of stories from nursing education will be presented followed by small group discussion with the intent of providing the opportunity for all participants to share their ideas, experiences, and stories.

The second half of our workshop will be focused on addressing the relevant calls to action from the Truth and Reconciliation and Commission. Our goal will be to create a vision statement or position paper intended to direct our actions and commitments towards positive change in nursing education.

As the conference opens on Thursday, an entire track of Indigenous Health - related sessions will be presented and will be a dedicated Indigenous conversation space. This will include presentations related to the themes of reconciliation and Indigenization of nursing education. It will house the sharing of our ideas and stories of our successes as well as our challenges. Through honoring the work that has been done and recognizing the work that remains, we hope to build support and commitment to moving forward and creating a vision for change in Nursing Education.
**Conference Program**

**See Page 12 for Concurrent Session Schedule**

**Thursday, February 21, 2019**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:30am - 8:30am</td>
<td>Registration and Breakfast</td>
<td>Ballroom Level 3, Hotel</td>
</tr>
</tbody>
</table>
| 8:30am - 9:10am    | Welcome and Opening Remarks  
**Dean Greta Cummings RN, PhD**  
Professor and Dean, Faculty of Nursing, University of Alberta  
**Rose Martial**  
Elder in Residence, Faculty of Nursing, University of Alberta | Ballroom                      |
| 9:10am - 10:20am   | Introduction by **Dr. Olive Yonge RN, PhD**  
Professor and Vice-Dean, Faculty of Nursing, University of Alberta  
**Keynote Address - Dr. Maryellen Weimer, PhD**  
Evidence-Based Learning: The Strategies that Promote Deep Learning and Skill Acquisition | Ballroom                      |
| 10:20am - 11:00am  | Refreshment Break, Poster Showcase, and please visit our Exhibitors | Ballroom                      |
| 11:00am - 12:25pm  | Concurrent Session Block 1 (3 sessions)                             | Various                       |
| 12:30pm - 1:25pm   | Lunch                                                                | Ballroom                      |
| 12:30pm - 1:25pm   | **Alberta Family Wellness Initiative Presentation - Michelle L. Gagnon, President and CEO of the Palix Foundation** | Ballroom                      |
| 1:30pm - 2:25pm    | Concurrent Session Block 2 (2 sessions)                             | Various                       |
| 2:30pm - 2:55pm    | Refreshment Break, Poster Showcase, and please visit our Exhibitors | Ballroom                      |
| 3:00pm - 3:55pm    | Concurrent Session Block 3 (2 sessions)                             | Various                       |
| 4:00pm             | Conference Day 1 Conclusion                                          |                               |
Opening Keynote Address
Thursday, February 21, 2019

Dr. Maryellen Weimer, PhD
Professor Emeritus of Speech Communication, Penn State Berks
Editor, The Teaching Professor
Renowned Author

Evidence-Based Learning:
The Strategies that Promote Deep Learning and Skill Acquisition

Not all learning strategies are equally effective. Unfortunately, research documents that students tend not to use those that result in deep learning and skill development. Fortunately, there are a range of instructional strategies that teachers can use to help students become more sophisticated learners and there are approaches that add efficiency to teaching and learning. During this keynote, we’ll identify and discuss a set of evidence-based strategies and propose a variety of ways teachers can demonstrate their value and promote their use.
Lunchtime Presentation
Thursday, February 21, 2019

The Alberta Family Wellness Initiative - Brains! Journey to Resilience!

Dr. Michelle L. Gagnon, BA, BScN, MBA, PhD

President and CEO of the Palix Foundation and Alberta Family Wellness Initiative, Adjunct Assistant Professor, Cumming School of Medicine, University of Calgary, Department of Community Health Sciences and member of the Canadian Institutes of Health Research (CIHR), Institute Advisory Board on Health Promotion and Prevention.

Before joining the Palix Foundation in 2011, Dr. Gagnon worked in a variety of prominent organizations with a primary focus on research impact and knowledge mobilization to improve health and well-being outcomes for all. Such organizations include the Policy Research Initiative in the Privy Council Office, CIHR, and Alberta Health Services, Strategic Clinical Networks. Dr. Gagnon is active in the community as a member of boards and committees for local, national and international organizations. She is a social scientist with an interdisciplinary doctoral degree in population health, a Master of Business Administration and undergraduate degrees in liberal arts and nursing. Her research interests focus on public policy as a determinant of population health and on the policymaking process. Dr. Gagnon is a member of the Institute of Corporate Directors (ICD). She completed the ICD-Rotman Directors Education Program in September 2018 and obtained the ICD.D designation in November 2018.

Lifelong health is determined by more than just our genes: experiences at sensitive periods of development change the brain in ways that increase or decrease risk for later physical and mental illness, including addiction. That finding is the premise of the Brain Story, which puts scientific concepts into a narrative that is salient to both expert and non-expert audiences. The Brain Story synthesizes decades of research and reflects a body of knowledge that experts agree is useful for policy makers and citizens to understand.

The Alberta Family Wellness Initiative has developed a free online course to make Brain Story science available to professionals and the public. For more information please contact us at

Contact@albertafamilywellness.org
www.AlbertaFamilyWellness.org/training
### WNRCASN 2019
### CONFERENCE SCHEDULE
#### Thursday, February 21, 2019

#### Registration and Breakfast - Ballroom
7:30 - 8:30 am

#### Welcome and Opening Remarks
8:30 - 9:10 am

#### Keynote Address: Dr. Maryellen Weimer, PhD “Evidence-Based Learning: The Strategies that Promote Deep Learning and Skill Acquisition”
9:10 - 10:20 am

#### Refreshment Break, Poster Showcase, and Visit our Exhibitors
10:20 - 11:00 am

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#### CONCURRENT SESSIONS SCHEDULE

<table>
<thead>
<tr>
<th>ROOM 5</th>
<th>ROOM 9</th>
<th>ROOM 10</th>
<th>ROOM 16</th>
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<tbody>
<tr>
<td>Theme</td>
<td>Relational Practice</td>
<td>Curriculum</td>
<td>Technology/Sim</td>
</tr>
<tr>
<td>11:00-11:25 am</td>
<td>Understanding Empathic Engagement of a Fourth-Year Nursing Student through Narrative Inquiry</td>
<td>Palliative Care Everywhere: Integrating the Palliative Approach into Nursing Education</td>
<td>INACSL Standards Review</td>
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<td></td>
<td>Kara Sealock RN EdD (c) MEd BN CNCC(C) CCNE</td>
<td>Kath Murray, RN, BSN, MA, CHPC(C), FT; Janine Brown, RN, CCNE, PhD(c); Lisa Weisergerber, RN, MN</td>
<td>Kristina Thomas-Dreifuerst PhD, RN</td>
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<tr>
<td>11:30-11:55 am</td>
<td>Students Take the Stand: An Innovative Interprofessional Learning Experience</td>
<td>Primary health care in first year curriculum</td>
<td>Digital Health in Nursing Curricula: Findings of a National Study</td>
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<td>Benjamin Northcott, RN, MN; Leslie McCoy RN, MN; Catherine Rigaux BA, MPA</td>
<td>Landa Terblanche, RN, PhD</td>
<td>Manal Kleib, MSN, MBA, PhD, RN; Lynn, M. Nagle, PhD, RN, FAAN; Karen Furlong, PhD, RN</td>
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<tr>
<td>12:00-12:25 pm</td>
<td>A journey of mindfulness: Incorporating the SMARTNursing program into a first-year course</td>
<td>Creating Relational Leaders: Celebrating 8 Years of Emerging Nurse Leaders</td>
<td>Comparative value of HFS and SP in Graduate NP curriculum design</td>
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<td>Jeanette Vines RN BScN MHScN; Rebecca Low RN BScN M.Ed (HSE); Lynn Anderson RN BScN MN; Maria Bazan RN BScH MN; Linda Nutting RN BScH MN; Loni Pollard RN BScH MN; Iris Rudnisky RN BScH M.Ed; Karen Sythe RB BScH MN; Katherine Trepapier RN BScH MN</td>
<td>Jan Meiers RN, MN; Lynn Ouber RN, MN; RaeAnn Hartman RN, MA</td>
<td>Michael Allen, BScN, RN; Tammy O’Rourke, BS/MS, PhD, NP (FAA)</td>
</tr>
<tr>
<td>1:30-1:55 pm</td>
<td>Quality Community Clinical Placements for Nursing Students: Preparing for the Silver Tsunami</td>
<td>A Systematic Review of Aspiration During Intramuscular Injections: An Unnecessary Practice Requiring Increased Attention in Undergraduate Nursing Education</td>
<td>Simulation Debriefing Method</td>
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<td>Tammy O’Rourke, BS/MS, PhD, NP (FAA)</td>
<td>Kathryn Kazoleas BCS, GN; Lina Becquer GN; Twyla Ens RN, MN; CHSE, CCNE; Julia Imanoff RN, BSc, BScN, MN, PNC(C); Yiqi Jiang GN</td>
<td>Kristina Thomas-Dreifuerst PhD, RN</td>
</tr>
<tr>
<td>2:00-2:25 pm</td>
<td>Relational Rapid Rounds to Enhance Student Learning in Nursing Education</td>
<td>CASN Presentation: Encouraging uptake and meaningful use of digital health competencies for nursing education in Canada.</td>
<td>Interprofessional Simulation to Promote Teamwork and Communication among Nursing and Respiratory Therapy Students</td>
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<td>Becky Fitzgerald RN, MSN; Elizabeth Cernigoy RN, MScN</td>
<td>Cynthia Baker, RN, MPhil, MN, PhD</td>
<td>Manal Kleib, MSN, MBA, PhD, RN; Deirdre Jackman, PhD, RN; Brian Mitschen, RRT; Barbara Wilson-Keates, PhD, RN; Pauline Paul, PhD, RN; Kerri Oshust, MRT (IR); Joe MacPherson, MEd, RRT</td>
</tr>
<tr>
<td>3:00-3:25 pm</td>
<td>Strengthening Clinical Knowledge: Repeating High Fidelity Patient Simulations</td>
<td>“I don’t know how to put it all together”. Concept Mapping and Nursing Care Plans: Strategies to Help Struggling Students.</td>
<td>Exploring VR as a Clinical Teaching Approach</td>
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<td>Elaine Abbrook RN, BScN, MScN, PhD</td>
<td>Joanne Bouma RN, MN; Michelle Yeo PhD, Sarah Hewitt PhD, Sarah Webb</td>
<td>Don M Leidl RN BScN MN EdD</td>
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<tr>
<td>3:30-3:55 pm</td>
<td>Seniors’ Experiences in Assisted Living Facilities: A Study Exploring Quality of Life</td>
<td>Genetic and Genomic Knowledge for Nurses: A Study of Literacy and Perceptions among Undergraduate Nursing Students and Faculty in Alberta, Canada</td>
<td>A learner-centered, peer-teaching strategy utilizing technology in a health assessment course.</td>
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<td>Elham Al-Omari RN, MN</td>
<td>Sarah Dewell RN, BN, MSc.; Carla Gin RN, PhD; Karen Benzies RN, PhD; Sandra Goldsworthy RN, PhD CNCC(C), CMSN(C); Cydnee Seneviratne RN, PhD</td>
<td>Angela Ahlquist, RN, BScN, MA; Patti Manson RN, BScN, MScA</td>
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**WNRCASN Conference 2019**  
Program  
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## Conference Program

*See Page 16 for Concurrent Session Schedule*

### Friday, February 22, 2019

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<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:30am - 9:00am</td>
<td>Registration and Hot Breakfast</td>
<td>Ballroom Level 3, Hotel</td>
</tr>
<tr>
<td>8:00am - 9:00am</td>
<td><strong>WNRCASN Annual General Meeting</strong>&lt;br&gt;President: Ngoc Huynh RN, MSN,&lt;br&gt;Secretary: Shannon Freeman, PhD&lt;br&gt;<em>All are welcome to attend. Only WNRCASN Full Members may vote. Members: pick up your voting card before entering the Ballroom for breakfast. The meeting takes place during breakfast.</em></td>
<td>Ballroom</td>
</tr>
<tr>
<td>9:05am - 9:40am</td>
<td>Introduction by <strong>VJ Gibbins RN, MS, PhD(Student)</strong>&lt;br&gt;Faculty Lecturer, Faculty of Nursing, University of Alberta&lt;br&gt;Keynote Address - <strong>Donna Lynn Smith RN, BScN, MEd, RPsych, CHE</strong>&lt;br&gt;Professor Emerita, Faculty of Nursing, University of Alberta</td>
<td>Ballroom</td>
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<tr>
<td>9:40am - 9:55am</td>
<td>Refreshment Break, Poster Showcase, and please visit our Exhibitors</td>
<td>Ballroom</td>
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<tr>
<td>10:00am - 10:55pm</td>
<td>Concurrent Session Block 4 (2 sessions)</td>
<td>Various</td>
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<tr>
<td>11:00am - 11:25am</td>
<td>Refreshment Break, Poster Showcase, and please visit our Exhibitors</td>
<td>Ballroom</td>
</tr>
<tr>
<td>11:30pm - 12:55pm</td>
<td>Concurrent Session Block 5 (3 sessions)</td>
<td>Various</td>
</tr>
<tr>
<td>1:00pm - 1:55pm</td>
<td>Lunch</td>
<td>Ballroom</td>
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<tr>
<td>1:00pm - 1:55pm</td>
<td>Panel Presentation: Clinical Partnerships: Yours, Mine, Ours. Facilitated by Deirdre Jackman RN, PhD</td>
<td>Ballroom</td>
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<tr>
<td>2:00pm - 3:25pm</td>
<td>Concurrent Session Block 6 (3 sessions)</td>
<td>Various</td>
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<tr>
<td>3:30pm - 4:30pm</td>
<td>Refreshment Break and Door Prizes</td>
<td>Ballroom</td>
</tr>
<tr>
<td>3:30pm - 4:30pm</td>
<td>Refreshment Break and Door Prizes&lt;br&gt;Closing Address: <strong>Pauline Paul RN, PhD</strong>&lt;br&gt;Professor, Faculty of Nursing, University of Alberta Immediate Past-President, CASN</td>
<td>Ballroom</td>
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</table>
Day 2 Keynote Address
Friday, February 22, 2019

Donna Lynn Smith RN, MEd, RPsych, CHE
Professor Emerita Faculty of Nursing, University of Alberta

Teachers Lead and Leaders Teach… But Why?

The common ground between teaching and leadership is explored using examples from practice and current patient safety research. The research suggests that relational and responsive leadership behaviour might have prevented serious health system catastrophes that have been deeply documented through public inquiries in the UK and Canada.
Lunchtime Panel Presentation
Friday, February 22, 2019

Clinical Partnerships: Yours, Mine, Ours.

Facilitated by:
Deirdre Jackman RN, PhD
Clinical Assistant Professor
Executive Director for Clinical Partnerships
Faculty of Nursing, University of Alberta

Panel Speakers:
Cheryl Pollard RN, PhD, Associate Dean and Associate Professor,
MacEwan University. Academic Representative

Sheila O'Kelly, Past General Manager and Current President of 2020 TLU
World Triathlon. Family Representative

Susan Young RN, MN, Former Executive Director, Alberta Health
Services. Clinical Agency Representative

Brett Gleeson NS, Vice President, Academic/NUA. Student Representative

Penny Hammer RN, Clinical and Academic Educator. Patient
Representative
<table>
<thead>
<tr>
<th>Time</th>
<th>Room 5</th>
<th>Room 9</th>
<th>Room 10</th>
<th>Room 16</th>
</tr>
</thead>
</table>
| 10:00-10:25 am | Consequences of error: Preparing nursing students to practice in an imperfect world  
Cheryl Pollard, PhD, RN, RPW | Curriculum journey: From revision to practice.  
Tara Lyter, RN, BScN, MN; Tracy Hoot, RN, BScN, MN; DHEd | A participatory case study on youth’s emergency department experience through youth engagement as a change agent.  
Trish Whelan DSoCSc(RN), MHS, BScN, EN/C | Adapting to change: The work of public health nurses in Saskatchewan.  
Elizabeth Domm, RN, BScN, MDN, PhD  
CMSN(c); Ann-Marie Urban, RN, RPW, RN, PhD |
| 10:30-10:55 am | The WRAP Framework: Giving individualized, collaborative and timely feedback in clinical nursing education.  
Cheryl Besse MN, RN, PNC(C); Laura Vogelsang MN, RN, CMSN(C), CCNE | A perfect storm: How nursing faculty responded to the NCLEX-RN® tsunami.  
Elizabeth Domnn RN, BScN, MSN, PhD, CMSN(C); Patli Manson RN, MSN, CMSN(C); Patti A. Beman BA (IS) SGN (C); Jaime Manesso RN, MSN, PhD, (Student) | Micro-agressions in nursing education.  
Poongodi (Kodi) Sampath RN, RN, CCN, RN | What nurse educators need to know about cannabis.  
Andrea Cheng, RN, BScN, MN(Student); Olive Yonge, RN, PhD |
| 11:30-11:55 am | Exploring relational capacity building within a graduate rural nurse family practitioner program.  
Caroline Sanders, PhD, BSc, PGD, PGc, NHIP(PD), RN; Davy Mougenot, MA, BA | Nursing in Australia and its relational connection to Canada.  
Lucy Northcott; Benjamin McQueen; Bridget Lovat; Kristy Malpass; Manli Bennett; Taylin Pufford; D. Arabella; Katie Morris; & Mia Davies. Nursing Students from University of Adelaide, Australia | A soft place to land: Embedding mindfulness into a nursing curriculum.  
Seana Chesney-Chauvet, RN, MN; Claire Tellier, RN, MN | CASN Presentation: Development of the voluntary, bilingual, national certification exam. Introducing the: Canadian Examination for Baccalaureate Nursing (CEBN).  
Cynthia Baker, RN, MPH, MN, PhD |
| 12:00-12:25 pm | Concept mapping in a flipped clinical.  
Juliet D. Onabadejo, PhD, RN | From humanistic to technical: Expectations of ‘practice ready’ new nursing graduates.  
Noeman Mirza RN, PhD; Louela Manankil-Rankin RN, BScN, MA, MSN, PhD, Dawn Prentice RN, PhD; Lisa-Anne Hagerman RN, BScN, MBA, MSN, Ed.D; and Christopher Draencos RN, BSc, BScN | Understanding nurses’ self-care practices and what they believe would be important to further support a regular self-care practice.  
Ann-Marie Urban, RN, PhD | The diary of a first time blender in a concept-based course.  
Kerry Rusk, RN, BScN, MN |
| 12:30-12:55 pm | Facilitating the transition: From expert nurse to novice educator.  
Denise Passeka RN, MN; Lynn Anderson RN, MN, MFS; How Lee RN, MN | An analysis of the writing context in nursing education: Lessons for pedagogy from qualitative research.  
Patricia Woods MSN, RN, CCNE; Gail Rea MSN, RN | Factors in nursing students’ academic success during program progression.  
Janine Brown RN, MN, PhD(c); Meghan McDonald RN, MN, PhD(c); Cheryl Bess, RN, MN, Patty Manson RN, MSN; Noelle Yohalinsky RN, PhD |
| 2:00-2:25 pm   | Taking the lead: Developing non-technical skills in clinical nursing education.  
Julia Imanoff RN, BSc, BScN, MN, PNC(C); Melissa Eastveld RN, BN; Tammy Hnatyshyn RN, BN, MN | Building student research capacity.  
Ruhina Rana, RN, BScN, BA, MN(c); Susan Hammond, RN, BScN, MEd; Marie Caron, RN, BScN, MN | Perceptions and experiences of trauma in undergraduate nursing and psychiatric nursing programs.  
Kathryn Chachula RN BN MN PhD(c) | Transition into a nursing program: Developing supports for students displaced from home communities.  
Meghan McDonald RN, MN, PhD(c); Janine Brown RN, MN, PhD(c); Crystal Knihntski NS; Holly Stotz RN |
Tracy Hoot RN, BScN, MSN, DHEd | Implementing a longitudinal interprofessional collaborative care curriculum at the University of Manitoba: Evaluation, reflections and next steps.  
Christine A. Ateah RN, BN, MEd, PhD; Fiona Jensen RN, MSN; Amanda Condon MD, CCPF; Moni Fricke BMR (PT), PhD; Laura MacDonald RDH, MEd, PhD(c); Robin Oliver BSc(Pharm); Kaleigh Warden BA (IS) RDH | Balancing reflection and validity in students’ self-assessment: Demonstrating authentic interest.  
Sherni Melrose, RN, PhD | Replacing clinical time with progressive simulation.  
Kala Streibel RN, MN; Kristen Gulbransen RN, MN; Magie Convery RN, BScN, IBLC; Danielle Silo BScN, Jennifer Rush RN, BScN; Lindsay Huseby RN, BScN |
| 3:00-3:25 pm   | (Re)Conceptualizing capacity issues in clinical placements: Emerging insights.  
Angela Wolff, PhD, RN, CHE; Leanne Currie, PhD, RN | Would you rather…Control a harm or construct goods?  
Don Flaming, PhD, RN | A relational approach to understanding moral distress in nursing students.  
Emily Marcogliese, RN, PhD(c); Amanda Vandyk, RN, PhD; Jean Daniel Jacob, RN, PhD; David Kenneth Wright, RN, PhD | Impact of undergraduate research experience on the professional careers of nurses.  
Beverley Temple, RN, MN, PhD; Donna Martin RN, PhD; Diane Cepanec MA; Rasheda Rabbani PhD, Naomi Armah RN, BScN, MN(student); Biotolemoeye Irabor RN, RN |
| 3:30-4:30 pm   | Refreshment Break and Door Prizes | Refreshment Break and Door Prizes | Refreshment Break and Door Prizes | Refreshment Break and Door Prizes |

**WNRCASN 2019 CONFERENCE SCHEDULE**
Friday, February 22, 2019
WNRCASN

Conference 2019

Concurrent Session Abstracts

(Listed in Alphabetical Order by Last Name of Principle Author)

A special thank you to our

Scientific Review Committee

Chairs: Tanya Park RN, PhD & Elisha Vadnais RN, MScN
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Gwen Remple RN, PhD, Athabasca University
Ann Ranson-Ratusz RN, PhD, MacEwan University
Hanneke Croxen RN, BScN, MSN, MacEwan University
Strengthening Clinical Knowledge: Repeating High Fidelity Patient Simulations

Author: Elaine Abrook, RN, BScN, MScN, PhD  
University of Saskatchewan elaine.abrook@saskatchewanhealthauthority.ca

The clinical environment provides important learning opportunities for health care professionals especially nursing students. The clinical environment offers students a social learning experience not available in the classroom. Providing safe and competent patient care is a critical component of nursing education; however, approaches to preparing nursing students for practice remains relatively unchanged for the past 50 years (Gonzalez & Kardong-Edgren, 2017). Technological advances, increased imperatives for patient safety, and emphasis on evidence informed interventions means that traditional teaching strategies for preparing nursing students for clinical practice need to evolve to improve care outcomes while ensuring patient safety. High fidelity patient simulation (HFPS) is a teaching strategy increasingly used by nurse educators to provide students with opportunities for deliberate practice of nursing care without risking patient injury. Although most nursing programs have integrated HFPS into their curricula, critic point out that there is little research on the philosophical and pedagogical underpinnings. This qualitative study used focus group methods to explore undergraduate nursing students’ perceptions of repeating HFPS scenario. This study draws on Vygotsky’s (1978) Sociocultural Theory, Kolb’s (1984) Experiential Learning Cycle, and the National League for Nursing/Jeffries Simulation Model (2012). The findings revealed six (6) themes: developing competence, teamwork, cueing, anxiety, making mistakes, and feedback. Participants reported repeating the scenario reduced their anxiety and stress, while allowing them to focus on using critical thinking skills more effectively when providing patient care.

References

A Learner-Centered, Peer-Teaching Strategy Utilizing Technology in a Health Assessment Course.

Authors: Angela Ahlquist RN, BScN, MA; & Patti Manson RN, BScN, MScA
Saskatchewan Polytechnic angela.ahlquist@saskpolytech.ca

PURPOSE: A collaborative learning, peer-teaching project utilizing technology was incorporated into a health assessment course. The intent of the learning project was to enable students the opportunity to master key systems assessments, and facilitate recognition of clinically salient findings. Students were enrolled in a two-year accelerated after-degree baccalaureate nursing program and come from a non-nursing background. The course is content-laden and amalgamates normal and abnormal adult health assessment, pathophysiology, selected health challenges, and associated nursing care.

METHOD: Based on the assumption that many nursing students are part of the digital native generation, faculty determined it was important to integrate active learning strategies while incorporating technology. Randomly selected student dyads were challenged to be creative in their use of technology to showcase their ability to concisely teach each other key systems assessments. For example, some students utilized videos uploaded to YouTube while another group used Prezi to present their projects. Students presented their project in class and received peer and faculty feedback. Pre-and post-project questionnaires and individual reflections were used to identify prior knowledge of content, skill acquisition, perceptions of influence on peer learning, and impact on their student nurse practice.

IMPACT: Positive feedback was received by the students who felt they could demonstrate creativity and develop assessment skill mastery. Further, the project enhanced their connection to class content and provided an opportunity for collaborative group work. A learner-centered community was cultivated and students demonstrated motivation and responsibility for learning for themselves and their peers.

References

Seniors’ Experiences in Assisted Living Facilities: A Study Exploring Quality of Life

Author: Elham Al-Omari, RN, MN  
Lethbridge College  
elham.al-omari@lethbridgecollege.ca

Introduction: The aging population has become a social concern for Canadian society who experienced significant drop in fertility rates, and increase in the number of baby boomers and life expectancies. As a result, a growing number of seniors need greater assistance with daily activities, medical and personal care. This has impact nursing care as seniors are the most frequent users of the health care system and nurses required to be prepared for such demographical change.

Objective:  To explore the quality of life as perceived by seniors who reside in Assisted Living Facilities (ALFs).

Method: Employing a descriptive qualitative approach, interviews conducted with residents 17 residents of two ALFs. Using qualitative data analysis, the approach of thematic analysis was applied. Three major themes surfaced from residents’ descriptions: ‘physical environment’, ‘social environment’, ‘home-like atmosphere’.

Result: A complex set of dynamic factors has contributed to residents’ lives in ALFs. Residents expressed different levels of satisfaction and displayed a wide range of expectations.

Discussion: Quality of life in ALFs remained predominantly an outcome of fit between the personal capability of residents to adapt changes and the capacity of the facility to meet residents’ diverse needs.

Impact on nursing education: findings suggest more seniors are receiving nursing care and exhibit different needs and challenges. Understanding the complex dynamic factors that contribute to the quality of life of senior population is integral part of nursing care and has significant implications on nursing practice. Results from this study can be translated into practice during clinical teaching.

References


Comparative Value of HFS and SP in Graduate NP Curriculum Design

Authors: Michael Allen RN, BScN; Tammy O’Rourke BS/MS, PhD, NP(FAA)
University of Alberta mcallen@ualberta.ca

Background: Significant investments in the use of High-Fidelity Simulation (HFS) in undergraduate nursing education have been made in the U.S. and Canada, however, the uptake of HFS in graduate programs to prepare nurse practitioners (NP) has not occurred at a similar pace. This uptake could be in part be due to the lack of evidence supporting integration of HFS experiences in NP programs. Despite this lack of evidence, significant pressures continue to exist for NP faculty to develop and utilize HFS experiences. In contrast, standardized patients (SP) have been used in health programs for over 50 years and their use in NP programs is increasing. Decision making in graduate programs is highly dependent on financial pressures and experiential knowledge of teaching strategies. There is a need to improve decision making processes in graduate curriculum development with the use of evidence to inform changes or maintenance of educational strategies.

Purpose: To examine the comparative value of HFS and SP in the preparation of graduate students for clinical practice as Nurse Practitioners.

Design: Integrative Review. Databases for the search included EBSCO CINAHL PLUS with Full-text 1937-Present, EBSCO MEDLINE 1946-Current, EBSCO ERIC, Scopus 1960-Current, and Web of Science Core Collection databases. Additional strategies through web-based search engines and hand-searching of references lists were employed to ensure the completeness of the literature search.

Findings: After screening and full-text reviews, 39 papers were included in the final analysis. Only 12 of these papers presented evidence based on scientific inquiry. The other 27 papers were anecdotal or based on informal evaluation processes. A variety of instruments were used to measure outcomes; knowledge, satisfaction, confidence, and clinical performance.

Impact for Nursing Education: The findings from this review have the potential to inform graduate curriculum decisions and direct future scientific inquiry in this area of study.

References
Implementing a Longitudinal Interprofessional Collaborative Care Curriculum at the University of Manitoba: Evaluation, Reflections and Next Steps

Authors: Christine A. Ateah RN, BN, MEd, PhD; Fiona Jensen RN, MScN; Amanda Condon MD, CCFP; Moni Fricke BMR (PT), PhD; Laura MacDonald RDH, MEd, PhD(c); Robin Oliver BSc (Pharm); Kaleigh Warden BA (IS) RDH
University of Manitoba christine.ateah@umanitoba.ca

Interprofessional education (IPE) is foundational to graduating health care practitioners in preparation for collaborative practice. IPE is increasingly required for program approval and/or accreditation for nursing and other health profession education programs. The Canadian Interprofessional Health Collaborative (2010) identifies six competencies: team functioning, role clarification, interprofessional communication, patient/client/family/community-centred care, interprofessional conflict resolution and collaborative leadership. An innovative two-year interprofessional collaborative care (IPCC) curriculum based on the CIHC competencies was first implemented in September 2016 at the Rady Faculty of Health Sciences, University of Manitoba involving early health profession students in nine programs in the Colleges of Nursing, Medicine, Rehabilitation Sciences, Pharmacy and Dentistry.

Multiple methods were used to evaluate the IPCC from both the students’ and the faculty facilitators’ perspectives. Students completed the ISVS-9 (King et al., 2013) to measure interprofessional socialization and valuing; and the Team IP Collaborator Assessment Rubric4 (ICAR) (Curran et al., 2011) to measure team growth across the six IP competencies. Subsequent focus groups informed by the survey results explored processes and outcomes in greater depth.

The findings from this longitudinal curriculum to-date are consistent with existing evidence that regular communication with learners and facilitators is paramount to success in IPE strategies. While our experience suggests face-to-face opportunities are preferred over blended learning, the reality of limited time across various health care professional curricula must be acknowledged. We found that by establishing consistent interprofessional cohorts over a two-year time frame, the challenges of interprofessional team formation and development can be overcome. The IPCC curriculum is iterative and continues to be responsive to the feedback from students and faculty in all five colleges. Planning is ongoing for the next phase; incorporating interprofessional collaborative practice activities in clinical practice settings.

References
Encouraging Uptake and Meaningful Use of Digital Health Competencies for Nursing Education in Canada.

Author: Canadian Association of Schools of Nursing / L'association canadienne des écoles de sciences infirmières
Presented By: Cynthia Baker, RN, MPhil, MN, PhD
Executive Director of CASN cbaker@casn.ca

The landscape of healthcare has changed dramatically as a result of digital health technologies. This has impacted nursing practice significantly, and nurses entering the workforce need to be prepared to practice in technology-enabled environments.

The Canadian Association of Schools of Nursing’s mission is to lead nursing education in the interest of healthier Canadians. For the past eight years CASN has been working with Canada Health Infoway on multiple initiatives to facilitate change in undergraduate nursing education to be inclusive of preparation in digital health. In the first phase of the project CASN developed a set of core, national entry-to-practice nursing informatics competencies that were published in 2012. Since the competencies were published, CASN has carried out various initiatives to support their uptake and meaningful use by Canadian nurse educators. Efforts have included a faculty mentorship network, the creation of toolkit/resources, workshops, webinars and videos. Most recently, Infoway has supported CASN in the creation of a series of online modules related to the nursing informatics competencies.

CASN will discuss the results of each of these strategies, lessons learned about building digital health competencies in nursing education, and how we are using the lessons learned to inform our current approach.
CASN Development of a Voluntary, Bilingual, National Certification Exam. Introducing the Canadian Examination for Baccalaureate Nursing (CEBN)

Author: Canadian Association of Schools of Nursing / L'association canadienne des écoles de sciences infirmières
Presented By: Cynthia Baker, RN, MPhil, MN, PhD
Executive Director of CASN  cbaker@casn.ca

The Canadian Association of Schools of Nursing (CASN) is the national voice for nursing education and scholarship in Canada. In May 2017, CASN’s Board of Directors made the decision that the CASN move forward with the development of a voluntary, bilingual national certification examination for recent graduates of baccalaureate programs of nursing in Canada. The exam has been titled the Canadian Examination for Baccalaureate Nursing (CEBN), and will provide national recognition of the high-level of achievement of Canadian nursing schools and their students. The exam assesses candidates’ mastery of the essential components of CASN’s National Nursing Education Framework for baccalaureate education. These incorporate national academic expectations for baccalaureate level education and professional nursing competencies. The CEBN certification credential will demonstrate to employers their acquisition of the nursing knowledge and entry-level competencies required in Canadian health care and will also demonstrate the graduate’s readiness to pursue continued nursing education at the Master’s level.

Purpose: The presentation will highlight the development phases of the CEBN over the last year which includes a significant commitment and valuable input from faculties of nursing across Canada. The methodology has been rigorous and is guided by extensive psychometric expertise to ensure the exam meets international standards certification testing.

Approach: CASN has been working with a national advisory committee and exam committee to guide the process and the development of the CEBN exam blueprint. The blueprint is based on the CASN National Education Framework which incorporates the entry-to-practice competencies for Canadian practice. Input on the blueprint has also been obtained from representatives of the Canadian Patient Safety Institute, Infection Prevention and Control Canada and a national coalition for interprofessional education. In addition, in line with CASN’s commitment to respond to the calls to action outlined in the Truth and Reconciliation Commission, the exam will be reviewed by an Indigenous panel of reviewers. It will also be reviewed for practice currency by a panel of experienced clinicians employed in practice settings. State-of-the-art software for computer-based bilingual testing in Canada is used and along with in-depth psychometric analyses and validation processes.

Results: Pilot testing with a statistical review begins April 2019. This bilingual exam has used a multi-step approach to translation that includes certified Canadian translators, a CASN quality assurance review, and a series of linguistic reviews. The exam will determine nursing graduates’ mastery of the essential components of baccalaureate education in the Canadian context.
Journeying Together Towards Right Relationship and Indigenous Placemaking

Authors: Heather Bensler RN MSN; Monica Friesen RN BN; Julia Thicke SN2; Sarah Miller SN2; Kathleen Ross SN2
University of Calgary heather.bensler@ucalgary.ca

In response the Truth and Reconciliation (2015) Call to Action #23 to increase enrollment and support of Indigenous nursing students, the University of Calgary Faculty of Nursing purposed to create an Indigenous Student Gathering Space within the faculty. The faculty wanted incoming and existing Indigenous nursing students to see their culture reflected, honoured, and supported within the space. Recognizing the opportunity for an innovative community placement, a clinical group of 2nd year nursing students with their instructor partnered with Treaty 7 Elders, Traditional Knowledge Keepers, and community members to learn about an Indigenous sense of placemaking. Innovative methodologies such as land-based learning with Elders, immersive experiences in local First Nations community, and ceremony were employed which resulted in trusting collaborative relationships with Indigenous Elders and community partners. Stories and teachings from Indigenous partners were privileged as students engaged with community partners and received teachings from Elders. Students navigated the confluence of worldviews, recognizing the ethical space where dialogue and learning occurred (Ermine, 2015). At times throughout the clinical experience, western-based nursing course expectations conflicted with Indigenous ways of doing, such as rights of ownership of teaching and privileging written over oral methods of reporting. Students, with their clinical instructor and the Director of Indigenous Initiatives, will share about this innovative and transformative learning experience that built their capacity to authentically engage with Indigenous partners in a collaborative manner while maintaining an ethical space. Students will explore their learning related to their growing understanding of cultural safety (Ramsden, 2002).

This student learning exemplar demonstrates the complexities inherent in partnerships between Western universities and Indigenous partners and the importance of navigating the ethical space with caution and respect.

References


The WRAP Framework:
Giving Individualized, Collaborative and Timely Feedback in Clinical Nursing Education

Authors: Cheryl Besse MN, RN, PNC(C)\(^1\); Laura Vogelsang MN, RN, CMSN(C), CCNE\(^2\)
University of Saskatchewan \(^1\); Lethbridge College \(^2\)  
cheryl.besse@usask.ca

Giving timely feedback to nursing students in the clinical area, which is both collaborative and individualized, is essential to maximize learning opportunities for students (Gaberson, Oermann, & Shellenbarger, 2015). This feedback can be both formative and summative, informal and formal. Formative, individualized, in-the-moment feedback provides the student with opportunities to apply the feedback while still in the clinical setting. One potential downside to this more informal process is that without a formal framework the student may not see it as feedback, thus minimizing its value and influence (Clynes & Raftery, 2008). Another challenge with providing feedback is finding the time given the conflicting demands of the clinical setting. Certainly, these individualized “teachable moments” are essential opportunities that must be maximized; however clinical instructors struggle to give this important feedback before being pulled away to another student or desiring to send the student back to maximize the available clinical learning opportunities.

Given these challenges, it becomes imperative to use time wisely. One popular method for providing feedback is the sandwich method, which involves ‘sandwiching’ constructive criticism between positive feedback commendations. Unfortunately, this method fails to engage the learner in thoughtful reflection and collaborative development of a plan for improvement. It could also be argued that this approach undermines the constructive feedback by ‘hiding’ it between two slices of praise.

The goal of this presentation is to share a new type of feedback ‘food’: the WRAP framework for engaged, honest, constructive feedback paired with next steps (Besse & Vogelsang, 2018). The WRAP (Wonder, Reinforce, Adjust, Plan) framework will be explored as an effective way to provide quick, collaborative, and timely formative feedback. Using this easy to remember and easy to apply framework we highlight for students and faculty alike the importance of individualized, collaborative feedback to maximize learning.

References
http://www.sfpm.org/NewsJournals/EducationColumns/November2015EducationColumn
Adaawk: Gitxsan Rural Nursing Practice

Author: Sheila Blackstock RN, BScN, MScN, COHN
Thompson Rivers University sblackstock@tru.ca

Introduction: The Gitxsan people belong to house groups called Wilps. Each Wilp has an oral history called “adaawk.” In the spirit of adaawk, the Gitxsan presenter shares the outcomes of the first offering of a rural, Gitxsan nursing practice course using the metaphor of a totem pole. Each concept, partnership, evaluators are integral to the development of a totem that reflects the adaawk.

Purpose: To demonstrate how the co-creation of relational concepts with the community strengthens preceptor, student and community partnerships for improved preceptor support and student learning outcomes.

Methods: Participants are presented with the metaphor of carving a totem as it relates to the communities’ and student experiences and evaluators. A student-centered teaching philosophy and Indigenous ways of knowing are used to synthesize student and community evaluator outcomes of the first rural Gitxsan nursing practice course offering from 2018. Secondly, evaluator outcomes synthesis informs course revisions, further community partnerships, and leadership projects for the students progressing in their fourth year of practice.

Findings: Community and student evaluators demonstrate the rural Gitxsan nursing practice experience improves cultural safety knowledge and provides a safe forum to practice cultural and relational practice; allows students to co-create innovative patient outcomes within rural and community nursing practice context reflecting a two-eyed seeing approach; facilitated student placements in leadership/community health nursing for a fourth year nursing practice project with Gitxsan and rural communities in follow up to their third year practice.

Discussion: Authentic community partnerships and co creation are foundational to enacting relational practice as it relates to nursing practice course development, ongoing evaluation and consultation, and cultural safety practice. Participants are shown how the learning outcomes of the course are revised to strengthen the parts of the totem and ultimately the essence of adaawk.

References


“I don’t know how to put it all together”.
Concept Mapping and Nursing Care Plans: Strategies to Help Struggling Students.

Authors: Joanne Bouma RN, MN; Michelle Yeo PhD, Sarah Hewitt PhD, Sarah Webb BEd
Mount Royal University     jbouma@mtroyal.ca

Nursing education literature is clear about the importance of students having to develop clinical judgment in a rapidly changing clinical environment. Information literacy and the ability to respond appropriately are skills that demonstrate recognition of salient aspects of a patient situation (Gerdeman, et al, 2013; Jeffreys, 2014.). The task of organizing vast amounts of information, discovering relationships, and demonstrating a growing understanding of a concept can be overwhelming for some. Those students who struggle in the face of a substantial amount of complex content can find themselves repeating or ‘just passing’ courses and focusing on the pass as opposed to optimizing their knowledge and learning (Jeffreys, 2014). Throughout the literature, reasons students struggle are identified as feeling overwhelmed, lacking motivation, not seeking out assistance from faculty while facing a failure, and not knowing how to study because they did not know how they learn (Jeffreys, 2014; Elliot, 2016). Since students frequently do not seek out help from faculty until it is often too late to alter a declining academic situation, there is a need for faculty to actively target and support so called ‘at risk’ students early in a nursing program. (Elliot, 2016; Jeffreys, 2014; Liem & Martin, 2012). Karsten et al (2014) cite several studies which support the idea of using a student centred approach to focus on maximizing student retention and success. In this research study, students who failed a second-year pathophysiology/pharmacology course were offered learning strategy sessions using concept mapping and nursing care plans. Participants identified that after the sessions they were successful in repeating the course and had a greater understanding of the material because “… instead of looking at it like separate things, it all came, like, together”. This presentation will explore the student experience of the learning strategy sessions using concept mapping and nursing care plans and the resulting success in moving forward in the program.

References
Factors in Nursing Students’ Academic Success During Program Progression

Authors: Janine Brown RN, MN, PhD(c); Meghan McDonald RN, MN, PhD(c); Cheryl Bess, RN, MN, Patty Manson RN, MScA; Noelle Rohatinsky RN, PhD
University of Regina janine.brown@uregina.ca

PURPOSE: Transition into post-secondary education can be difficult for students, and impacts academic achievement, physical health, emotional health, social relationships and support. Funded by the WNRCASN 2018 Innovation in Nursing Education Grant, this research project explores factors affecting nursing student transition to and progression through baccalaureate education. Research questions included: What factors are utilized by nursing students at the onset of their program to support academic success? How do these success factors change during nursing students’ progression through a baccalaureate program?

METHODS: A longitudinal cross-sectional approach was used to quantitatively measure academic success factors for nursing students in Saskatchewan. Recruitment included all nursing students attending the University of Regina/Saskatchewan Polytechnic and the University of Saskatchewan in fall 2018. The Academic Success Inventory for College Students (ASICS) measured academic skills, career decidedness, motivation, lack of anxiety, concentration, socializing, personal adjustment, perceived efficacy of instructors, and confidence. Data collection occurred at initial program start, and subsequently with students in all years of study at the end of first term.

FINDINGS: Compared to normative undergraduate scores, nursing students demonstrated strengths in career decidedness, general academic skills, appropriate socializing, internal/external motivation, confidence and concentration. However, nursing students scored significantly higher in level of anxiety, with anxiety markedly increasing during program progression. Detailed findings suggest demographic factors (i.e. geographic site, program entry point, gender, displacement from home) for nursing programs to consider in order to understand this phenomenon within the student population. Additional data collection is planned at the end of the 2018/2019 winter term.

IMPACT: Understanding factors that impact nursing students can assist in the development of appropriate support systems and programs to enhance academic success and increase student wellbeing. Findings may also inform teaching practices, and assist in identifying areas for faculty development.

References
Coyote Brings Food from the Upper World: Navigating the Complexity and Learning to Get it Right

Authors: Barbara Jean Buckley RN, PhD; Bonnie Fournier RN, PhD; Tracy Hoot RN, DHEd; M. Star Mahara RN, MSN; Rhonda McCraith RN, MN; Lisa Bourque Bearskin RN, PhD, Beaver Lake Cree Nation; Sandra Bandura BSc, MEd(Student), Qayqayt First Nation; Cecilia DeRose Esk’eteme First Nation; Estella Patrick Moller, Nak’azdli First Nation  bbuckley@tru.ca

The Secwépemc People of the BC Interior share with us the knowledge that the Coyote is a powerful transformer. This story known as, Coyote Brings Food from the Upper World, underpinned a two-year funded initiative at Thompson Rivers University (TRU). The Coyote initiative was intended to unite all of TRU community in co-creating a campus environment that was welcoming and supportive to all, especially Indigenous students and staff (TRU Coyote Website). Under the guidance of the Indigenous Health Nursing Committee this research team sought to engage with TRU School of Nursing (SON) faculty and staff at our two campuses with the goal to better understand their experiences of designing, developing, and delivering Indigenous knowledge in nursing education.

In this presentation we provide a brief overview of how we approached this work including how we learned to use an Indigenous research methodology (IRM). We will share how we partnered with Indigenous knowledge experts and how we attended to four aspects of our IRM framework: respect, responsibility, reciprocity, and relationality. The primary focus of this presentation is to share our preliminary findings regarding SON faculty and staff experiences with Indigenization at TRU. We will also highlight how the use of Talking Circles appeared to create a safe space that enabled participants to openly share their journey along the decolonization path, how they were navigating the complexities and challenges encountered, and how some came to realize they were not getting it right.

We hope the sharing of our findings will be useful for other SONs as they move forward with their own work toward decolonization, truth and reconciliation, and incorporating Indigenous knowledge in nursing education and practice.
Perceptions and Experiences of Trauma in Undergraduate Nursing and Psychiatric Nursing Programs

Author: Kathryn Chachula RN, BN, MN, PhD(c)
Brandon University chachulak@brondonu.ca

Introduction: According to the Manitoba Nurses Union (2015), 25% of nurses experience post-traumatic stress disorder symptoms. Nurses reportedly experience three-times more violence than police and correctional service officers combined (Canadian Federation of Nurses Unions, 2017). Encountering stressful situations and bullying from both colleagues and superiors compromise the future of the nursing profession with newly-graduated nurses leaving practice (Rudman et al., 2014).

Objectives: The purpose of the study is to identify the vulnerabilities regarding perceptions and experiences of traumatic stressors within Bachelor of Nursing (BN) and Bachelor of Psychiatric Nursing (BPN) student populations within Manitoba.

Methods: The McGill Illness Narrative Interview (MINI) methodology developed by Groleau, and colleagues (2006) derived from medical anthropology is being utilized to better understand how, when, and under what circumstances graduates of BN and BPN programs self-identify as being ‘traumatized’, and/or act on their experiences and feelings of work-related ‘trauma’.

Preliminary Findings: Themes of trauma arose from witnessing sudden and unexpected death of patients for whom students provided care, suffering “sabotage” and bullying from practicing nurses, as well as verbal abuse from members of the health care team and nursing faculty. Students who experienced exhaustion and bullying from staff nurses, clinical instructors, student peers, as well as patients and their families found that learners were significantly more likely to leave the nursing program (Budden et al., 2012).

Impact for Nursing Education: There is a need for nurse educators to develop strategies that foster resilience, self-efficacy, and healthy coping mechanisms in undergraduate nursing students prior to their entry into the workforce. This includes the development of policy and guidelines that attends to debriefing procedures for clinical instructors when potentially traumatic and stressful experiences occur with student nurse populations.

References

http://dx.doi.org/10.1016/j.colegn.2015.11.004


What Nurse Educators Need to Know About Cannabis

Authors: Andrea Cheng RN, BScN; Olive Yonge RN, PhD
University of Alberta awchengl@ualberta.ca

Acknowledgement to Meggan Mackie from the Teaching, Learning Office of the University of Alberta Faculty of Nursing who assisted with this presentation.

As nurse educators, we pride ourselves in preparing students to practice in the changing landscape of healthcare. With the new legalization of cannabis, students need to be equipped in understanding current regulations as well as recreational and medical uses of cannabis. Given that one in ten university students are an active user, they also need to recognize the impact of cannabis use on themselves as well as their peers. The implications for nurse educators are that they will need to understand the meaning of Fitness to Practice, the role of self-care for student users and its influence on regulations as there remains limited research evidence on the harms and benefits related to cannabis use.
A Soft Place to Land:
Embedding Mindfulness Into a Nursing Curriculum

Authors: Seanna Chesney-Chauvey RN, MN; Claire Tellier RN, MN
University of Alberta seanna@ualberta.ca

Unfolding a new concept-based curriculum allowed for a unique opportunity with our after degree and bilingual nursing students. The first semester began with a course called Foundations for Success in Nursing. The course would support the growth and development of the student in a professional program. Understanding that nursing students experience high levels of stress and pressure sparked the opportunity to embed mindfulness into the course as early as possible (van der Riet, Rossiter, Kirby, Dluzewska & Harmon, 2015). Some outcomes resulting from a mindfulness practice include reduced burnout, stress, and a greater sense of happiness and ability to be empathetic (van der Riet, Levett-Jones, Aquino-Russell).

We began first with sharing the science and evidence supporting mindfulness, and then purposefully threaded and integrated it throughout the semester. Gradually we saw most students begin to accept and embrace the practice. Slowly as the semester ticked by, both students and faculty began to report the positive changes the mindfulness practice was having on their stress levels and feelings of resiliency. We now are ripe with opportunities to integrate mindfulness into theory, lab and clinical courses to facilitate students’ continued growth.

References

Genetic and Genomic Knowledge for Nurses: A Study of Literacy and Perceptions among Undergraduate Nursing Students and Faculty in Alberta, Canada

Author: Sarah Dewell RN, BN, MSc.; Carla Gin RN, PhD; KArin Benzies RN, PhD; Sandra Goldsworthy RN, PhD CNCC(C), CMSN(C); Cydnee Seneviratne RN, PhD
University of Calgary sarah.dewell@ucalgary.ca

Introduction: Precision health initiatives are changing health care (Feero, 2017). Nurses globally need education to increase their capacity to incorporate genetics/genomics into practice in response to these initiatives (Camak, 2016). As the single largest healthcare profession, nurses must play a key role in the development and implementation of precision health to maximize benefits to patients. In Canada, there are minimal guidelines outlining requirements for genetic/genomic competencies for nursing education or practice.

Objectives: The first aim of this study is to measure genetic/genomic literacy among undergraduate nursing students and faculty. The second aim is to explore receptiveness to adopting core genetic/genomic content into an undergraduate nursing curriculum.

Methods: A mixed-methods explanatory sequential design with two phases will be used. In the first phase, undergraduate nursing students and faculty from the University of Calgary and Medicine Hat College completed the Genomic Nursing Competency Index (Ward, Haberman, & Barbosa-Leiker, 2014). In the second phase, a sub-sample of those who completed surveys participated in focus groups about barriers and facilitators associated with integrating genetic/genomic content into undergraduate nursing curricula.

Results: Preliminary results of first phase survey data (N = 141) and thematic analysis of second phase focus group discussion will be presented. Results of this study provide information about gaps in knowledge related to the current level of genetic/genomic literacy held by undergraduate nursing students and faculty in Canada. In addition, the study informs possibilities for inclusion of genetic/genomic content into an integrated undergraduate curriculum. Evidence-based educational strategies that embed genetics/genomics competencies into the practice of all nurses are essential for understanding health needs of patients in the era of precision health. Involving students in discussions of innovative expansions of nursing practice has the potential to build communities of practice and engage students in discussions about the identity of nurses in the genomic era.

References
Adapting to Change: The Work of Public Health Nurses in Saskatchewan

Authors: Elizabeth Domn, RN, BScN, MSN, PhD CMSN(c) Mu Sigma STTI Member; Ann-Marie Urban, RPNC, RN, PhD
University of Regina liz.domm@uregina.ca

Introduction: Historically, public health nurses’ (PHNs) work has focused on community health assessments, surveillance, and health promotion activities. However, because of changing demographics, cost constraints, health care priorities and ongoing restructuring, public health nurses’ work is different today. Similarly, in Saskatchewan, changing demographics and ever-increasing population with social, mental and economic needs require PHNs to be resourceful problem solvers in order to provide holistic care.

Purpose: This research study sought to understand PHNs perspectives about what they perceive as influencing their practice and how this changes their work and care of clients.

Method: Forty-two public health nurses participated in six focus groups. Thematic analysis of the focus group transcripts revealed four themes about PHNs perspectives of social, political and economic influences on their work, and how they adapted their work for improved client care.

Results: The four themes included: 1) working to meet the needs of different demographics, 2) working within an evolving work assignment, 3) working to meet provincial and organizational directives 4) working within resource constrained budgets. As well, public health nurses discussed suggestions for improvement and yet there was uncertainty about the sustainability of their roles amidst these changes.

Conclusion: Whilst public health nurses understand that change is inevitable, they also understand that they have to adapt and maintain the fundamentals of their roles in providing care to a diverse population within an evolving healthcare context.

Potential impact for nursing education: Public health nurses to preceptor senior nursing students where students focus on community health assessments, surveillance, and health promotion activities may be less attainable. Are there other ways for students to appreciate public health nursing as caring for community as client?

References
A Perfect Storm: How Nursing Faculty Responded to the NCLEX-RN® Tsunami

Authors: Elizabeth Domm RN, BScN, MSN, PhD, CMSN(C), Mu Sigma STTI Member1; Patti Manson RN, MScA, CMSN(C)2; Jaime Manesso RN, MSN, PhD(Student)¹
University of Regina¹; Saskatchewan Polytechnic² liz.domm@uregina.ca

Introduction: In 2015, nurse regulatory associations required graduates from Canadian nursing education programs to write and pass the NCLEX-RN® computer adaptive exam to attain registered nurse licensure. Canadian graduate nurses and faculty were profoundly impacted by this change. Prior to this change, the National Council of State Boards of Nursing in the U.S.A. provided some information about the NCLEX-RN® exam, however, it was not fully understood how Canadian nursing education programs could offer support and/or adapt their teaching/learning methodologies to better prepare graduates for success on the NCLEX-RN® examination.

Purpose: Participants will learn about innovative teaching by faculty in one program in response to graduating students’ identified needs for support as they prepared to write the NCLEX-RN® examination.

Teaching Innovation: This presentation focuses on faculty-initiated teaching innovations in a relatively new collaborative nursing education program to address a “perfect storm” of circumstances that contributed to a much lower-than-expected first-time-writer NCLEX-RN® examination program pass rate. Faculty came together to view the program’s needs assessment, curriculum analysis and planning documents and then brainstormed and implemented multi-faceted strategies to support students’ and graduates’ need for support in preparing to write the NCLEX-RN®. Innovative teaching that will be highlighted include ongoing twice-yearly NCLEX-RN® student preparation workshops, faculty education, development and student and graduate supports.

Evaluation: Ongoing evaluation informs revisions in learner-centered delivery methods and workshop content, as well as faculty development initiatives about the NCLEX-RN® test plan, client need categories and question formats. Faculty received support to revise test items, to blueprint course examinations and to incorporate higher taxonomy questions and critical thinking into all teaching opportunities.

Students completed course and workshop evaluations reflecting their perspectives of teaching approaches and exam questions, and of their learning outcomes from participating in the faculty-led “Preparing for the NCLEX-RN®” workshops.

Impact: Innovations improved graduates’ preparation for NCLEX-RN®

References


Hall, L. M., Lalonde, M., & Kashin, J. (2016). People are failing! Something needs to be done: Canadian students' experience with the NCLEX-RN. Nurse education today, 46, 43-49.
Relational Rapid Rounds to Enhance Student Learning in Nursing Education.

Authors: Becky Fitzgerald, MSN, RN; Elizabeth Cermigoy, MScN, RN
Lethbridge College becky.fitzgerald@lethbridgecollege.ca

Introduction: Over the past two years, the presenters have embarked on a journey to find new ways to engage nursing students in their undergraduate Maternal-Child and Pediatrics and Medical-Surgical nursing courses using a strategy called Rapid Rounds. Rapid Rounds is a Scholarship of Teaching and Learning project that solidifies nursing knowledge and bridges the gap between theory and practice. Rapid rounds as a teaching strategy moves learning away from the surface level and moves into a deeper and more interactive level. Teaching practices need to be directed towards helping learners develop and transfer specific skills that both encompass knowledge development and dissemination, and prepare graduates for work in a knowledge based and global society (Bates, 2015).

Theory and Purpose: Rapid rounds are based on Constructivist learning theory where educators encourage students to be active agents in their own learning (Kroll & LaBoskey, 1996). Active learning is an educational strategy that is student centered and allows students to become deeply engaged in their learning (Abdullah, Zeb, Ullah, Bano, 2017). Students take an active role in knowledge development, which encourages critical thinking, reflection, self-directed learning and problem solving ability. Learning is more than the assimilation of new knowledge by learners. It is a process by which learners are integrated into a knowledge community and is relational in nature. Emphasis is on the collaborative nature of learning and the importance of cultural and social contexts. Rapid rounds allows the students to be involved in their learning both cognitively and constructively. It empowers the students and provides opportunities to ask questions clarify concepts and apply knowledge, facilitating theory to practice connections.

Methods: At the end of each unit of study, students participate in Rapid Rounds stations where they review a case study, utilize laboratory supplies and apply the nursing process. Students are challenged to be active participants in their learning enhance their ability to develop knowledge from theory through to person-centered practice. Through timely feedback and controlled practice active learning enhances metacognitive skills such as goal setting and self-awareness (Gordon, 1996). Examples of Rapid Rounds content areas include: exploring the nursing approach to gestational diabetes management, furthering their understanding of acid-base balance problems in medical-surgical patients, and providing respiratory care to a high-fidelity infant. In their presentation, the faculty members will share the literature underpinning their work, the teaching strategies that they have incorporated into their courses, and the lessons learned that can be applied in any nursing course.

Application to Scholarly Teaching: Rapid rounds goes beyond scholarly teaching and was developed in order to understand how students learn and how teaching influences this process. It is student focused, creative and original in nature and has the potential to advance research on teaching and learning. As “Scholarly teachers consult the literature, select and apply appropriate information to guide the teaching-learning experience, conduct systematic observations on the effects of their teaching, document their observations, analyze the outcomes, and obtain peer evaluation of their classroom performance” (Allen & Field, 2005, p. 4).

References
Would You Rather…Control a Harm or Construct Goods?

Author: Don Flaming RN, PhD
College and Association of Registered Nurses of Alberta  dfaming@nurses.ab.ca

Nursing regulatory colleges and nurse educators are in the risk minimization and mitigation business, although this is not a common perspective. Currently, regulators require programs to describe the many good things that they, and their institutions, do to promote student success. The assumption is that enough goods of the right kind will prevent harm to students and to patients and clients. Perhaps, but this presentation will describe a risk-based approach to nursing education, an innovative perspective that focuses on controlling harms by minimizing and mitigating risk. By legislation, regulatory colleges develop educational standards, and rather than ask for the current commonly required evidence focusing on the program structure, curriculum, students and graduates, regulators could ask how nursing programs assess, minimize and mitigate risks. Risk mitigation actually already occurs; this approach would make explicit the implicit. For example, the required nursing and support courses minimize and mitigate the risk that students (and graduates) will cause harm by having gone through a sub-standard nursing education program. Educational institutions address the risk for financial, emotional, or academic harm by providing bursaries, mental health services, and libraries.

Assessing and addressing risks, rather than constructing an abundance of goods, more effectively prevents harm (Sparrow, 2018). By virtue of their role, regulatory bodies actually focus on harm prevention (Balthazard, 2017) and regulatory requirements influence how those being regulated assess their activity (Etienne, 2010). A risk identification and harm minimization and mitigation approach for nursing program education approval accurately reflects the work of regulatory colleges and could provide an innovative perspective for nursing programs to describe their work, perhaps even including evidence that does not fit within the current program approval framework.

References


Resilience Through Connection and Reconciliation: Practicing Awareness, Compassion and Humility

Authors: Joanna Fraser RN, BScN, MCE, EdD(c); Evelyn Voyageur PhD; Karen Mason RN, BScN, MN; Liz McKay RN, BSN, MN; Heidi Deagle RN, BSN
North Island College  jfraser@nic.bc.ca

Weaving together relational inquiry with experiential learning opportunities a group of instructors will share stories of innovative teaching and learning approaches in relational practice. Under the guidance of Nuxsola (wise teacher) Evelyn Voyageur who has been an elder in residence for the North Island college BSN program for 12 years, we have experienced transformation in ourselves, our students and our curriculum. We will share strategies for developing self-awareness and resilience through engaging with vulnerability, humility and compassion. We will share our experiences of incorporating indigenous values, knowledge and pedagogies into the classroom, practice and immersion learning experiences. We will also share our experiences and challenges of endeavoring to become a culturally inclusive learning environment through uncovering taken for granted hegemony, resisting institutional racism and addressing discrimination and othering at all levels.

Our scholarship and its application as relational practice instructors is woven into our presentation. Areas of inquiry that we are each involved in include: developing personal and professional resilience; mindfulness and other strategies to support resilience in nursing practice; the reconciliation and decolonization of curriculum and cultural safety in nursing education; culturally safe practice approaches to support pregnant and parenting families; the transformative potential of culturally Inclusive land-based learning experiences.

Through sharing of our stories, we hope to engage our audience in uncovering the potential of relational practice curriculum to heal ourselves, our communities and our institutions.

References

Essential Clinical Nurse Preceptor Attributes: A Mixed Methods Approach

Author: Tracy Hoot RN, BScN, MSN, DHiEd
Thompson Rivers University thoot@tru.ca

Introduction: Clinical nurse preceptors are often assigned a nursing student based on their availability and not necessarily on their expertise. The preceptor, as role model and clinical teacher, is instrumental in guiding the nursing student in his or her transition into the role of a new graduate nurse. When the preceptor lacks the knowledge to meet the educational needs of the student, including a disinterest to teach, the nursing student’s success in meeting the expectations and competencies of the new graduate may be compromised.

Purpose: The intent of this research was to develop a tool to assess a nurse’s preparedness to competently preceptor a baccalaureate nursing student in his/her final clinical practice. The researcher designed and developed a Preceptor Competency Assessment Tool (PCAT) based on data collected from nine focus groups and a Delphi survey.

Methodology: The research methodology for this study was divided into three parts: Focus groups, Delphi survey, and pilot test. The triangulation of qualitative data from this mixed-methods approach provided the basis for the development and design of the PCAT. Research participants included nurse leaders (clinical practice educator/nurse manager), clinical nurse preceptors, graduate nurses, and nursing faculty.

Results: Qualitative information gathered from research participants revealed that a number of factors, specifically preceptor attributes, influenced a nursing student’s learning in a clinical preceptorship. Desirable qualities that were identified as essential characteristics of an effective preceptor included qualities such as leadership, competence, personal characteristics, relational practice, teaching skill, and communication.

Discussion: Preceptorship can be challenging for the nurse preceptor and the nursing student when specific criteria are not used in preceptor selection. In the development of the PCAT, essential preceptor qualities were identified as important for the success of the nursing student in his/her final preceptorship.

References
Taking the Lead: Developing Non-technical Skills in Clinical Nursing Education

Authors: Julia Imanoff RN, BSc, BScN, MN, PNC(C); Melissa Eastveld RN, BN;
Tammy Hnatyshyn RN, BN, MN
University of Calgary                                  Julia.imanoff@ucalgary.ca

Introduction: Leadership skills are considered non-technical skills (Flin, O’Connor, & Crichton, 2008) and as such there is less emphasis in nursing programs compared to hard skills (Buckwell-Nutt, Francis-Shama, & Kellett, 2014). The Canadian Nurses Association (2009) stressed the importance of nurses developing leadership skills, including undergraduate students. The Institute of Medicine (IOM) had a similar statement regarding the impact of nurses with well-developed leadership skills on the ability to provide high-quality care (IOM, 2010). For nurses to lead in promoting safe, quality patient care, they need to become proficient in the non-technical skills of clinical leaders (Grindel, 2016).

Purpose: To propose an innovative strategy to foster non-technical skills in nursing education through the role of the “team lead” during clinical rotations.

Methods: Over the past 5 years, the role of “team lead” was trialed during fourth-year clinical placements. One student was assigned the role of team lead per shift and all students were given this opportunity during the semester. The role entailed becoming familiar with the patients the other students were assigned, receiving report, identifying priorities and plans of care for the assigned patients, assist in care to balance workload, coordinate timely, safe breaks, and receiving/giving constructive feedback.

Findings: After the students participated in the team lead role they reported and exhibited a greater sense of competence and resultant confidence in their understanding of patient care, ability to prioritize, organize and manage their care. This role was created for the primary purpose of experiential leadership, yet students often developed additional non-technical skills that enhanced their practice, such as: situational awareness, teamwork, collaboration, and interprofessional communication (Fukuta & Itsuka, 2018).

Conclusion: As educators, it is vital to continually reflect on, adapt, and challenge our educational practices to involve innovative strategies to foster the development of non-technical skills.

References
A Systematic Review of Aspiration During Intramuscular Injections: An Unnecessary Practice Requiring Increased Attention in Undergraduate Nursing Education

Authors: Kathryn Kazoleas BCS, GN; Lina Becquer GN; Twyla Ens RN, MN, CHSE, CCNE; Julia Imanoff RN, BSc, BScN, MN, PNC(C); Yiqi Jiang GN
University of Calgary kjslonio@ucalgary.ca

Introduction: Aspiration during intramuscular (IM) injection determines if a blood vessel has been punctured prior to medication administration (Swart, 2014). Local policy recommends not aspirating during immunizations (Alberta Health Services, 2018), while other IM medications are not addressed. Aspiration was not part of our nursing education on immunization; however, students were often corrected in clinical settings. This led to confusion regarding best practice and patient implications with aspirating.

Purpose: Patient experience during IM injections was investigated through the question: How does aspiration influence patient experience during IM injections?

Methods: The Cumulative Index to Nursing and Allied Health Literature (CINAHL), MEDLINE and PsycINFO databases were searched using variations of the key terms: IM injection, aspiration, and patient experience (defined as pain or discomfort). A 20-year time frame was included due to limited available primary research.

Findings: Of the seven studies located, three addressed aspiration-related pain specifically; all conducted during immunizations. Petousis-Harris et al. (2013) suggested aspiration does not significantly influence pain in adults during IM injections. Two infant studies suggest aspiration does increase pain (Ipp, Taddio, Sam, Goldbach, and Parkin (2007); Girish and Ravi (2014)). Two studies investigated other pain-reducing techniques during IM injections. A survey of nurses by Moores and Allan (2012) suggested awareness of pain related to aspiration is not widespread while Thomas, Mraz, and Rajcan (2016) found 74% of surveyed nurses used aspiration over 90% of the time.

Discussion: Scant available literature supports aspiration as a reliable indicator of blood vessel puncture. Aspiration during IM injections is not adequately addressed in nursing education. Policies supporting no aspiration during immunizations, as well as evidence-based IM injection techniques, should be emphasized in nursing textbooks, teachings, and adapted into clinical simulations.

References


Digital Health in Nursing Curricula: Findings of a National Study

Authors: Manal Kleib¹, MSN, MBA, PhD, RN; Lynn, M. Nagle², PhD, RN, FAAN;
Karen Furlong³, PhD, RN
University of Alberta¹; Nagle & Associates Inc.²; University of New Brunswick³
manal.kleib@ualberta.ca

Background: Canada’s health sector is increasingly relying on the adoption and successful use of information and communication technologies across care settings. As the largest group of care providers, the development of core digital health competencies among practicing and future registered nurses is of utmost priority.¹,⁴

Purpose: The purposes of this study were to: (1) describe the current state of Canadian nurse educator integration of digital health in nursing education and the current state of digital health content integration into nursing curricula, (2) understand needs of nurse educators in promoting their capacity and future development of digital health integration, (3) identify teaching and learning exemplars of digital health integration in nursing curricula, and (4) identify recommendations for advancing the development of informatics and digital health in nursing education.

Methods: Multiple methods including surveys, telephone interviews, and a focus group with nursing educators and administrators within Canadian schools of nursing.

Results: The results depict the current state of digital health content integration in nursing curricula in Canada and identify nurse educators’ capacity to integrate and utilize this content, and the impact of efforts to increase nurse educators’ capacity in informatics to date. The qualitative and quantitative findings from this study indicate that a number of schools of nursing have incorporated informatics content within their basic curricula, while others offer elective courses at the graduate and undergraduate level, and the remainder provide little to no content in any of their nursing programs. These discrepancies exist even though Canadian core nursing informatics competencies for new graduates have been available since 2012.

Conclusion/Implications/Recommendations: Recommendations for next steps in faculty and pedagogical development needed to further advance the curricular integration of digital health will be discussed. This study was made possible through the support of Canada Health Infoway and the Canadian Association of Schools of Nursing.

References
http://www.casn.ca/2014/12/casn-entry-to-practice-nursing-informatics-competencies/


Interprofessional Simulation to Promote Teamwork and Communication among Nursing and Respiratory Therapy Students

Authors: Manal Kleib¹, MSN, MBA, PhD, RN; Deirdre Jackman¹, PhD, RN; Brian Witschen², RRT; Barbara Wilson-Keates³, PhD, RN; Pauline Paul¹, PhD, RN; Kerri Oshust², MRT (MR); Joe MacPherson², MEd, RRT
University of Alberta¹; NAIT²; Athabasca University³  manal.kleib@ualberta.ca

Background: Given that patient safety in today’s complex healthcare environments is a major global concern¹, educational programs must provide learning opportunities to help pre-licensure students develop critical interprofessional (IP) competencies including teamwork, collaboration, communication, patient/family centered care, conflict resolution, and knowledge of roles and responsibilities needed to prepare graduates for the reality and expansive requirements of the practice environment.¹ ²³

Purpose: To design and pilot a one-day high-fidelity IP simulation workshop to promote concepts of IP practice, particularly communication and collaboration, among respiratory therapy (RT) and nursing students. Results will inform curriculum planning and the feasibility and design of future IP research endeavours incorporating other disciplines.

Methods: Participants included 16 RT students from the Northern Alberta Institute of Technology and 16 nursing students from the University of Alberta. Teams consisting of two RT and two nursing students worked through simulation scenarios and expert observers rated team behaviours using the Interprofessional Collaborator Assessment Rubric (ICAR)⁴. Students completed self-report surveys to determine baseline knowledge and comfort level in IP competencies and evaluate satisfaction with the learning experience. Following debriefing on the experience, students and observers participated in focus group interviews. A follow up evaluation of how the IP simulation impacted actual clinical practice is in progress.

Results: Analysis of focus group data and ICAR tool is in progress. Descriptive analysis showed all students were highly satisfied with the learning experience. Baseline knowledge and comfort levels were highest in team functioning and communication skills. Participants felt familiar but uncomfortable in collaborative leadership, conflict resolution, patient-centered care, and role clarification competencies. Correlation analysis showed that communication and teamwork are critical for development and acquisition of higher order skills including conflict resolution and collaborative leadership.

Conclusion: Findings suggest building more of these learning opportunities in undergraduate education may help students cultivate important IP competencies.

References


Fostering Relationships with Aboriginal Students

Author: Tania Kristoff RN, PhD(c)
University of Saskatchewan tania.kristoff@usask.ca

The disparity in post-secondary educational (PSE) achievement between Aboriginal and non-Aboriginal Canadians constitutes a crisis in Canadian education. Even though the number of Aboriginal people earning university undergraduate degrees is increasing, non-Aboriginal Canadians are attaining degrees at a greater rate, so the gap is actually widening. This disparity can be attributed to deep-seated structural barriers faced by many Aboriginal students. As such intergenerational effects from historical injustices, experiences with racism, inadequate funding, and lack of familial, institutional and community support have adversely influenced Aboriginal students’ persistence in undergraduate degree programs (Bailey, 2016; Bingham, Bearchief Adolpho, Jackson & Alexitch, 2014; Malatest, 2004).

The purpose of this presentation is to share results from a larger research study exploring persistence among Aboriginal students. A significant finding of that study was the criticality of multifaceted relationships in fostering conditions conducive to enhanced academic persistence among Aboriginal students in undergraduate programs.

A qualitative intrinsic case study was conducted. The purposeful sample comprised of Aboriginal post-secondary students, faculty and staff members. Data was collected through focus groups and interviews. Two-cycle qualitative analysis highlighted the importance of personal, academic, familial and cultural relationships as a significant theme in the data.

The following four identifiable aspects of relationships emerged from data analysis: displaying genuine interest, building trust, creating a supportive environment and establishing connections. Representing the participants’ shared experiences; these constitute significant findings contributing to deeper understanding the phenomenon of Aboriginal student persistence in PSE.

The findings revealed that fostering relationships with Aboriginal students contributed significantly to improved academic persistence in undergraduate programs. With the Truth and Reconciliation Commission of Canada Calls to Action (2015), appeals for improved education attainment levels and success rates for Aboriginal people, these findings can inform institutional initiatives to develop more culturally-responsive pedagogical approaches to promote more equitable educational outcomes for Aboriginal students, including Aboriginal students in undergraduate nursing programs.

References
Exploring VR as a Clinical Teaching Approach

Author: Don M. Leidl RN, BScN, MN EdD
University of Saskatchewan  
don.leidl@usask.ca

Clinical education is a permanent part of the registered nursing curriculum. With increased demand for clinical placements to accommodate large numbers of students, nursing education is challenged to identify innovative approaches that ensure student access to the learning opportunities necessary to gain essential nursing competencies. Within this context, immersive technologies like Virtual Reality (VR) offers an alternative strategy that can be utilized in parallel with traditional clinical learning experiences. Though there have been many different combinations of VR hardware and software, they can all be classified into two primary forms, Immersive VR, and Non-immersive VR [1] [2] [3]. Immersive VR is a combination of hardware, software, and concepts which allow the user to interact with in a three-dimensional (3D) computer generated "world" [4]. Non-immersive VR, referred to as text-based networked VR, uses the internet to create a real-time environment where people interact by typing commands and "speak" by typing messages on their computer keyboards [5].

Until recently, immersive VR has been a resource-intensive technology requiring both expensive hardware/software and specialized expertise. However, the enhanced capabilities and decreased costs associated with VR has created an entire consumer market of inexpensive, easy to use VR hardware/software options that are now within the reach of the average educator. As such, the integration of various VR technologies into Nursing education is becoming widespread and more common. This presentation will introduce the topic of VR technology as a teaching approach and focus on its potential in clinical nursing education. Specifically, the potential of 360 VR video for observational learning experiences will be highlighted. 360 VR video immerses students in the learning experience and represents a safe and easy repeatable learning experience that has little or no impact on healthcare services that traditionally provide observational learning opportunities.

References
Curriculum Journey: From Revision to Practice

Authors: Tara Lyster RN, BScN, MN; Tracy Hoot RN, BScN, MSN, DHEd
Thompson Rivers University tlyster@tru.ca

Curriculum development is time-consuming and challenging. Faculty, student, and stakeholder engagement in the curriculum review process is an essential step in designing a curriculum that meets the learning needs of students while addressing the demands and constraints of accreditation agencies and the ever-changing workplace environment. In most cases, curriculum design involves a structured, sequential process to improve student learning, to update course content, and to prepare new graduates for healthcare employment.

The School of Nursing at Thompson Rivers University is currently in the midst of implementing a “new” and revitalized nursing curriculum. The purpose of this presentation is to discuss the ‘lived experience’ of curriculum development, with focus on the strengths and challenges encountered.

Keywords: Curriculum assessment, curriculum development, curriculum design, core competencies

Reference

A Relational Approach to Understanding Moral Distress in Nursing Students

Authors: Emily Marcogliese, RN, PhD(c); Amanda Vandyk, RN, PhD; Jean Daniel Jacob, RN, PhD; David Kenneth Wright, RN, PhD

University of Ottawa                  emarc022@uottawa.ca

Moral experiences infuse the everyday work of health professionals. Moral distress has received significant attention as a moral experience due to its detrimental consequences to nurses, patient care, and organizations. While some of the earliest writings on moral distress were inspired by the experiences of nursing students, research on the moral distress of this population has not garnered ongoing attention, and limited empirical research exists to explain the moral distress of nursing students. What is known, however, is that nursing students experience and are particularly vulnerable to moral distress during clinical placements.

Relational ethics has emerged as a salient and contemporary guiding theoretical framework in the study of moral distress. A conception of moral distress that acknowledges the reciprocity between individuals and multiple contexts enables us as researchers to broaden our focus beyond individual factors that shape the relationships that nurses (and students) engage in every day. Additional factors can include the context of the situation, the environment, and the socio-political world which encompasses economic ideologies and power dynamics.

Current patient care is complex because of limited resources, technological advances, changing demographics, and competing demands. As such, the clinical arena is fraught with thorny ethical issues – it is within this environment that students are expected to learn. In this presentation, we explore how the realities of being a nursing student influence their vulnerability to moral distress through a relational lens. We engage with notions of power, hierarchies, knowledge, and conflicting loyalties that make nursing students particularly vulnerable to moral distress during their studies. We conclude by discussing the detrimental effects of nursing students’ moral distress on the nursing profession.

References
Transition into a Nursing Program: Developing Supports for Students Displaced from Home Communities

Authors: Meghan McDonald RN, MN, PhD(c); Janine Brown RN, MN, PhD(c); Crystal Knihnsiti NS; Holly Stotz RN
Saskatchewan Polytechnic meghan.mcdonald@saskpolytech.ca

Introduction: Transition into post-secondary can be difficult for students, with impacts on academic achievement, physical and emotional health, and social relationships. Students who move to attend general undergraduate programs experience stress in relationship formulation and culture adjustment, with students from rural communities also experiencing differences in academic and achievement expectations, relocation stress, and financial pressures. While displaced students form a significant cohort within Canadian nursing programs, student displacement has received limited discussion or research.

Purpose: This study aimed to describe factors in initial transition into a baccalaureate nursing program for students displaced from their home communities. Potential program support strategies were sought to best support displaced students.

Methods: Interpretive description (ID) was used in a qualitative design, using the Undergraduate Nursing Initial Transition (UNIT) Framework (McDonald & Brown, 2017) as an analytical frame. Twelve first year nursing students who moved from their home communities participated in semi structured interviews, one month after program start, and again in the second term of study. Interviews were transcribed and analyzed using constant comparative analysis, with emerging themes incorporated into subsequent interviews. Researchers coded independently, and met to discuss, clarify, and collaborate on emerging findings.

Findings: Students who moved immediately prior to program experienced amplified life and academic transitions compared to students who relocated earlier. Displaced student experiences were themed as intrinsic and extrinsic, and barriers and builders. Themes relevant to nursing programs and faculty include meaningful faculty connections, and discussion of how faculty approaches can assist displaced nursing students during their first academic year.

Impact: Students displaced from home communities are a significant demographic within nursing programs, particularly in Canadian contexts of dispersed and rural communities. Understanding barriers and builders to successful transition can assist nursing programs in supporting student success.

References
Creating Relational Leaders: Celebrating 8 Years of Emerging Nurse Leaders

Authors: Jan Meiers RN, MN; Lynn Oberik RN, MN; RaeAnn Hartman RN, MA
North Island College       jan.meiers@nic.bc.ca

How can students contextualize leadership and share their scholarship in a meaningful way? At North Island College [NIC] faculty and students answer this question by having the fourth year cohort plan, lead and participate in an Annual Student Scholarship Conference. A recent article by BSN students stated, “We [students] are not advocating for all nurses to be career researchers, however, exposure and engagement to the development of knowledge, utilization, and translation into evidence-informed practice, is the responsibility of all nurses in all settings.” (Symenuk & Godberson, 2018, p. 4).

This conference includes a scholarly keynote speaker, student networking activities, and sharing scholarly presentations of the students’ projects. This provides the opportunity for all four years of our BSN programs’ students to engage as scholars; the year four students disseminate their scholarly leadership projects.

Outcomes of this event include:
- Students gain a rich, contextualized understanding of nursing scholarship, leadership, and organization of a scholarly event.
- Team building among the year four cohort as they plan the conference event.
- The students in year four are able to gain confidence in presenting their projects and disseminating their findings to all students and faculty.
- Students of the year one to three cohorts engage with the presentations allowing them to see the program concepts of advocacy, social justice, leadership, and research come to life.

Throughout the planning and execution, faculty work with year four students to facilitate this process. “It is important for educators to assist nursing student in recognizing their personal growth in leadership behaviors” (Foli, Braswell, Kirkpatrick, & Lim, 2014, p. 81). Our goal is to share the details of a Student Scholarship Conference, provide a timeline for the annual event, and discuss the highlights, challenges, and barriers. We will share comments from students and how this experience supports them to be scholarly, relational leaders!

References

Relational practice invites nurses to engage in relationships that include authentic interest in others’ experiences (Doane, 2002). In nursing education, supporting students towards developing self-assessment skills is an integral part of their learning. Self-assessment opportunities are often built into both classroom and clinical practicum experiences. Yet, self-assessment processes can be flawed. They may not provide a valid measure of progress. Students may have limited understanding of the critical thinking needed to reflect on their performance and they may overestimate or underestimate their abilities (Melrose, Park & Perry, 2015). Both reflection and validity are needed for self-assessments to be considered accurate. This presentation integrates a review of the literature to highlight approaches educators can implement to help students achieve a balance of reflecting critically and to develop more accurate self-assessments (Melrose, 2017). The approaches are grounded in a view of relational practice that emphasizes genuine and authentic interest in students’ own ideas and rationale. Explanations of how integrating reflection requires critical thinking; information from both internal and external sources; and incidental learning are provided. Suggestions for addressing validity by recognizing that inaccuracies exist; knowing that people’s history with academic success can impact their self-assessments; and creating links to affective outcomes are offered. Emphasis is placed on viewing self-assessment as a formative learning activity that is introduced early and consistently in nursing education programs. Recommendations for practice that educators can use in curriculum development as well as everyday practice are made.

References


From Humanistic to Technical: Expectations of ‘Practice Ready’ New Nursing Graduates

**Authors:** Noeman Mirza ¹ RN, PhD; Louela Manankil-Rankin ² RN, BScN, MA, MScN, PhD; Dawn Prentice ³ RN, PhD; Lisa-Anne Hagerman ⁴ RN, BNSc, MBA, MScN, Ed.D; and Christopher Draenos ⁵ RN, BSc, BScN

Thompson Rivers University ¹; Nipissing University ²; Brock University ³; Conestoga College ⁴; Toronto Public Health ⁵

nmirza@tru.ca

The concept of practice readiness is not clearly defined in nursing literature and its conceptualization fluctuates from one practice setting to the next. The lack of common perception of what it means to be ‘practice ready’ across sectors (academia, practice, regulatory) creates difficulty in identifying the boundaries of the concept and promotes varying expectations. This presentation reports on a concept analysis on practice readiness using Rodgers’ evolutionary method (Mirza, Manankil-Rankin, Prentice, Hagerman, & Draenos, 2018).

Through searching CINAHL, PubMed, EBM Systematic Reviews, and ProQuest Dissertations and Theses, fifteen records were included in the analysis. Similar terms included job readiness and ‘hit the ground running’ while related terms consisted of transition to practice and entry into the workplace. Attributes of practice readiness focused on cognitive, professional, and clinical capabilities of new nursing graduates. While antecedents comprised of maturity, clinical practice experience, and socialization to the discipline; consequences encompassed provision of safe care, performance confidence, and transitioning into the nursing role.

Findings from the analysis show that nursing literature on practice readiness emphasizes the technicalities of the nursing role and overlooks the humanistic characteristics essential for providing quality care. In an era where healthcare environments are influencing nursing practices to conform to medical and clinical views of humanity (Watson, 2017), there is a need to explore humanistic characteristics as they relate to practice readiness.

**References**


An Analysis of the Writing Context in Nursing Education:
Lessons for Pedagogy from Qualitative Research

Author: Kim M. Mitchell RN MN Doctoral Candidate, University of Manitoba
Red River College (Instructor) kmmitchell@rrc.ca

Introduction: Writing emerged as a pedagogical strategy during the era of the movement of nursing education into the university environment. In this environment, writing in various genres, beyond the writing required to document patient care, emerged as an educational strategy to connect theory and practice.

Purpose: To synthesize the findings of qualitative research and describe the context for writing in nursing education at both the graduate and undergraduate levels. Preliminary findings from this analysis will be described.

Methods: Library databases included: CINAHL, PsychInfo, and ERIC, and Google Scholar. Terms including, 1) writ*; 2) nurs*; 3) qualitative methodology or qualitative methods or qualitative study or qualitative research; 4) education, were searched. The search elicited 17 qualitative studies asking nursing students about their writing development, their relationships with faculty during the process, and the instructional strategies they found most and least beneficial. Student participants were at the undergraduate, post-registration, masters, and doctoral levels.

Findings: Two broad themes were identified: 1) growing into professionalization; 2) we write as a community. The educational benefits of writing included identity development, adaptation to nursing discourse, and growth in leadership skills and writing self-efficacy. Findings indicated that students valued their nursing teachers as their main writing instructional resources, however students discussed issues of inconsistent support and overemphasis on grammatical errors. Three potentially valuable pedagogical strategies were identified, according to the students’ narratives: genre-based reading, iterative feedback, and scaffolded instruction.

Impact for Nursing Education: Because writing is disciplinary, nursing must develop curriculum policy that takes a more active role in developing writing instruction in programs. Faculty would benefit from continuing education to enhance their abilities to provide effective writing pedagogy and feedback. Writing has the potential to facilitate the socialization of students into the nursing profession, which could impact student retention in programs.

References


Palliative Care Everywhere: Integrating the Palliative Approach into Nursing Education

Authors: Kath Murray, RN, BSN, MA, CHPCH(C), FT; Janine Brown, RN, CCNE, PhD(c); Lisa Weisgerber, RN, MN
University of Regina, Saskatoon Campus janine.brown@uregina.ca

The Palliative Approach is a philosophy and approach to care that addresses a person’s physical, emotional, social, spiritual, and practical needs that arise within the context of a life limiting illness 1. The Palliative Approach is focused on enhancing a person’s quality of life throughout the entirety of their illness, from early diagnosis to end of life, including bereavement 2. A foundational principle of the palliative approach is person and family centered care 3. Nurses working in most settings will care for patients and families who would benefit from a Palliative Approach to care; however, many nurses identify that they have received limited palliative care education and training 3. As such, to ensure that all nurses have the competencies needed to provide patients and their families with high quality palliative care, greater emphasis must be placed on addressing these educational gaps. Palliative education is required at three levels: basic palliative care training for all nurses beginning in the undergraduate programs; intermediate training for those who routinely care for patients with life threatening illnesses; and, specialist palliative care training for nurses who manage the more complex symptom and care needs of palliative patients 6. Basic palliative education should be integrated within undergraduate nursing programs so graduates enter the workforce with foundational palliative care skills and competencies 5.

During this presentation we will explore the rationale for integrating the Palliative Approach into nursing education and nursing practice, introduce the new Framework on Palliative Care in Canada, and discuss Provincial initiatives to develop related competencies and support palliative education. Additionally, we will identify key resources for teaching palliative care and discuss current issues that are at the forefront of palliative care in Canada.

References
Students Take the Stand: An Innovative Interprofessional Learning Experience

Author: Benjamin Northcott, MN, RN; Leslie McCoy RN, MN; Catherine Rigaux BA, MPA
Lethbridge College benjamin.northcott@lethbridgecollege.ca

Nursing programs, such as the Nursing Education in Southwestern Alberta Bachelor of Nursing (NESA BN) program, have been encouraged to develop and implement interprofessional education (IPE) strategies (Canadian Association of Schools of Nursing, 2014; Health Professions Network Nursing and Midwifery, 2010). For many schools, successful and sustainable implementation of such strategies has proven difficult (Homeyer, Hoffmann, Hingst, Oppermann, & Dreier-Wolfram, 2018). This has been particularly true in the NESA BN program in Lethbridge, Alberta, as there are few other healthcare programs in the area. Meeting the demand for IPE experiences has required faculty to be innovative and to look for non-healthcare partners.

The goal of this presentation is to share an example of one such innovative collaboration in IPE. At Lethbridge College, the teaching team for a second-year professional seminar course in the NESA BN program has partnered with faculty from the Criminal Justice Diploma (CJ) program on campus to develop a mutually beneficial IPE experience. Students from the two programs work together through a series of steps related to a mock work incident in nursing practice, culminating in testifying in mock court where they have to rely on their combined documentation as evidence. Students in the NESA BN program complete a graded reflective assignment after they attend the mock court about their experience and the importance of proper and thorough documentation.

For NESA BN students, the experience reinforces the importance of thorough and accurate documentation. For CJ students, the experience provides needed practice in taking statements and recording notes. From the students’ comments in their reflective assignments and in follow up classroom debriefing sessions, the experience has proven to have profound impacts on their understanding of proper documentation practices and its legal implications.

References
Nursing in Australia and Its Relational Connection to Canada

Authors: Lucy Northcott NS; Benjamin McQueen NS; Bridget Lovat NS; Kirsty Malpass NS; Marni Bennett NS; Taylin Pulford NS; Demelza Mahains NS; Katie Morris NS; Mia Davies NS

Key words: Nursing, Australia, Canada, Culture, comparisons

This presentation aims that all conference attendees will be able to learn something new about Australia and our wonderful and diverse health care system and how this compares and contrasts to the Canadian Health Care system. We will use the presentation to highlight the difference as well as similarities between our countries and our work as nurses. As final year of a Bachelor of Nursing Degree students at the University of Adelaide we have been given the opportunity to travel abroad to study and experience the nursing in Canada and compare this to Australia.

This study tour aims to further our understanding of different cultures and draw comparisons between our findings and our personal experiences back home. Registered nurses (RNs) in Australia like those in Canada work across domains of practice including clinical care, education, administration, research and policy. Nursing in both Australia & Canada is highly regulated to ensure each RN provides the most appropriate and safe practice and we also ensure in both countries that a holistic care approach encompasses the care given to our patients and our communities¹.

Furthermore, this presentation highlights the culture of studying and working as student nurses in our home town of Adelaide, South Australia. From boarding and working in hospitals to gain a nursing qualification in 1879², to studying in our multimillion-dollar, state of the art Adelaide Health and Medical Science precinct to become a qualified registered nurse³, we explore the dramatic development that nursing has undertaken throughout history.

References


Quality Community Clinical Placements for Nursing Students: Preparing for the Silver Tsunami

**Author:** Tammy O’Rourke BS/MS, PhD, NP(FAA)
University of Alberta torourke@ualberta.ca

**Background:** The demographics of Canada’s population is changing, and estimates suggest that the number of people over 65 will increase dramatically over the next two decades. Faculties of Nursing must be prepared to educate students to effectively address the needs and challenges associated with this shift in aging. A major component of nursing programs are clinical placements where students learn about the realities of clinical practice and hone their assessment, clinical management, and leadership skills. Finding quality clinical placements for nursing students can present many challenges, particularly in community based primary care settings where seniors receive most of their healthcare. These challenges include but are not limited to; a limited number of nurses practicing in these settings within a geographical area, lack of reimbursement to support clinical preceptors in their work, a workforce that overwhelmed by competing clinical practice demands, burnout from successive preceptor responsibilities and/or competition from other programs for the same placements.

**Teaching/Learning Innovation:** Thinking differently about academic partnerships with community organizations focussed on senior’s community-based primary care can lead to the development of new models that insure quality clinical placements for nursing students. The University of Alberta Faculty of Nursing partnered with a large Seniors Association to propose and implement a new model of primary health care in Edmonton.

**Nursing Education Impact:** This new model of care has helped us address some of the challenges associated with securing quality community-based primary care placements for nursing students.
Our oral presentation will provide an overview of our partnership, this new model of care and preliminary clinical placement outcomes.

**References**

Factors That Influence Successful Teaching in a Multicultural Environment

Author: Juliet D. Onabadejo RN, PhD
Lethbridge College juliet.onabadejo@lethbridgecollege.ca

This presentation is a description of teaching methods and processes appropriate for nursing faculty who teach in a multicultural environment. In such a setting, nursing faculty must demonstrate cultural competence and integrate students’ cultures into the curriculum. Researchers have called for the examination of the process of developing cultural competency (Diaz, Clarke, & Gatua, 2015). Also, nursing faculty must understand and demonstrate cultural competency to convey the concept to nursing students (Rowan et al., 2013). This presentation features a reiteration of the interview data from a basic qualitative study of Alberta Bachelor of Nursing faculty members who achieved some success in teaching students from diverse ethnic minority groups. Findings revealed that faculty developed and applied an assortment of multicultural teaching strategies, such as role-play, concept mapping, narrative drama, role modeling, and the use of case studies. Faculty members who considered students’ cultures in their teaching learned from the exposure and from previous experience of caring for multicultural patients. Three factors explained faculty members’ success at exhibiting cultural competence and incorporating culture into the curriculum: ability to overcome personal and institutional barriers created by lack of time and education, access to cultural training, and support from peers and mentors. Further, findings offered implications for strategies for training faculty and ways to improve cultural competence in nursing education.

References

Concept Mapping in a Flipped Clinical

Author: Juliet D. Onabadejo RN, PhD
Lethbridge College juliet.onabadejo@lethbridgecollege.ca

Nursing faculty members bear the responsibility of ensuring students’ academic engagement and training them in the critical thinking needed for safe care delivery (Billings & Halstead, 2012). Consequently, faculty utilize assorted strategies such as concept mapping and flipped learning in their teaching practices, and these approaches encourage active engagement and critical thinking (Kim, Kim, Cho, & Jang, 2017; Kusoom & Charuwanno, 2017). Though nurse educators and programs have encouraged the use of both techniques, research is limited on the concurrent use of flipped learning and concept mapping in clinical teaching. The aim of this basic qualitative study was to understand students’ experience and learning in flipped clinical using concept mapping as a teaching strategy to encourage students’ engagement and critical thinking in the practice environment. Twelve baccalaureate-nursing students in a non-traditional medical surgical flipped clinical provided data about their learning from an engagement perspective. Students completed individual interviews and submitted a reflective diary for review at course exit. Preliminary results indicated that students were actively engaged in critical thinking as they mapped out their care in clinical practice.

References


Facilitating the Transition: From Expert Nurse to Novice Educator

Authors: Denise Pasieka RN, MN; Lynn Anderson RN, MN, MPS; How Lee RN, MN
University of Alberta denise.pasieka@ualberta.ca

Introduction: The transition from an expert clinician to novice educator can be highly challenging. Educators have associated this experience with the metaphor of drowning or treading water (Anderson, 2007). Professional development in the clinical teacher is often not standardized and may be lacking in some nursing programs (Poindexter, 2013; Roman, 2018). To address this issue, the Faculty of Nursing (FoN) at the University of Alberta (UofA) adapted a Faculty Navigator Program (FNP) which originated in Red Deer College.

Purpose and Methods: The FNP provides support for novice educators through one on one visits, communities of practice, workshops, and a designated electronic learning site. The intent is to facilitate teacher formation and build capacity. One on one visits allow novice educators to have a direct connection to the Faculty Navigator (FN). Communities of practice focus on specific knowledge and skills that will allow the educator to have improved effectiveness and better student learning outcomes (Cox, 2008; Roman 2018). They are driven by the learning needs of the novice educators. Workshops provide opportunity for novice educators to work on submitted student assignments with FN support.

Results: Anecdotal feedback on the FNP has been positive. Novice educators identified that the communities of practice are valuable in enhancing their teaching and that FNP assistance with assessment and learning support tools has been helpful. The plan moving forward is to collect quantitative data via a pre-post survey that allows novice educators to reflect on their teaching to determine if the FNP program has had a positive impact.

Future Implications: Competencies that novice nurse educators should possess include facilitating learning, socialization of the learner into the profession, assessment, evaluation, acting as a change agent, and participating in quality improvement (Summers, 2017). It is the goal of the FNP to facilitate novice educators to develop these competencies. There is potential for a FNP program to be implemented at other educational institutions.

References
Consequences of Error: Preparing Nursing Students to Practice in an Imperfect World

Author: Cheryl Pollard RN, RPN, PhD
MacEwan University pollarde4@macewan.ca

Background: Humans are fallible. Thus, at some point during your healthcare career, being involved in an error is almost inevitable (Waterman et. al, 2007; Baker et al., 2004; Sears, Baker, Barnsley, & Short, 2013). There is disagreement about how best to support healthcare professionals who have been involved in a patient safety incident – “an event or circumstance which could have, or did result, in unnecessary harm to the patient” (Canadian Patient Safety Institute, 2012, p. 131).

Purpose: The purpose of this research was to better understand experiences of students who have been exposed to a patient safety incident. It has been estimated that only 3.6% of errors that occur in a healthcare setting are reported by healthcare professionals (Christiaans-Dingelhoff, et al., 2011) there has been no estimation of the number of students involved or exposed to a patient safety incident. Information on how best to support students after being involved in a patient safety event is even more limited.

Method: Approximately 300 senior nursing students provided information on their involvement and experiences with patient safety incidents. To determine the frequency of student exposure to patient safety incidents students individually completed an Experience of an Error or Near Miss: Worksheet. Then in groups, students reviewed these worksheets and identified similarities and differences in the student experiences. Students then brainstormed ideas that could be used better support colleagues involved in patient safety incidents.

Results: The data suggests that it is a common experience for nursing students to have had exposure to a patient safety incident. The most common incidents were related to medication errors, falls, and communication. Student reactions included shame, remorse, and self-questioning. The most effective means of support was to situate the event within the context of the student’s learning and to decrease the sense of isolation experienced when feeling responsible for the incident.

References


Building Student Research Capacity

Authors: Ruhina Rana RN, BSN, BA, MN(c); Susan Hammond RN, BSN, MEd; Marie Caron RN, BSN, MN
Douglas College  ranar@douglascollege.ca

As nursing education continues to move from traditional behaviourist pedagogies towards more humanistic pedagogies, relational practice has been embraced as a strategy to help students recognize the uniqueness of individuals as well as the relationship between health and contextual lived experiences. However, the question emerges, how can we utilize these strategies in teaching research and evidence-informed practice (EIP)? The nursing literature has indicated that nurses often feel fearful, unprepared, or unsupported in utilizing or conducting research (Retsas, 2000; Squires, Estabrooks, Gustavsson, & Wallin, 2011). This suggests that the current model for teaching research and EIP might need to be revised.

Our study explored strategies for teaching research and EIP from a relational lens while still consolidating knowledge and building students’ research capacities. It is a mixed-methods design that examined students’ research knowledge, attitude, and practice ability before and after participation in a research skills development program known as The Research Challenge. We utilized the Knowledge, Attitudes, and Practice (KAP) survey tool at three time points as well as qualitative interviews. Teams were assigned faculty mentors and invited to attend three workshops on literature reviews, research methods, and ethics applications to help them draft a proposal. Proposals deemed clinically significant, feasible, and sound in their methods were granted $500 to carry out their study. Preliminary findings suggest that having mentorship provides students with a relationship of shared power and collaboration. Students feel their understanding of research has deepened and they report feeling more confident using evidence to inform their practice.

By offering students first-hand experience with research we are hoping to contextualize students’ learning and inspire them to integrate EIP as a central part of their nursing practice. This oral presentation will provide an overview of the research design and practical strategies for application in other education contexts.

References
The Diary of a First Time Blender in a Concept-Based Course

Author: Kerry Rusk, BScN, MN, RN
University of Alberta krusk@ualberta.ca

Blended learning is an approach to teaching and learning that thoughtfully combines and integrates computer-mediated activities with face-to-face instruction to engage students in their learning and achievement of course objectives. Setting intentional online learning activities students must complete prior to lecture allows students to come to class prepared with foundational knowledge and can create the space in face-to-face classroom time for well structure, active instructor-student and student-student interactions which have been shown to enhance learning. Additionally, blended learning exposes students to a number of different teaching strategies.

For all these reasons blended learning was identified as the approach that would best support students in their learning in Nursing 433, a concept-based community nursing course that each week combined lecture, lab and clinical. Thinking conceptually first requires students to critically examine factual information and relate it to prior knowledge to look for patterns and connections. In a blended learning approach this can be accomplished through intentionally planned online learning activities that students complete prior to class. In the face-to-face class students can then be supported in identifying significant understanding of the concept and evaluate this understanding across different situations or time through a variety of active learning strategies. Finally, in clinical students are expected to use their conceptual understanding to creatively solve a problem or create a new product, process, or idea in their practice.

This presentation will explore the experience of utilizing blended learning in Nursing 433. From writing the course outcomes to planning blended learning activities and to the final student evaluations, this presentation will share the dos and don’ts of the process and practice of utilizing blended learning while highlighting the strengths and challenges of this approach from the literature as well as the Nursing 433 experience from an instructor and student perspective.

References


Microaggressions in Nursing Education

Author: Poongodi (Kodi) Sampath RN, BN, MN, CCCI
Lethbridge College kodi.sampath@lethbridgecollege.ca

Micro-aggressions are subtle verbal and non-verbal insults toward marginalized people by well-intentioned individuals (Sue, 2010). The perpetrators of microaggressions are referred to as well-intentioned since it is below their conscious awareness. For instance, a genuine compliment such as “You speak excellent English” can cause feelings of alienation, and therefore experienced as an act of micro-aggression by a student of color who grew up in an English-speaking country. A survey on 225 undergraduate college students (including White participants) found microaggressions that occur in educational settings to be particularly harmful to students’ self-esteem (Nadal, Wong, Griffin, Davidoff, & Sriken, 2014). The study also found multiracial participants experienced significantly more micro-aggressions than did White participants in their everyday lives.

The purpose of this presentation is to raise awareness on microaggressions manifesting in nursing education, so educators can become aware and correct their behavior. I will also discuss the impact of micro-aggression on mental health of students. The presentation will provide clinical and classroom examples on manifestation of microaggressions in nursing education, and generate discussion among participants of instances of micro-aggression they have witnessed in their teaching. For example, active participation during post-conference is a desired clinical competency in Western cultures. However, for a student whose culture values quietness in a group-setting, remarks such as “why are you so quiet. We want to know what you think” can be experienced as a form of micro-aggression as the remark pathologizes their cultural values (Stambaugh & Ford, 2015). I believe the presentation will further develop cultural competence among nursing faculty. Lastly, I will invite feedback from participants to further my research on this topic.

References


Exploring Relational Capacity Building
Within a Graduate Rural Nurse Family Practitioner Program.

Authors: Caroline Sanders, PhD, BSc, PGD, PGc, NIHR(PD), RN; Davy Mougenot, MA, BA
University of Northern British Columbia caroline.sanders@unbc.ca

Background Concepts linked to the idea of ‘relational nursing and research’ are evident within the literature and include; value, practice, reasoning, and capacity. At first glance it appears to be a complex and value laden activity linked to ethics1, collaborative interactions, and communication. Within the online graduate program there was a desire to explore how to rediscover and apply the art of nursing2 to help students navigate and understand nursing philosophy and epistemology in order to clearly articulate and express their own beliefs.

Method Following discussions with others, including prior students, the author connected with a philosopher interested in exploring how we may support online graduate students to explore nursing knowledge. We had to consider how to build a level of trust and reciprocity across a virtual space – as a key aspect of building relational capacity3. We explored various approaches linked to responsiveness, responsibility, openness, and safety.

Outcome and Discussion A key consideration was developing ongoing concept analysis within an art of nursing framework. The students were asked to explore ways of presenting their thinking in creative ways, with no formal rubric. This work had to be a culmination of their more formative coursework, critical reading, online and in class discussions. As a result, students presented a range of media approaches and artful aspects of nursing in imagery, narrative, and movement all set within various environmental contexts. The concepts the students had initially chosen were linked to research or clinical interest, or curiosity. The impact students shared following the course was illuminating in that the influences we ‘had’ were linked to the degree of relational capacity we ‘built’ with students. The safety, non-discriminatory, and comfortable space we aimed to create by being reflexive and intentional brought about engagement at each weekly class, expression of learning and student growth.

References
Understanding Empathic Engagement of a Fourth-Year Nursing Student Through Narrative Inquiry

Author: Kara Sealock RN EdD(c) MEd. BN CNCC(C) CCNE
University of Calgary ksealoc@ucalgary.ca

There has been substantial research on empathy and the components of empathy for nursing education and nursing practice (Alligood, 1992; 2007; Evans et al., 1998; Gagan, 1983; Kalisch, 1973; Kunyk & Olson, 2001; Morse et al., 1992; Ward, 2016; Ward et al., 2012) but very little research has addressed how students come to understand empathic engagement, a social phenomenon of human connection. Empathic engagement is a liminal relational experience, based on the principles of empathy and humanistic values that leads to a spatiotemporal phenomenon of human interconnectedness.

In this presentation, I will present how relationship is a central factor in the development of empathic engagement. I explored how fourth-year nursing students come to understand and recognize empathic engagement in their work and how students make meaning from this unique phenomenon in nursing practice. This study used narrative inquiry by way of written and visual narratives, followed by a face-to-face semi-structured conversation between the participant and the researcher about the participant’s experience. “Humans are storytelling organisms who, individually and socially, lead storied lives” (Connelly & Clandinin, 1990, p.2). The results of this study identified four phases of empathic engagement, but I will only be discussing how relationship played a significant role in the development of empathic engagement between the nurse and patient.

The intended outcome from this presentation is to initiate discussion as to how educators and students can start to recognize spaces of empathic engagement in their work and find meaning through their own relational practices.

Keywords: empathy, empathic engagement, nursing students, nursing education, humanistic values, narrative inquiry

References


Replacing Clinical Time with Progressive Simulation Innovation

**Authors:** Kala Streibel RN, MN; Kristen Gulbransen RN, MN; Maggie Convey RN, BScN, IBCLC; Danielle Silo RN, BScN; Jennifer Rush RN, BScN; and Lindsey Huseby RN, BScN
Red Deer College  kala.streibel.rdc.ca

Guided by the Canadian Association of Schools of Nursing: Entry to practice standards for perinatal health (2017), faculty teaching students in this area had to determine the best way for all students to participate in a labour, delivery, postpartum and newborn care experiences. It was determined that achievement of the learning outcomes could be accomplished through the use of simulated learning experiences adhering to the International Nursing Association for Clinical Simulation and Learning Standards for Best Practice: SimulationSM (2015). Two days of clinical time (8%) were replaced with four high fidelity simulations. Simulations included: providing labour support to a simulated participant, nursing assessment and care during vaginal delivery, nursing assessment and care of a postpartum woman at risk for a postpartum hemorrhage and nursing assessment and initial care of a newborn. Students reported having higher levels of satisfaction and confidence following their simulation experiences. Faculty witnessed students’ ability to translate learning from the simulations into clinical practice. The simulation experience was a positive learning experience for all students as it provided standardized learning opportunities in the perinatal simulation setting.

References

Canadian Association of Schools of Nursing, (2017). Entry-to-practice competencies for nursing care of the childbearing family for Baccalaureate programs in nursing.


Impact of Undergraduate Research Experience on the Professional Careers of Nurses

Authors: Beverley Temple¹ RN, MN, PhD; Donna Martin² RN, PhD; Diane Cepanec ³, MA; Rasheda Rabbani ⁴ PhD; Naomi Armah ⁵ RN, BScN, MS(Student); Biobelemoye Irabor ⁶ RN, BN
Red Deer College¹; University of Manitoba, College of Nursing ²; Manitoba Center for Nursing & Health Research ³; Centre for Healthcare Innovation ⁴; University of Manitoba ⁵ bev.temple@rdc.ab.ca

Background: Educating and preparing a knowledge-based workforce requires preparing health professionals who use research and evidence in their practice. Research engagement has a valuable impact on professional practices, academia, and scholarship. Some undergraduate nursing students get the opportunity to gain research experiences through summer research internships, undergraduate research awards, and research assistant positions.

Aim: This study examined and compared undergraduate nursing students who had a research experience to those who did not, in their professional engagement and evidence-based practices as practicing nurses.

Methodology: An on-line survey was used, comprised of a demographic questionnaire, values towards evidence-based practice (EBP) and a researcher-developed questionnaire. Two groups of participants were included: (a) one representing nurses who had participated in an undergraduate research experience and (b) another consisting of a random 1:5 sample of nurses with no hands-on research experience. Both groups graduated from the College of Nursing between 2000 and 2016. Past research assistants were contacted via Facebook messenger and emails while the latter group was accessed through the nursing regulatory body. Response rate was 25% (N=94). Data analysis was done using SPSS.

Findings: This study provided important evidence on the value of including research experience in nursing education. Preliminary findings will be shared. For instance, students who participated in the program had better professional skills related to evidence-based practice (research skills, and a higher value for and understanding of using evidence to inform policy and practices). Both groups were fairly similar in their likeliness to enroll in graduate school, advanced courses and certification programs.

Conclusion: The results have implications for evidence-based practice, academia, professional development, and further research on how to support the upcoming health workforce by providing innovative, faculty-mentored research experience for undergraduate students in health care professions.

References
Primary Health Care In First Year Curriculum

Author: Landa Terblanche RN, PhD
Trinity Western University  landa.terblanche@twu.ca

First year nursing students are enrolled in a course named, “Health Promotion and Primary Health Care”. The course introduces students to broad concepts of health promotion as a process of enabling people to increase control over, and to improve, their health. Students have the opportunity to implement a range of social and environmental interventions used in the promotion and protection of health, harm reduction, and prevention of disease. It lastly introduces experiential learning and health teaching related to wellness and healthy living. This course includes clinical hours and some of the learning outcome includes:

1. observe and describe roles of Registered Nurses (RNs) in the community and primary health care settings
2. demonstrate principles of health teaching across the lifespan using a compassionate and respectful approach.
3. demonstrate beginning community assessment skills.

This type of nursing falls under the Community Health Partnership Model and nurses in community play an active role in how programs and events address the needs of all population groups. Students have opportunity to be among individuals of different age groups as they engage them in healthy aging through therapeutic communication and wellness education events. All of this work is planned and organized by using a health promotion and disease prevention (Upstream) model. Programs focus on the client’s strengths and abilities rather than on a single complaint or illness; an assets-oriented community approach. Students are also introduced to the scope and standards for nurses working in different areas in the community, when they visit and interview nurses in their work environment.

In this presentation, the presenter will share with the audience the activities and involvements students are exposed to during the clinical experiences, as well as reflections from students and community health nurses.

References

An Overview of the INACSL Standards of Best Practice: Simulation℠

**Invited Presenter:** Kristina Thomas-Dreifuerst, PhD, RN, CNE, ANEF, FAAN
Marquette University College of Nursing; Immediate Past-President, INACSL
kristina.dreifuerst@marquette.edu

In this session, the INACSL Standards of Best Practice: Simulation℠ will be presented and highlights of each standard will be discussed in the context of how they impact simulation pedagogy and learner outcomes.

The Essence of Debriefing for Meaningful Learning

**Invited Presenter:** Kristina Thomas-Dreifuerst, PhD, RN, CNE, ANEF, FAAN
Marquette University College of Nursing; Immediate Past-President, INACSL
kristina.dreifuerst@marquette.edu

This session provides a brief introduction to DML debriefing. It includes a discussion of the relationship between feedback and reflection during debriefing and an overview of the impact of Socratic questioning on the development of clinical reasoning.
Understanding Nurses’ Self-care Practices and What They Believe would be important to Further Support a Regular Self-Care Practice

**Author:** Anne-Marie Urban RN, RPN, PhD
University of Regina anne-marie.urban@uregina.ca

**Introduction:** Nursing is known to be physically and mentally demanding, leading to diminished well-being for many nurses, some of whom burn out, others who cope by leaving the profession. Because of the nature of their work, nurses are at especially high risk for experiencing physical and mental injury. Evidence suggests self-care practices can be effective in mitigating these stresses (Kravits, K., McAllister-Black, R., Grant, M. & Kirk, 2010).

**Purpose:** The objectives of this study were to identify nurses’ self-care practices and how they believe they support their physical and psychological health and what would help to incorporate self-care practices into their lives. Given the persistent challenges in today’s health care settings, the ability of RNs to maintain their health is imperative in providing safe, quality patient care and avoiding negative effects associated with injury and disability.

**Methods:** A qualitative research design and questionnaire method was used to identify nurses’ self-care practices and what they believe would further support them to integrate self-care practices into their lives.

**Findings:** Survey analysis revealed that most nurses incorporated a number of self-care strategies into their lives. These included fitness routines, spiritual practice, socializing with friends and family, and doing something ‘fun’. Many identified the challenges of shift work as well as the demands of work and home as being barriers for not practicing regular self-care. Surveys also revealed the majority of nurses believe it is important to be supported by their employer, union and regulatory body in their self-care practices.

**Potential Impact for Nursing Education:** This research will inform nursing education programs about the importance of integrating self-care education into curricula with the hope of socializing students to care for themselves and thereby manage the emotional and physical toll of their work.

**References**


A Journey of Mindfulness: Incorporating the SMARTNursing Program Into a First-year Course

Authors: Jeanette Vinek¹ RN BScN MHScN; Rebecca Low² RN BScN M.ED (HSE); Lynn Anderson³ RN BScN MN; Moira Bazin⁴ RN BScN MN; Linda Nutting⁵ RN BScN MN; Lori Pollard⁶ RN BScN MN; Iris Rudnisky⁷ RN BScN M.Ed; Karen Sylte⁸ RB BScN MN; Katherine Trepanier⁹ RN BScN MN
University of British Columbia Okanagan¹; University of Alberta² moira.bazin@ualberta.ca

In the fall of 2018, the Faculty of Nursing at the University of Alberta introduced the SMARTNursing (mindfulness) program to the first-year students within the Collaborative Program. SMART is an acronym for stress management and resiliency techniques, and it was determined that nursing students would benefit from learning these techniques to assist with navigating academic and clinical practice challenges. Mindfulness is the non-judgmental awareness that emerges through paying attention on purpose, in the present moment. SMART is an evidenced based program based on the Mindfulness Based Stress Reduction program developed by Dr. Jon Kabat-Zinn and incorporates additional emotion theory and forgiveness training.

The UBC Okanagan BSN program has offered the SMARTNursing program for the past four years with positive results. In partnership with UBC Okanagan, the Faculty of Nursing at the University of Alberta received support from, and was granted permission to, deliver the course. Students at the University of Alberta attended a weekly class where they learned mindfulness concepts and practiced mindfulness techniques, were required to log their home practice hours and reflections, and if desired, could attend a silent retreat which was offered at the end of the course. Those who were interested could also complete requirements for a SMARTNursing certificate. Current evidence on mindfulness, anonymous feedback from students, and insights from instructors who participated in the journey will be presented as well as suggestions on how one might integrate mindfulness into the academic setting as well as everyday experience will be shared.
A Participatory Case Study on Youth’s Emergency Department Experience through Youth Engagement as a Change Agent

Author: Trish Whelan DSocSc, RN, MHS, BScN, ENC(C)
Royal Roads University patricia.whelan@ahs.ca

My research involved a participatory case study (PCS) on youth’s emergency department (ED) experiences through youth engagement as a change agent. Fourteen youths (including 12 of Aboriginal descent) participated in art work, individual interviews, and a focus group to offer insights into street involved (SI) youth’s lived experiences of treatment and care in EDs.

Overarching themes of data included: gaps in health care, lack of food, commonality of substance use among SI youth, and perceived lack of communication. Implications from this research suggest a recommendation that should put forth overarching mandates for youth in care, specifically, the need for more youth-centric actions of EDs to more respectfully reflect SI youth’s unique characteristics and day-to-day experiential challenges in order to facilitate positive outcomes for ED youth care.

Overall, not only do the findings highlight the importance of respect and non-judgmental attitude toward SI youth among emergency department health professionals and policy-makers, but these also remind those professionals/policy-makers of the need and willingness to learn from and engage with the SI youth in a respectful, youth-centred way in order to provide more effective communication, interaction, and care with and for the SI youth.
(Re)Conceptualizing Capacity Issues in Clinical Placements: Emerging Insights

Authors: Angela Wolff ¹, PhD, RN, CHE; Leanne Currie ², PhD, RN
Trinity Western University ¹; University of British Columbia ² angela.wolff@twu.ca

Student practice education is the real-world “hands on” experiential component of undergraduate nursing programs. Internationally, securing placements for nursing students is a longstanding issue. Recent descriptive research revealed that more than half of educational institutions surveyed had difficulty finding placements. Researchers often identify that academic-practice partnerships are necessary to secure suitable practice experiences in the health system. Based on two research studies (one quantitative retrospective analysis of 42K placement requests and one qualitative study about facilitators for clinical placement) and a subsequent literature review about the concept of “capacity” in the context of nursing student placements, we posit a reconceptualization of notions of capacity. The purpose of this oral presentation is to broaden our understanding of capacity for student placements given current volume and utilization trends.

Our analysis revealed that, based on the complex management and requisite structural resources, the demands for student placement reflect various elements of capacity including physical capacity, operational capacity, and human resource capacity. Furthermore, these elements are necessary to both academic and practice stakeholders. The finding point to the need for intersectoral collaboration between practice and academia to adopt shared responsibilities for practice education and address ethical issues with increasing student numbers without sufficiently managing capacity. Recommendations for defining and measuring capacity as “hours hosted” are identified. The presentation concludes with suggested best practices for collaborative partnerships that foster capacity, promote sustainability of current placement demands, and achieve greater system harmonization.
Practicing Relationally Saves Lives: Using Relational Inquiry & Relational Reasoning to Teach Metacognitive Clinical Reasoning

Authors: Patricia Woods¹, MSN, RN, CCNE; Gail Rea², MSN, RN
Vancouver Island University ¹, University of British Columbia ² pat.woods@via.ca

Relational practice is described as “a humanely involved process of respectful, compassionate, and authentically interested inquiry into another (and one’s own) experiences” (Doane, 2002). Nurse educators are often challenged to bring theoretical learning about relational practice, relational inquiry and clinical reasoning from the classroom into the clinical context. Nursing students learn about relational practice as a ‘soft skill’, which includes therapeutic communication techniques and provides the context for health and healing, but they may not connect these skills to their clinical reasoning in practice. Relational reasoning refers to identifying meaningful patterns in information across differing contexts (Dumas, 2018) and is viewed as an important approach in teaching metacognitive clinical reasoning. In this presentation we will describe how second year nursing students were taught to explicitly incorporate the 5 C’s of relational inquiry, (being compassionate, committed, curious, committed, competent and corresponding) and relational reasoning (analogy, anomaly, antithesis and antimony) into their clinical reasoning and ‘way of being’ as nursing students in practice. After this approach was implemented, their written reflective journals shown an increased level of metacognition in relation to their clinical reasoning. Several examples indicating how the students saved lives and decreased suffering in their patients as a direct result of using one or more of these five C’s and relational reasoning in their clinical practice will be shared.

References
Brown Tyo, M., & McCurry, K. M. (9000). An integrative review of clinical reasoning teaching strategies and outcome evaluation in nursing education. Nursing Education Perspectives; Publish Ahead of Print, DOI: 10.1097/01.NEP.0000000000000375
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Conference 2019
Poster Session Abstracts

(Listed in Alphabetical Order by Last Name of Principle Author)
Measuring Frailty in Post Stroke Patients with Complex Chronic Disease: A Literature Review

Authors: Kamaljit Bains RN, BScN, MN(Student); Noeman Mirza RN, PhD
Thompson Rivers University kam.preet@yahoo.com

Introduction: Many older adults with complex chronic disease (CCD) live with frailty and a history of stroke. However, tools that measure frailty in post stroke patients vary from context to context. For this reason, it is important to understand the specific attributes of frailty that are important to examine among frail post stroke patients with CCD.

Purpose: The aim of the literature review was to explore nursing literature to determine which tools are commonly used to measure frailty in post stroke patients.

Method: Using CINHAL, a systematic search was conducted using a combination of various keywords. The search resulted in 140 articles, which were reviewed (abstracts and full text) for eligibility. Based on inclusion and exclusion criteria, 10 articles were included in the final analysis.

Results: There were five commonly used frailty tools in nursing literature: (1) modified Fried frailty index, (2) frailty phenotype model, (3) clinical frailty scale, (4) Edmonton frail scale, and (5) Rockwood frailty index. Most studies used the frailty phenotype model and modified Fried frailty index to measure frailty among stroke patients.

Discussion: Frailty phenotype model and modified Fried frailty index were the most commonly used measurement tools among frail post stroke patients. We recommend that measuring frailty and pre-frailty can help nurses assess and plan new interventions that focus on improving the quality of life among frail post stroke patients. Therefore, nursing education on stroke or CCD should consider discussion on the measurement of frailty among post stroke patients with CCD.

References

Graphic Medicine as Relational Practice in Dementia Care:  
Comics, Affect, and Immediacy

Authors: Marie-Pier Caron RN, BSN, MN; Ruhina Rana RN, BSN, BA, MN(c); Peter Wilkins, PhD
Douglas College caronm@douglascollege.ca

Relational practice is woven through most nursing curriculums but finding engaging and innovative ways to integrate it into courses is challenging. Our project uses visual art to integrate relational practice into nursing education. Pedagogies like relational inquiry emphasize contextual learning and the uniqueness of individual lived experiences (Hartwick Doane & Varcoe, 2015). Narrative is a relational methodology that shares emotions and experiences with learners, but prose narratives can be just more text in a pile of text, unable to distinguish themselves from other, more technical, course readings. Visual art, meanwhile, offers immediacy and identification and so can better provide context and emotional layers to peoples’ experiences.

For several years now, practitioners and patients have been exploring graphic medicine, the use of comics to support a relational perspective (Williams, n.d.). Our project explores the narratives of professional care givers in their experience of people with dementia, often their own family members. These narratives are being transformed into a comic resource for students who will one day be caring for people with dementia.

The comic, I Know How This Ends, is based on the literary form of classical tragedy with its emphasis on inevitability and caregiver stratagems to forestall it. Comics have allowed us the ability to explore emotions like frustration, resentment, and hopelessness in a way that words alone could not. They have also helped us highlight the relational dynamics between people with dementia, their family members and their care givers, specifically around control and power (or loss of control and power). Our talk will argue the efficacy of comics art as a pedagogical strategy for improving relational practice.

References

The Impact of an English as an Additional Language Nursing Student Support Program

Author: Liza Choi RN, BN, MN
Mount Royal University lchoi@mtroyal.ca

English-as-an-additional language (EAL) students in post-secondary nursing education are known to experience greater rates of underperformance and attrition compared to their peers (Salamonson, Attwood, Everett, Weaver, & Glew, 2013; Crawford & Candlin, 2013a, 2013b; Donnell, 2015). In addition to academic challenges, EAL students are often confronted with an array of psychosocial challenges that include but are not limited to: discrimination, marginalization, lack of social support, cultural discord, and psychological distress (Sacre, Nash, & Lock, 2010; Jeong et al., 2011; Olson, 2012; Malecha, Tart, & Junious, 2012; Schoofs, 2012; Evans, 2013). In an effort to support EAL students and minimize their disparity in academic performance, an innovative support program was designed at Mount Royal University (MRU) to address a multitude of issues brought forward by the EAL student. The effectiveness and impact of this support group will be examined in order to determine:

- If an EAL support group improves academic performance
- If/why EAL nursing students value this EAL nursing student support program
- The effectiveness of the EAL Nursing Student Support Group as defined by the participants
- The needs of the EAL nursing students

This study will aim to capture the success of the EAL Nursing Student Support Program established at MRU, in order to highlight important considerations for educators involved in EAL student education. Research findings suggest that EAL support programs based on the principles of academic safety, purposeful design, disciplinary relevance, positive faculty influence, and proactive enrollment have the most potential to facilitate EAL student success.

References
Scaffolding Nurse Practitioner Student Writing Across the Curriculum: Step-by-Step Approach to a Paper for Publication

Authors: Cheryl Dika¹ RN, MN, NP; Cosette Lemelin ², MEd., PhD.
University of Manitoba ¹; University of Alberta ² cheryl.dika@umanitoba.ca

Nurse Practitioners need effective writing skills to disseminate evidence-based information, shape health care, and voice the challenges and privileges of our profession. In the University of Manitoba NP Program, students communicated their preferences for acquiring knowledge and practicing clinical skills over scholarly writing. In fact, students commonly lacked both writing skills and enthusiasm to prepare term papers or submit a paper for publication in the final assignment of the program.

In 2015, three instructors of varying expertise, sought to increase NP students' writing capacity and change their perceptions of NP scholarship and scholarly writing. Requisite writing skills were scaffolded across NP courses to support student writing development in manageable well-defined assignments culminating in a paper for publication upon completion of the program.

The poster will demonstrate the students' writing development and scholarship by: a clinical encounter reflection, a literature review, a synthesis and evaluation of a selected topic over several courses. Scholarly nursing education literature supports this need for deliberate sequenced assignments across the curriculum wherein new learning builds on previous learning to a final assignment or project (list all the citations) in our case, a paper for publication.

This endeavour was unique in that a free convenient writing workshop corresponding to each writing assignment was offered by faculty members. Faculty feedback was provided on each assignment and carried forward to the next stage of writing. The writing scaffolding strategy has improved NP student writing, confidence, and attitudes towards scholarly writing, as evidence by increased publications by NP students and a recent survey of NP graduate’s satisfaction.
WhoDunnit? Engaging Students in Nursing Theory Through A Murder Mystery Simulation

Author: VJ Gibbins RN BScN MN PhD(Student)
University of Alberta vjgibbins@ualberta.ca

Introduction. It is entirely possible that there are nursing students, somewhere in the world, who simply love their theory courses! That is not, however, the experience of most nursing students 1. Theory is recognized as vital to skill and competence in clinical practice, however, there is often a gap between the theoretical knowledge taught and the clinical application practiced 1. These disconnects often lead to frustration for the students, the instructors, and the clinical institutions 1.

Objectives. Teaching a senior-level theory course for the first time, this instructor sought an innovative pedagogy to engage the students and develop not only knowledge in the subject matter, but also gain skill and confidence with other clinical competencies such as prioritization, clinical decision-making, and leadership 1,2. Game-based learning pedagogy was chosen to guide the re-development and innovation of this course design 2,3.

Method. In addition to core theory, students also learn about the role of the nurse in different environments of care such as the emergency room, the intensive care unit, the medical - surgical ward, and in homecare. Four simulations were created following the idea of a murder-mystery party that one might attend with a group of friends 4. For each of the four simulations, two different students were identified as Team Leaders to run the simulation for their group. Each group had the same patient, however, each a different environment of care with a different problem related to the pathophysiology. Each group identified assessments and diagnostics needed related to the problem identified in their assessment. As they identified those assessments or tests, the Team Leads would provide the values or results requested from the script provided by the instructor, and then assist the group towards interventions and a care plan for that environment of care.

Results. Student feedback was solicited at multiple times related to the classroom simulation design used to experience the role of the nurse in each of these environments of care. Students expressed overwhelming support for this pedagogy, and perhaps more importantly, demonstrated a 7-point increase in the average on the final exam compared to the exam scores of the previous two terms. Students were profuse in their praise of this engaging and clinical application of theory. Their response is reflective of the findings of other studies into game-based pedagogy 5.

References
Validity and Reliability of Clinical Evaluation of Nursing Students in Canada and the USA: An Integrative Review

Author: VJ Gibbins RN, BScN, MS, PhD(Student)
University of Alberta vjgibbins@ualberta.ca

Introduction: There are a number of tools used in assessing competence of undergraduate nursing students related to clinical practice. Many tools have been designed to focus on individual components of competence: cognitive ability, psychomotor skill, and others. Authors have documented the validity and reliability of these tools. Often only in non-clinical contexts such as in lab and classroom environments. Assuming the validity and reliability to be the same in clinical and non-clinical environments. Much of the published literature is from countries with disparate scopes and standards of nursing practice, decreasing the generalizability of their findings to other countries and contexts. For Canadian nursing educators there is a dearth of evidence related to the reliability and validity of clinical evaluation tools and methods consistent with the Canadian and US entry-to-practice competencies, and models of nursing clinical education, that schools of nursing in these two countries employ.

Objectives: The aim of this integrative review was to identify reliable and valid tools or methods of evaluation of nursing students in instructor-led courses in Canada and the USA.

Method: A database search was conducted and used the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) guidelines for reporting to increase rigour in this review method. Data Sources: The following databases were searched: CINAHL, Medline, ERIC, Academic Search Complete, and Education Research Complete, from January 2000 – June 2017. Review Method: An integrative review method was used based on the model described by Whittemore and Knafl (2005).

Results: Of 25 studies identified for full-text review, six papers met the strict inclusion and exclusion criteria and were included in this review. Evidence was coded and organized into two themes: clinical evaluation: what it is, and clinical evaluation: what it should be.

Discussion: There is a great need for psychometrically tested clinical evaluation tools that encourage a holistic assessment of not only a student’s knowledge, skill, abilities, and attitudes, but also takes into account the whole of their learning and growth. Nursing instructors are often the x-factor in as to the present the validity and reliability of the evaluation tools being used. Novice clinical instructors, who receive the least amount of education towards pedagogy are often left to interpret and determine students’ accomplishment of complex clinical competencies. Nursing faculty desire greater orientation and training for their role in clinical evaluation.

References
Individualized Music Therapy to Foster Activity Engagement in Older Adults with Dementia

Authors: Catriona Morton (BSN nursing student); Shilby Mathew (BSN nursing student); Monica Macanlalay (BSN nursing student); David Coulter (BSN nursing student); & Deborah Gibson RN, MSN
Trinity Western University  deborah.gibson@twu.ca

Music therapy is widely used in various clinical settings to enhance communication, emotional, cognitive, and motor skills in elderly clients with dementia. Langley Seniors’ Resource Society (LSRS), a facility in Langley, BC for primarily dementia clients, offers recreational activities, assistance with personal care, and general health monitoring. During a community clinical experience, 3rd year nursing students implemented music therapy for a low-functioning client with dementia to foster engagement in social activities. Based on the Population Health Promotion Model framework; a multi-level approach was used to address the identified needs of the community.

Through collaboration with family and staff members, music therapy was a suitable intervention to support and strengthen the client’s capacity to be more active and present in recreational activities. Music therapy sessions were carried out in the morning and afternoon twice a week. The design of music therapy included an individualized playlist tied with various one-on-one activities. Evaluation of the intervention highlighted profound improvements in client engagement including increased relational engagement, improved focus as well as positive changes in both mood and overall quality of life for this client. The utilization of music therapy in the clinical setting can inform future nurses on the benefits of using this simple, non-pharmacological method to improve the quality of life of individuals with dementia, particularly when other interventions have been ineffective.

References


Falls Prevention Home Safety Visits by First Year Bachelor of Science in Nursing Students

Authors: Jennifer Ham RN, BSN, MSN; Candis Spiers RN, BN, MN
College of the Rockies jham@cotr.bc.ca

According to the Public Health Agency of Canada (PHAC) (2014), falls are a leading cause of injury in Canadian adults over the age of 65 years and it is estimated that between 20-30% of seniors fall each year. Conducting home safety assessments is one of the key activities identified in the national Falls Prevention Month toolkit and is important given that the PHAC (2014) reports 50% of falls that result in hospitalization due to serious injury occur in the home environment. Through collaboration with a local community organization, we designed a pilot clinical activity and research study whereby Year One BSN students would meet individual seniors in their homes to conduct home safety assessments.

**Study Objectives:** 1) to determine whether the intervention was effective in promoting participants to make preventative changes to their home environment; and 2) to identify challenges to making preventative changes to participants’ home environment.

**Method:** BSN students assessed eight participants’ home environments at two points in time for potential hazards. The Home Safety Self-Assessment Tool (HSSAT) was used to guide each assessment and to collect quantitative data for comparison. Qualitative data was collected on the second visit to identify barriers participants may have had to making safety-related changes.

**Results:** Each home demonstrated a reduction in home hazards. Changes included reducing clutter in numerous areas; reducing use of throw/scatter rugs; adding non-slip bath mats; and improving railings or grab bars at entrances and basements. Barriers to making changes included items not deemed a priority for the homeowner; structural changes might require renovation or be costly; and lack of control related to renting versus being the homeowner.

**Impact on Nursing Education:** BSN students integrated learnings across their Semester One courses in order to conduct the home assessments, including relational practice and communication skills, assessment skills, health promotion principles, and professionalism.

References


Exploring Nursing Student Perspectives of Clinical Practice Evaluation

**Investigators:** Chantel Kiraly, Jessica Trott, Elyce Thomas, Romina Qurban  
Douglas College BSN Students  
**Mentors:** Susan Hammond, RN, BSN, MEd; Andrea Gretchev, RN, BScN, MN, CCNE  
Douglas College  
hammonds@douglascollege.ca

**Background:** Effective formative feedback can ensure a student’s understanding of their strengths and areas for further development in working toward meeting clinical learning outcomes.

**Objective:** The purpose of the study is to investigate student perspectives of the process used to assess student clinical practice in the Douglas College BSN program. Our aim is to discover if there is a need for improving the existing evaluation framework and make recommendations based on our findings.

**Method:** The data will be analyzed through phenomenological method. Using semi-structured focus groups, will explore student’s perspectives of their experiences being evaluated in clinical nursing practice.

**Procedure:** Participants will take part in focus groups consisting of four to six Douglas College BSN students in semesters two to six, until data saturation occurs, up to a maximum of 36 participants.

**Data analysis:** Participant responses to two written questions, along with narrative data from a semi-structured focus group discussion, will be analyzed to identify common themes. Data collection has concluded, and the team is currently in the process of analyzing data. We hope to have preliminary findings, if not a finalized project, by the time of the WNRASN conference.

**Expected outcomes:** We expect the student experience can inform what strategies and tools faculty use to evaluate students in clinical practice by identifying student preferences and needs in relation to how they receive formative and summative feedback. Preliminary data analysis suggests that the relationship between students and instructors is more significant to how students receive feedback than any tools used for evaluation.

**References**


Instructional Strategies for Multi-Generational Nursing Students

Author: Taran Kaur RN, BSN, MBA; Ruthanne Reimche RN, MN, CCN(c)
Saskatchewan Polytechnic   tarandeep.kaur@saskpolytech.ca

The Saskatchewan Collaborative Bachelor of Science in Nursing (SCBScN) program is offered jointly by Saskatchewan Polytechnic and University of Regina. We have many generational cohorts (age ranges from 17-50), but the majority of students in the SCBScN program enter directly from high school. Therefore, understanding developmental perspectives among different age groups of nursing students is integral for planning, implementing, and evaluating effective teaching strategies.

Nursing students vary greatly in their previous knowledge and require diverse teaching strategies. Various learning strategies are beneficial including didactic, hands on, flipped classroom, case-based scenarios, online opportunities, and learner led activities. Incorporating emerging innovative technologies is imperative for greater learning opportunities.

Understanding physiological, psychological, social, and cognitive generational differences assists instructors in implementing teaching strategies that are beneficial to all learners. Recognition of adult learning principles enables faculty to understand the different needs of students and determine prior learning experiences. Additionally, instructors should be unbiased and non-judgmental in their teaching approaches.

It is imperative for nursing instructors to consider adult learning principles and generational differences when developing instructional strategies to benefit diverse learners. Incorporation of these strategies provides all learners with the opportunity to be involved in their learning and reach a higher level of cognition.

References


Applying Evidence From A Study Examining Registered Nurses (RN) Experiences of Caring For People With Substance Use Disorders (PWSUD) In The Emergency Department (ED) To Undergraduate Nursing Education.

Author: Gwen Keeler, BA, BScN, RN, MScN
University of Northern British Columbia gwen.keeler@unbc.ca

Introduction and Purpose: Substance use is a phenomenon affecting over 250 million people worldwide (United Nation Office of Drugs and Crime, 2015). PWSUD often experience difficulty accessing health care for a number of reasons and for those with limited access, EDs are often a point of entry into health care (Bellringer, 2016). The purpose of the primary study was to understand the experiences of Registered Nurses working in EDs who engage in the care of PWSUD. At this time, increasing numbers of PWSUD are presenting to EDs related to the opioid crisis and the need to adapt nursing education to address this is evident.

Methods: A qualitative descriptive study using semi-structured telephone/face to face interviews with member checking. The data was analyzed via thematic analysis.

Findings: Thirteen RNs with a range of ED experience (eight months to 25+ years) from rural and small urban setting participated. Thematic analysis resulted in three themes that explored the role of the RN in the care of PWSUD, organizational barriers to providing care and how participants’ attitudes and beliefs influenced the experience of providing care to PWSUD. A dominant theme that emerged from the analysis was organization barriers to care. Barriers existed within all organizational systems and particularly in education. RNs were sensitive to the needs of PWSUD however, their perceived knowledge deficits, related to care within and local resources to support patients outside the ED made the provision of high quality, evidence-based care difficult. Generally, the participants noted that preparation in undergraduate education was limited.

Discussion: Overall, the participants identified feeling underprepared and that their inadequate knowledge of substances affected their ability to provide effective care. Through this research, we have identified an important opportunity to enhance the delivery of education specific to the care of PWSUD in undergraduate RN programs by strengthening curriculum aims, revising curriculum content and engaging PWSUD in educating students.

References


Pilot: Introducing Mental Health Simulation with Standardized Patients to Third-Year BScN Students

Authors: Kari Nish RN, MN; Peggy Follis RN MN; and Kala Streibel RN, MN
Red Deer College kari.nish@rdc.ab.ca

Although one modality of high-fidelity simulation (HFS) had been incorporated into most other clinical courses, the mental health nursing course had yet to develop a strategy including HFS. The mental health team did not feel that HFS could really reflect the intricacies of a mental health client and therefore not provide students the opportunity to conduct a realistic interview and assessment. Therefore, we chose to utilize simulation with standardized patients. Two simulated patients were hired based on their abilities to accurately portray the clients in the two chosen simulation scenarios. In the simulation, nursing students had the opportunity interact with standardized patients who were trained to demonstrate symptoms of bipolar mania and paranoid Schizophrenia. During debriefing students explored their experience, both strengths and areas to improve on with feedback from the SP on how the student made them feel during the experience. Students provided feedback on their interactions with SP’s and whether or not outcomes were met in terms of improving therapeutic communication and increasing confidence in working with clients who have a mental illness. The feedback was overwhelmingly positive, supporting further integration of the use of standardized patients in future mental health nursing courses.

References


The “CRAB” Project

Authors: Kathy O’Flynn-Magee RN, MSN; Paddy Rodney RN, MSN, PhD; Hannah Turner BSc., BSN; Katherine Proznick BSc., BSN; Skye Maitland BA, BSN; Ranjit Dhari RN, MSN; Lynne Esson RN, BSN

The “CRAB” (Cognitive Rehearsal to Address Bullying) project emerged in response to student/faculty-shared concerns about the prevalence of bullying experienced by nursing students. Alarming bullying in nursing and other health care professional programs continues to be a pervasive problem that has been well documented in the literature. Given the impacts of bullying on students, its occurrence is of grave concern to nurse educators and administrators, who are responsible and accountable for the safety of learning environments.

Our project brought together UBC School of Nursing faculty and undergraduate students in collaboration with a colleague from the UBC Department of Theatre and Film to design an innovative workshop for baccalaureate level undergraduate nursing students. The structure consisted of 8 small workshops, which were grounded in the theoretical underpinnings of relational inquiry and structures of power. We utilized introductory activities to establish the safety of the space in which the workshop was located. From this space, participants (faculty facilitators, RN actors and students) engaged in forum theatre to consider ways of responding to bullying behaviours. This was then followed by session debriefings, informal feedback, cognitive rehearsal scripting, and an invitation to participate in research focus groups.

One way to address bullying in nursing education is education itself. Embedded into introductory-level nursing course work, this workshop drew on the principles of Forum Theatre and Cognitive Rehearsal to foster student confidence and skill development when exposed to bullying in their nursing education.

Select References


Ethical Considerations for Teaching Nursing Students Abroad

**Author:** Stephanie Obara RN, MN  
College of the Rockies sobara@cotr.bc.ca

Many Western academic institutions have study abroad destinations in lower-income countries where students work with marginalized populations. This is viewed as a way to promote the students’ transcultural and global health awareness (Kulbok, Glick, Mitchell, & Greiner, 2012). Ethical critiques of such international clinical placements include (1) clinical tourism with personal or paternalistic rather than altruistic motivations, (2) unsustainable care for people who otherwise have no option and (3) risk of replicating colonialist practices (Burgess, Reimer-Kirkham, & Astle, 2014; Levi, 2009; Racine & Perron, 2012). Research regarding the impact of study abroad programs for nursing students on host communities in low-income countries is scarce, and a lack of educational standards is concerning (Burgess et al., 2014).

A qualitative, descriptive study was conducted to address a gap in the literature by describing Canadian nursing faculty members’ perspectives on successful teaching methods used in study abroad programs (Obara, 2018). Five nursing faculty members affiliated with five institutions in Western Canada were interviewed about their recent experiences teaching undergraduate nursing students abroad. The approach used by Canadian faculty members was to work with the realities of the host communities, engaging in a respectful and mutually beneficial process.

All faculty participants emphasized the importance of social justice as a theoretical underpinning to teaching abroad. Faculty members were sensitive that they were guests in the placement countries, needing to proceed with some caution and respect by acknowledging the existing strengths in the host context and building on these. Successful collaboration involved skills related to assessing areas of shared importance and understanding of how to engage with the host community in partnership. In relation to successful collaborative relationships the focus tended to be long-term, involving faculty members dedicated to facilitating the international student placements.

**Keywords:** nursing ethics, undergraduate nursing education, study abroad

**References**


Arts-Based Instructional Strategies Suited to Mobile Learning

Author: Beth Perry¹ RN, PhD; Margaret Edwards¹ RN, PhD; Katherine Janzen² RN, MN
Athabasca University¹; Mount Royal University² bethp@athabascau.ca

Introduction: Online learning continues to evolve from computer-mediated to fully mobile learning (mlearning). With this evolution comes the need to develop instructional strategies effective for mlearning. The worth of the arts as teaching tools has long been recognized in face-to-face education. Specifically, art, photography, literature, poetry, music, and drama have been reported as contributing positively to in-person learning. Outcomes of arts-based teaching strategies include enhanced reflection, creation of safe learning environments, stimulation of dialogue, and student engagement in the affective domain (McKay & Barton, 2018). Further, arts-based strategies increase quality of interactions, enhance sense of community, and facilitate social presence in online classes (Perry & Edwards, 2016).

Purpose: This work-in-progress features a description of four innovative instructional strategies for use in mlearning.

Our Plan: To be valuable in mlearning, arts-based strategies need to be effective on small screen devices such as smart phones and tablets. Like computer-mediated learning, successful mlearning requires strategies that meld interactivity, creativity, and technology. There is limited research related to development and testing of instructional strategies to achieve positive outcomes specifically in mlearning.

To address this gap, we revised arts-based instructional strategies that we developed (and tested) for computer-mediated learning to make them appropriate for mlearning. Specifically, we revised a poetry-based strategy called “Haiku it!” to mobile friendly “Poetweet”, changed a photography inspired strategy called “Photovoice” to mobile appropriate “Photo Paring”, and changed a quilting activity called “Conceptual Quilting” to an activity that can be completed using social media called “Reflective Mosaic.” Finally, we describe the six-word story activity that could work well in mlearning.

Impact for Nursing Education: As nursing education evolves to include mlearning, educators need teaching strategies that are suited to this milieu. This poster provides 4 specific tools that can be used or adapted.

References

Rejuvenating Nursing Education through Arts Based Research and Creation of a Creative Art Based Community of Practice

Authors: Pattie Pryma RN, MEd, PhD; Elaine Schow RN, MN
Mount Royal University ppryma@mtroyal.ca

In Winter 2018, a research initiative was developed and implemented at Mount Royal University. The research questions that were explored included; What happens when professional educators are invited to engage in creative arts practices? What do arts-based methods reveal about the self-care practices and wellbeing of professional educators? The purpose of this research was to use the creative arts to engage academic professional educators, in exploration of relational practice through self-care endeavors to promote wellbeing. As part of offering access to the creative arts, we set out to be inclusive and challenge the normative discourses that suppress self-care, relational engagement, self-expression and wellbeing in academic communities. Professional Educators from four departments; Nursing, Social Work, Education and Child and Youth Studies in the Faculty of Health Community and Education at Mt Royal University convened weekly for 8 weeks to explore arts-based methods of inquiry. Supporting creative arts practices encouraged inquiry into lived experiences, reflections on, and memories of time/space and self/other from multi-sensory perspectives (Pink, 2009). Baron & Eisner suggest that an arts-based approach requires a careful investigation into the dimensions of the social world, offering re-presentations that uncover aspects transformed into aesthetic substance as embodied forms; a re-iterative process resulting in new understandings for the viewer, who vicariously re-experiences and mutually co-creates new moments of attending to the multiplicity of experiences that are evoked.

We were able to explore issues arising secondary to the discourses in academic settings, such as hidden curriculum/agendas and unmet needs (Hahna, 2013; Hogan, 2013). We learned that when engaging in art-making, our collective imaginings are ignited, helping us to see we are not alone when grappling with difficult situations and other relational aspects of professional work (Moon, 2010).

The findings from the research project encouraged us to look for funding to begin an Art-based Community of Practice. We applied and were successful in receiving funding to initiate a Community of Practice in January 2019. This community of practice will engage in art-based approaches which can help educators explore relational practice, self-care of themselves which will extend to our students. We will also be discussing the interest and commitment to future research projects.

References
Clinical Placement Anxiety in Undergraduate Nursing Students:
A Concept Analysis

Authors: Marie-Claude G. Simpson RN, BN, MN(Student); Jo-Ann V. Sawatzky RN, PhD
University of Manitoba umgratt4@myumanitoba.ca

Introduction: Anxiety is a pervasive human phenomenon, with negative consequences on one’s health and well-being. Undergraduate nursing students experience particularly high levels of anxiety during their clinical placements, which can have a negative impact on their mental well-being and academic performance. Despite an increased awareness and research in this area, there is still a lack of clarity of the concept of clinical placement anxiety in this population.

Purpose: The primary aim of this in-depth concept analysis of clinical placement anxiety in undergraduate nursing students was to establish a strong foundation for future research in this important area of nursing education.

Design & Methods: We utilized Walker and Avant’s well-known, 8-step approach to concept analyses in the nursing profession. Data sources for the literature review included electronic databases of PubMed, CINAHL, PsychInfo, and Google Scholar, as well as a grey literature and snowball search. Search terms included: clinical placement, clinical experience, nursing students, undergraduate nursing students, anxiety.

Results: The concept of clinical placement anxiety in undergraduate nursing students was analyzed using the foundation of the broad concept of anxiety. Four defining attributes were identified: psychological-emotional response, psychological-cognitive response, physiological response, and unfamiliar environment or situation. Antecedents, consequences, and empirical referents of the concept were also highlighted.

Implications for Nursing Education: By contextualizing anxiety, we have validated the importance of further exploration of the anxiety experienced by undergraduate nursing students during their clinical experiences. Insights gleaned from this concept analysis will also enhance the ability of clinical nursing educators to effectively prevent and manage student anxiety in the clinical setting.

Conclusions: This concept analysis of clinical placement anxiety in undergraduate nursing students establishes the foundation for future research, as well as educational strategies in nursing education.

References
Launching the Interprofessional Education Pathway: Early Introduction of Nursing Students to Interprofessional Education and Practice

Authors: Susan Sommerfeld, PhD, RN; Joanne Davies, PhD; Sharla King, PhD; Louisa Fricker, MLIS; Melanie Garrison, MEd(HSE); Laura O’Connor BFA, BDes
University of Alberta susan.sommerfeldt@ualberta.ca

Clarification about the optimal time to introduce health sciences students to interprofessional education (IPE) continues to be debated 1,2. Concerns about timing are often accompanied by ideas such as perpetuating stereotypes when unprepared early learners are required to speak to their profession’s scope of practice or that students who are well into their programs minimize the role of other professions when they have produced a discipline-specific care plan.

At a large, urban university, a collaborative of multiple health sciences faculties works together to address such dilemmas through multiple points of contact along an IPE Pathway throughout a student’s education. The first of these learning activities is the IPE Launch where students, new to a health sciences program, have interactions with students in other health disciplines within the first month of their program. This is a large-scale activity that in September 2018, involved 1045 students including 334 nursing students, multiple faculty and community facilitators, patient and family mentors discussing pediatric, mental health and palliative journeys, and several professional organizations.

This poster presents an innovative approach to introducing students to professions other than their own through patient/family stories, visits to representatives of professional associations and regulatory bodies, simulation, and case studies while working with an interprofessional student team. Nursing students are supported in their early learning by receiving fact sheets and nursing priorities relevant to the case or discussion.

Nursing students benefit from exposure to other new students in health professions early in their educational program. This early introduction is then built upon throughout their learning through formal IPE coursework, within clinical experiences, and other coursework such as nursing leadership courses, as students progress along their IPE pathway. Aligned with the Canadian Interprofessional Competency Framework 3, nursing students experience and look for opportunities to develop interprofessional competencies in their learning that can extend into future practice.

References
Creating an Interactive Remedial Pedagogy Using the Model of Progressive Complexity in Nursing Education

**Authors:** Elisha Vadnais \(^1\) RN, MScN; VJ Gibbins \(^2\) RN, BScN, MS, PhD(Student)  
College and Association of Registered Nurses of Alberta \(^1\); University of Alberta \(^2\)

Clinical judgement is an imperative skill for nursing students. It involves higher-order thinking and critical thinking. As opposed to linear thinking; critical reasoning and clinical judgement are skills many students develop after they enter nursing school. As they are learning, many students have difficulties linking theoretical knowledge to practical application. This disconnect may lead to crippling anxiety for students, shutting down their capacity for higher-order thinking, decision making and critical thinking. The implications of this often leads to safety violations, clinical mistakes, failure to notify, withdrawals from clinical courses and practicum interventions to remove students from clinical learning environments.

This poster will introduce some of the theoretical and philosophical frameworks used to create a med surg remediation course for undergraduate nursing students. This novel approach utilizes evidence-based research in educational psychology, grounded in mindset theory, and uses case study method, simulation, and problem-based learning pedagogies to target key attributes that many struggling students share. Using an adapted nursing process tool, and following the progressive complexity model, the students hone skills in the areas of prioritization, time management, the ability to make clinical judgements, while developing communication skills to articulate their rationales.

Future research will be undertaken to assess the clinical impact of these courses on student clinical performance. Through dialogue with the session participants, the presenters wish to discuss early successes and explore implications to future curricular design.

**References**


Is Video-Playback in Simulation, after Verbal Debriefing, Associated with Changes in Nursing Students’ Reflection, Communication and Anxiety Level?

**Author:** Darcelle Vigier RN, MN; Lorna Guse RN, PhD; Nicole Harder RN, PhD
Université de Saint Boniface; University of Manitoba

Educational activities such as simulation, that promote the transfer of knowledge from theory to practice, are recognized as effective learning strategies by nursing educators. Debriefing that takes place after a simulation session contributes to the knowledge gained by students and can include video-playback review. Very few studies have examined the impact of video-playback review following the simulation and debriefing session. This quasi-experimental study asked the following question: is video-playback in simulation, after verbal debriefing, associated with changes in nursing students’ reflection, communication and anxiety level? Kolb’s experiential learning theory provided the lens for this research. The sample was recruited from year three baccalaureate nursing students (n=31) who were enrolled in a combined medicine-surgery course in one term.

The data collection instruments included a demographic survey, the Lasater Clinical Judgment Rubric, the Debriefing Experience Scale, and the State-Trait Anxiety Inventory for Adults. Non-parametric testing and descriptive analysis were performed with these tools. Findings from this study suggest that oral debriefing alone from a facilitator might have an impact in relation to students’ perceptions of their reflection, communication skills and anxiety levels.

**References**


Supporting Struggling Students Through Relational Practice – Sending the Right MESSAGE

**Author:** Laura Vogelsang RN, MN, PhD(c)
Lethbridge College laura.vogelsang@lethbridgecollege.ca

Students in undergraduate nursing programs may struggle to meet course outcomes and stay in their program for a variety of reasons (Pitt et al., 2012; Shellenbarger & Hoffman, 2016). Often nursing students form a close relationship with their instructors and may first approach them for help or guidance instead of academic advisors or program administrators. Because of the personal relationships formed between students and their instructor, frontline nursing educators are often in a unique position to support students in a way that is learner-centered and collaborative.

Given the vast amount of literature available outlining how to support nursing students, educators may find it difficult to know where to start, or how to address the student in a way that is both meaningful and individualized. The MESSAGE (Manage, Empower, Strategize, Supports, Advising, Gauge, Evaluate) acronym is proposed as a strategy for nursing educators to support students in a way that demonstrates the values of relational practice as a guiding principle for the interaction between student and educator. Utilizing a strengths-based approach that envisions supporting students as a collaborative, and ongoing process, the MESSAGE acronym as an easy to remember and easy to implement strategy for supporting student success. This acronym evolved as a response to an invitation from Jeffreys (2015) for nursing educators to prioritize student retention and success. The aim of this poster is to outline each aspect of the MESSAGE acronym and describe its practical application within undergraduate nursing education.

**References**

