

Journeys in Nursing Scholarship



Thompson Rivers University School of Nursing

April 26, 2018



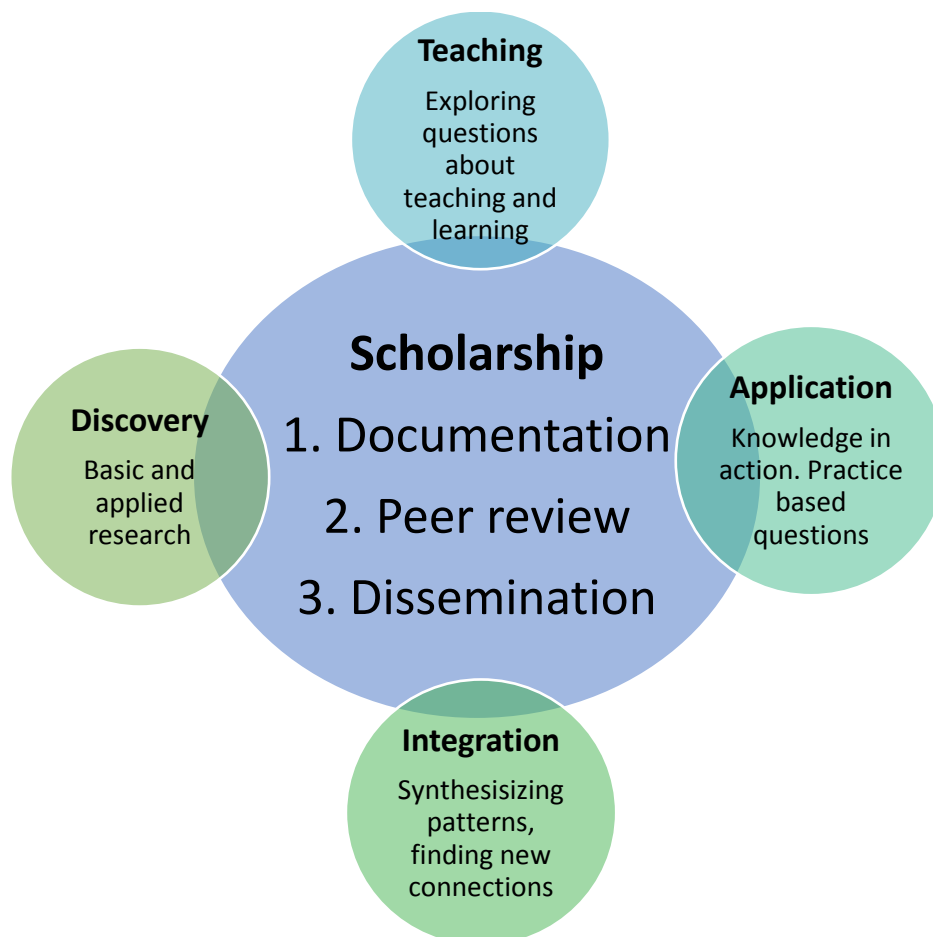
HISTORY OF JOURNEYS IN NURSING SCHOLARSHIP: EXCHANGING STORIES AND VISIONS

In 2006 TRU School of Nursing (SON) Journeys in Nursing Scholarship (JNS) Committee originated as part of the Scholarship Committee. Its purpose was to provide a forum for nursing faculty to present their current and future plans for a diverse range of scholarly work including teaching, practice and research. The premise was to have faculty present their scholarly work so that they might connect with one another to share ideas, plans and activities that would foster a supportive community of scholars. The subsequent 2009, 2013, and 2017 Journeys in Nursing Scholarship had similar objectives. JNS has been well received by SON faculty and the diversity and quality of presentations has been excellent.

Boyer's Model of Scholarship

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

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



AGENDA

0900	Welcome and Housekeeping - Julie Cinel
0910	Welcome by Elder Estella Patrick Moller
0925	Key Note - Cale Birk - Re-Imagining The Learner Experience for Today's Student
1010	Coffee Break
1025	The Development of a Preceptor Competency Tool - Tracy Hoot
1050	Curbing the Tide: A Wellness Centre's Response to BC's Opioid Overdose Public Health Emergency - Chelsea Corsi & Kirstin McLaughlin
1115	More than we bargained for...the learning outcomes of a simulation intended to enhance student knowledge of respiratory concepts - Joanne Jones, Renee Anderson & Andrea Sullivan
1140	What it means to be a 'Practice Ready' New Nursing Graduate - Noeman Mirza, Louela Manankil-Rankin, Dawn Prentice, Lisa-Anne Hagerman & Christopher Draenos
1205	Lunch Break
1250	The Impact of Undergraduate International Nursing Practicums on RN Practice - Tracy Hoot & Mona Taylor
1315	Cognitive Rehearsal Training (CRT) as an Anti-Bullying Intervention for Nursing Students and New Nurse Graduates-Part 1 - Florriann Fehr, Michelle Seibel, Kyra White & Aleesha Hewitt
1340	Stop.Motion.Animation. – Facilitating Student Learning in a Nursing Pathophysiology Class- Candace Walker & Joanne Jones
1405	Older Adults' Views on the Repositioning of Primary and Community Care in BC's Central Interior - Noeman Mirza, Wendy Hulko & Lori Seeley
1430	Final Reflection and Closure – Donna Murnaghan
1445	Wrap-up Evaluations

ABSTRACTS

THE DEVELOPMENT OF A PRECEPTOR COMPETENCY TOOL

Dr. Tracy Hoot RN

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.

Using a mixed-methods approach, an assessment tool was designed and evaluated for measuring the nurse's preparedness and willingness to preceptor a baccalaureate nursing student in his or her final clinical practice. The preceptor competency assessment tool was constructed from qualitative data collected from nine focus groups. A Delphi survey, administered to a panel of nurse experts, reaffirmed the constructs of the preceptor competency assessment tool, while the pilot study demonstrated the tool's usefulness and appropriateness when determining the nurse's ability to competently preceptor a nursing student.

CURBING THE TIDE: A WELLNESS CENTRE'S REPOSE TO BRITISH COLUMBIA'S OPIOD OVERDOSE PUBLIC HEALTH EMERGENCY

Chelsea Corsi, RN BScN BSC & Kirstin McLaughlin, RN BScN (Hons.) MPH

April 14, 2016 marked a first in British Columbia's history: the Provincial Health Officer's declaration of a public health emergency in relation to the province's opioid overdose crisis. In an effort to curb the tide, a campus Wellness Centre in Kamloops is piloting a student-led Take Home Naloxone Program in conjunction with the British Columbia Centre for Disease Control (BCCDC). The program aims to ensure that members of the campus community who identify a need for naloxone, a medication which reverses opioid overdose, have access to it. This peer delivery model aims to decrease barriers, enhance outreach, and build capacity.

MORE THAN WE BARGAINED FOR... THE LEARNING OUTCOMES OF A SIMULATION INTENDED TO ENHANCE STUDENT KNOWLEDGE OF RESPIRATORY CONCEPTS.

Joanne Jones RN MEd, Renée Anderson RN MN & Andrea Sullivan RN MN

Simulation provides opportunities for students to engage in rich learning through integration of theory with practice while making real-time clinical decisions in an environment that poses no risk to patients (CASN, 2015). Increasing patient complexity, a growing lack of practice placements (NLN 2015) and the desire to help learners transition from school to practice equipped with important knowledge and skill require educators to develop creative and effective learning opportunities. Through simulation, contexts can be created to allow students to develop a sense of salience in terms of what is important in any practice situation (Benner 2010). This particular simulation model was developed within the context of multiple respiratory conditions and the care of a complex surgical patient. Learning outcomes include performing head to toe assessments, identifying priority systems and issues, demonstration of clinical decision making and relational practice with families and other health care professionals and finally giving constructive feedback to peers.

This simulation model has been used annually for three years. Unintended outcomes have been an increase in faculty capacity for supporting simulation learning, faculty development in terms of writing and evaluating learning outcomes AND community building amongst faculty.

References

Benner, P., Sutphen, M., Leonard, V., Day, L. (2010) *Educating Nurses: A call for radical transformation*. San Francisco: Jossey Bass

Canadian Association of Schools of Nursing. (2015). Practice domain for baccalaureate nursing education: Guidelines for clinical placements and simulation. <http://www.casn.ca/wp-content/uploads/2015/11/Draft-clinical-sim-2015.pdf>

National League of Nursing (2015). *A Vision for Teaching with Simulation: A Living Document from the National League for Nursing NLN Board of Governors*. [http://www.nln.org/docs/default-source/about/nln-vision-series-\(position-statements\)/vision-statement-a-vision-for-teaching-with-simulation.pdf?sfvrsn=2](http://www.nln.org/docs/default-source/about/nln-vision-series-(position-statements)/vision-statement-a-vision-for-teaching-with-simulation.pdf?sfvrsn=2)

WHAT IT MEANS TO BE A 'PRACTICE READY' NEW NURSING GRADUATE

Dr. Noeman Mirza (Thompson Rivers University), Dr. Louela Manankil-Rankin (Nipissing University), Dr. Dawn Prentice (Brock University), Dr. Lisa-Anne Hagerman (Conestoga College) & Christopher Draenos (Toronto Public Health)

Practice readiness is not well defined in the 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 paper reports a concept analysis on practice readiness using Rodgers’ evolutionary method of concept analysis. Through searching CINAHL, PubMed, EBM Systematic Reviews, and ProQuest Dissertations and Theses, fifteen records were found and included in the analysis. Prominent surrogate terms included job readiness and ‘hit the ground running’ while related terms included transition to practice and entry into the workplace. Attributes of practice readiness focused on cognitive, professional, and clinical capabilities. 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. This analysis highlights the technicalities of the nursing role pertaining to practice readiness, but overlooks the humanistic characteristics essential for providing quality care. There is a need for further development of the concept through intersectoral collaboration and exploration of humanistic characteristics as they relate to practice readiness.

THE IMPACT OF UNDERGRADUATE INTERNATIONAL NURSING PRACTICUMS ON RN PRACTICE

Dr. Tracy Hoot RN & Mona Taylor RN BSN MSN

It is widely recognized that nursing students require preparation to work in culturally diverse environments. In Canadian schools of nursing, consideration must be given in undergraduate program curricula to prepare students for the complexity of performing culturally competent nursing care as a registered nurse. To fully understand this question, an online survey was administered to 120 Thompson Rivers University alumni undergraduate nursing students from British Columbia, who had participated in an international nursing experience between 2005 and 2015.

The results of this study provides insight into the long-term benefits that an international nursing experience has on a graduate nurse's clinical practice. From the 57 responses, 96% (n=55) of the nursing graduates felt more culturally competent as a result of the international experience. Comments from the nurses, included, "I know how to better address people from other cultures", "I am more aware of and further understand the challenges people from other cultures may face when accessing healthcare", and "I have learned to be more patient and accepting of the way that different cultures deal with and view health".

Recognizing that international learning experiences as a student nurse can positively affect the nurse's future practice as a culturally competent registered nurse, the continuation of international experiences should be supported by schools of nursing. This exploratory descriptive study has shown that undergraduate nursing students who have participated in an international practicum/field school view themselves as more culturally competent because of these experiences. The graduate nurses understanding and application of cultural safety into clinical practice was evident through the qualitative data collected from the online survey.

COGNITIVE REHEARSAL TRAINING (CRT) AS AN ANTI-BULLYING INTERVENTION FOR NURSING STUDENTS AND NEW NURSE GRADUATES-PART 1

Dr. Florriann Fehr RN, Michelle Seibel RN, BN, MA and Research Assistants Kyra White & Aleesha Hewitt

Bullying in nursing is a well-documented phenomenon and new graduates are most at risk for experiencing poor job satisfaction and negative work retention as a result. We are testing an intervention with 6 different nursing schools across Canada, called Cognitive Rehearsal Training (CRT) to better equip students to address bullying constructively and professionally. CRT has been shown to increase skill and confidence in nursing students to address bullying and other forms of conflict in the workplace and has promise as a best practice in bullying prevention. As part of our project's background inquiry, we have conducted a public review of all English speaking undergraduate schools of nursing websites across Canada for the following: Number of students, accreditation, affiliations with health and safety, and academic background courses related to relational practice, communication and any details related to conflict resolution, harassment, bullying, and workplace transition, along with when and where these topics are taught in the curriculum. Additionally, we considered website descriptions of faculty interest or expertise in areas related to workplace bullying or conflict resolution, and advertised workshop or sessions related to the topic of bullying or expertise on the subject. School websites were also investigated for student and faculty conduct and acknowledgement of conflict processes up to the university level and human resources. Our presentation will share preliminary findings and welcome faculty insight on curriculum best practice in bullying prevention for our future graduates.

STOP. MOTION. ANIMATION. - FACILITATING STUDENT LEARNING IN A NURSING PATHOPHYSIOLOGY CLASS

Candace Walker BScN, MN & Joanne Jones RN, BScN, MN

The use of technology in the classroom has been used to increase student engagement, support learning, and more recently as a technique to assess students' learning. Many Schools of Nursing use technology in the form of simulations or interactive games to facilitate learning. However, we wanted to see if using technology was applicable to use for a take home assignment. Stop motion animation was chosen as the medium to assess whether students could take a concept learned in a third year pathophysiology class and demonstrate their understanding of new material. By enabling a diverse assessment method, would we see a greater understanding of the material being taught in class?

A major role for nurses is providing patient education and explaining material in way that allows for greater patient understanding. With the advancements in technology, could students use a form of stop motion animation in providing patient education? This was the basis for giving the students an assignment using technology that may be of use in their future practice.

Our third year pathophysiology class unit on immunity was used to assess whether the student could take concepts learned in this unit and apply them to a specific bacteria. Guidelines for the students included information on creative common licensing and tips on how to create a stop motion video. Students worked in small groups to create a stop motion video that included a storyboard to provide a written representation of what was depicted in the video.

This assignment was then evaluated at the end of the semester to obtain student feedback for potential applications.

OLDER ADULTS' VIEWS ON THE REPOSITIONING OF PRIMARY AND COMMUNITY CARE IN BC'S CENTRAL INTERIOR

Dr. Noeman Mirza (TRU Nursing), Dr. Wendy Hulko (TRU Social Work) & Lori Seeley (Interior Health)

There has been a great deal of research on models of care for older adults, including integrated care, shared care and other team-based approaches, along with an increased recognition that service user views should inform evidence-informed decisions about health care restructuring. In this study, gerontological researchers and health authority decision-makers collaborated to explore older adults' views on the repositioning (or restructuring) of health care services being undertaken to support independent living for older adults with complex chronic health conditions. Using a social determinants of health and critical gerontology perspective, this study aimed to answer three research questions: (1) What are older adults' views on the repositioning of primary and community care?; (2) How might this repositioning best meet the needs and reflect the desires of older adults?; and (3) What should the role of older adults be with respect to the repositioning of health care? To answer these questions, a diverse sample of 83 older adults was recruited through purposive (snowball and convenience) sampling. Data collection included focus groups and interviews in 10 different small cities and rural communities in the Summer and Fall of 2016. Data were analyzed to determine key themes on repositioning and ascertain the role and influence of social location, including the similarities and differences between older adults residing in rural and remote communities and those living in small cities. This study has implications not only for rural aging and health care restructuring, but also for research on service users' views.

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