



CASN Biennial Canadian Nursing Education Conference 2016

Toronto, Ontario
May 30-31, 2016

CASN
ACESI »»



Canadian Association
of Schools of Nursing
Association canadienne des
écoles de sciences infirmières

"This document was updated following the conference to include the abstract for N. Ponzoni's presentation *Healthcare Professionals' Perceptions of a Canadian Online Telehealth Course*, which can be found on page 142."

Dans le présent document, les termes au féminin comprennent le masculin.

Table of Contents / Table des matières

General Information	4	Information générale
Planning Committee Members	6	Membres du Comité de planification
Hotel Floor Plan	7	Plan de l'hôtel
Message from the CASN President	8	Message de la présidente de l'ACESI
Message from the CASN Executive Director	10	Message de la Directrice générale de l'ACESI
Speakers		Conférenciers(ères)
Opening Panel Address Lisa Bourque Bearskin, RN, PhD and Bernice Downey, RN, PhD	11	Discours d'ouverture Lisa Bourque Bearskin, RN, PhD et Bernice Downey, RN, PhD
Keynote Address Lynn Nagle, PhD, RN, FAAN	12	Discours liminaire Lynn M. Nagle, PhD, RN, FAAN
Networking Event Address Jennifer Medves, RN, PhD	13	Discours de l'activité de réseautage Jennifer Medves, RN, PhD
Program		Programme
Schedule at a Glance	16	Bref sommaire du programme
Detailed Program	17	Programme détaillé
Poster Presentations	26	Présentation d'affiches
Book of Abstracts Alphabetical by last name of presenter	29	Cahier des résumés Ordre alphabétique par nom de famille
Notes	182	Notes
In Conclusion...		En conclusion...
Acknowledgments of Sponsors	184	Remerciements aux commanditaires
Exhibitors	186	Exposants
Future CASN Events	187	Conférences à venir
Evaluation Form	193	Formulaire d'évaluation

General Information / Information générale

Registration

The registration desk is situated on the **second floor** of the hotel, in the **Churchill Court**.

Times for Registration

Monday May 30, 0730 to 0900

Tuesday May 31, 0730 to 0900

Participants should check in at the registration desk to receive their conference materials. Inquiries about the conference, sightseeing, lost and found, etc. may be directed to one of the registration staff.

A member of CASN staff will be at the registration desk during the entire Conference.

Admission to Events

Your name badge is required for admission to all sessions, the reception, breakfasts, lunches, refreshment breaks and the social event.

Your registration includes:

- Conference documents and attendance at the Conference
- 2 breakfasts, 2 lunches, and 3 refreshment breaks
- Networking event – Leadership in Nursing

Oral presentations

Oral presentations will take place in the Stevenson Room, the Seymour Room, the Rossetti Room, the Scott Room, the Carlyle Room, Mountbatten Ballroom A, Mountbatten Ballroom B, and the Churchill Ballroom.

If you have any questions regarding the translation of any presentations title or abstract please see CASN staff at the registration table.

Inscription

Le bureau d'inscription est situé au deuxième étage de l'hôtel, au **Churchill Court**.

Heures d'inscriptions

- lundi 30 mai: de 7h30 à 9h00
- mardi 31 mai: de 7 h30 à 9h00

Les participants doivent se présenter au bureau d'inscription afin de recevoir les documents relatifs à la conférence. Le personnel du bureau d'inscription pourra aussi répondre à toutes autres questions concernant les visites touristiques, les objets perdus/trouvés, etc.

Un membre du personnel de l'ACESI sera disponible au bureau d'inscription pour la durée de la conférence, afin de répondre à vos questions.

Participation aux activités

Vous devez porter votre insigne nominatif d'identification en tout temps afin d'avoir accès aux différentes activités telles que les séances de discussion/plénières, la réception, les petits-déjeuners, les dîners, les pauses-café et les événements sociaux.

Votre inscription comprend

- les documents relatifs à la conférence;
- 2 petits-déjeuners, 2 dîners, 3 pauses-café;
- Activité de réseautage – Le leadership de la profession infirmière.

Présentations orales

Les présentations orales auront lieu dans les salles suivantes : *Stevenson Room, the Seymour Room, the Rossetti Room, the Scott Room, the Carlyle Room, Mountbatten Ballroom A, Mountbatten Ballroom B, et la salle de bal Churchill.*

Si vous avez des questions concernant la traduction de certains titres ou résumés de présentations, n'hésitez pas à consulter le personnel de l'ACESI à la table d'inscription.

General Information / Information générale

Exhibitors

Exhibitors are located with the food and beverage service in the Churchill Court. Exhibitors are available throughout the conference, with main exhibit times held during breaks and meals.

Time for exhibits

Monday, May 30, 2016

0730 – 0830

1000 – 1030

1230 – 1330

1430 – 1500

Tuesday, May 31, 2016

0730 – 0830

0930 – 1000

1230 – 1330

Poster Presentations

Posters will be presented in the Bb33 (on the ground floor) on Monday from 1330 – 1430.

Fragrance Policy

Please refrain from using strong perfumes, colognes, or lotions during the Conference.

Exposants

Les exposants sont situés près des services de restauration à la Churchill Court. Les exposants seront disponibles tout au long de la conférence. Les heures principales d'exposition sont pendant les pauses-café et les repas.

Horaire des exposants

lundi 30 mai 2016

de 7h30 à 8h30

de 10h00 à 10h30

de 12h30 à 13h30

de 14h30 à 15h00

mardi 31 mai 2016

de 7h30 à 8h30

de 9h30 à 10h00

de 12h30 à 13h30

Présentations d'affiches

Les affiches seront présentées à la salle Bb33 (au rez-de-chaussée) le lundi, de 13h30 à 14h30.

Politique en matière de parfum

Nous demandons aux participants d'éviter tout emploi de parfums, de lotions ou d'eau de cologne qui sont particulièrement forts.

Planning Committee Members /

Membres du Comité de planification

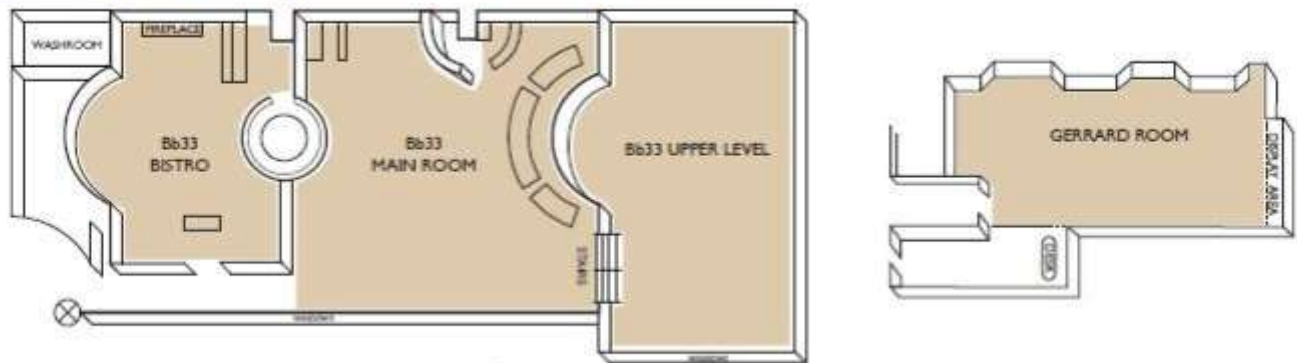
Clémence Dallaire , inf., Ph.D.	Professeure titulaire, Faculté des sciences infirmières, Université Laval
Sandra DeLuca , RN, PhD	Chair, School of Nursing, Fanshawe College
Evelyn Kennedy , RN, PhD	Associate Professor, Nursing, Cape Breton University
Marilyn MacDonald , RN, PhD	Associate Professor and Associate Director Graduate Studies, School of Nursing, Dalhousie University
Janine Lennox , RN, MN	Chair, School of Nursing, Langara College
Victoria Smye , RN, PhD	Associate Professor, Director of Nursing, Faculty of Health Sciences, University of Ontario Institute of Technology
Catherine Tompkins , RN, PhD	Former Dean and Director, School of Nursing, McMaster University (Retired)
Cynthia Baker , RN, PhD	Executive Director, CASN

Special thanks to the volunteers who gave their time, energy and expertise, and contributed to the success of this conference!

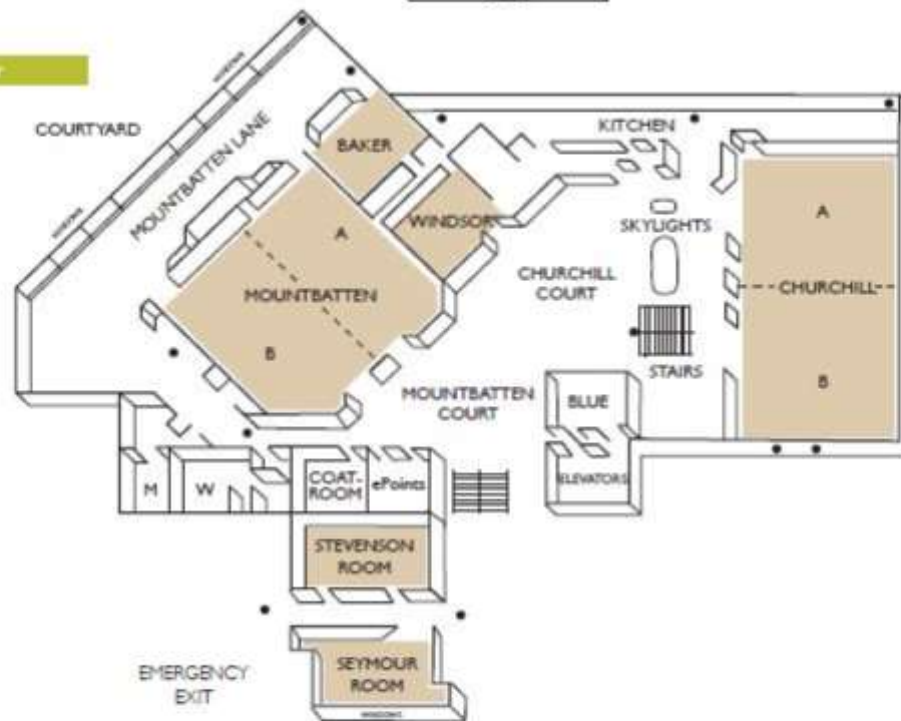
Nous tenons à remercier chaleureusement les bénévoles, qui ont consacré leur temps, leur énergie et leurs compétences afin de contribuer au succès de cette conférence!

Hotel Floor Plan / Plan de l'hôtel

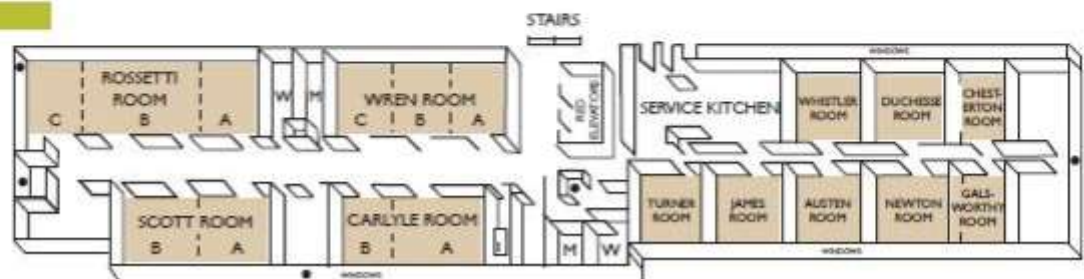
Location : First Floor



Location : Second Floor



Location : Third Floor



Message from the CASN President



On behalf of the Canadian Association of Schools of Nursing (CASN), I am pleased to welcome you to the Biennial Canadian Nursing Education Conference, presented by CASN.

The theme of the conference, *Expanding Horizons in Nursing Education*, focuses on the increasing complexity of the health care system and the future of nursing and nursing education not just in Canada but abroad. As the landscape of learning changes, nursing must be proactive in identifying its unique issues and working together to create solutions.

This year's subthemes are focused on many of the issues facing nursing faculty today:

- Developing administrative leadership and political skills
- Overcoming barriers with visible and invisible groups (students and patients)
- Facilitating the transition from student to nurse
- Simulation and clinical: When and how to use them?
- Informatics: New tools for education and practice
- Innovations in teaching and learning

This year we are excited about our two plenary sessions, our opening panel address with the Canadian Indigenous Nurses Association (CINA) by Dr. Lisa Bourque Bearskin RN, PhD, CINA President, and Dr. Bernice Downey RN, PhD, CINA Board of Directors, as well as our Keynote address with Lynn M. Nagle, PhD, RN, FAAN, Founding President of the Canadian Nursing Informatics Association.

The development of effective linkages among and between educators and practice, internationally, nationally, and regionally is crucial to the future of both nursing education, and nursing overall. I am confident that this conference will provide multiple opportunities for participants to explore and draw upon each others' experiences and insights, in order to continue Canada's reputation of excellence in nursing education.

A handwritten signature in blue ink, which appears to read "Kirsten Woodend".

Kirsten Woodend, RN, MSc, PhD

President

Canadian Association of Schools of Nursing

Message de la présidente de l'ACESI

Au nom de l'Association canadienne des écoles de sciences infirmières (ACESI), je vous souhaite la bienvenue à la conférence biennale sur l'enseignement des sciences infirmières au Canada, présenté par l'ACESI.

Le thème de la conférence, *Formation infirmière –nouveaux horizons*, met l'accent sur la complexité croissante du système de soins de santé et le futur des soins infirmiers et de la formation infirmière, non seulement au Canada, mais à l'étranger. Devant l'évolution du milieu d'apprentissage, les sciences infirmières doivent être proactives dans leurs efforts d'identifier leurs enjeux uniques et s'engager à travailler ensemble pour trouver des solutions.

Les sous-thèmes de la conférence mettent l'accent sur les enjeux importants que doivent aborder tous les membres du corps professoral en sciences infirmières aujourd'hui :

- Le développement des compétences en leadership administratif et en habiletés politiques
- Surmonter les obstacles avec les groupes vulnérables (étudiants et patients)
- Faciliter la transition d'étudiante à infirmière
- Quand et comment utiliser la simulation et les stages cliniques?
- L'informatique : nouveaux outils pour la formation et la pratique
- Innovations en enseignement et apprentissage

Cette année, nous sommes particulièrement ravis de dévoiler nos deux séances plénières. Le discours d'ouverture sera prononcé par la présidente de l'Association des infirmières et infirmiers autochtones du Canada (AIIAC) /Canadian Indigenous Nurses Association (CINA) – *Madame Lisa Bourque Bearskin RN, PhD, et Madame Bernice Downey RN, PhD, membre du conseil d'administration de l'AIIAC (CINA)*. De plus, le discours liminaire sera prononcé par la présidente fondatrice de la Canadian Nursing Informatics Association, Madame Lynn M. Nagle, PhD, RN, FAAN.

Le développement de liens efficaces entre et parmi les enseignantes et la pratique, à l'échelle internationale, nationale et régionale, est crucial autant pour le futur de la formation infirmière que pour la profession infirmière. J'ai confiance que cette conférence fournira de multiples occasions pour les participantes d'explorer différentes idées, d'enrichir leurs perspectives, et de tirer avantage de l'expérience et des connaissances des autres afin de maintenir la réputation du Canada en tant que chef en matière d'excellence en formation infirmière.



Kirsten Woodend, RN, MSc, PhD

Présidente
Association canadienne des écoles de sciences infirmières

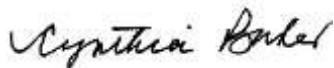
Message from the Executive Director / Message de la Directrice générale

Welcome to the 2016 Biennial Canadian Nursing Education Conference! We are excited by the high caliber of presentations. With over 200 presentations and 350 attendees, I know that the synergy of ideas will be exciting to witness and participate in. As the national voice for nursing education, research, and scholarship we are proud to be able to sponsor this event.

CASN's goal for this conference is to foster a productive national dialogue among nursing educators that will shape the future of the next generation of new and advanced practice nurses in Canada.

Whether you are a veteran of CASN conferences or attending for the first time, we hope that you enjoy the program. I would like to encourage everyone here to exchange ideas with someone new and to expand your network. The linkages you create today may impact not only your personal futures but the future of nursing education!

Enjoy the conference!



Cynthia Baker, RN, PhD

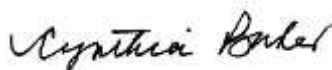


Bienvenue à la conférence biennale 2016 sur l'enseignement des sciences infirmières au Canada, présenté par l'ACESI. Nous sommes ravis de vous accueillir en grand nombre cette année, avec plus de 200 présentations et 350 participants! Je suis assurée que l'ensemble de conférencières de haut calibre fournira à l'auditoire des sujets de réflexion et d'inspiration qui conduiront à des discussions créatrices de synergies positives et d'innovations. À titre de porte-parole national pour la formation, la recherche et l'avancement des connaissances en sciences infirmières, nous sommes fières de parrainer cet événement.

L'objectif de l'ACESI est d'offrir une conférence favorisant un dialogue productif entre les infirmières enseignantes, qui façonnera le futur de la prochaine génération de nouvelles infirmières et d'infirmières en pratique avancée au Canada.

J'aimerais encourager tout le monde présent à la conférence à échanger des idées avec quelqu'un de nouveau et d'élargir votre réseau. Les liens que vous créerez aujourd'hui pourraient avoir une incidence non seulement sur votre futur, mais sur le futur de la formation infirmière!

Profitez de la conférence!



Cynthia Baker, RN, PhD

Opening Panel Address / Discours d'ouverture

Indigenous Nursing Knowledge: A Call to Action for Nursing Educators Canadian Indigenous Nurses Association (CINA)

Dr. Lisa Bourque Bearskin RN, PhD, CINA President

Dr. Bernice Downey RN, PhD, CINA Board of Director

In the wake of Canada's Truth and Reconciliation Commission's (TRC) final report, *Honouring the Truth, Reconciling for the Future*, the Canadian Indigenous Nurse's Association (CINA) is drawing on its 40 years of experience and partnership building in its response to the Commission's Calls-to-Action. Seven of the Calls relate to health, one of which (#24), speaks specifically to CINA's organizational and members' interest - mandatory Indigenous education for all health care providers.

CINA is currently developing an online learning course that will be a valuable asset in the development of health curriculum in Canadian nursing schools. Intended learning outcomes of the course include increasing the awareness of the socio-historical context of the history of Indigenous peoples in this country, and rights-based approaches that highlight the resilience and diverse Indigenous knowledge systems, healing approaches and customs with respect to wellness. Education for nurses will include cultural safety, intercultural competency, conflict resolution, human rights, and antiracism within a decolonized educational approach.

CINA, as always, will collaborate with key partners including nursing educators and policy makers in the development of this course, an approach which is in keeping with the *Collaborative Partnership Framework* that outlines key protocols and principles of engagement towards the development of authentic Indigenous partnerships, and that articulates an implementation model of the TRC. This session will provide an overview of key tenets of the TRC report and an applied level presentation of CINA's framework and how it can be implemented within nursing education.



Connaissance des soins infirmiers autochtone : Un appel à l'action pour les infirmières enseignantes L'Association des infirmières et infirmiers autochtones du Canada (AIIAC)

Lisa Bourque Bearskin RN, PhD, Présidente de l'AIIAC (CINA)

Bernice Downey RN, PhD, membre du conseil d'administration, AIIAC (CINA)

Faisant appel à ses 40 années d'expérience et d'établissement de partenariat, l'Association des infirmières et infirmiers autochtones du Canada (AIIAC) répond à la série de recommandations du Rapport final de la Commission de vérité et réconciliation du Canada, Honorer la vérité, réconcilier pour l'avenir. Sept de ces recommandations visent à faire progresser la santé des peuples autochtones au Canada, l'une d'entre elles (#24) porte sur les intérêts de l'AIIAC et de ses membres, soit l'obligation d'une formation portant sur les questions liées à la santé des Autochtones pour tous les fournisseurs de soins de santé.

L'AIIAC développe actuellement un cours en ligne qui sera un atout précieux pour l'élaboration du programme d'études sur la santé dans les écoles de sciences infirmières au Canada. Les principaux résultats d'apprentissage de ce cours comprennent : de faire mieux connaître le contexte sociohistorique des peuples autochtones au Canada, les approches axées sur les droits qui mettent l'accent sur la résilience et les divers systèmes de connaissances autochtones, les approches de guérison et les coutumes en ce qui concerne le bien-être. La formation infirmière comprendra la sécurité culturelle, la compétence interculturelle, la résolution de conflits, les droits de la personne, l'antiracisme au sein d'une approche de formation décolonisée.

Comme toujours, l'AIIAC travaillera en étroite collaboration avec les différents partenaires clés (infirmières enseignantes et décideurs/ responsables de politiques), conformément au Cadre de partenariat de collaboration, qui décrit les protocoles clés et les principes d'engagement pour de partenariats véritables avec les peuples autochtones et fournit un modèle de mise en œuvre des recommandations de la Commission de vérité et réconciliation (CVR). Cette séance offrira un survol des éléments clés du rapport de la CVR ainsi qu'une présentation du cadre de l'AIIAC et de sa mise en œuvre dans le cadre de la formation infirmière.

Keynote Address/ Discours liminaire

Expanding Digital Horizons in Nursing Education: The Promise and Peril

Lynn M. Nagle, PhD, RN, FAAN

Lawrence S. Bloomberg Faculty of Nursing, University of Toronto

With the pervasive use of devices such as smartphones and wearables, people are being empowered to better track, manage, and improve their own health. They are also using technology to interact with the health care system for the purposes of health promotion, self and remote monitoring and disease management, especially chronic diseases. We are now living in an age of interactional-digital health care.

Digital Health has been described as a convergence of the digital and genomic revolutions; addressing issues of health and wellness among individuals, families and populations (Hannah, 2016). It is harnessing the power of information and communication technologies to support the delivery of care in all sectors. Hence there is a need to ensure that nursing graduates of the future are knowledgeable in the application and use of these tools. But in order to effectively do so, nurse educators need to integrate the relevant new concepts, theories and methods into undergraduate curricula, in the classroom, simulation labs, and clinical settings. Moreover, they need to become digital health savvy themselves.

This presentation will address the current challenges facing nurse educators in relation to existing and emerging technologies and the preparation of nurses for the future. The need to adapt content and pedagogical approaches to nursing education in the face of digital health will be proffered for discussion



La promesse et le risque du rôle grandissant de l'informatique en formation infirmière

Lynn M. Nagle, PhD, RN, FAAN

Lawrence S. Bloomberg Faculty of Nursing, University of Toronto

L'utilisation omniprésente des téléphones intelligents et des dispositifs mobiles portables fait en sorte que les gens sont de plus en plus habilités à gérer leur propre santé et à améliorer leur bien-être partout, à tout moment. Ils utilisent la technologie afin d'interagir avec le système de soins de santé pour la promotion de la santé, dans les cas de soins auto administrés, de contrôle à distance et de gestion thérapeutique, particulièrement dans le cas des maladies chroniques. Nous vivons dans l'ère des soins de santé interactionnels numériques.

La santé numérique a été décrite comme étant la convergence des révolutions numérique et génomique; abordant les questions de santé et de bien-être parmi les individus, les familles et les populations (Hannah, 2016). La santé numérique tire profit des possibilités qu'offre la technologie de l'information et des communications pour appuyer la prestation des soins dans tous les secteurs. Par conséquent, la nécessité de veiller à ce que les futures diplômées en sciences infirmières détiennent une bonne connaissance de l'application pratique et de l'utilisation de ces outils. Pour ce faire, les infirmières enseignantes doivent intégrer les nouveaux concepts pertinents ainsi que les théories et méthodes dans les programmes de sciences infirmières de premier cycle, les salles de classe, les laboratoires de simulation et les milieux cliniques. De plus, elles doivent elles-mêmes détenir de bonnes connaissances de la santé numérique.

Cette présentation abordera les défis actuels que les infirmières enseignantes doivent relever en ce qui concerne les technologies existantes et émergentes afin de bien préparer les futures infirmières. La question de l'importance d'adapter le contenu et les approches pédagogiques qui sous-tendent la formation infirmière dans le contexte de la santé numérique sera examinée.

Networking Event Address

Discours de l'activité de réseautage

The Omnishambles of Life as a Nurse Educator

Jennifer Medves, RN, PhD

School of Nursing, Queen's University

Nursing Education is at a cross roads in 2016. While embracing andragogical principles of learners we have to use increasingly more complex methods to learn and teach with technology sometimes driving our methods, and additional content expected to be incorporated at entry to practice levels. This spills over into our research degrees where we need to prepare nurses for future roles as educators, researchers, advocates, policy makers, decision makers, and nursing professionals. It is exhausting and hard to keep up with the bombardment of new ideas and concepts. We need to embrace new methods but not forget that learners also like our old methods and that we have always educated with the first principle of safeguarding the public.



Le chaos de la vie d'une infirmière enseignante

Jennifer Medves, RN, PhD

École de sciences infirmières (School of Nursing), Queen's University

La formation infirmière est à la croisée des chemins en 2016. Tout en adoptant les principes andragogiques des apprenantes, nous devons utiliser des méthodes de plus en plus complexes afin d'apprendre et d'enseigner. La technologie dicte parfois les méthodes utilisées, de même que le contenu qui doit être intégré au niveau d'accès à la pratique. Cela a un impact sur nos grades de recherche où nous devons préparer les infirmières pour leurs rôles futurs d'enseignantes, de chercheuses, de décideuses, de responsables des politiques, de porte-parole pour la défense des droits et d'infirmières professionnels. Nous sommes bombardés quotidiennement par de nouvelles idées et des concepts, et c'est difficile et épuisant de se tenir au courant. Nous devons adopter de nouvelles méthodes sans oublier que les apprenantes aiment aussi nos anciennes méthodes, et que notre principe premier est toujours le même: il s'agit de protéger le public.



**Canadian Nurse Educator Institute
L'Institut canadien des infirmières enseignantes**

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Grounded in the Canadian context with the Canadian perspective

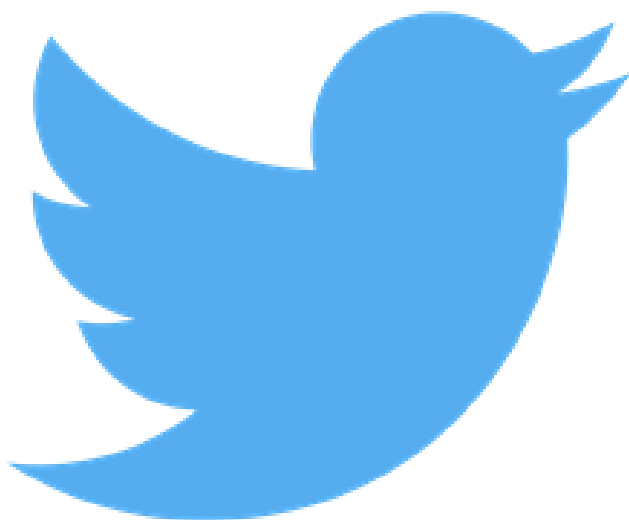


2016 Canadian Nursing Education Conference

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and

Remember to live-tweet your
#CASNCon2016 experiences!



Schedule at a Glance / Bref Sommaire du programme

Schedule	Monday, May 30 / lundi 30 mai	Tuesday, May 31 / mardi 31 mai
0730	Registration / Inscriptions	Registration / Inscriptions
0800	Breakfast and Exhibitor Viewing / Petit-déjeuner et exposants	Breakfast and Exhibitor Viewing / Petit-déjeuner et exposants
0830	Opening Remarks / Mot d'ouverture	Keynote Address / Discours liminaire Dr. Lynn Nagle, PhD, RN, FAAN
0900	Opening Panel / Discours d'ouverture	
0930	Dr. Lisa Bourque Bearskin RN, PhD, CINA President Dr. Bernice Downey RN, PhD, CINA Board of Director	Refreshment Break and Exhibitor Viewing / Pause-café et exposants
1000	Refreshment Break and Exhibitor Viewing / Pause-café et exposants	
1030	Panel/Symposia Sessions	
1100	Séances de discussion/plnières	
1130	Concurrent Sessions / Sessions Simultanées	Concurrent Sessions / Sessions Simultanées
1200		
1230		
1300	Lunch and Exhibitor Viewing / Déjeuner et exposants	Lunch and Exhibitor Viewing / Déjeuner et exposants
1330		
1400	Poster Sessions / Présentations d'affiches	
1430	Refreshment Break and Exhibitor Viewing / Pause-café et exposants	Concurrent Sessions / Sessions simultanées
1500		
1530		
1600	Concurrent Sessions / Sessions Simultanées	
1630		
1700		
1730		
1800	Networking Event / Networking Event	Wrap-up / Synthèse
1900	Dr. Jennifer Medves RN, PhD	

Detailed Program / Programme détaillé

MONDAY, MAY 30 TH , 2016—LUNDI 30 MAI 2016									
0730 – 0830 – Breakfast / Petit-déjeuner									
0830 – 0900 – Opening Remarks / Observations préliminaires									
0900 – 1000 – Opening Keynote Panel / Discours d'ouverture—CINA									
1000 – 1030 – Refreshment break / Pause-café									
	Overcoming Barriers with Visible and Invisible Groups (Students and Patients) Panel/Symposia Session	Innovations in Teaching and Learning Panel/Symposia Session	Innovations in Teaching and Learning Panel/Symposia Session	Informatics: New Tools for Education and Practice Panel/Symposia Session	Innovations in Teaching and Learning Panel/Symposia Session	Informatics: New Tools for Education and Practice Panel/Symposia Session	Innovations in Teaching and Learning Panel/Symposia Session	Innovations in Teaching and Learning Panel/Symposia Session	Innovations in Teaching and Learning Panel/Symposia Session
Room	1 - Mountbatten A	2 - Mountbatten B	3 - Carlyle Room	4 - Scott Room	5 - Rossetti Room	6 - Stevenson Room	7 - Seymour Room		
1030 - 1130	Nursing Education's Role and Responsibility in Responding to the Truth and Reconciliation Commission Primary Presenter: Lois Berry	Journey North: A Virtual Nursing Experience Primary Presenter: Kim Fraser	The Teach In: A Pedagogy for Political Action and Advocacy in Nursing Education Primary Presenter: Margaret Milner	Integrating Informatics Competencies and Digital Health in Baccalaureate Nursing Education: A Nurse Educator Peer Network Engagement Initiative Primary Presenter: Glynda Doyle	Engagement of BScN Students in Long-Term Care Primary Presenter: Veronique Boscart	Transforming Nursing Practice Education into Interprofessional Client -Centred Collaborative Practice Primary Presenter: Carole Orchard	Embedding Patient safety and Quality Content into Nursing Curricula and Continuing Education Programs Primary Presenter: Joan Fernandez		
	Developing Administrative Leadership and Political	Facilitating the Transition from Student to Nurse	Simulation and Clinical: When and How to Use Them?	Informatics: New Tools for Education and Practice	Innovations in Teaching and Learning	Session Simultanée	Graduate Student Concurrent Sessions		
Room	1 - Mountbatten A	2 - Mountbatten B	3 - Carlyle Room	4 - Scott Room	5 - Rossetti Room	6 - Stevenson Room	7 - Seymour Room		
1130 - 1150	Women's Wellness Within: A Partnership Serving Women in Corrections in Nova Scotia Primary Presenter: Martha Paynter	IEN Bridging Education: Challenges and Opportunities Primary Presenter: Catherine Baxter	Development and Curriculum Integration of Clinical Nursing Virtual Learning Environment Primary Presenter: Julie Rivers	Integrating Informatics in Nursing Education: The Conundrum of Language Primary Presenter: Manal Kleib	Development and Mobilization of Nurse Practitioner Education Competencies for Prescribing Controlled Drugs and Substances Primary Presenter: Lynn Miller	Vers des stratégies de recrutement innovantes pour attirer les hommes dans la profession infirmière Présentatrice principale: Chantal Saint-Pierre	You Want Me to do What? Nursing Students' Experiences with Arts-Based Pedagogy Primary Presenter: Kendra Rieger		

1150 - 1210	Nurse Staffing and Mortality in Acute Care Hospitals: A Longitudinal Study Primary Presenter: Christian Rochefort	Promoting Critical Thinking through a Modified Problem-Based Learning Approach Primary Presenter: Janet Landeen	A Roadmap for Program Evaluation Primary Presenter: Sue Nicholson	Clinical Decision Apps in Nursing Education: A Cautionary Tale Primary Presenter: Monique Sedgwick	Challenges and Benefits in Online Versus Face-to-Face Delivery of Curricula: A Program Evaluation of the Two Models of Undergraduate Nursing Program Delivery at the University of Southern Queensland Primary Presenter: Diane Duff	Démarche de création de formation en ligne cohérente avec l'approche par compétences Présentatrice principale: Cathy Houde	Experiences of Preceptors with New Graduate Nurses in Medical-Surgical Units Primary Presenter: Teresa Brady
1210 - 1230	Developing Organizational Leadership Capacities in Preparation for a Major Transition in Healthcare Primary Presenter: Susan Drouin	Preparing Nursing Students for the Profession: The Relationship between Beginner Nursing Students' Anxiety and Lack of Confidence Associated with Handover Reporting and Learning the ISBARR Framework Primary Presenter: Sarah Kostjuk	Presimulation Preparation and Briefing Practices for Healthcare Professionals and Students: Preliminary Results of a Systematic Review Primary Presenter: Marian Luctkar-Flude	Overcoming Barriers to Evidence-Informed Decision-Making through Online Learning Primary Presenter: Jennifer Yost	Transitioning from the CRNE to the NCLEX-RN: Nova Scotia Schools of Nursing Experience Using Standardized Exams to Prepare Students for Optimal Success Primary Presenter: Willena Nemeth	Les soins infirmiers dans le grand nord québécois : quelles compétences sont nécessaires pour offrir des soins adaptés au contexte culturel, socio-démographique ? Présentatrice principale: Céleste Fournier	Transformational Learning Experience of RPN to BScN Students Primary Presenter: Maurine Parzen

1230 – 1330 – Lunch / Dîner							
1330 – 1430 - Poster Sessions - Room Bb33 / Présentations d'affiches - salle Bb33							
1430 – 1500 – Refreshment break / Pause-café							
Room	Developing Administrative Leadership and Political Skills	Facilitating the Transition from Student to Nurse	Simulation and Clinical: When and How to Use Them?	Informatics: New Tools for Education and Practice	Innovations in Teaching and Learning	Sessions Simultanées	Graduate Student Concurrent Sessions
1500 - 1520	<p>1 - Mountbatten A</p> <p>Our Next Top Model? An Investigation of Nurse Education Service Models in Acute Care Metropolitan Hospitals Primary Presenter: Carolyn Keane</p>	<p>2 - Mountbatten B</p> <p>Competencies Development in Undergraduate Health Professionals: A Meta-Synthesis of Qualitative Studies Primary Presenter: Jadinthe Pepin</p>	<p>3 - Carlyle Room</p> <p>Enhancing Clinical Reasoning in Nursing Students by Combining Clinical Placement and High-Fidelity Simulations Primary Presenter: Louise-Andrée Brien</p>	<p>4 - Scott Room</p> <p>Assessing Informatics Competencies: Development and Pilot-Testing of the Nursing Informatics Competency Questionnaire for Canadian Registered Nurses (NICQ-CRN) Self-Assessment Tool Primary Presenter: Manal Kleib</p>	<p>5 - Rossetti Room</p> <p>Creating a Culture of Safety in a Faculty of Nursing to Support Safe Medication Administration Primary Presenter: Michelle Freeman</p>	<p>6 - Stevenson Room</p> <p>Intégration de la pratique réflexive dans l'apprentissage collaboratif Présentateur principal : Jérôme Ouellet</p>	<p>7 - Seymour Room</p> <p>Exploring Mentees' Perceptions of an Undergraduate Nurse Peer Mentorship Program Primary Presenter: Carissa Wong</p>
1520 - 1540	<p>Developing a Collaborative Nursing Program Philosophy: A Journey of Respect & Inclusivity Primary Presenter: Michelle Connell</p>	<p>Evaluation of a Student-Led Peer Mentoring Program Pilot in Nursing Education Primary Presenter: Lynn Cooze</p>	<p>Student Satisfaction and Self-Confidence with Chronic Disease Management Simulation Scenarios Primary Presenter: Kirsten Woodend</p>	<p>In the Palm of Your Hand - Normalizing the Transition from Academia to Practice using Mobile Technology Primary Presenter: Kimberley Lamarche</p>	<p>"We Owe Clients More than Just Giving Them Information": Nursing Students Using Motivational Interviewing for Health Promotion Primary Presenter: Lisa Howard</p>	<p>Expérience des étudiant(e)s venant d'ailleurs inscrits au baccalauréat en sciences infirmières Présentatrice principale: Sylvie Larocque</p>	<p>Transitions in a Collaborative Baccalaureate Nursing Program: Uncovering the Experience of Students Who Start at a College Site Primary Presenter: Mary Anne Krahn</p>
1540 - 1600	<p>Exploring the Challenges and Facilitators of Nursing Faculty Engagement in Applied Research in College and Polytechnic Institutions and the Role of Library Services Primary Presenter: Hazel Kathleen White-Williams</p>	<p>Using Simulation to Integrate Delegation Competencies into Nursing Curriculum: Facilitating Transition to Practice Primary Presenter: Erica Camby</p>	<p>Professional Actors Bring REALism to Learning Primary Presenter: Catherine Sheffer</p>	<p>McMaster Optimal Aging Portal: An Innovative Website to Guide Evidence-Based Nursing Education and Practice on Healthy Aging Primary Presenter: Susannah Watson</p>	<p>Using a Wider Lens in Nursing Education: Mobilizing Knowledge Across Disciplines through an Online Multimedia Prenatal Development Module Primary Presenter: Tamara Neufeld</p>	<p>Un simulateur sur écran pour s'exercer à documenter les soins infirmiers avec une terminologie infirmière standardisée (ICNP®) Présentatrice principale: Sylvie Jetté</p>	<p>Perceptions of Nursing Students using Personal Digital Devices in a Community Practicum Primary Presenter: Phillipe Beauregard</p>

1600 - 1620	Evaluating the Impact of an Experiential, Single, Information Literacy Session for First Year Nursing Students: Guiding Library Instruction and Informing Nursing Faculty Primary Presenter: Chau Ha	Just Not Ready! Primary Presenter: Jocelyn Lehman	A High Fidelity Simulation-Based Interprofessional Cardiac Arrest Module for Nursing, Medicine and Pharmacy Undergraduate Students: A Proposal for a Future Pilot Study Primary Presenter: Sandra MacDonald	Innovations in Teaching and Learning Applying a Blended Learning Approach in Graduate Nursing Research Education: Lessons Learned Primary Presenter: Margaret Purden	Quality Improvement in Doctoral Nursing Education: Engaging Students and Faculty in a Collaborative Program Evaluation Primary Presenter: Christina Clausen	Co-construction d'un outil de suivi du développement de trois compétences infirmières lors de la première année de pratique en soins critiques Présentatrice principale: Louise Boyer	Moving from the Ideal to the Real: A Proposal to Examine the Theory Practice Gap in New Graduate Nurses Primary Presenter: Liz Seabrook
1620 - 1640	Using Cognitive Rehearsal Training (CRT) to Upskill Undergraduate Nursing Students to Manage Bullying Situations Successfully Primary Presenter: Florriann Fehr	Evaluation of Practice-Based Learning in Nursing Education Primary Presenter: Nancy Logue	Faculty Development in Simulation-Based Pedagogy: A Model to Share Primary Presenter: Debbie Rickeard	Informatics: New Tools for Education and Practice Healthcare Professionals' Perceptions of a Canadian Online Telehealth Course Primary Presenter: Norma Ponzoñi	Reducing Stigma and Enhancing Service Quality through Contact-Based Education Primary Presenter: J. Renee Robinson	Innovations in Teaching and Learning Integrating Trauma-Informed Care into Nursing Curriculum Primary Presenter: Sabeena Santhirakumaran	Nursing Students' First Medical-Surgical Clinical Experience Following a Near Peer Learning Activity Primary Presenter: Patricia Alfaro
1640 - 1700	Would Quiet Leaders Please Speak Up?! Primary Presenter: Annette Lane	Utilizing Virtual Interactive Cases in an On-Line Learning Environment to Develop Students' Clinical Reasoning Skills Primary Presenter: Melisa Gaspar	Using Simulation to Enhance Nursing Student Clinical Practice with Deteriorating Pediatric and Adult Clients Primary Presenter: Sandra Goldsworthy	Embracing Digital Health within Nursing Curricula: A Collaborative Approach to Building Student and Faculty Capacity Primary Presenter: Sherry Hole	Developing Communication and Mental Health Assessment Skills through a Virtual Simulation Game Primary Presenter: Margaret Verkuyl	"What Do You Want to Be When You Grow Up?" – Expanding the Horizons of Canadian Nursing Students through Innovative Clinical Placements and Nursing Education Primary Presenter: Bryce Boynton	The Current State of Mentorship in Nursing Academia: A Mixed Methods Study Primary Presenter: Lorelli Nowell
1800 – 2000 – Networking Event with Jennifer Medves / Activité de réseautage avec Jennifer Medves							

0730 – 0830 – Breakfast / Petit-déjeuner

0830 – 0930 – Key Note speaker / Discours lumineux – Lynn Nagle

0930 – 1000 – Refreshment break / Pause-café

	Facilitating the Transition from Student to Nurse	Facilitating the Transition from Student to Nurse	Simulation and Clinical: When and How to Use Them?	Informatics: New Tools for Education and Practice	Innovations in Teaching and Learning	Session Simultaneous	Graduate Student Concurrent Sessions
Room	1 - Mountbatten A	2 - Mountbatten B	3 - Carlyle Room	4 - Scott Room	5 - Rossetti Room	6 - Stevenson Room	7 - Seymour Room
1000 - 1020	Review of NCSBN Evidence on the Applicability of the NCLEX-RN to the Canadian Testing Population Primary Presenter: Jenn Salfi	Exploring New Graduate Nurse Transition in General Internal Medicine Primary Presenter: Susan Ritchie	Exploring Simulation Utilization and Simulation Evaluation Practices and Approaches in Undergraduate Nursing Education Primary Presenter: Leslie Graham	Validation of the Undergraduate Nursing Students' Academic Satisfaction Scale – Short Form (UNSSAS - SF) Primary Presenter: Maher El-Masri	Embedding an IPE Certificate Program into a Newly Revised Nursing Curriculum Primary Presenter: Shauna Houk	Intégration d'étudiants, de professionnels et d'un patient partenaire dans une expérience d'apprentissage par simulation : une étude en sciences infirmières Présentatrice principale: Michelle Lalonde	The Informatics Imperative in Nursing Curriculum Redevelopment Primary Presenter: Nadine Medley
1020 - 1040	Developing Administrative Leadership and Political Skills Interrogating the Spaces for the Performance of Nursing Knowledge: Insights from a Clinical Teaching Unit Primary Presenter: Sandra Deluca	International Graduate Student Supervision: Academic – Human Cultural Challenges Primary Presenter: Latifah Almatier	Strengths-Based Teaching and Learning Pedagogy: A Tale of Two Educators' Ontological Exploration through Simulation and Clinical Practice Primary Presenter: Brenda Juby	Exploring the Use of a Standardized Anecdotal Record (SAR) in Clinical Nursing Education Primary Presenter: Elisha Vadnais	Complexity Pedagogy and e-Learning: Changing Spaces of Nursing Education Primary Presenter: Gail Mitchell	Innovations in Teaching and Learning Integrating Shift Simulation to Enhance Competence and Confidence in Nursing Students Primary Presenter: Cindy Pallister	Sense of Belonging in Clinical Settings from the Perspectives of Female Saudi Nursing Students Primary Presenter: Monirah Albloushi
1040 - 1100	Preparing the Safety Leaders of Tomorrow: Launching a Patient Safety Champion Program with Undergraduate Nursing Students Primary Presenter: Susan Dennison	Student Nurses' Experiences with their Clinical Education: A Cross-Ontario Survey Primary Presenter: Jenn Salfi	Using Simulation in Nurse Practitioner Education to Assess Students' Knowledge and Abilities Primary Presenter: Esther Sangster-Gormley	CASPer - A new tool to Assess the Best Candidates for Admission to a Baccalaureate Nursing Program Primary Presenter: Tracey Jewiss	Interprofessional Nursing Education: Enhancing Students Understanding of Oral Health Primary Presenter: Shelley Spurr	Overcoming Barriers with Visible and Invisible Groups (Students and Patients) Breaking Barriers: Promoting Mental Health Awareness in a Downtown Montreal Homeless Shelter Primary Presenter: Anya Plasecki	Nurses' Experiences of Enactment of Psychotherapy Act, 2007 Primary Presenter: Ingrid Drescher
1100 - 1120	The Real World Matters: Empowering Nursing Leadership and Shared Decision Making Primary Presenter: Te Hsin (Cindy) Chiang	Advancing Clinical Scholarship in Nursing Practice Primary Presenter: Jacqueline Limoges	Beneficence: The Role of Ethics in Simulation-Based Learning Primary Presenter: Leslie Graham	An Open Educational Resource: Clinical Procedures for Safer Patient Care Primary Presenter: Glynda Doyle	Improving Preceptor Self-Efficacy and Role Knowledge Using an Online Education Program Primary Presenter: Laura Johnson	Innovations in Teaching and Learning Knowledge Translation Methods and Tools for Public Health Primary Presenter: Jennifer Yost	Discursive Cultural Ethnography: Informing Nursing Knowledge and Practice in Care of Hospitalized Older Adults Primary Presenter: Jeannine Moreau

1120 - 1140	Overcoming Barriers with Visible and Invisible Groups (Students and Patients)	"It All Comes Together": Becoming a Registered Nurse Primary Presenter: Christine Brownell	Fostering a Patient Safety Focus in Mental Health Nursing Simulation Primary Presenter: Monica Gola	Innovations in Teaching and Learning	Partnering with Students to Understand what Makes an Effective Nursing Tutor in Problem-Based Learning Primary Presenter: Darlene Sheremet	Supporting Mental Health and Addictions Best Practices in Undergraduate Nursing Programs: A Educator Resource Guide Primary Presenter: Sabrina Merali	Simulation: Aiding the Transition from Student to Nurse Primary Presenter: Kelly Riccardi
	The Experiences of Entry-Level Nursing Students in a Pre-Clinical, Observation Learning Opportunity in an Outpatient Oncology Setting Primary Presenter: Tracy Powell						
1140 - 1200	An Interprofessional Global Learning Experience with Waves of Hope in Nicaragua Primary Presenter: Audrey Kenmir	Are We There Yet? Preceptorship as Preparation for Transition to Professional Nursing Practice Primary Presenter: Joan Walker	Evaluation of the Implementation of Simulation Lab into the Final Year of a Baccalaureate Nursing Program in Ontario Primary Presenter: Tammie McParland	Exploring Caring in Nursing Curricula in Ontario: A Provincial Nursing Education Initiative Primary Presenter: Claire Mallette	Exploring Writing Self-Efficacy in the Context of Nursing Education: A Thematic Analysis of Current Writing Self-Efficacy Measurement Instruments Primary Presenter: Kim Mitchell	Exploring the Experience of Undergraduate Nursing Students with Human Simulation Methodology as a Form of Experiential Education Approach Primary Presenter: Eva Peisachovich	Exploring Nurses' Experience with Conscientious Objection: Understanding Potential Barriers to Nursing Practice and Patient Care Primary Presenter: Christina Lamb
	Disability in the Context of Health: Engaging Nursing Students to Deliver Health Promotion Screening and Education to Special Olympic Athletes Primary Presenter: Janet McCabe	Orientation Today for Retention Tomorrow Primary Presenter: Andrea Meghie	Work-in-Progress: Nova Scotia Nursing Transition-to-Practice (NSNTP) Model Development Project Primary Presenter: Diane Duff	Promoting Communication and Collaboration in First Year Nursing Students and Their Peers from Different Health Professions through a World Café Activity Primary Presenter: Margaret Purden	Increasing Nursing Students' Understanding and Accuracy with Medical Dosage Calculations: A Collaborative Approach Primary Presenter: Jane Mackie	Facilitating the Transition from Student to Nurse	Overcoming Barriers with Visible and Invisible Groups (Students and Patients)
1220 - 1240	Empowering Older Persons with Cancer and Caregivers to be Research Team Members: The Senior Toronto Oncology Study (STOP Study) Primary Presenter: Geraldine Jody Macdonald	The Transitional Experience of Post-Diploma Nurses Returning to Study for an Undergraduate Nursing Degree in Qatar Primary Presenter: Christine MacDonald	Facilitating the Transition from Student to Nurse	Teaching Practice of Clinical Nurse Educators Primary Presenter: Anita Jennings	Abductive Reasoning: An Innovative Teaching and Learning Strategy to Enhance Complex Thinking Primary Presenter: Noeman Mirza	Sharing the Change: Faculty and Student Collaboration in NCLEX-RN Transition, Part 2 Primary Presenter: Susan Fox	Opening Doors to Refugee Health: Developing a Photovovella for Health System Navigation as Part of a Nursing-Student Community Health Experience Primary Presenter: Lisa Howard
			The Journey: Reflections on Preparing Faculty and Students for the NCLEX-RN® Examination Primary Presenter: Maureen Barry				
1240 – 1330 – Lunch / Diner							

1450 - 1510	Good Fortune or Foe? High School Academic Performance and the Relationship to Success in First Year Nursing Students Primary Presenter: Sandra Micsinszki	Preparing for the National Council Licensure Examination (NCLEX-RN): Perceptions of Graduates from a Bachelor of Nursing Program Primary Presenter: Nancy Logue	A Collaborative Approach to Curriculum Redevelopment: Preparing Nurses for 2020 and Beyond Primary Presenter: Nancy Purdy	Virtual Gaming to Develop Pediatric Nursing Skills Primary Presenter: Margaret Verkuyl	Interprofessional Health Sciences Students Explore Cultural Humility in Guatemala: An Appreciative Inquiry Primary Presenter: Francisca Burg-Feret	Community Health Assessment and Analysis as Experiential Learning for Competencies in Undergraduate Education Primary Presenter: Sally Dampier	Creative Pedagogy: Developing Narrative Competence in Undergraduate Nursing Education Primary Presenter: Kristen Kienzle
1510 - 1530	Knowledge, Attitudes and Behavior of Nursing Students toward Transgender Persons Primary Presenter: Fiona Smith	Negotiating Patient Care in Hospital Settings: A Feminist Post Structural Approach Primary Presenter: Odette Griscti	Nursing Students Perceptions of the Characteristics of Effective Clinical Instruction in Qatar Primary Presenter: Carolyn Wolsey		Getting Into the Canoe: Testing contact hypothesis in the Context of Canadian Aboriginal Communities Primary Presenter: Marya Helena Myllykoski	Experiential Reflection: Understanding Narrative Inquiry-Based Nursing Education Through the Journey of Program Learners Primary Presenter: Baiba Zarins	Predicting Success: An Analysis of the Characteristics of Applicants to the Ontario PHCNP Program Primary Presenter: Elisabeth Jensen
1530 - 1600	Wrap / Adjournment / Fin/ Ajournement						

Poster Presentations / Présentation d'affiches

Room Bb33 / salle Bb33

Poster / Affiche #	Poster Presentation / Présentation d'affiches Title and Presenter/ Titre et présentateur/présentatrice
1	A Rural Health Conceptual Framework Primary Presenter: Emily Donato
2	Home Visiting Simulation to Increase Knowledge, Skills and Experience in Undergraduate Education Primary Presenter: Sally Dampier
3	Critical Thinking Instruction and Technology-Enhanced Learning from the Student Perspective Primary Presenter: Ruth Swart
4	Study Abroad Survey of Nursing Students: Factors Influencing Students' Decisions to Apply for Study Abroad Primary Presenter: Marie Dietrich Leurer
5	The Importance of Nursing Education in Optimizing Students' Understanding of Pediatric Oral Health Primary Presenter: Jilly Bally
6	Development of a Deteriorating Patient Assessment Rubric to Improve Presimulation Preparation for Fourth Year BNSc Students in a Critical Care Nursing Course Primary Presenter: Marian Luctkar-Flude
7	Nursing Students' Lived Experience of Inter-Colleague Violence During Clinical Placements Primary Presenter: Alice Gaudine
8	The Social Organization of the Staffing Work of Nurse Managers: A Critique of Contemporary Nursing Workload Technologies Primary Presenter: Olive Fast
9	Bringing Safety Competencies to Undergraduate Nursing Education: A Teaching Innovation Primary Presenter: Martie Dobbs
10	Interprofessional Education through University-Hospital Collaboration Primary Presenter: Leslie Graham
11	Painting a Portrait: Crafting a Personal Philosophy of Nursing Using Arts Based Inquiry Primary Presenter: April Manuel
12	The Transparent Nudge: Engaging Second-Entry Nursing Students in Developing Competencies and a Professional Identity Primary Presenter: Pamela Khan
13	Interactive Whiteboards and Technology Enhanced Active Learning within the Higher Educational Setting Primary Presenter: Lisa-Anne Hagerman
14	Integrating Simulation into Mental Health Curriculum Design Primary Presenter: Karen Poole
15	Senior Undergraduate and Nurse Practitioner Student Mentorship in the Clinical Learning and Simulation Center Primary Presenter: Shauna Houk
16	The Development and Evaluation of Weekly Online Learning Objects for Community Health Nursing: A Work in Progress Primary Presenter: Jennifer Abbass-Dick

Poster Presentations / Présentations d'affiches

Room Bb33 / salle Bb33

17	Student Perceptions of Faculty Feedback following a Medication Error Primary Presenter: Lorna Walsh
18	Evaluating Our Response to An Unexpected Clinical Placement Challenge: Creating a Twelve Hour + Additional lab Time Clinical Model Primary Presenter: Geraldine Jody MacDonald
19	Healthy Public Policy – Strengthening Nurses’ Involvement Primary Presenter: Virginia Gunn
20	Health Literacy on Cardiovascular Disease and Water Fitness among Immigrant Populations in Northeast Calgary YMCA Primary Presenter: Sandy Tait
21	Bridging the Gap: RPN to RN Transitions Primary Presenter: Nancy Sinclair
22	Incorporating OSCEs to Standardize Entry-Level Pediatric Nursing Rehabilitation Primary Primary Presenter: Natasha Bath
23	The Past, Present, and Future of Nurse Residency Programs: A Program Analysis Primary Presenter: Sicilia Montrond
24	Explore the Lived Experience of Clinical Teachers to Assess their Perceptions of Strategies and Resources Utilized to Enhance Clinical Teaching Primary Presenter: Fabiola Longo
25	An Interprofessional Near Peer Anatomy Teaching Experience between Nursing and Medical Students Primary Presenter: Patricia Alfaro
26	Learning in the Community as a Transformational Journey Primary Presenter: Ann Marie Carroll
27	Faces of Chronic Pain: Bringing Visibility to an Invisible Disability Primary Presenter: JoAnne Nelmes
28	Making a Difference One Scrub at a Time Primary Presenter: Nancy Esopenko
29	The Experiences and Effectiveness of Arts-based Pedagogy: A Joanna Briggs Institute Comprehensive Systematic Review Primary Presenter: Kendra Rieger
30	Educational Interventions to Enhance Nurse-Physician Management Competencies of Interprofessional Collaboration: An Integrative Review Primary Presenter: Christina Clausen

Poster Presentations / Présentations d'affiches

Room Bb33 / salle Bb33

31	Measurement of Nursing Students Self Efficacy (Confidence) for Comprehensive Nursing Practice Primary Presenter: Evelyn Kennedy
32	Intraprofessional Learning with BScN and Practical Nursing Students Primary Presenter: Dana Chorney
33	Reflection IN Action through High Fidelity Simulation Primary Presenter: Vanessa Sheane
34	Transgender: An Evolutionary Concept Analysis Primary Presenter: Fiona Smith
35	Simulated Education Approaches to Enhance Collaborative Healthcare: A Best Practices Review Primary Presenter: Natalie Murdoch
36	From a Beginner Nurse Caregiver to a Newly Nurse Preceptor: Exploring the Transition Experience Primary Presenter: Liubov Zolotareva
37	Cancer as a Platform for Genetics Education in the Undergraduate Nursing Curriculum Primary Presenter: Jason Kiernan
38	Exploring the Future Needs of Nursing Education Primary Presenter: Rennie Au
39	Nurse Educator Certificate Program Primary Presenter: Pat Bradley
40	Mapping the Disaster Competency Landscape in Undergraduate Nursing Education in British Columbia Primary Presenter: Wendy McKenzie

Book of Abstracts / Cahier des résumés

Book of Abstracts / Cahier des résumés

Alphabetical by last name of Presenter / Ordre alphabétique par nom de famille

The Development and Evaluation of Weekly Online Learning Objects for Community Health Nursing: A Work in Progress

Primary Presenter: Jennifer Abbass-Dick

Date: Monday, May 30, 2016

Time: 1330 – 1430

Room: Bb33

Sub Theme: Innovations in Teaching and Learning

Presentation Type: Poster Presentation

Authors: J. Abbass-Dick, B. Atkins and N. Morel

Background/Rationale

Online and hybrid courses offer a mode of course delivery which can increase students' access to course content, decrease need for travel, and provide students the ability to review course content at their convenience (Garrison & Kanuka, 2004; Smart & Cappel, 2006). Although these course designs offer advantages, they can also present challenges such as a perceived lack of instructor presence, limited sense of community, lack of clarity with regard to instructional goals and technical barriers (Song, Singleton, Hill & Koh, 2004; Muilenburg & Berge, 2007).

To address these potential obstacles, a team of professionals from the UOIT Teaching and Learning Centre worked with a nursing instructor to develop learning objects for use in an online offering of a community health course. These learning objects were designed to increase student engagement and "instructor presence" in the course.

The purpose of this presentation is to communicate key learnings in the development process and share preliminary feedback obtained through students' evaluations of the learning objects.

Methods/Methodology

Research ethics approval was received for this pilot study. The learning objects and other elements of the course were developed with consideration of the Community of Inquiry Framework. This framework recognizes teaching presence, cognitive presence, and social presence (Garrison, Anderson & Archer, 1999). Principles of Universal Design for Learning also informed the development process as resources and activities were developed in a range of modalities to suit a variety of learners.

Articulate-Storyline software was used to create twelve learning objects that were developed to present course content and activities in a variety of formats (introductory videos with the course instructor, text resources, interactive quiz questions, independent activities, additional video resources and discussion questions).

Feedback was collected from students in two sections of the nursing course to determine their satisfaction with the learning objects. One section was delivered fully online and the other in a hybrid fashion. Student feedback was collected using a questionnaire developed for this study which included closed and open-ended questions relating to specific components of the learning objects.

Summary

Overall, student feedback on the delivery of the course content with use of these innovative learning objects was positive and constructive. The learning objects were found to be well organized and presented information in an engaging manner. The evaluation of these learning objects is ongoing. This presentation will provide the opportunity to engage in dialogue with nursing educators who are interested in enhancing online and blended learning experiences.

Sense of Belonging in Clinical Settings from the Perspectives of Female Saudi Nursing Students

Primary Presenter: Monirah Albloushi

Date: Tuesday, May 31, 2016

Time: 1020 – 1040

Room: Seymour Room

Sub Theme: Overcoming Barriers with Visible and Invisible Groups (Students and Patients)

Presentation Type: Graduate Student Concurrent Session

Authors: M. Albloushi and L. Ferguson

Clinical education is the cornerstone of nursing education. It provides the opportunity for students to apply different nursing interventions and to develop communication skills with patients, families, and health care providers. A sense of belonging is one of the important factors in a student's clinical experience and leads to enthusiasm and a willingness to learn when the student is on a clinical placement. Students who experience a sense of belonging are more likely to have confidence to learn and the ability to ask questions. The literature identified the negative consequences that become apparent with the lack of a sense of belonging on a student's psychological, social, behavioral, and physical well-being, as well as the student's competence levels.

The purpose of this study was to explore and describe the students' sense of belonging on clinical placement and outcomes from the perspective of Saudi nursing students and to identify the factors affecting a student's sense of belonging and the consequences. Through the Interpretive Description methodology, data were collected by using semi-structured interviews. The study was conducted in three government universities in Saudi Arabia and 15 students were interviewed. The participants reported different factors that have a big influence in their sense of belonging. Nursing staff nationalities, English language skills, participation in patients care, preceptorship, appreciation from patients, and clinical educators were some of the factors that have been reported by Saudi nursing students. Clinical educators and clinical settings must collaborate to design effective clinical experiences and to enhance student sense of belonging in clinical settings.

An Interprofessional Near Peer Anatomy Teaching Experience between Nursing and Medical Students

Primary Presenter: Patricia Alfaro

Date: Monday, May 30, 2016

Time: 1330 – 1430

Room: Bb33

Sub Theme: Innovations in Teaching and Learning

Presentation Type: Poster Presentation

Authors: P. Alfaro, J. Hudson, S. Larouche and G. Noel

Background

Healthcare professionals (HCP) have traditionally been educated separately and rarely collaborate during their formative years. This has been valued for the development of professional identities, yet simultaneously has sustained preconceived notions and stereotypes of each individual profession. Nurse and physician are two groups of professional that need to communicate effectively and work collaboratively in order to provide safe quality care. Inter-professional education (IPE) using a gross anatomy dissection course is a promising venue for the development of such skills amongst health care students before entering the workplace. Purpose: In this IPE pilot project, the multiple variables of a near peer teaching experience that crossed professional boundaries was assessed. In addition, informal debriefing were held to explore the students' overall experience of the interprofessional learning activity.

Method

Forty first or second year medical students facilitated at least two 2hr anatomy laboratory sessions for 190 first year nursing students. All participants completed surveys before and after the sessions to assess variables, such as Readiness for Interprofessional Learning, Professional Identify Scale, Clinical Teaching Preference and Near Peer Teaching Experience. Following the inter-professional near peer anatomy sessions, nursing students and medical students were invited to an informal debriefing session.

Results

This IPE near peer teaching approach was appreciated by both medical and nursing students for the commonalities and complementarities between each profession's knowledge as well as the ability to learn from one another and exchange

information. Both groups of students expressed the need to have similar recurrent anatomy based IPE activities embedded in their curriculum. The medical students reported a desire to have nursing students take on a more leading role in future IPE activities. The nursing students' perspective revealed that this activity allowed them to confront their preconceived notions of each other's professional knowledge, development and subsequent role in the healthcare team.

Conclusion

In designing similar near peer teaching initiative it is important to consider the level of clinical exposure of the different groups, their professional identity formation and their curricular milestones in order to maximize the learning for both groups. The integration of IPE, by means of a gross anatomy dissection activity into an HPA course, has overall benefit for both medical and nursing students. Furthermore, this pilot project has revealed a promising teaching and learning approach that might break down the development of professional stereotypes.

Nursing Students' First Medical-Surgical Clinical Experience Following a Near Peer Learning Activity

Primary Presenter: Patricia Alfaro

Date: Monday, May 30, 2016

Time: 1620 - 1640

Room: Seymour Room

Sub Theme: Innovations in Teaching and Learning

Presentation Type: Graduate Student Concurrent Session

Authors: P. Alfaro, V. Di Criscio, S. Larouche and M. Purden

Background

Conducting a health and physical assessment (HPA) is one of the first skills that nursing students need to acquire as part of a comprehensive assessment. The clinical practicum is the key pedagogical approach to acquiring this skill set because "nurses learn and develop their professional identity by performing concrete activities within the real context of nursing" (OIIQ, 2009). However, ensuring an appropriate clinical experience for students is becoming more challenging in the context of a global nursing shortage, more acutely ill clientele, and limited numbers of educators, academics and clinical instructors. Near peer learning has been shown to be an effective teaching strategy that may help to ease students' entry into the clinical setting. A near-peer learning activity was created and integrated into the first year health and physical assessment course enabling students to experience a supportive medical surgical practicum and giving them the opportunity to apply HPA skills under the guidance and support of a near peer. The purpose of this study was to explore junior nursing students' experience and perceptions of their first medical-surgical clinical practicum following their participation in a near peer learning activity.

Methods

A qualitative descriptive design with semi-structured interviews was used to describe students' thoughts and sentiments regarding their experience. Ten nursing students who took part in the near peer learning activity agreed to participate in the interview.

Results

Most students experienced apprehension of the unknown with regards to expectations of the clinical placement and perceived the transition to be a "huge jump" from their previous year. They also expressed a longing to feel competent with their technical skills and specific knowledge about the patient population. Students also encountered unreceptive learning environments. Having participated in the near peer learning activity, however, students reported feeling more confident and comfortable upon entering their medical-surgical experience and feeling excited about the nursing profession. Regarding their HPA skills, students valued the opportunity to identify and validate abnormal findings and to tailor the assessment to the patient situation in the near peer activity. Conclusion: A brief, early exposure guided by a near peer student appears beneficial in helping students transition into a subsequent medical surgical clinical placement.

Learning objective

To understand the essential components of a near peer activity.

To appreciate the benefits of a near peer learning approach in preparing junior students for their first medical surgical practicum.

Cultural Competency Among Canadian Nursing Students: Are We There Yet?

Primary Presenter: Areej Al-Hamad

Date: Tuesday, May 31, 2016

Time: 1330 – 1350

Room: Mountbatten B

Sub Theme: Facilitating the Transition from Student to Nurse

Presentation Type: Concurrent Session

Authors: A. Al-Hamad, W. Ta'an and Y. Yasin

As the population demographics for Canada shift towards increasing diversity, it is crucial that nursing students may need some preparation and basic foundations to adapt and modify their practices to different cultural values, beliefs and needs. The purpose of this study is to assess baccalaureate nursing students' perception of cultural competency. Further, to examine the relationship between perceived cultural competence and the following variables: age, gender, study level, working experience, willingness toward working with culturally diverse clients, prior cultural competence exposure and training, integration of cultural competence in nursing curricula and available opportunities to promote cultural competence. A descriptive correlational cross-sectional design will be adopted to assess the perceived levels of cultural competency among 200 nursing students. Cultural competence in nursing education is receiving a massive emphasis in nursing curricula, however, preparing nursing students to become culturally competent nurses has become more critical and challenging (Flood & Commendador, 2016). There is no doubt about the importance of preparing nursing students to provide culturally sensitive care to an increasingly diverse society. However, it is a challenging task for nurse educators to design and fit learning experiences that help students develop and foster cultural competence into an existing nursing program and curriculum (Carpenter & Garcia, 2012). Despite the extensive scholarly discourse on culturally competent care to date, the complexity of the nursing educational pedagogical challenge requires continuous exploration and promotion. Yet, since there is no readily available single solution to this contemporary issue a comprehensive approach is required to determine the best practice model of curriculum modification for integration of cultural competence in nursing education (Delgado et al., 2013; Kirmayer, 2012).

The purpose of this study is to assess baccalaureate nursing students' perception of cultural competency. Further, to examine the relationship between perceived cultural competence and the following variables: age, gender, study level, working experience, willingness toward working with culturally diverse clients, prior cultural competence exposure and training, integration of cultural competence in nursing curricula and available opportunities to promote cultural competence.

Methodology

A descriptive correlational cross-sectional design will be adopted to assess the perceived levels of cultural competency among nursing students and to examine the relationship between perceived cultural competency and the selected variables. The proposed study will obtain an ethics approval from University of Western Ontario. The setting for this study will be a school of nursing at a university in Western Ontario region. A convenient sampling of approximately 200 nursing students who are enrolled in the nursing program from different study levels will be considered. The sample size was calculated based on Cohen formula using mild-level parameters. Participants will be reimbursed by a Tim Horton coffee card worth \$5 as an appreciation for their time to complete the survey. The Cultural Awareness Scale (CAS) (Rew et al., 2003) will be utilized as an evaluative tool for collecting the data for the purpose of this study. In addition, a demographic sheet will be utilized to collect information to allow describing the study sample and provide context to the collected data.

International Graduate Student Supervision: Academic – Human Cultural Challenges

Primary Presenter: Latifah Almater

Date: Tuesday, May 31, 2016

Time: 1020 – 1040

Room: Mountbatten B

Sub Theme: Overcoming Barriers with Visible and Invisible Groups (Students and Patients)

Presentation Type: Concurrent Session

Authors: L. Almater and J. Hughes

The literature discusses many overt challenges facing international students and their supervisors. These challenges include learning a new language, financial issues (e.g., additional tuition fees), and cultural adjustment (e.g., learning new cultural mores) (Marginson, 2011; Trice, 2003; Yeh & Inose, 2003). While some of these overt challenges have been addressed by many universities (e.g., including language support services, immigration/ cultural consultation, international social activities on campus), what is missing is an understanding of the more covert challenges encountered by international students and their supervisors. These experiences involve more complex issues. For example, academic authority challenges involve questions such as who is expert? ; Is there one right answer or multiple perspectives/ realities?; How to recognize and integrate the international student as an insider rather than outside observer? How to introduce challenging philosophical perspectives (e.g., Feminist Theory, Critical Social Theory) without insulting the student's culture, and what are the implications of this new way of thinking?

The most critical factor is the academic- human cultural conflict that we define as a clash between cultural values and beliefs regarding the learning process. This presentation will explore the academic human cultural conflict encountered during our supervisory journey within a doctoral nursing program involving Western and Middle Eastern values.

Exploring the Future Needs of Nursing Education

Primary Presenter: Rennie Au

Date: Monday, May 30, 2016

Time: 1330 – 1430

Room: Bb33

Sub Theme: Innovations in Teaching and Learning

Presentation Type: Poster Presentation

Authors: R. Au, D. Dhaliwal, C. McKee and C. Bryne

Background

Currently, there is a mismatch among the competencies that are taught to future nurses and the reality of our evolving health care system (Frenk et al., 2010). Nurses are now required to act as leaders and change agents thus; the landscape of nursing education needs to shift to accommodate a transformative learning method (Frenk, et al., 2010). To ensure society's health and well-being, nursing education needs to review current trends and future needs to prepare students to practice in a constantly evolving healthcare system. ☐

Methods

This is a two-phase study consisting of semi-structured interviews and a review of the literature. Both phases were conducted concurrently. Phase one involved interviews with key informants in clinical settings across all sectors of health care regarding current gaps and future needs in professional nursing education. Phase two consisted of a literature review. A search strategy utilizing electronic databases was performed in order to yield articles relevant to the objective of the study. The articles analyzed in the literature review generated themes and concepts regarding the gaps in nursing education as well as the future direction of nursing education. The data collected from phase one and two will be compared against each other to develop overarching themes. This will serve as foundational data that will be used to revise the nursing curriculum in order to better prepare nurses.

Results

Preliminary results are currently being gathered and analysed. Key themes that have been found are the importance of transformative learning and leadership. Studies have shown that changes need to be made at the instructional level by moving towards transformative learning and promoting nursing leaders. Moreover, findings also support changes at the institutional level, suggesting collaborative learning with interprofessionals and harmonizing the partnership between educators and health care institutions are needed in order to strengthen future nursing education.

Conclusion

The literature review has acknowledged the key issues and future needs in nursing education. This poster presentation will provide participants with an overview of the literature review conducted as well as key themes and next steps for nursing education. The future directions of nursing education through application of these concepts will help develop a nursing curriculum that better serves nursing students in their transition to professional practice.

Learning Objectives

The initiative will explore issues regarding current nursing education and identify the key themes to be considered for nursing curriculum in the future. With the data gathered from this initiative, we hope to gain insight into the future direction nursing education needs to take in order to accommodate the complexity of our current health care system.

References

Frenk, J., Chen, L., Bhutta, Z.A., Cohen, J., Crisp, N., Evans, T., . . . Zurayk, H. (2010). Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. *The Lancet Commissions*, 376(9756): 1923-1958.

The Importance of Nursing Education in Optimizing Students' Understanding of Pediatric Oral Health

Primary Presenter: Jill Bally

Date: Monday, May 30, 2016

Time: 1330 – 1430

Room: Bb33

Sub Theme: Innovations in Teaching and Learning

Presentation Type: Poster Presentation

Authors: J. Bally, S. Spurr, A. Hayes and L. Williamson

Learning Objectives

To describe a research project designed to examine nursing students' experiences with, and develop effective pediatric oral health nursing education as part of a third year theory course.

Background

Oral disease is the most prevalent chronic pediatric disease in North America (Federal Provincial and Territorial Dental Working Group, 2012). Dental caries affect 60-90% of school children (Petersen 2009) leading to physical and psychological disabilities, and significant challenges in adulthood (Szilagyi, 2009). Poor oral health in childhood has been linked to an inhibition of cognitive and social development, sleep deprivation, failure to thrive, malnourishment, and poor learning (Blevins, 2011). Despite this overwhelming evidence, comprehensive oral health care has not been emphasized in nursing education (Hein, Schonwetter, & Iacopino, 2011).

Purpose

To examine the perspectives of nursing students about their education, training, and practical experiences with respect to child and adolescent oral health.

Methods

Eight open-ended audio-taped focus group interviews were completed with 25 participants. Thorne's Interpretive Description (2009) was used to guide data collection and subsequent data analysis including coding and comparative analysis.

Findings

The main themes included 'nursing education is key', 'fading away', and 'spreading the culture'. Findings highlighted a predominant culture in nursing education and practice that does not support knowledge and skill acquisition related to pediatric oral health. As a result nursing students do not develop the basic knowledge, skills, and resources to adequately care for infants, children and adolescents in a holistic and comprehensive manner. Nursing students shared insightful suggestions for improving nursing education and 'spreading a culture' of oral health education and practice such that their learning does not 'fade away'.

Implications for Nursing Education

Attending to nursing students' learning needs in a focused and deliberate manner can help educators improve undergraduate curriculum. Effective strategies to improve nursing education include early integration of oral health concepts, demonstration and hands-on practice of oral health care practices and assessment, and interprofessional oral health education. These strategies will support enhanced holistic and comprehensive pediatric nursing education, and ultimately, improved preparation of registered nurses.

The Journey: Reflections on Preparing Faculty and Students for the NCLEX-RN® Examination

Primary Presenter: Maureen Barry

Date: Tuesday, May 31, 2016

Time: 1220 – 1240

Room: Carlyle Room

Sub Theme: Facilitating the Transition from Student to Nurse

Presentation Type: Concurrent Session

Authors: M. Barry, K. Hardie, Z. Beekhoo and S. Johnston

Beginning in January 2015, the new RN entry examination became the NCLEX-RN® for ten provinces/territories in Canada. It was chosen in December 2011 to replace the previous licensing exam. This presented a teaching challenge for most educators because the NCLEX-RN® is significantly different in format and content from the previous CRNE.

The purpose of this presentation is to share ideas and generate discussion on ways to best prepare students for a new licensing exam. It will never be one size fits all preparation but there are common practices and innovative ideas that are useful to share and discuss.

In this presentation, we will discuss one Faculty of Nursing's experience developing a transition plan (January - July 2013) and implementing it (September 2013). Our first class to write the exam was the class beginning their studies in September 2013. The transition plan was developed by a small working group comprised of eleven people including faculty members, one director, and two members of the information technology team with expertise in project management and educational technology. The plan included the appointment of a dedicated transition coordinator, a detailed timeline, a budget outlining anticipated costs, vendor presentation summaries and evaluations of NCLEX products, anticipated challenges and recommendations. The success of the report recommendations and strategies used will be discussed in more detail in the session.

Our experience working with both faculty members and students will be discussed. The presentation will also look at research related to best practices in preparing students for a licensing exam. It will address our continuing journey to get it right and the question of where do we go from here. We will discuss what went well, what remains challenging, and what surprised us. We will also open up discussion related to the bigger question of what can we as nurse educators learn from each other and how can we move forward together.

Learning objectives

The participant will be able to:

1. Discuss strategies for preparing faculty and students for the NCLEX-RN® Examination.
2. Share challenges and successes in his or her preparation of faculty and students for the NCLEX-RN® Examination.
3. Discuss ways that we can learn from each other as educators and move forward together to better prepare students.

Incorporating OSCEs to Standardize Entry-Level Pediatric Nursing Rehabilitation Primary

Primary Presenter: Natasha Bath

Date: Monday, May 30, 2016

Time: 1330 – 1430

Room: Bb33

Sub Theme: Informatics: New Tools for Education and Practice

Presentation Type: Poster Presentation

Author: N. Bath

Background/Rationale:

Most Canadian Nursing Schools present their curricula using a generalist approach to Nursing Education. This approach offers a broad overview of core theories, provides understanding and exposure to “start” a new graduate's career. This approach to learning meets the needs of most new nurses, but rarely does for new pediatric nurses. In most Canadian Nursing Schools, Pediatrics is often a topic that is not thoroughly covered, in-class and or in clinical placement. The variance in baseline knowledge, skill and clinical exposure leads to a new graduate's suboptimal transition to the workforce and potentially can impact clients/families care experience due to these staffs' significant learning curve from school to practice.

Project Overview:

In an effort to support the organization's effort to standardize nursing care for our clients and families. As a part of nursing orientation, OSCEs were incorporated to evaluate knowledge transfer and knowledge mobilization into practice, after the new nurse has completed the hospital orientation process. The OSCE involves the participants rotating through a number of body systems-based stations, with each station being evaluated for competence. The OSCE target population was set as newly graduated nurses to target the gap between theory and practice.

Project Activities:

The project was initiated with a detailed literature review and a referring partner program review of current Nursing Orientation practices occurring in like-facilities. These two actions allowed for a thorough understanding of the current best practices in nursing orientation and like-center orientations. To optimize bedside nurse leadership, of current clinical nursing staff, core staff were identified to take part within the project as OSCE Evaluators. This role involved those nurses assisting with new staff clinical orientation and facilitating on the day of the OSCEs.

Project Evaluations/Results:

The Nursing Education Department at Holland Bloorview has received positive feedback from the OSCE participants, OSCE evaluators, and HB administrators. From a sustainability standpoint, the OSCEs were made sustainable by incorporating them into a pre-existing Nursing Orientating Theory Day, which led to no added impact on budget. The Evaluators role sustainability was maintained by; scheduling Evaluators in advance to attend the OSCEs. Lastly; the OSCE evaluators have voiced role satisfaction.

IEN Bridging Education: Challenges and Opportunities

Primary Presenter: Catherine Baxter

Date: Monday, May 30, 2016

Time: 1130 – 1150

Room: Mountbatten B

Sub Theme: Facilitating the Transition from Student to Nurse

Presentation Type: Concurrent Session

Author: C. Baxter

Background

In 2012 the Canadian Association of Schools of Nursing published a Pan-Canadian Framework of Guiding Principles and Essential Components for Internationally Educated Nurses Bridging Programs. The CASN Framework defined nursing bridging programs as; "any program designed to address gaps and/or differences in education and competencies so that the internationally educated nurse may become registered to practice in Canada, and facilitates successful integration into the Canada healthcare system" (CASN 2012 p.2). In recent years a number of IEN bridging programs have been established across Canada, each varying significantly in structure, design and curriculum. Although the number of programs has increased significantly, the research on bridging education has been limited.

Methods

The findings highlighted in this presentation were part of a larger mixed-methods study that examined the integration of IENs into the Western Canadian nursing workforce; the challenges experienced and the supports utilized. A total of 172 IENs from the Philippines, who had migrated to Manitoba, Saskatchewan or Alberta between 2008 and 2013 participated in the study. Data were initially collected through an online survey comprised primarily of fixed response questions. Follow-up semi-structured, interviews were then conducted with a sub-sample of 22 participants.

Findings

The results of the mixed analysis revealed three main challenges IENs encountered integrating into the nursing workforce: Language and sociocultural communication; adjusting to nursing practice in Canada; and the attitudes of others. Of those participants who had completed bridging education, 97.7% perceived the program as helpful or very helpful in facilitating their workforce integration. Bridging program content that addressed knowledge gaps (eg. health assessment, pharmacology, gerontology) and differences in nursing practice (eg. sociocultural communication, values) was identified as helpful in facilitating their transition. While 94.6% of participants identified that bridging education was also helpful or very helpful in the pre-licensure period to assist in meeting the requirements of registration, difficulties accessing programs and the high cost of education were identified as barriers. Conclusion: Bridging programs have an important role to play in facilitating the IENs

transition into the nursing workforce in Canada. Understanding the challenges IENs encounter throughout the transition process as well as potential barriers to participating in bridging education has important implications for program curriculum and design.

Learning Objective

To explore the challenges IENs encounter throughout the transition process and discuss potential implications for bridging program curriculum and design.

Perceptions of Nursing Students using Personal Digital Devices in a Community Practicum

Primary Presenter: Phillipe Beauregard

Date: Monday, May 30, 2016

Time: 1540 - 1600

Room: Seymour Room

Sub Theme: Informatics: New Tools for Education and Practice

Presentation Type: Graduate Student Concurrent Session

Authors: P. Beauregard, A. Arnaert and N. Ponzoni

Today, we all use personal digital devices (PDDs) such as smartphones, pocket PCs, tablets, and other mobile or handheld computing devices for social purposes; however, the rapid evolution of telecommunication technology has taken this to a new level in using these devices and applications in providing patient care. PDDs have the potential to revolutionize the way in which nurses practice by increasing and facilitating access to evidence-based information, however their integration in nursing practice remain variable across institutions and healthcare environments. This variability in use of PDDs creates a major challenge for nursing students, who tend to be more comfortable with technology, yet find themselves limited in their ability to use these tools within the context of clinical practice. Limited research on this topic has led us to explore Nursing students' perceptions of using PDDs in their community practicum using a qualitative descriptive design. The sample consisted of 6 undergraduate and 2 graduate McGill Nursing students, all of which report owning a smart phone that they carried with them during their clinical practicum. The in-person semi-structured interviews were content analyzed. Results indicated that the variability from one institutional context to another in term of their support of the use of PDDs, cause nursing students to be in a dilemma and to adapt their use of technology depending on their perceptions of acceptability. At one end of this contextual continuum, students working in environments that do not support PDD use, experience fear of negative consequences to their performance evaluations when using their devices. On the other end of the continuum, environments that embrace the use of PDDs are perceived by students to promote professional engagement and trust in their ethical use of PDDs to improve patient care. Students' narratives describe a gray zone at the mid-point of the continuum, where there are unclear and non-explicit expectations regarding the use of PDDs, which force them to adopt individualized strategies to maintain their professional image and avoid negative consequences. The learning objective of this conference presentation is that participants will have a better understanding of the challenges faced by nursing students using PDDs in a community setting.

Nursing Education's Role and Responsibility in Responding to the Truth and Reconciliation Commission

Primary Presenter: Lois Berry

Date: Monday, May 30, 2016

Time: 1030 – 1130

Room: Mountbatten A

Sub Theme: Overcoming Barriers with Visible and Invisible Groups (Students and Patients)

Presentation Type: Panel/Symposia Session

Authors: L. Berry, H. Exner-Pirot and L. Butler

Learning objective

The objective of this symposium is to discuss the role and responsibility of the Canadian Association of Schools of Nursing and its members in responding to the calls to action of the Truth and Reconciliation Commission (TRC).

Universities Canada and Colleges and Institutes Canada (CICan), along with many other informal forums of post-secondary institutions and individual institutions have responded with intentions or strategies to respond to the calls to action. The TRC identifies one specific recommendation for medical and nursing schools in Canada (#24) to:

“[R]equire all students to take a course dealing with Aboriginal health issues, including the history and legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Aboriginal rights, and Indigenous teachings and practices. This will require skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism.”

In combination with several other recommendations that have direct and indirect implications for nursing education, it is imperative that Canadian schools of nursing discuss opportunities for action to help address the gaps in health, education, and employment outcomes between Aboriginal and non-Aboriginal peoples.

Topic for discussion

This symposium will address the TRC’s Calls to Action as pertains to nursing education and practice, and more broadly the role of nursing education in mitigating the discrepancies in health, education and employment outcomes that have arisen as a result of colonialism and the impacts of the residential school system. The presenters will also describe some of the successful strategies that the University of Saskatchewan College of Nursing has enacted to incorporate indigenous concepts and knowledge in its curricula and reach proportional representation (17.3% or 165 Aboriginal students) in its undergraduate programming.

Background/rational

The TRC released its findings and Calls to Action in June 2015. Several of the recommendations directly require action on the part of Canada’s schools of nursing, in particular: eliminating educational and employment gaps between Aboriginal and non-Aboriginal Canadians (#7); recognize the value of Aboriginal healing practices (#22); Increase the number of Aboriginal professionals working in the health-care field and ensure the retention of Aboriginal health-care providers in Aboriginal communities (#23); and require all students to take a course dealing with Aboriginal health issues (#24).

Applications

The goal of the symposium is to identify best practices and successful strategies for Canadian schools of nursing to implement within their particular contexts in order to redress the legacy of residential schools and advance the process of Canadian reconciliation.

Enhancing Objectivity in Clinical Evaluation: Practical Strategies That Work!

Primary Presenter: Cheryl Besse

Date: Tuesday, May 31, 2016

Time: 1410 – 1430

Room: Carlyle Room

Sub Theme: Innovations in Teaching and Learning

Presentation Type: Concurrent Session

Author: C. Besse

Clinical instruction of students is a critical component of nursing education programs, however many instructors have little or no formal preparation in how to teach, much less how to evaluate student performance. Although often recognized as clinical experts, these clinical faculty report feeling inadequately prepared or supported in their teaching endeavors (Grassley & Lambe, 2015; Oermann & Gaberson, 2013). Even the most experienced of clinical instructors find evaluation of students in the clinical setting to be a very challenging and complex process (Oermann, 2015) and struggle with assigning objective grades in a subjective setting, often resulting in grade inflation. The implications of grade inflation are many. Grade inflation can give students a false belief of competence, limit continued learning, and jeopardize client safety (King-Jones & Mitchell, 2012). It can affect their ability, motivation, and self-perception. Additionally, it can threaten the professional image of nursing as well as that of the educational institutions (Oermann & Gaberson, 2013). Thus, preparing instructors to effectively evaluate student performance is essential to successful clinical teaching in nursing. There is much evidence to support that grade inflation exists in nursing clinical education, and numerous suggestions to prevent its occurrence (Donaldson & Gray, 2012; Paskausky & Simoneli, 2014; Susmarini & Hayati, 2012).

After implementing several strategies to improve evaluation and address grade inflation in my institution, the issue of accurately evaluating student performance in the clinical setting remained a complex and challenging endeavour for both students and faculty. This presentation will explore innovative strategies we have used to enhance consistency and objectivity

in clinical evaluation. The key components of effective teaching and setting the stage for a successful clinical experience, as well as evaluation will be discussed. Common challenges with clinical evaluation will be explored with an emphasis on strategies to improve consistency and objectivity, which ultimately prevent grade inflation. A guideline for assessment of individual student performance (BSPOTTED: Basics, Skill, Preparation, Organization, Therapeutic Interaction, Teaching, Evaluation, Documentation), developed by the author, will be suggested as a method to enhance consistency and create transparency when evaluating student performance. Often students are not sure how they are being evaluated when being observed delivering patient care. Using the BSPOTTED framework, objectivity is enhanced, as students and faculty 'speak the same language' when it comes to evaluating the interaction. Finally, a unique approach to assist instructors and students to identify an excellent (80%) or exceptional (90%) level of student clinical practice will be shared, including the four criteria that must be consistently present throughout the clinical performance of students who achieve excellence, or above. These criteria are: independence; creativity; using theory to plan care; and, consideration of target populations. When combined with other strategies, integrating these guidelines will simplify clinical nursing evaluation and serve to enhance consistency, reduce subjectivity, and diminish grade inflation. Throughout the presentation, practical examples of the behaviours and operational strategies to improve clinical evaluation will be provided.

Geocaching: An Innovative Learning Activity to Enhance Nursing Students' Navigation of Community Resources

Primary Presenter: Pat Bethune-Davies

Date: Tuesday, May 31, 2016

Time: 1350 – 1410

Room: Rossetti Room

Sub Theme: Innovations in Teaching and Learning

Presentation Type: Concurrent Session

Authors: P. Bethune-Davies, K. Jenkins and S. Benbow

Nurse educators are continually challenged to find ways to contextualize community practice and apply it to real world situations (Kindrik Leh, 2011). Understanding the complexity of community practice is often abstract to undergraduate nursing students. Engaging students in activities that enhance their confidence, knowledge, and attitudes surrounding community health nursing results in meaningful learning and lays a positive foundation for professional practice.

In the context of an increasingly digital world, nurse educators within an undergraduate nursing program created an orientation activity that facilitated learning about community, community nursing roles, and system navigation using GPS cell phone technology based on geocaching. Geocaching is a worldwide activity in which Global Positioning System (GPS) technology is used to pinpoint a location and to hide and seek "treasures". In an adaptation of geocaching, second year nursing students used their cell phone GPS to locate and learn about various community agencies/ "treasures". Following the geocaching, students completed a "chalk talk" (Brookfield, 2006, 2013) exercise facilitated by instructors that uncovered interesting student reflections related to system navigation, social determinants of health, and community resources. Students were surprised by the breadth and depth of community resources available that promote, support, and maintain health. Students identified and critically reflected on challenges in locating and accessing community agencies. These insights led to greater awareness of barriers that individuals and families may encounter in accessing community resources and an increased understanding of the nurse's role in supporting and facilitating system navigation.

Engagement of BScN Students in Long-Term Care

Primary Presenter: Veronique Boscart

Date: Monday, May 30, 2016

Time: 1030 – 1130

Room: Rossetti Room

Sub Theme: Innovations in Teaching and Learning

Presentation Type: Panel/Symposia Session

Authors: V. Boscart, S. Bush, K. Huson, S. Hummel, C. Cook, L. Voelzing and M. Raasok

Background/Rationale:

The increasing medical complexity of an aging population requires nurses to develop the knowledge and skills necessary to provide appropriate care to older adults with complex needs. Nurses should be fully prepared before they enter clinical settings in which they care for frail older adults, such as long-term care (LTC). Yet, clinical nursing placements in LTC are limited and

generally not favoured. The purpose of this project was to assess the implementation of a program using Action Based Research in order to develop a framework to support the engagement of BScN students in LTC facilities.

Methods/Methodology:

A developmental evaluation approach was applied using a mixed repeated measures design to examine an innovative program, which aimed to engage nursing students in LTC settings. The program encompassed four stages throughout a period of one academic term (i.e., 12 weeks). First, preceptors who were assigned participating BScN students received training manuals. The following phases (2, 3 and 4) consisted of meetings with the BScN students at baseline, six weeks, and twelve weeks. Both quantitative (surveys) and qualitative (focus groups) data were collected to assess students' intent to work with seniors and levels of knowledge about seniors' care, as well as to explore perceptions and experiences.

Results:

Quantitative data were collected using surveys to assess BScN students' knowledge and perceptions about seniors' care. Preliminary results showed an increase in knowledge about, and satisfaction with, the provision of care to older adults, as well as enhanced decision-making skills. Qualitative data were collected through focus group interviews to explore students' perceptions and experiences working in LTC settings. Students demonstrated more positive perceptions about working with older adults, and discussed a variety of experiences and learnings throughout the duration of their clinical placements in LTC.

Conclusions:

These preliminary results indicate that engaging BScN students through an innovative program to create opportunities for students to care for and develop relationships with older adults in LTC facilities while demonstrating reflective, evidence-based nursing practice is feasible, acceptable, and effective. The next steps in our program of research are to increase the study sample size and expand this program to another cohort of BScN students who have clinical placements in LTC.

Bridging Data to Inform Policy – A Look at Licensure Trends Among Canadian RN Entry-to-Practice Graduates

Primary Presenter: Ryanna Bowling

Date: Tuesday, May 31, 2016

Time: 1350 - 1410

Room: Mountbatten B

Sub Theme: Facilitating the Transition from Student to Nurse

Presentation Type: Concurrent Session

Authors: R. Bowling, B. Gupta and A. Porter-Chapman

Background/rationale

Registered nurses (RNs) are the foundation of the Canadian health care system representing over half of all regulated health care providers in 2013. While there were 293,205 RNs holding a license to practice in Canada in 2014, the supply of RNs also faced its first decline (-0.1%) in over a decade.

The number of RNs holding a license to practice in Canada is influenced by a number of factors, including: the number of students graduating from Canadian entry-to-practice RN programs; provincial and territorial regulatory policies; as well as migration trends of internationally educated nurses.

This presentation will focus on new analysis highlighting the rate at which Canadian RN entry-to-practice graduates obtain a license to practice in Canada while also identifying other factors and emerging issues which may impact the future supply of RNs in Canada.

Methodology

Graduate outmigration is defined as the proportion of new graduates from Canadian nursing entry-to-practice programs who do not apply for registration with a Canadian nursing regulatory body.

When considering graduate outmigration, it is important to keep in mind that not all Canadian nursing graduates will choose to obtain a Canadian license to practice nursing. Canadian nursing graduates may choose to pursue further education, leave Canada to practice nursing in another country or leave the profession altogether. Factors influencing a nurse's decision on where to live and work are diverse

Results

Between 2004 and 2013, the number of graduates from Canadian entry-to-practice RN programs continued to increase, reaching 11,974 in 2013. While the growth rate among RN graduates was 4.7% over the ten year period, the rate of growth slowed in the most recent years. In addition, the training capacity for RN entry-to-practice programs has been decreasing since 2009.

With the exception of 2009, between 85% and 90% of Canadian RN entry-to-practice graduates obtained a license to practice nursing in Canada. Fewer than 82% of the 2009 graduates obtained a Canadian nursing license in the following years. In addition, Canadian RN entry-to-practice graduates were most likely to attain a Canadian nursing license within 3 years of graduation.

In addition, provincial and territorial regulatory changes also affect Canada's nursing supply. This includes changes to the national RN exam and the introduction of new/revised regulatory policies; as well as the migration trends of internationally educated nurses.

Conclusions

Understanding the rate at which Canadian entry-to-practice RN graduates obtain a license to practice in Canada provides important context to the composition of the RN workforce in Canada and essential information to those planning Canada's health workforce.

Learning objective(s)

Health workforce planning, entry-to-practice nursing graduates, transition

Co-construction d'un outil de suivi du développement de trois compétences infirmières lors de la première année de pratique en soins critiques

Présentatrice principale: Louise Boyer

Date : lundi 30 mai 2016

Heure : 1600 – 1620

Salle : *Stevenson Room*

Sous-thème : Faciliter la transition d'étudiante à infirmière

Type de présentation : Session simultanée

Auteurs : L Boyer, A. Tourangeau, S. Dubois, J. Pepin, J. Goudreau, L-A. Brien and B. Sgariglia

Objectif d'apprentissage

Décrire le développement des compétences jugement clinique, leadership clinique et collaboration interprofessionnelle des infirmières nouvellement diplômées lors de leur première année de pratique en soins critiques.

Contexte

Depuis quelques années, les hôpitaux embauchent des infirmières nouvellement diplômées (IND) pour les soins critiques. Les programmes d'orientation ont été adaptés pour favoriser l'intégration des IND à l'urgence et aux soins intensifs. Cependant, il existe peu d'outils pour suivre le développement des compétences de ces IND lors de la période cruciale de transition qui peut s'étendre jusqu'à un an. Le projet pilote de recherche, qui est présentement en cours, a donc pour but de coconstruire, au moyen de la simulation clinique, un outil de suivi du développement de trois compétences infirmières; le jugement clinique infirmier (JCI), le leadership clinique infirmier (LCI) et la collaboration interprofessionnelle (CI), lors de la première année de pratique en soins critiques.

Méthodologie

L'approche collaborative de recherche guide cette étude qui comporte deux phases. Phase 1 : Des simulations cliniques (SC) intra et interprofessionnelles (N=12) ont été élaborées avec les équipes de l'urgence et des soins intensifs d'un centre hospitalier universitaire. Des IND en orientation (N=20) participent à ces SC et sont observées par deux chercheurs. Inspirée de la méthodologie de l'étude de Lasater (2007), l'analyse des données s'effectue, par les chercheurs, après chaque SC pour construire et réviser l'outil de suivi. Phase 2 : Deux focus-groupes; un composé d'IND (N=8) et l'autre composé de préceptrices et de conseillères en soins infirmiers en soins critiques (N=8), permettront de compléter l'outil de suivi. Par la suite, des experts (N=3) valideront l'outil de suivi du développement du JCI, LCI et CI lors de la première année de pratique en soins critiques. Ils commenteront le contenu de l'outil de suivi et l'utiliseront pour évaluer la performance d'IND en SC.

Synthèse

Des résultats préliminaires du projet pilote de recherche seront présentés et discutés, soit ceux de la phase 1 de l'étude qui consistent en l'outil de suivi du développement du JCI, LCI et CI. Pour chacune de ces compétences, des niveaux de développement sont décrits au moyen d'indicateurs. L'utilité d'un tel outil de suivi pour les IND qui débutent leur pratique en soins critiques, pour les préceptrices qui les accompagnent et pour les conseillères en soins infirmiers qui réalisent des activités de formation sera aussi explorée.

“What Do You Want to Be When You Grow Up?” – Expanding the Horizons of Canadian Nursing Students through Innovative Clinical Placements and Nursing Education

Primary Presenter: Bryce Boynton

Date: Monday, May 30, 2016

Time: 1640 – 1700

Room: Stevenson Room

Sub Theme: Innovations in Teaching and Learning

Presentation Type: Concurrent Session

Author: B. Boynton

When you were in nursing school, what kind of nurse did you want to be after graduating? When I talk to Canadian nursing students, they always tell me a position that lies within the acute/traditional healthcare setting. What about all those nursing opportunities that aren't within our traditional scope? By educating and expanding our clinical scope, we are able to better inform our students and put the direction of healthcare in their hands. And as Nursing Educators, you have the opportunity to create exposure and awareness into these Innovative Clinical Placements (ICPs), expanding student opportunities and increase the insight of our future RN's.

ICPs are considered “typically outside or varying from the main health care delivery system” (Reimer, 2007, p.6). By using the idea of ICPs and adding different aspects to it, nursing students can gain insight into different settings and positions. Nursing education programs have traditional curricula that impact what students learn and where they learn it. Innovative placements give nursing students an opportunity to enhance their scope of practice (McTeer & Smadu, 2012) about alternative nursing roles in areas such as research, remote and international nursing, forensics, administration, and education. By giving students the chance to look into the different possibilities for placements and, with guidance from the faculty, students can direct their own future to a greater extent (McDonald & Tuokko, 2006). Expanding on ICPs earlier in the curriculum would allow students to experience nursing options that would enable them to make better decisions related to specialization in later years of the program. These opportunities expand the professional profile of nurses and create more options for career paths after graduation (Taylor & Stewart, 2009). Nursing education should look upstream at the education system in order to help all the students with innovative placements.

Resources

McDonald, C. & Tuokko, H. (2006). Expanding horizons for student nurses. Unpublished manuscript, College of Nursing, Centre of Aging, Vancouver Health of Aging, University of Victoria, Victoria B.C., Victoria . Retrieved from http://www.coag.uvic.ca/resources/publications/reports/Expanding_Horizons_Studen_Nurses.pdf

McTeer, M., & Smadu, M. (2012, June). CNA, update on the National Expert Commission action plan. Retrieved from http://www.cnaaicc.ca/~media/cna/files/en/update_on_the_national_expert_commission_action_plan_notes_e.pdf

Reimer Kirkham, S., Hoe Harwood, C., Terblanche, L., Van Hofwegen, L., & Sawatzky, R. (2007). The use of innovative clinical placements: A national survey. Final Report. Unpublished manuscript. TrinityWestern University, Langley, B.C.

Taylor, C., Stewart, L. & Bidewell, J. (2009), 'Nursing students' appraisal of their professional portfolios in demonstrating clinical competence', *Nurse Educator*, 217 - 222.

Canadian Nurse Educator Certificate Program

Primary Presenter: Patricia Bradley

Date: Monday, May 30, 2016

Time: 1330 – 1430

Room: Bb33

Sub Theme: Innovations in Teaching and Learning

Presentation Type: Poster Presentation

Author: P. Bradley

Description/overview

The first delivery of the three-module program is being delivered over 18 months and will be completed by May 2016. The certificate program consists of three modules: Module 1 introduces teaching-learning philosophies and theories, Module 2 addresses curriculum and design concepts, and Module 3 covers teaching-learning strategies. Each module has its own set of competencies aimed at preparing participants for academic nursing education. Beginning with the first module taken, participants create and build an electronic teaching portfolio to foster continuous self-development and professional growth as academic nurse educators.

Activities

For successful completion of the Canadian certificate program, participants are required to attend four live webinars for each module. Additionally, participation in weekly online discussion forums (which are based on the weekly readings), submission of an e-portfolio, and achievement of a score of over 70% on the final exam are required. This two-hour exam is offered online and is comprised of 50 multiple-choice questions. To complete the full certificate program, participants must have successfully completed all three modules and pass a final comprehensive program exam.

Evaluation/outcomes

To evaluate each module, a post-module online survey is sent out to participants. Participants are encouraged to complete the evaluation to assist with the continual growth and improvement of the program. The targeted outcome of the program is to support quality in nursing education in Canada, and to provide nurse educators with professional development opportunities. The program will be reviewed after the first group of participants have completed all three modules.

A Pathway for Nursing Faculty Professional Development: Translating Knowledge into Practice

Primary Presenter: Patricia Bradley

Date: Tuesday, May 31, 2016

Time: 1350 – 1410

Room: Scott Room

Sub Theme: Innovations in Teaching and Learning

Presentation Type: Concurrent Session

Author: P. Bradley

Learning objective(s)

The focus of this research is to pilot a n academic educational development program for IEN/diverse learner educators, to assess faculty teaching strategies and to investigate faculty learning needs

Background/rationale

Nursing education, in Ontario in particular, has been a focus of research to enhance quality of education and practice to meet the needs of one of the most diverse population areas in Canada. Diversity is a norm now, not an exception. Hence, nursing education needs to reflect it in every teaching/learning encounter. Faculty need to acquire a high level of cultural competence in their teaching and inter-connection of theory, evidence, and practice.

Description/overview

Nursing is a practice based profession that is regulated to protect the public's interests (Lynam 2009). Therefore, great attention is paid to ensure that educators and practitioners have required knowledge , skills, and judgement to provide high quality of

education and care to diverse clients. This paper proposes that even though nursing educators are committed to effective transformation of knowledge into practice there are challenges. The aim of this paper is (1) to examine teaching strategies nursing educators utilize and (2) to explore their self-perceived experiences in teaching.

Activities

The discussion in this paper will be illustrated by data collected from the on-going project "IEN Success: Leveraging Collaborative Partnership" funded by MCIIT (2014-2017). The data is generated from faculty and student surveys on their teaching and learning experience and challenges. The results of the surveys have influenced the development of faculty workshops that support the education of diverse learners

Evaluation/outcomes

This paper explores contributions of interpretative pedagogy in understanding the pathway nursing educators practice and offers some recommendations for faculty professional development.

Experiences of Preceptors with New Graduate Nurses in Medical-Surgical Units

Primary Presenter: Teresa Brady

Date: Monday, May 30, 2016

Time: 1150 – 1210

Room: Seymour Room

Sub Theme: Facilitating the Transition from Student to Nurse

Presentation Type: Graduate Student Concurrent Session

Authors: T. Brady, F. Bruno, R. Antonacci and A. Lang

Background/rationale:

To effectively retain and transition the new graduate nurse (NGN) into the workforce, inpatient units rely heavily on the support and commitment of preceptors. While the preceptorship experience of NGNs is greatly examined in the literature, research on nurse preceptors has focused on their evaluation of the NGN, their evaluation of a preceptorship program for NGNs, and their response to an educational intervention for preceptors. Although studies explore the experiences of nurses in precepting student nurses in an academic context, there is a dearth of research on the experiences of nurse preceptors for NGNs at the workplace. What's more, much of the research has focused on nurse preceptors on specialty units. The purpose of this study was to explore the experience of precepting newly minted professional nurses on medical-surgical (med-surg) units.

Methods/methodology:

Using a qualitative descriptive design, semi-structured face-to-face interviews were conducted with ten nurse preceptors from a university teaching hospital in Montreal, Canada. Participants had to: 1) be able to communicate in English; 2) be currently employed; and 3) have been a designated preceptor of at least one NGN on the participating units.

Results:

The findings indicate that the experience of precepting NGNs is driven and shaped by an unwavering sense of accountability in the workplace. Preceptors are focused on ensuring the safety of patients, the NGN, and the unit by assuming concomitant roles. As a result, preceptors reported being "pulled in many directions". They described preceptorship as a process that revolves around the NGN; this process requires them to constantly adapt according to the neophyte's confidence and competence. Additionally, participants described their experience as one that relies on various sources of knowledge, namely their past experiences as NGNs, expertise gathered from colleagues, and skills acquired from outside of the nursing domain. Precepting an NGN was also described as an exercise that shapes nurses' sense of achievement and prompts them to reflect upon their own confidence and competence in undertaking the role. In discussing their motivations to precept NGNs, participants uncovered the benefits and rewards that this experience affords.

Conclusions:

The findings can be used to develop preceptorship programs that enhance the onboarding process for preceptors and NGNs alike. This study also provides a starting point for critical reflection and discussion about the role of preceptorship in enhancing the professional identity of nurses in med-surg inpatient units.

Learning objectives:

1. to understand the experience of precepting NGNs in med-surg units.
2. to increase awareness of preceptors' needs around the preceptorship period.
3. to gain insights into optimizing preceptorship programs to benefit both preceptors and NGNs.

Enhancing Clinical Reasoning in Nursing Students by Combining Clinical Placement and High-Fidelity Simulations

Primary Presenter: Louise-Andrée Brien

Date: Monday, May 30, 2016

Time: 1500 – 1520

Room: Carlyle Room

Sub Theme: Simulation and Clinical: When and How to Use Them?

Presentation Type: Concurrent Session

Authors: L-A. Brien and C. Lauzier

Learning objectives

This session will present the design of activities surrounding high-fidelity simulations within clinical placement in critical care for undergraduate nursing students, and its perceived impact on clinical reasoning.

Background/rationale

Some recent studies suggest that high-quality simulations could favourably replace up to 50% clinical hours in regards to learning outcomes (Hayden et al., 2014). Consequently, with increasingly limited clinical sites to accommodate nursing students, simulations are more and more perceived as a decent enough alternative to traditional clinical experiences, but the impact of this replacement on clinical reasoning is not clear yet.

Description/overview

Forced to cut down on clinical days in critical care, we designed a 2-days bundle of activities around high-fidelity simulations in order to complement in-hospital clinical experiences. Prebriefing included individual student preparation and a guided group preparation. Simulation scenarios were developed following the NLN/Jeffries Simulation Framework (2012). Scenarios were re-enact after a structured debriefing and a lab-session. Other active learning activities such as peer-learning, auto-evaluation and concept-mapping enhanced the learning experience throughout the day.

Evaluation/outcomes

Using the NLN/Jeffries Simulation Framework, evaluation data was collected from the students by a qualitative questionnaire (n=314) and two focus groups (n=23). Amongst other questions, students were asked to identify what they perceived as specific learning from simulation-days activities and from real practice, during their clinical placement period. Interview transcriptions and written answers from the questionnaire were coded to identify emergent themes. Clinical reasoning was a strong emerging theme from both modalities; therefore all statements from this theme were recoded with Lasater's clinical judgement rubrics (2007). Results showed that simulated and real practice environments convey different phases of clinical reasoning. This suggests an interesting complementarity in the learning process towards the development of clinical judgement in nursing students.

Hayden, JK., Smiley, RA., Alexander, M., Kardong-Edgren, S., & Jeffries, PR. (2014). The national simulation study: A longitudinal, randomized, controlled study replacing clinical hours with simulation in prelicensure nursing education. *Journal of Nursing Regulation*, 5(2S).

Lasater, C. (2007). Clinical judgment development: Using simulation to create an assessment rubric. *Journal of Nursing Education*, 46(11), 496-503.

"It All Comes Together": Becoming a Registered Nurse

Primary Presenter: Christine Brownell

Date: Tuesday, May 31, 2016

Time: 1120 – 1140

Room: Mountbatten B

Sub Theme: Facilitating the Transition from Student to Nurse

Presentation Type: Concurrent Session

Authors: P. Nordstrom, G. Currie, S. Meyer and C. Brownell

Background

Nurse Educators were interested in understanding the undergraduate student nurses' experiences of studying in a uniquely complex and demanding program compared to other degree programs. A study was designed to explore these perceptions to inform and enhance teaching and learning strategies in the nursing program.

Methods

A recent adaptation of the "Harvard Assessment Seminars" (Light, 2001) was conducted at a western Canadian university to explore the learning experiences of undergraduate students. A qualitative method using interview transcripts was chosen to clarify and interpret the nursing student experiences. A secondary analysis revealed themes that were common to nursing students as well as other students and those that were unique to the nursing students' experience.

Results

Through the analysis of transcripts, the following themes emerged: a) the power of experiential learning, b) the power of embracing the learning experience, and c) the power of reflecting on transformative change. The analysis of the narratives informed and reinforced strategies to support student success in complex and demanding nursing programs, such as: support from faculty and peers; the development of effective coping skills; being mindful of realistic expectations of students within the program, debriefing stressful experiences particularly in clinical practice, and educators considering each students' level of and pace of development.

Conclusion

Transition from being a nursing student to becoming a registered nurse is about transformation and stepping into a professional identity.

Learning objectives

The participants of this session will:

- a) Become aware of learning experiences that are unique to undergraduate nursing students.
- b) Consider how students use these learning opportunities as transformative experiences to prepare for their career.
- c) Discuss recommendations from this study for undergraduate nursing programs.

Interprofessional Health Sciences Students Explore Cultural Humility in Guatemala: An Appreciative Inquiry

Primary Presenter: Francisca Burg-Feret

Date: Tuesday, May 31, 2016

Time: 1450 – 1510

Room: Rossetti Room

Sub Theme: Innovations in Teaching and Learning

Presentation Type: Concurrent Session

Authors: F. Burg-Feret and R. Plunkett

Background

Global clinical experiences have the potential to foster the development of essential skills in critical global citizenship, which is an impetus to supporting global occupational professionalism in nursing. In the advent of global permeability, the profession of nursing is highly exposed to global forces that inform client experiences, organizational structures, and population health patterns. Evidence suggests that the underpinning values of professionalism are more context-dependent than once believed.

Thus, experiential processes that enable students to examine their learned professional values in juxtaposition with others might help to better situate our profession in providing meaningful and relevant care in a global world.

Conceptual framework

Cultural humility is a promising way to explore the patterned thoughts and behaviours that guide one's interactions. Cultural humility suggests an introspective process, whereby individuals reflect on their lived engagement with culture while purposefully exploring the engagement of others with their culture.

Methods

An inter-professional team of ten students (led by one nursing faculty) participated in the study. Participants were provided with an article describing cultural humility four months prior to departure. An appreciative inquiry lens fueled the data, which included videography, reflections, and group discussion.

Results/Conclusions

The results demonstrate how students might come to understand cultural humility over the course of a global experience. Implications of integrating cultural humility into nursing education via an inter-professional immersion experience will be discussed.

Learning objectives

Learners will be exposed to the concept of cultural humility and identify how it can be a useful concept for students and nurses alike, as well as to those for whom we care. A short clip will be shown and a link to the teaching video on cultural humility will be provided.

Using Simulation to Integrate Delegation Competencies into Nursing Curriculum: Facilitating Transition to Practice

Primary Presenter: Erica Cambly

Date: Monday, May 30, 2016

Time: 1540 – 1600

Room: Mountbatten B

Sub Theme: Facilitating the Transition from Student to Nurse

Presentation Type: Concurrent Session

Authors: E. Cambly, J. McMurray, J. Lok, M. A. Fegan and S. Charles

Learning objectives:

Conference participants will learn about an innovative strategy that enhanced curricular content pertaining to prioritization and delegation for students in the final term of a nursing program.

Background:

A nurse's ability to manage, assign and delegate care activities is integral to meeting the complex needs of patients in various care settings. Newly qualified nurses must continually meet the challenge of directing care for multiple patients while working within a health care team. In current models of nursing curriculum delivery, the provision of hands-on practice of prioritization and assignment and delegation of care is limited. To enhance the learning of this practice competency, a "hands-on" activity was developed and delivered in a simulation laboratory setting.

All students enrolled in the final clinical course of the program participated in a series of activities pertaining to prioritization and delegation entry-to-practice competencies. This two-hour session included preparatory readings, a pre-simulation quiz using an anonymous audience response system and a multi-patient, multi-provider simulation.

Learning goals for the activities and simulation scenario included enhancing understanding of and ability to prioritize, and assign and delegate care to meet the needs of complex patients while working within the context of an interdisciplinary health care team.

Anonymous polling encouraged active participation and discussion about concepts pertaining to delegation and prioritization and allowed facilitators to see how well participants understood the competencies and pre-readings. The activity was evaluated through anonymous online surveys and was well received by students. The activity was found to be an effective method of engaging students with critical practice content that is challenging to master in traditional lecture-based formats.

Description:

This presentation will outline the process of development of the learning activity including educational theories that were incorporated. Principles of adult learning and transformational theory served as the theoretical underpinnings of the activity. In addition, description of the activities and simulation scenario will be discussed and evaluation data collected will be shared. Conference participants will have the opportunity to discuss various methods used to enhance learning of delegation competencies.

Outcomes:

After viewing this presentation and discussing content with the presenters, participants will gain further understanding of possible theoretical underpinnings that may be used in development and delivery of simulation activities and will share ideas about ways to include meaningful learning experiences pertaining to prioritization and delegation competencies within nursing curriculum.

Directed Study: An Old Course Offering New Opportunities

Primary Presenter: Shelley Canning

Date: Tuesday, May 31, 2016

Time: 1430 – 1450

Room: Scott Room

Sub Theme: Innovations in Teaching and Learning

Presentation Type: Concurrent Session

Authors: S. Canning and J. Nelmes

Central to nursing education is the transfer of classroom or theoretical knowledge to the bedside or clinical setting. In an effort to strengthen the knowledge base and improve the critical thinking of nursing graduates, nursing curricula have moved away from traditional content and skills delivery in favour of more applied pedagogies that focus on concept-based and student-centred approaches (Lumpkin, Achen, & Dodd, 2015). Increasingly there has been a move away from teacher-centred to learner-centred strategies (Getha-Eby, Beery, & O'Brien, 2014). Students engage in flipped classrooms, hybrid and on-line courses and a wide range of innovative learning strategies involving narratives, unfolding cases, and concepts where the lecture is no longer central.

In seeking to support student-centred learning opportunities a “directed study” course has been “re-discovered” as an increasingly popular elective choice by undergraduate students and nursing faculty at the University of the Fraser Valley (UFV). This course option, although never used, had existed in the course calendar through different iterations of curricula and faculty. However, recently students have begun choosing this course as an opportunity to explore concepts of interest. These directed studies have provided excellent opportunities for student-directed learning opportunities with significant benefits for both the students and the faculty advisers involved. Despite sitting dormant for decades in the course calendar, directed studies have now become electives of choice.

In an effort to understand the increasing popularity of the “directed study” option among undergraduate nursing students a pilot project was undertaken. Both students and faculty members engaged in directed studies were surveyed and/or interviewed to explore this unique learning experience. Students highlighted a range of advantages gained through participating in a directed studies course. In particular, they described increased opportunities for creativity and self-directed learning. Faculty also highlighted the benefits of participating in this unique teacher-learner relationship.

Directed studies courses appear to provide excellent opportunities for students to engage in self-directed learning – a perfect fit with current pedagogical directions within both the department and the academy. Thus, it is important to examine the nature of the teacher-learner experience to ensure both students and faculty are prepared for this uniquely flexible and self-directed learning opportunity in order to achieve both curricular and broader learning objectives. This concurrent session presentation intends to showcase the experiences of both undergraduate nursing students and faculty participating in directed study elective courses at UFV. Consideration of student level, self-direction, and faculty flexibility will be considered as factors central to the success and satisfaction of the teacher-learner partnership.

Learning in the Community as a Transformational Journey

Primary Presenter: Ann Marie Carroll

Date: Monday, May 30, 2016

Time: 1330 – 1430

Room: Bb33

Sub Theme: Innovations in Teaching and Learning

Presentation Type: Poster Presentation

Authors: A. M. Carroll, C. K. Bal, S. Lalani, L. Woo and T. L. Clancy

Community health, involving a greater integration of community and societal needs and student learning, is an intentional focus within the education of nurses and other health professions (Kemp, 2003). Community development, due to its focus on the process of enacting community health nursing practice, can be a challenging concept for novice nursing students to grasp. As part of their clinical practicum within the community, a group of second year nursing students were partnered with a group of seniors living in an inner city community. By deconstructing and categorizing ongoing student involvement with this community, students were able to make linkages to the many concepts that together form a community development approach to care, leading to the creation of a model of community development to guide their evaluation. This model, as an outcome of their

learning, showcases their depth of understanding of the importance of nurturing partnerships as foundational to providing care at a community level. The model has several implications in the education of undergraduate nursing students. The model adds clarity to the complex work of partnering with communities in the provision of care. It makes visible the connection between community health nursing theory and practice. The model reveals community development as both the approach to enacting (the process) and actualizing (the outcome) community health nursing practice. It provides a tool for nursing students to envision program planning and evaluation. Long-term evaluation can be planned for and assessed as well, as outcomes often take longer than a clinical semester to materialize. Use of a model, such as the one outlined above, can provide nursing students with a visual road map of the process, ensuring that a community development approach to care guides their practice.

Partnering with communities reveals the complexity of health, and provides foundational learning opportunities for undergraduate nursing students to explore their conception of nursing, and foster an understanding of nursing practice that embodies a holistic approach to care provision. The development and use of this model represents the capacity and depth of understanding that is possible when students learn through community partnership.

Kemp, C.E. (2003). Community health nursing education: Where we are going and how to get there. *Nursing Education Perspectives*, 24(3), 144 – 150.

The Real World Matters: Empowering Nursing Leadership and Shared Decision Making

Primary Presenter: Te Hsin (Cindy) Chiang

Date: Tuesday, May 31, 2016

Time: 1100 – 1120

Room: Mountbatten A

Sub Theme: Developing Administrative Leadership and Political Skills

Presentation Type: Concurrent Session

Author: T. H. Chiang

The identity of a nurse constitutes more than a caring profession. Nursing as a profession encompasses leadership in professional practice as the propellers in a multi-level healthcare system. Frontline nurses as leaders facilitate collaboration and actively take part in shared decision making as part of patient care, yet do not necessarily engage in shared decision making practices as part of professional practice councils. In addition, these nurses may not possess the political skills to navigate magnet culture in the development of clinical decision support tools. Gaps arise in the application of these tools geared towards optimal health outcomes for patients due to the lack of frontline nursing engagement in shared decision making practices. Unit and organizational culture may influence the level of engagement of these frontline nurses in the development and execution of clinical decision support tools.

Steps from the Knowledge to Action framework developed by Graham and colleagues (2006) guided a knowledge synthesis and secondary analysis of a Unit Culture Survey to explore the barriers and facilitators for the engagement of frontline nurses in shared decision making practices as part of professional practice councils. Themes derived served as building blocks for multi-level empowerment strategies for frontline nurses to enact their leadership role as part of their nurse identity.

Multi-level themes revealed an absence of frontline nurses in shared decision making processes when clinical decision support tools are developed and implemented. Decreased professional autonomy and poor teamwork are experienced by frontline nurses when they are not valued as stakeholders or decision makers in the development of these tools, leading to poor patient care. Shared governance and magnet cultures support the establishment of effective professional practice councils. Elements of magnetism are strongly associated with increased nurse autonomy and engagement in shared decision making as nurse leaders.

The empowerment strategies ensure linkages throughout the healthcare organization and enhance effective communication between the nursing profession, unit managers/leaders, and the organizational infrastructure.

Learning Objectives:

- To prepare frontline nurses to gain political skills by recognizing barriers that prevent shared decision making.
- To recognize nursing leadership as part of each nurse's professional identity.
- To utilize professional practice councils as a platform to build a culture of partnership.

Intraprofessional Learning with BScN and Practical Nursing Students

Primary Presenter: Dana Chorney

Date: Monday, May 30, 2016

Time: 1330 – 1430

Room: Bb33

Sub Theme: Innovations in Teaching and Learning

Presentation Type: Poster Presentation

Authors: S. Coffey, D. Chorney and P. Munro-Gilbert

Background/Rationale

Interprofessional practice (IPP) is both an evolutionary and a revolutionary concept in healthcare. Built on early concepts of team practice and expanded to include concepts of leadership, communication, and problem-solving, IPP provides opportunities for healthcare providers from a range of disciplines to work to their full scope of practice, while collaborating effectively to provide the highest quality care. Within the Canadian context, IPP is seen as central to promoting health and providing quality, patient-centred care.

Methods

This presentation will focus on learner experiences and the outcomes of a pilot project in which students enrolled in a Bachelor of Science in Nursing program and students enrolled in a Practical Nursing program were invited to learn with and about each other through a shared course focusing on health assessment. Through a semester long shared learning experience with practical nursing and registered nursing students, faculty and learners developed insight into the challenges and benefits of intraprofessional education in nursing. A mixed-method pre-post design was used to evaluate student perceptions using the Readiness for Interprofessional Learning Scale (Parsell & Bligh, 1998) and Team Readiness Scale (Hepburn, Tsukuda, & Fasser, 1996). Qualitative data was collected through student focus group interviews,

Results

Students identified both technical and social barriers to successful intraprofessional learning. Facilitators to successful intraprofessional learning identified by students included a new awareness of the role and scope of practice of their intraprofessional colleagues and a new vision for intraprofessional practice. Quantitative data analysis revealed perceptions among learners of increased abilities to function within the interdisciplinary team and to strengthen team cooperation as well as improve interprofessional relationships.

Conclusions

While in the past nurses and other healthcare professionals were educated, and subsequently practiced in profession-specific silos, the modern healthcare context demands innovative approaches to education to promote IPP. In particular, nursing education, in which registered nurses and registered practical nurses are educated through often parallel but non-intersecting systems and processes, must change to incorporate opportunities for intraprofessional practice (IaPP). Recent changes in scope of practice of RPNs in Ontario highlight the many areas of commonality in nursing education between registered nurse and registered practical nurse, making explicit the need for IaPP initiatives. The outcomes of this initiative demonstrate the value of creating formal learning opportunities in which BScN students and PN program students are able to learn with and about each other.

Professionhood and Professionalism as Educational Aids to Replicate Life-Long Learning for Nursing Students' Development and Renewal of Self and Profession

Primary Presenter: Rosalina Chiovitti

Date: Tuesday, May 31, 2016

Time: 1330 – 1350

Room: Rossetti Room

Sub Theme: Innovations in Teaching and Learning

Presentation Type: Concurrent Session

Author: R. F. Chiovitti

While nurses are unified in their values and actions through code of ethics, practice standards and guidelines, professional nurses are not robots and do not follow mandates blindly. Nurses' constant participation in the development of self and

profession requires nursing students to develop a solid sense of their own individual characteristics (professionhood) and what is required of them by the nursing profession (professionalism) in preparation for their careers as Registered Nurses. Educational aids that replicate life-long learning and facilitate professional nursing identity development are important to the education and practice of nursing students. The on-going renewal and development of self and the nursing profession need to exist together, each informing the other. Reflecting on examples from an introductory course on nursing as a profession with first year baccalaureate nursing students in Canada, the aim is to discuss how Margretta Styles' ideas of professionhood and professionalism were used to engage students in course content and process. The data source is a description of an educational practice derived from Styles ideas of professionhood and professionalism. Guided by a constructivist interpretative-qualitative educational perspective, the cyclic interplay between Styles ideas is offered as an educational aid for facilitating students' awareness of self (professionhood) and what is expected by the nursing profession (professionalism); and as a tool for students and educators to continue to imagine and re-imagine their professional nursing identity individually and as a group. It is hoped that this work contributes to the dialogue about the scholarship of teaching and scholarship of application in regard to how teaching strategies can be developed, celebrated, and made visible. As well as how knowledge can be applied to address and engage learners in professional identity development.

Educational Interventions to Enhance Nurse-Physician Management Competencies of Interprofessional Collaboration: An Integrative Review

Primary Presenter: Christina Clausen

Date: Monday, May 30, 2016

Time: 1330 – 1430

Room: Bb33

Sub Theme: Developing Administrative Leadership and Political Skills

Presentation Type: Poster Presentation

Authors: K. Cummins, K. Dionne and C. Clausen

Background

Collaborative management structures are critical to transforming care delivery. Both nurse and physician managers are integral to this transformation and play critical roles in leading and implementing change in addressing patient-care issues. Despite the emphasis on interprofessional collaboration, there is little empirical literature that addresses the competencies of interprofessional collaboration at the management level. In addition, the re-design of health care professional education focuses on mutual learning and a competency based approach yet, little is known on how this is accomplished.

Learning objectives

The objectives of this integrative review are to (1) identify literature that supports the competencies required for effective interprofessional collaboration at the management level, as well as educational interventions designed to improve these competencies within organizational settings (2) critically appraise and synthesize how educational interventions have been designed, implemented, and evaluated and determine the impact they have on competency development for interprofessional collaboration.

Methods

This integrative review reports key characteristics of nine empirical studies that evaluate competency based educational interventions related to interprofessional collaboration. Three studies from each methodological design were included; quantitative, qualitative and mixed methods. Studies were independently appraised using a validated appraisal tool. Data extraction was performed to identify key elements of the design, content, and evaluation of educational interventions in the included studies.

Results

The literature reflects an individualized approach to training. Almost all educational interventions were implemented separately for each profession. Not all researchers referred to competencies when discussing the specific skills addressed by the educational program. Educational programs were developed based on a perceived lack of leadership preparation and orientation programs for managers. All programs used multiple interventions including coaching, group discussions and case analyses. Only one study was found that tested an intervention specifically designed to enhance collaborative communication among nurse and physician leaders, focusing on the relational dimensions of their interaction. Financial and organizational leadership domains were

highlighted in physician oriented programs, whereas nursing programs addressed caring or patient focused practice competency domains. Only two of the programs involved organizational or systems level competencies. Positive outcomes include improvement in manager competencies, such as leadership, communication, and collaborative teamwork, however various challenges to program success were identified.

Conclusion

There is a need for empirical research in the field of interprofessional competency development at the management level. Evidence provided can be used to inform the design, implementation, and evaluation of future educational interventions.

Quality Improvement in Doctoral Nursing Education: Engaging Students and Faculty in a Collaborative Program Evaluation

Primary Presenter: Christina Clausen

Date: Monday, May 30, 2016

Time: 1600 – 1620

Room: Rossetti Room

Sub Theme: Innovations in Teaching and Learning

Presentation Type: Concurrent Session

Authors: C. Clausen, M. Parmar, M. Purden and S. Semenic

Background

There is a pressing need for doctorally prepared nurses to fill the anticipated vacancies in academia. As a result, PhD nursing programs in Canada have proliferated in recent years. However, enrolment and graduation in these programs have seen only a modest increase. There is a growing preoccupation on the part of academic leaders nationally to ensure the sustainability of nursing education by investing in the delivery of quality PhD programs. Several common challenges have surfaced across doctoral nursing programs including issues related to student recruitment, variation in approaches to supervision and time to program completion. The aim of this presentation is to describe the approach taken by McGill University's Ingram School of Nursing to evaluate their research-intensive doctoral nursing program. Our program evaluation applied the principles of student centredness, quality improvement, and the framework of the Canadian Association Schools of Nursing principles and essential components for doctoral programs.

Methods

Key strategies included: conducting doctoral student focus groups; adapting and distributing the Canadian Graduate & Professional Student Survey (2013); and developing a PhD curriculum review committee consisting of faculty who supervised and taught in the program as well as doctoral student representatives. Results: The student focus group sessions helped to prioritize concerns in the program and informed the adaptation of the student survey. Certain aspects of the program were explored with a series of questions, including sensitive issues related to supervision and student satisfaction at various stages in the program. Ninety-five percent of students contacted completed the survey and provided rich descriptive responses to the open-ended questions. Results indicated that the program had key strengths with respect to: strong peer support; accessible academic staff; funding opportunities for students and flexibility of studies and work. Areas for improvement included: promoting engagement of students with faculty and the broader research community; strengthening collaboration across the faculty members of the school; clarifying student-supervisor relationships and expectations; re-examining the process for tracking student progress; adjusting coursework and examination processes to students' needs; and providing incentive funding to enroll and retain students in doctoral studies.

Conclusions

Engaging student and faculty participation was essential in the evaluation process and set the stage for developing a strategic plan for the program. Learning Objectives: 1) Articulate key issues and challenges faced by doctoral programs in nursing and 2) describe strategies for quality improvement of doctoral nursing programs that engage students and faculty in a collaborative program evaluation process.

Developing a Collaborative Nursing Program Philosophy: A Journey of Respect & Inclusivity

Primary Presenter: Michelle Connell

Date: Monday, May 30, 2016

Time: 1520 – 1540

Room: Mountbatten A

Sub Theme: Developing Administrative Leadership and Political Skills

Presentation Type: Concurrent Session

Authors: M. Connell, D. Romaniuk, K. LeGrow, K. Mack and N. Walton

Learning objectives:

1. Describe a process undertaken to develop a program vision, mission, core values & philosophical underpinnings, reflecting a respectful, inclusive, and evidence-informed approach.
2. Describe the complex nature of bringing three partner schools together to create a unified foundation for a collaborative program curriculum.

Background:

Faculty within one of the largest undergraduate nursing programs in Canada were charged with redeveloping the curriculum to prepare nurses for the challenges of practice in the 21st century. One of the first steps of this process was to create a philosophical foundations working group, with a mandate to develop a draft statement of the mission, vision and philosophical foundations for the renewed collaborative BScN curriculum, one that would be inclusive of faculty's values and beliefs about nursing and education and take into consideration other values important to faculty, such as social justice, diversity and service. The group would also recommend strategies to support faculty development regarding philosophical foundations for BScN curriculum. The focus of this presentation is to describe how the mission, vision, & philosophical underpinnings were developed in a multi-site collaborative program.

Description and Activities:

The Philosophical Foundations Working Group, with membership from all three sites of the collaborative program, met for the first time in June, 2015. Submission of the first draft of the philosophical foundations statement was due in December 2015. Key to an effective group process was to establish best ways of working together, with a commitment to transparency and respect. At the first meeting, group norms were identified and terms of reference were discussed. These initial activities set the stage for the group's future work and served as a model for other curriculum working groups, which began their work in the fall of 2015. Subsequent meetings focused on sharing personal philosophical perspectives and discussing literature. As the group members recognized commonalities and differences among their own perspectives, it became evident that consultation with other faculty was needed. This was accomplished during professional development days where committee members conducted values clarification and visioning exercises with colleagues from all program sites. Feedback from these exercises provided the language used for development of the draft philosophical foundations statement.

Evaluation & Outcomes:

Recommendations have been submitted to the steering committee and a process is underway to invite all faculty members' feedback on this statement. Based on that feedback, the statement will be revised and finalized.

Evaluation of a Student-Led Peer Mentoring Program Pilot in Nursing Education

Primary Presenter: Lynn Cooze

Date: Monday, May 30, 2016

Time: 1520 – 1540

Room: Mountbatten B

Sub Theme: Facilitating the Transition from Student to Nurse

Presentation Type: Concurrent Session

Authors: L. A. Cooze and C. Brown

The nursing profession in Canada is constantly undergoing change and challenges. Heightened patient acuity and high turnover in the healthcare environment has strained the nurse's workday to the point that relying on practical, and more importantly, emotional support from colleagues is a necessity. Peer mentoring programs initiated early in nursing school may be a way to not only enhance the student's educational experience, but also to develop the mindset of leadership and teamwork in the novice

nurse. This may result in nurses intuitively supporting each other in practice with the potential for decreased stress in the workplace and enhanced patient care. This approach may also lead to the engagement of more nurse preceptors in the future.

The Peer Mentoring Program is a collaborative effort between Memorial University's Nursing Society and its members to create a welcoming environment for first year nursing students. At Memorial University nursing students enter the nursing program from all over the province, the country, and often other parts of the world. The goal of this program is to provide opportunities for "peer mentees" to build friendships with fellow students and to help them to navigate a smooth transition to university life. This evaluation was conducted to determine how this pilot program was received by participating students.

Students were recruited into the program through information in their orientation package and during orientation week. Approximately 40 third and fourth year students volunteered to mentor the 50 first year students who participated in the program. A MUNSON faculty member also served as an advisor to the program. A quasi-experimental, descriptive design including a qualitative component was used to evaluate the program pilot. Data were collected at three points during the first year using questionnaires and focus groups. First year students completed a Likert scale pre and post survey related to the evaluation objectives at the beginning and end of the academic year. Peer mentors were invited to participate in a focus group midway through the year. These sessions were recorded and transcribed verbatim to identify themes using thematic analysis (Braun & Clarke, 2006).

Results of the first year student surveys indicated that students benefitted from having a mentor, however, due to small sample size, results were not statistically significant. Interestingly, themes that emerged from the focus group data revealed that the experience of being a mentor impacted their feelings of professionalism and cultivated interest in future nursing roles to become preceptors and nurse educators. This aspect of our findings supported other Canadian and international research on the topic.

References

Braun & Clarke (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3 (2). 77-101.

Community Health Assessment and Analysis as Experiential Learning for Competencies in Undergraduate Education

Primary Presenter: Sally Dampier

Date: Tuesday, May 31, 2016

Time: 1450 – 1510

Room: Stevenson Room

Sub Theme: Innovations in Teaching and Learning

Presentation Type: Concurrent Session

Authors: S. Filice and S. Dampier

Learning objectives

To share innovative teaching and learning to meet undergraduate competencies for public health nursing in undergraduate education

To foster the scholarship of teaching and learning through innovation that contribute to excellence in nursing education.

Background/Rationale

CASN (2014) developed entry to practice public health competencies for undergraduate nursing education. This teaching innovation focused on Domain 2 of the competencies entitled population and community health assessment and analysis. In the current learning environment where students crave more learning opportunities in acute care settings, community health nursing is usually not a high priority for students. One of the key challenges identified by CASN in public health nursing education is related to the practice environment, so by developing experiential learning opportunities these challenges may be overcome.

Description/Overview

The need to develop inventive ways to strengthen community health\public health content in nursing curriculum is important so that students understand community theory and its application through innovative ways. A creative and experiential approach to learning and the application of the Canadian Community Health Nursing Standards of Practice (CCHNSP, 2011) is through the use of a Windshield and Walkabout Survey and subsequent presentation through a Pecha Kucha style presentation is described.

Activities

Using the Kolb (1984) framework of experiential learning from the concrete experience of classroom theory to the reflective observation in the community then to abstract conceptualization from the data to the active experimentation with the students presenting their findings in Pecha Kucha format. This highlighted key elements of community health assessment and analysis and standards of practice and exceeded learning expectations as students were able to adapt /apply their observations and recommend meaningful interventions to improve the health of the community.

Evaluations/Outcomes

This will help create interest and develop future competent and confident CHNs\PHNs, through this innovative way of applying community health assessment and analysis beyond the traditional educational contexts. Thus, by discovering community health nursing applications through experiential learning students are in a better position to understand the scope and role of community health nursing\public health practice. Further evaluation of this teaching and learning innovation will add to the expansion of the undergraduate curriculum.

Home Visiting Simulation to Increase Knowledge, Skills and Experience in Undergraduate Education

Primary Presenter: Sally Dampier

Date: Monday, May 30, 2016

Time: 1330 – 1430

Room: Bb33

Sub Theme: Simulation and Clinical: When and How to Use Them?

Presentation Type: Poster Presentation

Authors: S. Filice, S. Dampier, K. Halverson, C. Campbell and M. Pehkonen

Learning objectives

- To share innovative simulation to meet undergraduate competencies for community health nursing in undergraduate education.
- To foster the scholarship of teaching and learning through simulation that contributes to excellence in nursing education.

Background/Rationale

CASN (2014) developed entry to practice public health competencies for undergraduate nursing education. This teaching innovation focused on Domain 2 and 3 of the competencies with a focus on assessment and implementing a home visit. In the current learning environment where students crave more learning opportunities in acute care settings, community health nursing is usually not a high priority for students. Therefore one way of creating interest and preparing students for home visits in the community care setting was the use of simulation with a standardized patient in an actual simulation apartment. Simulation is valued for its ability to provide realistic, context-rich experiential learning in a safe environment (NLN, 2015).

Description/Overview

The need to develop inventive ways to strengthen community home nursing content in nursing curriculum is important so students understand community theory and its application through innovative ways. A creative and experiential approach to learning was to use a standardized patient in a simulation apartment to mimic the home visit of nursing care of a patient with complex needs in the home environment.

Activities

Using the Kolb (1984) framework of experiential learning from the concrete experience of classroom theory to the reflective observation in the home visit, then to abstract conceptualization from the data in the home environment to the active experimentation with the students caring for the complex patient and debriefing with the facilitators. This highlighted the key elements of home visiting, assessment and nursing interventions in the home setting. The simulation exceeded learning expectations as students were able to adapt their practice and better understand the concepts and practices of community health nursing.

Evaluations/Outcomes

This simulation helped prepare students to develop a better understanding of assessment in the home environment, perform nursing interventions and create interest in this area of nursing. Thus, by discovering community health nursing applications through experiential learning students are in a better position to understand the scope, role and competencies of community health nursing practice. Further evaluation of this teaching and learning simulation will add to excellence in the undergraduate community health nursing curriculum.

Study Abroad Survey of Nursing Students: Factors Influencing Students' Decisions to Apply for Study Abroad

Primary Presenter: Marie Dietrich Leurer

Date: Monday, May 30, 2016

Time: 1330 – 1430

Room: Bb33

Sub Theme: Developing Administrative Leadership and Political Skills

Presentation Type: Poster Presentation

Authors: A. Kent-Wilkinson, M. Dietrich Leurer, L. Ferguson, J. Luimes and L. Murray

Nursing education must adapt to an accelerated pace of globalization, expanded emphasis on international health concerns, and the need to provide culturally competent care. Saskatchewan is home to an increasing number of refugees/immigrants and one of the highest percentages of Aboriginal populations in Canada at 15.6 percent. Objective: Since 1998, the College of Nursing (CoN) has facilitated study abroad clinical placements and collaborative international research projects that provide nursing students with the opportunity to develop enhanced cultural awareness and competence, and to grow as global citizens – qualities that positively impact future nursing practice. Methodology: To strengthen this study abroad program, an annual descriptive longitudinal study abroad survey has been distributed to CoN students since 2013 to assess factors influencing students' decisions to apply for study abroad. A proposed qualitative research design will explore the perceived long term impact on nursing practice from nurses who had the opportunity to study abroad as a student. Results: From 1998-2014, a total of 278 nursing students have had the opportunity to study abroad and 44 students from our host countries have come to Saskatchewan. Our research is providing evidence to improve this program, thereby supporting federal and provincial strategies (2014) calling for an increase in global engagement of 50-75%.

Conclusion

Preparing graduates with the international knowledge and skills to work and live in an increasingly diverse and interdependent world is essential for a strong and growing Saskatchewan. The CoN is well positioned to comply, with an international program already established.

Interrogating the Spaces for the Performance of Nursing Knowledge: Insights from a Clinical Teaching Unit

Primary Presenter: Sandra DeLuca

Date: Tuesday, May 31, 2016

Time: 1020 – 1040

Room: Mountbatten A

Sub Theme: Developing Administrative Leadership and Political Skills

Presentation Type: Concurrent Session

Authors: S. DeLuca, L. Faden, M. Goldszmidt and K. Hibbert

This presentation arises from an innovative, ongoing, interdisciplinary research project, set in a Clinical Teaching Unit (CTU) in a large urban teaching hospital. This collaborative study includes investigators from nursing, medicine, and education and examines knowledge gaps caused by disciplinary boundaries in nursing, medical, and eventually allied health professions with a goal to improve patient care and interdisciplinary communication. The methodology is informed by critical narrative inquiry and socio-material theories. Our study is raising a number of questions for nursing leadership and in regards to the political skills embedded in entry level nursing curricula.

While observing the practices of the nurses, I began to question how and where nurses shared and applied their nursing knowledge. The activity of knowledge transfer among the nurses and between a nurse and physician generally took place in the hallways. This begs the question as to what exigence has caused the nurses to knowingly or unknowingly migrate to the hallways? Medical teams spend many hours in educative dialogue in team rooms yet nursing dialogue was very spotty, spontaneous, and of a responsive nature. Knowledge exchange was not always visible and appeared to take place in side roads such as the med room, and in particular the hallways.

In this presentation I examine the entanglement of space and the performance nursing knowledge. I have listened to nurses expressing mixed frustration with CTU structures...a frustration related to knowledge flow, and knowledges that are taken up or seemingly not heard. I question whether nursing leadership was involved in or participated in this organizational shift where nurses locate in the hallways? I wonder if the nurses recognize that the hallway, if thought of as politicized space, holds much knowledge relevant to the care of their patients, knowledge that needs to be mobilized and heard?

Learning Objectives

1. To consider whether entry level nursing curricula includes the necessary political skills for our graduates to be equipped to lobby for increased visibility of, and uptake of, nursing knowledge.
2. To consider whether entry-level curricula equips graduates to assume leadership roles that afford them the opportunity to be significant participants in decision-making, especially in matters that impact the work of nurses.
3. To consider how we can stimulate our graduates to desire to be significant participants in the work of expanding leadership and political horizons in the practice of nursing.

Preparing the Safety Leaders of Tomorrow: Launching a Patient Safety Champion Program with Undergraduate Nursing Students

Primary Presenter: Susan Dennison

Date: Tuesday, May 31, 2016

Time: 1040 – 1100

Room: Mountbatten A

Sub Theme: Developing Administrative Leadership and Political Skills

Presentation Type: Concurrent Session

Authors: S. Dennison and M. Freeman

Learning Objectives

- Describe the purpose of the Patient Safety Champion program.
- Identify the role requirements and expectations.
- Share accomplishments and challenges with implementation of this program.
- Share insights from the Champions on this role.

Background/ Rationale

Champions are used effectively in all healthcare environments to improve quality and patient safety. The Patient Safety Champion Program is an initiative in the Faculty of Nursing at the University of Windsor focused on advancing the understanding of the science of patient safety and quality improvement in our undergraduate nursing students.

Description/ Overview

The Patient Safety Champion role is a volunteer position with an application process that is open to all levels of students who are interested in assuming a leadership role in advancing a culture of safety. The purpose of the role is to: increase knowledge related to patient safety of all nursing students, develop student leaders in patient safety, and identify safety risks in the clinical area. Students assume specific leadership roles such as: Advertising & Marketing Lead, Event Coordinator, Education & Membership Coordinator, Outcome Specialist, and Secretary.

Activities

The champions act as the voice of the student body. Each year of the program is represented by a minimum of two students. Champions are responsible for planning and delivering educational activities such as the IHI Open School “lunch and learns”, organizing Patient Safety Week activities (e.g., Reducing Harm—For your patient’s protection control the infection), providing feedback on safe practices being initiated in the curriculum (e.g., hand off tool), and implementing quality improvement projects e.g., (increase the reporting of near misses). Champions identify the role as very important but one that requires commitment and dedication by very busy students to accomplish its goals. These students demonstrate passion and enthusiasm in this role. Leadership has emerged from students at all levels of the program.

Outcomes

This role can be effective in supporting the development of competencies in patient safety, quality improvement and leadership in student nurses. These students can contribute to the integration of this knowledge in schools of nursing. Nursing students provide unique perspectives and insights into how to support their classmates’ learning of quality and patient safety.

Bringing Safety Competencies to Undergraduate Nursing Education: A Teaching Innovation

Primary Presenter: Martie Dobbs

Date: Monday, May 30, 2016

Time: 1330 – 1430

Room: Bb33

Sub Theme: Innovations in Teaching and Learning

Presentation Type: Poster Presentation

Author: M. Dobbs

This poster presentation will share salient components of an innovative course for undergraduate nursing students entitled “Quality Care Practices: System and Patient Safety”. Recent undergraduate curriculum revisions at the University of Calgary provided the opportunity to develop several innovative nursing electives for fourth year undergraduate nursing students. The focus of these courses is for development of in depth knowledge and leadership abilities specific to particular areas of interest, as students prepare to enter the practice arena as newly graduated nurses. This course, “Quality Care Practices: System and Patient Safety” prepares students to meet the complexities of nursing practice in today’s society with a focus on patient safety and quality health care.

The course learner outcomes, developed to align with the Entry to Practice Competencies for Newly Registered Nurses (College and Association of Registered Nurses of Alberta, 2013) are additionally mapped to national safety competencies (Canadian Patient Safety Institute, 2009; Cronenwett et al., 2007). These guiding documents stress the importance of preparing health care professionals in the areas of patient centered care, team work and collaboration, evidence based practice, quality improvement, safety and informatics. This includes creating cultures of patient safety, effective communication, optimizing human and environmental factors as well as training in recognizing, responding to and disclosing adverse events. In meeting the course learner outcomes, students are prepared with the knowledge, skills and attitudes necessary to continuously improve the quality and safety of the healthcare systems in which they work.

The course learner outcomes will be shared along with their mapping to the patient safety competencies. A variety of the innovative teaching strategies employed in this course will be highlighted including simulation, case studies, guest speakers and opportunities for students to carry out quality and safety assessments, reviews and presentations. Additionally, an interprofessional focus is integrated through a variety of guests and role play opportunities.

Evaluation feedback for this course will be discussed, highlighting key student learning. In particular, students comment on the opportunity to explore tensions between what is learned in theory and what they see enacted in the practice setting. Students feel that this course positions them to be patient safety advocates and to enact positive changes within the health care system. The evaluative feedback provides the basis for future directions and course development opportunities which will be expanded upon in the presentation.

Canadian Patient Safety Institute. (2009). The safety competencies (1st rev. ed.) Ottawa, ON: Author.

College and Association of Registered Nurses of Alberta. (2013). CARNA's Entry-to-Practice Competencies for the Registered Nurses Profession. Edmonton: Author.

Cronenwett, L., Sherwood, G., Barnsteiner, J., Disch, J., Mitchell, P., Sullivan, D. & Warren, J. (2007). Quality and safety education for nurses. *Nursing Outlook*, 55(3) 122-131

A Rural Health Conceptual Framework

Primary Presenter: Emily Donato

Date: Monday, May 30, 2016

Time: 1330 – 1430

Room: Bb33

Sub Theme: Overcoming Barriers with Visible and Invisible Groups (Students and Patients)

Presentation Type: Poster Presentation

Author: E. Donato

Learning Objective:

This poster will demonstrate the development of an evolving conceptual framework which emerged from the review of key concepts in rural health literature, noting primarily what contributes to health within a community and community sustainability.

Background/Rationale:

The health status of rural communities is determined and affected by several factors and cannot be viewed using the same lens as for urban communities. Influencing frameworks from within the rural health literature were reviewed, as were government and related documents.

Description/Overview:

The main concepts of this evolving framework are identified as: place and context, geographic location, culture- individual and community, education and literacy, individual health and behaviours, community relations, political structures, socio-economic structures, and accessible health services. All concepts are perceived to be inter-connected, and influence each other resulting in the overall health care status of each individual within a community, the population, and the community itself. Some concepts may be more pronounced depending on what is occurring in a community during a specific point in time. Key social determinants of health are interspersed throughout this framework within the key concepts, and community sustainability is perceived as a positive health outcome for rural communities.

Activities:

Observation and discussion of the main concepts and the conceptual model developed depicting the relationship between each concept within the framework will occur during the poster presentation.

Evaluation/Outcomes:

Discussion will result in dialogue on how this conceptual framework demonstrates what contributes to the health of a rural community, and how concepts may evolve and change depending on variables within a rural community.

An Open Educational Resource: Clinical Procedures for Safer Patient Care

Primary Presenter: Glynda Doyle

Date: Tuesday, May 31, 2016

Time: 1100 – 1120

Room: Scott Room

Sub Theme: Informatics: New Tools for Education and Practice

Presentation Type: Concurrent Session

Authors: G. Doyle and J. McCutcheon

In response to a call-out for open source textbook applications by BC Campus (www.bccampus.ca) in British Columbia, Canada, the authors applied and successfully obtained funding to develop an Open Education Resource (OER) to address inconsistencies and lack of standardization within the teaching and practice of nursing skills and clinical techniques, and to ensure best practice and quality and safety of patient care.

This OER has since been developed and is available at www.opentextbc.ca/clinicalskills/. There is a strong focus on patient safety and it is extendable across healthcare professions to include nursing (RNs, LPNs, NPs), allied health and medical students, providing an opportunity for interprofessional sharing and collaboration. This resource provides guidance in procedures, and decision support for nurses and other healthcare professionals at the point of care.

This OER was based on the research and review of current and credible resources to ensure that all processes are based on a strong foundation of evidence with patient safety and quality of care being the priority of all procedures. The intention was to not only have consistency based on evidence in the way procedures are performed, but to ensure that students understand the associated clinical reasoning of the skill underscored by the need to provide safe patient care. Patient safety and quality of care should be focused on creating robust safety systems and among these, the point-of-care checklist has been proven to be a safe strategy, that is now becoming more common in health care.

A checklist format was used for this resource, taking into account that critical thinking is foundational to patient care, and all users should have a strong knowledge of medical terminology, human anatomy, physiology and pathophysiology. Each skill/procedure is evidence-based and adapted based on research and reputable resources such as current textbooks, local health

authority policies, and Canadian healthcare associations and organizations. Each checklist includes rationale for steps and additional information, with images, videos and/or diagrams to guide practice.

The OER consists of ten chapters of procedures and clinical skills for healthcare professionals, each chapter consists of an introduction, learning objectives, background to each procedure, the procedure checklist which includes rationale, additional information and relevant images/diagrams/videos, a chapter summary, key takeaways, online resources and references. Instructors using this resource will have the ability to reuse, revise, remix, and redistribute the material as per a Creative Commons License.

We propose that the development of this open education resource will support the standardization of clinical patient care skills across BC to improve the safety and quality of care received by patients in healthcare facilities across BC. This presentation will outline the process of developing an OER and plans for distribution and adaptation for other healthcare educators.

Integrating Informatics Competencies and Digital Health in Baccalaureate Nursing Education: A Nurse Educator Peer Network Engagement Initiative

Primary Presenter: Glynda Doyle

Date: Monday, May 30, 2016

Time: 1030 – 1130

Room: Scott Room

Sub Theme: Informatics: New Tools for Education and Practice

Presentation Type: Panel/Symposia Session

Authors: M. Charlebois, C. Baker, R. Booth and L. Nagle

Learning Objectives:

- Describe the current status of digital health in Canada related to nursing practice
- Discuss the process of creating a Digital Health Nursing Faculty Peer Network and outcomes of participating in this initiative
- Discuss strategies for increasing digital health content in the nursing curriculum

Background/Rationale:

Technology plays a role in supporting the delivery of safe and efficient nursing care, and clients are increasingly using technology to find health information, manage their health, and to communicate with health professionals. The intersection of healthcare and technology, termed digital health, has thus become an increasingly important area of nursing education.

In 2012, the Canadian Association of Schools of Nursing (CASN), with support from Canada Health Infoway's (Infoway) Clinicians in Training initiative, developed informatics core competencies to integrate into undergraduate nursing curriculum, and created a Nursing Informatics Teaching Toolkit. The goal of this project was to increase nursing faculty knowledge of nursing informatics/digital health, and curriculum content in that area. Though progress was made as a result of that initiative, both CASN and Infoway identified a need for continued engagement with nursing faculty to support the uptake and use of these knowledge products.

Description/Overview:

In 2014, CASN began an initiative using Infoway's Peer Leader Network model by connecting digital health champions (the Peer Leaders) with nursing faculty (the colleagues). The Network provided ways to share teaching methodologies and ways of integrating digital health content across the curriculum, including emerging areas such as consumer health solutions (e.g. Smartphone apps, remote patient monitoring, patient portals, etc). CASN released a call for Peer Leaders in 2014. Eleven nursing faculty were selected with different areas of interest in digital health and accounting for regional representation to become Peer Leaders of the Digital Health Nursing Faculty Peer Network (the Network).

Activities:

At a kick off meeting, the Peer Leaders identified the schools they would target in order to reach nursing faculty at as many different schools as possible. The Peer Leaders used a variety of methods to connect with nursing faculty colleagues in-person and by distance. Peer Leaders then worked with their colleagues to develop individualized learning plans related to digital health and consumer health innovations. The colleagues ranged in experience from digital health novices to experts. Overall, the desired outcomes of the colleagues ranged from increasing knowledge on specific topics, inserting digital health content into a

course and, mapping the competencies to the curriculum. Additionally, the Peer Leaders and CASN developed a resource focused on consumer health solutions to support the integration of these forms of innovation into baccalaureate education.

Evaluation/Outcomes:

75 nursing faculty were involved in the Network. Colleagues were invited to complete a pre- and post- evaluation survey to assess outcomes from their participation in the Network. Additionally, Peer Leaders completed initial, mid-point and a final report. Lessons learned, outcomes from the perspective of the Peer Leaders and colleagues, and projects stemming from the Peer Faculty-colleague partnerships will be presented.

Nurses' Experiences of Enactment of Psychotherapy Act, 2007

Primary Presenter: Ingrid Dresher

Date: Tuesday, May 31, 2016

Time: 1040 – 1100

Room: Seymour Room

Sub Theme: Developing Administrative Leadership and Political Skills

Presentation Type: Graduate Student Concurrent Session

Authors: I. Dresher, M. Singh and E. Jensen

Learning Objectives:

1. Increase awareness of restrictions being placed upon nurses to initiate psychotherapy when the controlled Act of Psychotherapy, 2007 will be proclaimed.
2. Examination of how nurses deal with restrictions on practice that are imposed by policy rather than educational competency.
3. How these changes will affect public access to effective mental health care will be considered.

Background

Nursing has a long history of de-valuation for the psychotherapeutic knowledge and skills nurses bring to health care. This problem has current relevancy regarding the decision CNO (2014) has made requiring prescriptive orders for initiation of psychotherapy when the controlled Act is proclaimed (Psychotherapy Act, 2007) in Ontario. Colleges of Social Work, Occupational Therapy, Physicians and Surgeons, Psychologists and Psychotherapists are currently developing standards and guidelines to maintain autonomy for their members to continue to practice psychotherapy competently. Ontario nurses educated and experienced in psychotherapy are not being recognized for their expertise and have been advised, to maintain autonomy as psychotherapy practitioners they must join the College of Psychotherapists (CNO, 2014). Current educational standards are insufficient for psychotherapy entry-to-practice for nursing, however the overarching question remains, why nurses are not having the same opportunity as other regulated professions, specifically, by establishing competencies through educational requirements and guidelines. There has been scarce documentation of how nurses are dealing with the changes that will require a physician or nurse practitioner to prescribe psychotherapy initiation.

Methods

This mixed methods research design is a work-in-progress using Barrett's framework, Power as Knowing Participation in Change, to inquire about how nurses are experiencing the legislative changes, and how they perceive their power to make choices and decisions about their psychotherapy practice. The study uses Barrett's PKPCT and qualitative interview questions to gather in-depth understanding of nurses' experience and how they are approaching options and decisions regarding psychotherapy practice.

Summary

There are significant implications of the legislative change regarding psychotherapy provision and how it will affect public access to effective mental health services in Ontario where these services are already under-resourced. As the largest body of health care workers, nurses have a long history of psychotherapy provision and are well-positioned for service delivery. However, nurses need support through updated education and recognition for psychotherapy services.

Developing Organizational Leadership Capacities in Preparation for a Major Transition in Healthcare

Primary Presenter: Susan Drouin

Date: Monday, May 30, 2016

Time: 1210 – 1230

Room: Mountbatten A

Sub Theme: Developing Administrative Leadership and Political Skills

Presentation Type: Concurrent Session

Author: S. Drouin

Background/rationale

Nurse managers contribute substantially to healthcare teams and the evaluation of initiatives to support their leadership development should be a focus of inquiry. Recently, a tertiary care academic health centre was modernized through renovations and new facilities; clinical priorities were revised and services streamlined. To prepare, the organisation initiated a year-long educational program aimed at developing the leadership capacities of clinical managers—a group the organisation identified as in need of critical skills to support complex change. The program is now in its third year. Healthcare organisations across Canada have noted similar leadership capacity deficits amongst their leaders and are developing programs to respond to these needs. Concurrently, universities are taking note; the National Nursing Education Framework report (2015) by the Canadian Association of Schools of Nursing identifies the domain of Leadership for the baccalaureate, master's and doctoral levels.

Effective frontline nursing leaders are well documented as being important in reducing bullying, burnout and staff turnover and improving staff satisfaction—all of which are important factors in patient safety.

Methods/methodology

To ensure that the organisation was providing nurse leaders with the support they needed, this doctoral study evaluated the healthcare leadership program in its pilot year. The research question was: How did the healthcare leadership program enhance leadership capabilities among clinical managers, as defined by the LEADS in a Caring Environment framework? I used a longitudinal, mixed-methods approach to conduct a developmental evaluation and Kirkpatrick's framework to examine learning outcomes.

Results

The program met the goals to increase leadership capacities, improve attitudes towards resolving challenges, create networks, and better equip managers for the transition. Participants identified the development of a strong support network of colleagues as being key to their resiliency and learning capacity.

Conclusions

The author concludes that an investment in leadership development is a means to support the present and future generations of nursing leaders. Two resounding recommendations that stems from this work are (1) the importance of embedding leadership capacities into the curriculum in schools of nursing and (2) the importance of continuing to fund leadership development within healthcare organizations. The presentation will include lessons learned.

Learning objectives

Participants will learn about the importance of supporting leadership development as an organization and a program that met this end.

Challenges and Benefits in Online Versus Face-to-Face Delivery of Undergraduate Nursing Curricula: A Program Evaluation of the Two Models of Undergraduate Nursing Program Delivery at the University of Southern Queensland

Primary Presenter: Diane Duff

Date: Monday, May 30, 2016

Time: 1150 – 1210

Room: Rossetti Room

Sub Theme: Innovations in Teaching and Learning

Presentation Type: Concurrent Session

Authors: D. Duff, C. Rogers, C. Moloney, N. Ralph, S. Pearce, C. Ross and L. Karstadt

Objectives

- Review the literature regarding outcomes for primarily online (e-based) versus primarily face-to-face (campus-based) undergraduate nursing programs
- Review models and trends for online education in undergraduate nursing
- Present the two models of undergraduate nursing education at the University of Southern Queensland (primarily online and primarily face-to-face)
- Present a comparison between online and face-to-face delivery student outcomes (performance, attrition, retention, student satisfaction)
- Present a comparison of student profiles for online and face-to-face students
- Present data and trends comparing demand for online and face-to-face seats

Background/rationale

Twenty-first century developments in computing have transformed our capacity for providing education virtually anywhere and anytime. While most nursing programs offer some online course support via learning management systems such as Moodle, Desire2Learn, and Blackboard, most programs and courses are still offered in a campus-based mode of delivery, despite the accelerating growth in the use of technology-based program delivery within other educational disciplines. Indeed, there is still a pervasive belief by nursing educators that online delivery of educational programs is “second-best”, despite evidence to the contrary (McCutcheon, Lohan, Traynor, & Martine, 2015). The concerns most often articulated by educators relate to the quality of student outcomes and the difficulty of teaching and evaluating complex competencies related to profession formation, team performance, critical thinking, and clinical performance.

Methods/methodology

As part of a curriculum and program review process for both our institutional program evaluation and professional accreditation, the two models of nursing undergraduate program delivery (primarily face-to-face versus primarily online) were reviewed at the University of Southern Queensland. Using institutional data, the two groups were compared on the parameters of performance, attrition, retention, and student satisfaction. Additionally, demographic profiles of online and campus-based learners were determined and compared. Finally, the demand for online and campus based seats was tracked and trended.

Summary

Student outcomes across the two models of nursing baccalaureate education delivery at the University of Southern Queensland were similar; with online students faring slightly better on all parameters measured. However, student profiles differed significantly, with online students being more mature, more likely to have engaged in prior post-secondary learning, and less likely to be international students. The demand for online delivery has increased significantly over the past few years. Students’ preferences for the flexibility of online program delivery is acknowledged in the current strategic plan for the University of Southern Queensland, which calls for more online delivery to enhance program competitiveness.

McCutcheon, K., Lohan, M., Traynor, M., & Martin, D. (2014). A systematic review evaluating the impact of online or blended learning vs face-to-face learning of clinical skills in undergraduate nursing education. *Journal of Advanced Nursing*, 71 (2), 255-270.

Work-in-Progress: Nova Scotia Nursing Transition-to-Practice (NSNTTP) Model Development Project

Primary Presenter: Diane Duff

Date: Tuesday, May 31, 2016

Time: 1200 – 1220

Room: Carlyle Room

Sub Theme: Facilitating the Transition from Student to Nurse

Presentation Type: Concurrent Session

Authors: D. Duff, C. Cruickshank, T. Guest, M. E. Gurnham, K. MacMillan S. Roach

Objectives

- Review available evidence and similar models nationally and internationally
- Develop a transition-to-practice model for all NGNs in Nova Scotia
- Identify practice areas that require an internship-type model
- Differentiate the phases of the transition model clearly identifying the university, employer, student/new graduate roles and responsibilities, along each phase.
- Develop an evaluation framework with REB applications

Background/rationale

Over the past 40 years hundreds of papers have been published in the nursing literature on the topic of transition-to-practice for new graduate nurses (NGNs). It is essential to develop a clear understanding of the challenges faced by NGNs in Nova Scotia in order to craft a targeted solution. In the majority of papers on transition-to-practice, especially in the United States, their chief concern is the cost of recruiting, training, and retaining NGNs. In Nova Scotia, recruitment and retention are less problematic than concerns about practice preparedness, according to employers. Many NGNs experience “transition shock” in their first jobs.

Methods/methodology

A working group composed of provincial stakeholders across Nova Scotia was constituted to work on developing a transition-to-practice model for NGNs that would ameliorate transition concerns for both NGNs and employers. Preliminary interviews, surveys, and focus groups were conducted with working group members, students, graduates, faculty, the provincial regulator, managers, preceptors, and practice educators.

It is essential that the transition-to-practice model underscores all aspects of nursing education, if we are to narrow the gap between education and practice, prior to graduation from a nursing program. Additionally, students are interested in entering into entry-level positions as NGNs, with the requisite entry-level competencies. Learning is best accomplished when students are active participants who are accountable for their own learning plans and outcomes. Employers have a vested interest in student preparation. As partners in developing a collaborative model of transition-to-practice they are able to influence readiness for practice by ensuring high quality student placements, excellent orientation onboarding and transition programs post-graduation.

Summary

An effective and supportive Nova Scotia Nursing Transition-to-Practice (NSNTTP) Model requires a collaborative, integrated partnership between students/new graduates, academia, and practice. There is room for improvement on all fronts. Support from the province of Nova Scotia (funding, health human resource data, policy support), the College of Registered Nurses of Nova Scotia (data, scope of practice clarity, policy), and the Nova Scotia nursing unions (program support, members’ work descriptions that include clinical supervision of students and preceptorship/mentorship) are also essential.

We have chosen to build the Nova Scotia New Graduate Nurses Transition-to-Practice model on the framework proposed by Hoffart, Waddell, and Young (2011) who completed an extensive review of the literature related to both pre-graduation and post-graduation New Nurse Transition (NNT) programs. Hoffart and colleagues recommended a transition model that spans both education and practice. While stand-alone pre-graduation and post-graduation programs can be effective at assuaging transition shock/reality for New Graduate Nurses (NGNs), an integrated, collaborative approach that spans education and practice has the greatest potential for supporting the transition process while being cost effective.

Validation of the Undergraduate Nursing Students’ Academic Satisfaction Scale – Short Form (UNSASS - SF)

Primary Presenter: Maher El-Masri

Date: Tuesday, May 31, 2016

Time: 1000 – 1020

Room: Scott Room

Sub Theme: Informatics: New Tools for Education and Practice

Presentation Type: Concurrent Session

Authors: M. El-Masri, S. Fox-Wasylyshyn, S. Dennison and A. Omar

Background

Our Undergraduate Nursing Student Academic Satisfaction Scale (UNSASS) is a valid and reliable scale that has been widely used since its initial publication in 2012. It is however a relatively lengthy 48-item scale.

Purpose

The Purpose of this study was to examine the psychometric properties of a 15-item short form (SF) of the UNSASS.

Methods

A self-report test-retest questionnaire was administered to a convenience sample of 796 students enrolled in a Canadian Bachelor of Science in Nursing (BScN) program at years two (n = 297), three (n = 247), and four (204).

Results

The data supported a 3-dimensional (i.e., In-class satisfaction, clinical satisfaction, and program-support satisfaction) 14-item scale that explained 60% of the variance in satisfaction. The scale has an overall Cronbach's alpha of 0.9, suggesting excellent internal consistency. Cronbach's alpha for the subscales ranged between .74 and .84. Inter-item correlations and split-half reliability indices provided further support of the scales reliability. Factor loadings ranged between .432 and .797, supporting the construct validity of the instrument.

Conclusions

The UNSASS – SF provides a time efficient and more practical alternative to the measurement of satisfaction among undergraduate nursing students.

Making a Difference One Scrub at a Time

Primary Presenter: Nancy Esopenko

Date: Monday, May 30, 2016

Time: 1330 – 1430

Room: Bb33

Sub Theme: Overcoming Barriers with Visible and Invisible Groups (Students and Patients)

Presentation Type: Poster Presentation

Author: N. Esopenko

Five years ago the Making a Difference Bursary was started to support students attending post-secondary education within the School of Health Sciences at the College of New Caledonia. It is well known that many students struggle with financing their education. For those choosing an education in health sciences, there are many added costs, including the purchase of uniform scrubs for lab, and clinical components of their classes. The Making a Difference Bursary was started to help alleviate the extra costs associated with purchasing scrub uniforms.

The Making a Difference Bursary collects gently used scrubs from health professionals in the community and sells them to students at a total cost of ten dollars; five dollars for any top, and five dollars for any bottom. All of the proceeds collected during the biannual scrub uniform sales goes towards the bursary. To date, the Making a Difference Bursary has annually awarded \$1250-\$1500 to health sciences students from nursing, dental, medical laboratory, medical radiography, and health care assistants.

In addition to helping alleviate financial costs for students, The Making a Difference Bursary has also provided the health community with a way to support the next generation of health professionals. It's a win-win for health sciences students. Indeed, without their support, the Making a Difference Bursary would not exist. The health communities generous donations have, to date, resulted in over \$8,000 to students, which amounts to 1600 gently used uniforms.

Finally, the Making a Difference Bursary has also taught students the importance of giving back to the health care community by donating, volunteering, and collecting scrubs. Students from all health sciences programs volunteer to run the sale. Over the years, the two annual sales have developed into excellent opportunities to network amongst disciplines, volunteer, and engage the community all while reducing, reusing, and recycling scrubs.

The Social Organization of the Staffing Work of Nurse Managers: A Critique of Contemporary Nursing Workload Technologies

Primary Presenter: Olive Fast

Date: Monday, May 30, 2016

Time: 1330 – 1430

Room: Bb33

Sub Theme: Developing Administrative Leadership and Political Skills

Presentation Type: Poster Presentation

Author: O. Fast

The multifaceted work of providing hospital services on a patient care unit requires people with the ability to coordinate, monitor, and report on the work done by nurses, unit clerks, and health care aides. Nurse managers (NMs) in hospitals are responsible for doing this work. NMs devote significant time and energy to ensure enough staff is available to care for patients, however, this "staffing work" is a source of tension. Motivated by my own experience of nursing management, in this dissertation I empirically describe and analyze NMs' activities and the tensions they experience.

My research uses institutional ethnography (IE) to develop an account of how NMs' work of staffing is socially organized. IE, a method of inquiry, offers an alternate analysis to the authorized knowledge of health care, making possible a critical empirical description of what it is like to be a NM doing staffing work in contemporary Canadian hospitals. Insights into how NMs' thinking is influenced by economic imperatives, supporting them to act in ways that undermine nurses' ability to provide patient care, are revealed. An evidentiary trail is built of how documents and technologies (such as the workload management system) are used to plan and administer nurse staffing, concealing serious problems and risks.

This study offers a caution against the increasing reliance on knowledge produced by workload management systems and the relations of ruling into which NMs are pulled when they use such systems. My argument is that NMs' material knowledge of how to organize safe staffing is at risk of being lost to these same technological knowledge-producing systems. The loss of this material knowledge and the rationed rationalities that replace it seriously jeopardize how NMs can be relied on to provide adequate nursing resources to keep patients safe.

Using Cognitive Rehearsal Training (CRT) to Upskill Undergraduate Nursing Students to Manage Bullying Situations Successfully

Primary Presenter: Florriann Fehr

Date: Monday, May 30, 2016

Time: 1620 – 1640

Room: Mountbatten A

Sub Theme: Developing Administrative Leadership and Political Skills

Presentation Type: Concurrent Session

Authors: F. Fehr and M. Seibel

The presenters completed a small pilot study testing an anti-bullying intervention using Cognitive Rehearsal Training (CRT) with third year nursing students (N=58). The goals of the CRT tools and intervention are to increase student nurse confidence and competence in managing bullying situations in academia and practice. The intervention represents an innovation in teaching conflict skills and can easily be applied to existing nursing curricula. The intervention uses a technique called Forum Theatre, developed by Augusto Boal (2008) who created the method to explore scenes involving power and injustice, stimulate discussion and ultimately to steer the scene to a positive conclusion.

The session will include an overview of the study intervention and findings, as well as practical implementation suggestions for nurse educators who desire to teach healthy approaches to address challenging relational dynamics. Participants will receive resources to implement the intervention in their own nursing schools, as well as be invited to take part in a larger national study using the CRT tools to upskill nursing students to address bullying in all settings. Conflict skills are an aspect of emotional intelligence and are an integral aspect of communication in nursing, and valued across jurisdictions and sectors.

Embedding Patient safety and Quality Content into Nursing Curricula and Continuing Education Programs

Primary Presenter: Joan Fernandez

Date: Monday, May 30, 2016

Time: 1030 – 1130

Room: Seymour Room

Sub Theme: Innovations in Teaching and Learning

Presentation Type: Panel/Symposia Session

Authors: J. Fernandez, K. Sears, K. Wilkinson and D. Durfy-Sheppard

Learning Objective:

Following the panel presentation participants will be able to:

- discuss how the Patient Safety Education Program – Canada supports patient safety competency development, and
- identify tools and resources they can apply to teach and promote patient safety.

Topic for Discussion:

How to build and embed patient safety and quality content into nursing curricula and continuing education programs.

Background/Rational:

Patient safety is an integral component of nursing care; however the amount of specific training in patient safety sciences both

at the pre and post licensure level is an area that can be enhanced. The Patient Safety Education Program – Canada (PSEP – Canada) seeks to narrow this gap in education and training by promoting frontline delivery of healthcare that inspires and drives a culture of quality and safe patient care. The PSEP – Canada program uses a train the trainer, curriculum-driven approach grounded in specific adult learning methods to teach both patient safety content and how to effectively transfer the knowledge and skills to practice. The program is taught by a cadre of certified Master Facilitators from across Canada who have been selected for their established strengths in both patient safety knowledge and teaching expertise.

Applications:

Three nurses representing both the academic and clinical settings will present examples of how they have used the PSEP – Canada program to impact patient safety in their practice settings.

Les soins infirmiers dans le grand nord québécois : quelles compétences sont nécessaires pour offrir des soins adaptés au contexte culturel, socio-démographique et géographique ?

Présentatrice principale: Céleste Fournier

Date : lundi 30 mai 2016

Heure : 1210 – 1230

Salle : *Stevenson Room*

Sous-thème : Surmonter les obstacles avec les groupes vulnérables

Type de présentation : Session Simultanée

Auteur : C. Fournier

En 2015, le rapport du Vérificateur Général du Canada fait état des différentes problématiques reliées à l'accès aux services de santé pour les communautés éloignées des Premières Nations en Ontario et au Manitoba. Les postes de soins ont été analysés et certaines lacunes ont été soulevées notamment en termes de formation et de compétences clés. Le personnel infirmier des communautés Premières Nations du Québec n'est pas étranger à ces enjeux. Pour mieux les cerner, nous avons choisi de nous intéresser à la complexité de leurs réalités en tant qu'intervenants de première ligne dans des contextes socioculturels difficiles, géographiquement isolés avec des ressources limitées et un spectre de pratique et de responsabilités élargi. L'angle d'analyse privilégié est celui de l'apprentissage en tant que processus conduisant à la performance, avec comme point pivot, le développement des compétences.

Notre recherche s'inscrit dans le champ théorique du processus de structuration des compétences à travers un prisme sociologique. Pour cela, nous mobilisons trois ancrages: l'apprentissage expérientiel et les parcours d'apprentissage (Kolb, 1984 ; Church, 1982), l'analyse stratégique (Crozier et Friedberg, 1977) et la notion de compétence (Tardif, 2006) afin de reconstituer en profondeur les parcours d'apprentissage des infirmières, leurs stratégies d'apprentissage et d'adaptation aussi bien au niveau professionnel que personnel, mais aussi les compétences clés développées dans diverses situations pouvant être qualifiées d'«extrêmes» de par leur caractère évolutif, incertain et à risque (Lièvre, 2001).

Cette recherche exploratoire justifiait une méthodologie qualitative mixte: entretiens semi-structurés -grâce à la méthode par incidents critiques (Flanagan, 1954) permettant de comprendre des situations à charge d'apprentissage élevée mais aussi particulièrement propice à la mise en avant de compétences discriminantes- et observation non participante dans des hôpitaux et dispensaires de différents villages au Nunavik et dans la Baie-James.

Au total, nous avons pu collecter 48 entretiens et suivre des infirmières pendant 3 semaines dans leur pratique quotidienne. L'analyse des données offre un nouveau regard sur la pratique dans le grand nord, sur le champ relationnel complexe des infirmières et sur les stratégies optimales pour développer cinq compétences clés : le leadership, le jugement clinique, l'identification de ses propres limites, l'intelligence émotionnelle et le sentiment d'efficacité personnel (Bandura, 2007). Par ailleurs, l'établissement de partenariats et de relations de confiance avec les médecins, les collègues et la population conditionne la courbe d'apprentissage et d'adaptation des infirmières. Enfin, le soutien organisationnel et les dynamiques groupales entre les soignants sont deux facteurs clés qui auront un impact significatif sur les parcours et le développement de compétences des infirmières.

Sharing the Change: Faculty and Student Collaboration in NCLEX-RN Transition, Part 2

Primary Presenter: Susan Fox

Date: Tuesday, May 31, 2016

Time: 1220 – 1240

Room: Stevenson Room

Sub Theme: Facilitating the Transition from Student to Nurse

Presentation Type: Concurrent Session

Authors: K. Pfaff, S. Fox, M. Lim and P. Ravi

Learning Objectives:

1. Learners will be able to state the process of a collaborative faculty and student NCLEX-RN preparation strategy.
2. Learners will be able to articulate the benefits of faculty and student collaboration in NCLEX-RN preparation.
3. Learners will be able to describe how to incorporate NCLEX-RN preparatory materials that meet faculty and student needs into new and existing courses.
4. Learners will be able to describe strategies for ongoing feedback between faculty and students throughout the transition process.

Background/Rationale:

In December 2011, the National Council of State Boards of Nursing (NCSBN) announced that it would bring the NCLEX-RN to Canada. Endorsed by Canadian regulatory bodies, this change in examination for registered nurse candidates would take effect in January 2015. For Canadian nursing programs, this resulted in a sense of urgency to develop a transition strategy. Nursing educators began preparing for the transition, and discovered that there were neither frameworks nor quality evidence to guide them in preparing students for this change. In Ontario, the transition was also hindered by legislation that limits use of on-line resources.

Using a participatory action framework, the Faculty of Nursing at the University of Windsor began engaging students in a strategy for change. The faculty and student panel will present our program's NCLEX-RN transition strategy.

Applications:

Our strategy involves ongoing and overlapping processes of consultation, integration, practice, and evaluation.

Consultation involves engaging students and faculty to identify learning needs, access to resources, and resource preferences. Integration of NCLEX-RN information, resources, and peer-to-peer support occur intensively in year four. In the final semester, students practice NCLEX-RN skills using diagnostic testing, content review, quizzing, decision rules, and remediation. Evaluation of the strategy is ongoing and includes formative and summative feedback from students, NCLEX-RN preparation utilization data, and NCLEX-RN program results.

The program's NCLEX-RN outcomes are promising, with improvements expected. With student and faculty feedback, the activities that support each phase of the process are continually evolving.

Journey North: A Virtual Nursing Experience

Primary Presenter: Kim Fraser

Date: Monday, May 30, 2016

Time: 1030 – 1130

Room: Mountbatten B

Sub Theme: Innovations in Teaching and Learning

Presentation Type: Panel/Symposia Session

Authors: K. Fraser and N. Ball

Journey North: A Virtual Nursing Experience is a learner-centered virtual community computer simulation comprised of a northern nursing station and surrounding First Nations community - a remote setting which is currently geographically unavailable to nursing students. This interactive computer tool (virtual reality simulation) was created and developed by applicants [removed] in consultation with Health Canada, and with elders and other members of the community of Bloodvein, MB.

The intention of the project was to improve the quality and interactivity of nursing education, while helping educators overcome barriers of time, place, and learning style. Learners are encouraged to interact with and explore the resource, while being provided with the opportunity to gain valuable experience through self-discovery in determining the role of the nurse in a remote and isolated northern community. Students interact in this learner-centered, safe environment, to explore the work of a community health nurse, while gaining valuable information related to the First Nations culture. The emphasis of this project is placed on the experience, and was not designed as a “how to” instructional video.

Qualitative research has now been completed on this unique learning resource to explore the usability and utility of Journey North as a pedagogically sound teaching and learning tool for students to explore community health nursing concepts. Data was also gathered and analyzed related to the effect Journey North had on cultural competence as well as perception and attitude toward the role of the northern community nurse and Aboriginal culture. This resource was also beta tested with three western Canada BN programs. The findings of this research will facilitate further development and dissemination of this educational tool, and be of interest to nurse educators, nursing administration and recruitment agencies.

Funding: Through a Program Innovation Fund, supported by eTV/Learning Technologies, Red River College partnered with Health Canada in the project development. Health Canada intends to use the virtual nursing community as a recruitment tool.

Creating a Culture of Safety in a Faculty of Nursing to Support Safe Medication Administration

Primary Presenter: Michelle Freeman

Date: Monday, May 30, 2016

Time: 1500 – 1520

Room: Rossetti Room

Sub Theme: Innovations in Teaching and Learning

Presentation Type: Concurrent Session

Authors: M. Freeman, S. Dennison, J. Bornais, D. Rickeard, J. Crawley, V. Walsh and N. Giannotti

Learning Objectives

1. Describe the structure and process that supported this culture change
2. Describe strategies that were implemented to support the four components of a culture of safety.
3. Share the outcomes and the importance of academic-hospital partnerships in supporting this change.

Background/Rationale

Health care organizations have been challenged to create a culture of safety. Nursing schools are not immune to this pressure. Reason (1997) identified four components that are required to create a safety culture that include a reporting culture, a flexible culture, a just culture and a learning culture. Medication administration is the highest risk patient intervention done by nursing students. It is an ideal area to redesign practices that support a culture of safety for students, faculty and partner organizations.

Activities

Guided by the emerging science of patient safety, the Faculty of Nursing at the University of Windsor has been involved in a seven year journey to redesign their medication policy and practices. New patient safety committees were established that included a patient safety committee for the Faculty and an interdisciplinary medication safety committee with hospital partners. The medication administration policy was redesigned and standard operating procedures (SOPs) were used to clarify the expectations for practice and error/ near miss reporting. An on-line reporting form was developed to support the trending and tracking of errors and near misses.

Outcomes

This initiative resulted in integration of safe practices by students at all levels and improved medication error reporting. Standard operating procedures (SOPs) made the expectations of our medication administration policy easier to practice for instructors and students by explicitly outlining expected safe practices and the reporting of errors. The old culture of “train and blame” was changed to a learning culture where errors are examined, not to blame the individual, but to learn how to prevent them from happening again. Trends in errors and near misses are communicated to students and clinical instructors and are used to inform and redesign curriculum. This initiative has received international attention by leaders in quality and safety education for nurses (QSEN).

Student errors were found to be the result of error prone conditions and the inconsistent use of safe practices. Information on student nurse medication errors and near misses inform schools of nursing of needed changes in curriculum and of vulnerabilities in the practice areas that must be addressed to keep patients safe.

To reduce the potential harm to patients from medication errors it is essential that nursing schools create a culture of safety that supports safe medication administration.

Utilizing Virtual Interactive Cases in an On-Line Learning Environment to Develop Students' Clinical Reasoning Skills

Primary Presenter: Melisa Gaspar

Date: Monday, May 30, 2016

Time: 1640 – 1700

Room: Mountbatten B

Sub Theme: Facilitating the Transition from Student to Nurse

Presentation Type: Concurrent Session

Authors: M. Parry, M. Gaspar, A. Moaveni, L. Raman-Wilms, C. Muntaner, F. Teja, J. Lok, L. Istanboulian, S. Khan, D. Finn, C. Nielson and G. Tait

Background

Virtual patient cases have been available for many years, but the technology remains underutilized and under evaluated. The recent push to incorporate virtual cases into education stems from the increase in online learning and web-based technologies. Virtual cases can provide learners with large exposure to patients living in rural and urban communities, and to a variety of demographic and co-morbid chronic conditions.

Objectives

The objectives of this project are to: 1) develop virtual interactive cases that build clinical reasoning skills in nurses enrolled in a Nurse Practitioner (NP) program, and 2) facilitate the shareability and transferability of cases to interdisciplinary and inter-professional academic and non-academic partners.

Methods

Cases are based on the burden of non-communicable diseases defined by the World Health Organization and the Lancet Commission. The cases expose NPs to patients from diverse backgrounds with chronic diseases and varied risk factors; including refugees and new immigrants, those with a lower socioeconomic position, and housing and food insecurities. NPs are given a presenting complaint, and are required to take a history, conduct a review of systems and physical examination, and review diagnostic tests to formulate a diagnosis and treatment plan. Feedback is given, and a score reflects the quality of their assessment.

Results

The process for case development, validation and sustainability will be discussed in relation to four groups of diseases: cardiovascular, cancers, respiratory, and diabetes. Incorporation of relevant guidelines, appropriate pharmacotherapy, and all relevant social inequalities will be reviewed. Transferability of cases to students in undergraduate nursing programs is possible with minor modifications.

Conclusion

This project is designed to build clinical reasoning skills in NPs that will assist them in the prevention and management of chronic diseases and their risk factors. This technology can be easily adapted for use in undergraduate nursing programs.

Acknowledgement: Instructional Technology Innovation Fund (ITIF) and the Lawrence S. Bloomberg Faculty of Nursing at the University of Toronto.

Nursing Students' Lived Experience of Inter-Colleague Violence During Clinical Placements

Primary Presenter: Alice Gaudine

Date: Monday, May 30, 2016

Time: 1330 – 1430

Room: Bb33

Sub Theme: Facilitating the Transition from Student to Nurse

Presentation Type: Poster Presentation

Authors: N. Churchill and A. Gaudine

Clinical placements are an integral aspect of undergraduate nursing education. During clinical placements students avail of opportunities to practice communication and technical skills in real world health care contexts. It is also a time for students to engage professionally with other registered nurses thus encouraging professional socialization. Clinical environments that are inclusive and supportive of students are associated with enhanced learning and confidence. Conversely, students may be subjected to less ideal clinical learning experiences. Nursing students may encounter inter-colleague violence during clinical placements, specifically violence that is perpetrated onto students by other nursing professionals and nursing faculty. Inter-colleague violence may include actual or attempted acts of verbal, psychological, physical, and sexual abuse that occur in the clinical placement area. There is a significant lack of research on the experiences of Canadian students in the literature. A phenomenological study was conducted to explore the lived experience of nursing students who encounter inter-colleague violence during clinical placements. Participants included third and fourth year students in a 4-year Bachelor of Nursing program at two different sites and students in second year of a 2-year Fast Track option at one site. A total of eight students representing three programs and two different sites in Atlantic Canada participated in the study. Interviews were audio recorded and transcribed for analysis using the approach of van Manen (1990/1997). In this poster presentation we will outline five themes, along with a quote that captures the essence of each theme. The themes include a sense of foreboding, playing hide and seek, I had no options, we are all in this together, and letting go, moving on. Some parallels are made between the experiences of students in this study to the findings of other researchers. However, a surprising finding in this study is the impact of word of mouth communication between students, and sometimes students and instructors, about other instructors, staff nurses, and clinical areas prior to the start of clinical placements. This finding is significant as participants identified those verbal exchanges as a great source of apprehension and anxiety, that influenced their perception of the clinical experience and engagement in the clinical area. Important implications for nurse educators and nursing administration are identified and include, the importance of early and continuing education on what constitutes violence in the clinical area, and providing safe, confidential avenues for students to report encounters of inter-colleague violence. Implications for research include additional investigations that contribute to understanding how students experience and perceive inter-colleague violence, and how to better encourage dialogue about violence so colleagues can better support students and each other in the clinical area.

Building Community Relationships through Strength Based Approaches

Primary Presenter: Diana Gausden

Date: Tuesday, May 31, 2016

Time: 1330 – 1350

Room: Scott Room

Sub Theme: Innovations in Teaching and Learning

Presentation Type: Concurrent Session

Authors: D. Gausden and F. Fillion

Introduction

Strength based nursing care approaches (SBN) (Gottlieb, 2013) applied within the undergraduate community health nursing curriculum develop an authentic communication bridge between community benefit organisations, student teams and faculty to explore capacities and opportunities for health. This helps to sustain community and academic partnerships leading to the creation and evaluation of primary prevention projects by teams of student nurses within an eight-week timeframe. This innovative student learning experience develops significant entry to practice public health nursing competencies. (CASN 2014). However, the strength based nursing care approach has not been described extensively in a community health setting, it is important to build a body of literature that will applied this philosophy in population health.

Methods

This presentation will discuss different strategies that apply a SBN approach in the context of primary prevention projects created, implemented and evaluated by undergraduate nursing students. For example the use of student developed progressive

inquiry questions (PIQ) (Diem & Moyer 2014) can empower both students and their assigned populations to discover potentials for health improvement and enhance usage of existing resources. Or, the application of the PHPM (Hamilton & Bhatti, 1996) provides students with a solid framework leading interventions and outcomes toward successful projects. Moreover, the values of Primary Health Care of social justice and equity directly intertwine with a SBN philosophy linked to the student's projects with underserved populations.

Results

The benefits of applying a SBN approach to primary prevention projects with underserved populations are innovative and prove to be very well adapted to a community setting. The description of the success of different strategies like the PIQs or the determinants of health and the Ottawa Charter's strategies included in the PHPM support the usefulness of being explicit about using such a philosophy in undergraduate student's health promotion projects. Furthermore it shows that this "outside the walls of the healthcare system" experience and faculty/peer facilitated reflections can contribute to students advancing their entry to practice public health nursing competencies and support communities to improve their health within a SBN approach.

Conclusion

The application of SBN approach in the undergraduate community curriculum provides ongoing value in developing capacity focussed, mutually agreeable goals for community benefit organisation partners, students and faculty to sustainably and ethically enhance the health of diverse vulnerable populations. This contributes to transformational system change and students moving toward independent practice through competency development. (CHNC 2015)

Gottlieb, Laurie N.(2013). *Strength Based Nursing Care: Health and Healing for Person and Family*/, in Collaboration with Bruce Gottlieb Springer Publishing ISBN 978-0-82619587-6

Canadian Association of Schools of Nursing. (2014). *Entry-to-Practice Public Health Nursing Competencies for Undergraduate Nursing Education*. Ottawa: CASN

Diem, Elizabeth & Moyer, Alwyn. (2005). *Community Health Nursing Projects: Making a Difference*. Lippincott Williams Wilkins publishers, first edition. ISBN: 0-7817-4785-6

www.chnc.ca/documents/PositionStatementCHNEducationFINAL2015March1.pdf

Objectives of Presentation:

- Appreciate the undergraduate community health nursing curriculum context.
- To discuss the importance of collaborative partnership practice.
- Enhance knowledge of strength based community interventions and their benefits to communities and students.

Managing Patient Deterioration: Students' Perception of an Interprofessional Workshop Using Simulation Scenarios

Primary Presenter: Pierre Godbout

Date: Tuesday, May 31, 2016

Time: 1350 – 1410

Room: Stevenson Room

Sub Theme: Innovations in Teaching and Learning

Presentation Type: Concurrent Session

Authors: J. Beauchamp and N. LeBlanc

Learning objectives

1. To determine students' level of satisfaction with learning using patient deterioration simulation scenarios
2. To determine students' level of confidence with learning using patient deterioration simulation scenarios
3. To compare students' knowledge of key concepts related to patient deterioration pre and post simulation scenarios
4. To determine students' perception of the impact on their clinical practice two months after simulation scenarios

Background/rationale

In the health sciences field, two emerging pedagogical approaches hold particular promise for student learning: Interprofessional Education (IPE) and simulation. IPE provides a space for students of different health disciplines to work

together and to learn together. This fosters a better understanding of their roles and responsibilities, and develops communication and collaborative leadership strategies. Simulation provides a safe learning environment to acquire different procedural skills and the development of complex competencies including team work.

Three French language health professional programs in New-Brunswick (medicine, nursing and respiratory therapy) combined their efforts to organize an interprofessional simulation workshop using patient deterioration scenarios. The organizational structure of the workshop will be presented along with the preliminary findings of this research in progress.

Methods/methodology

In the Fall of 2015, 91 students in the final year of their program participated in this research (medicine, n=33; nursing, n=53; respiratory therapy, n=5). At the beginning of the workshop, students provided a conceptual map of their understanding of key concepts on how to respond to a patient with a deteriorating condition. Through interactive lectures and role-play they then learned about crises resource management, ABC approach and communication strategies with patient and family. Following this introduction, interprofessional teams participated in a series of patient deterioration scenarios with debriefing sessions in between each station. At the end of the day, students provided a second conceptual map to allow for comparisons. They then completed a satisfaction and confidence in learning with simulation questionnaires. In months, students will complete a final questionnaire on the impact of simulation on their clinical practice. Descriptive statistics are used to analyse the results of the questionnaires. Comparison of pre and post conceptual maps will be done using a scoring protocol. Preliminary research findings show a high level of satisfaction and confidence. Further analyses are in progress.

Summary

An interprofessional simulation workshop was organized to foster effective collaborative management of patient deterioration scenarios. Research on the impact and effectiveness of these learning strategies will guide their integration into curriculum.

Fostering a Patient Safety Focus in Mental Health Nursing Simulation

Primary Presenter: Monica Gola

Date: Tuesday, May 31, 2016

Time: 1120 – 1140

Room: Carlyle Room

Sub Theme: Simulation and Clinical: When and How to Use Them?

Presentation Type: Concurrent Session

Authors: M. Gola, L. Harwood Lunn and T. Baotrang Le

Learning Objective:

Participants at the end of this presentation will identify the importance of teaching patient safety within mental health nursing simulation in the baccalaureate curriculum. Participants will learn innovative ways to simulate adverse events with the use of standardized patients to foster student skills and competencies required for safe clinical practice.

Background/Rationale:

Nursing students encounter patients and families with emotional and/or mental health issues in virtually every clinical setting. Supporting students in developing therapeutic nurse client relationships is cultivated, however, skills in effective therapeutic communication and capacity to recognize patient safety in adverse events is not commonly situated together in a simulated environment.

Simulation is an indispensable tool in preparing nursing students for clinical practice by replicating real world patient situations. Students become knowledgeable, gain valuable skills while building confidence in the nursing lab. Mental health is the latest nursing specialty to incorporate simulation in the baccalaureate curriculum. As current health care priorities focus on mental health initiatives, educating BScN students to respond to unpredictable situations while ensuring patient safety has become a necessity.

Description/Overview:

This presentation will inform participants how simulation was introduced into the nursing skills lab with BScN students in an accelerated curriculum. Discussion will include innovative ways to simulate adverse scenarios using standardized patients and set learning outcomes in effective communication and assessment skills while addressing patient safety.

Activities:

Over two scheduled simulation days, students were presented with seemingly routine patient care scenarios. Learning outcomes included evidence of assessment, effective therapeutic communication and when students were faced with threats to patient safety.

Evaluative Outcomes:

Student evaluations rated high satisfaction with the simulation as an effective learning tool, and useful in skill development for mental health nursing practice. Majority of the students surveyed requested additional mental health simulation opportunities in the lab.

Mental health nursing simulation is an emerging trend that is meaningful to both the student, the educator and in the interest of patient safety. As current health care priorities focus on mental health initiatives, educating BScN students in real world simulated events allows emphasis on skill development and student confidence for transition to clinical practice.

Using Simulation to Enhance Nursing Student Clinical Practice with Deteriorating Pediatric and Adult Clients

Primary Presenter: Sandra Goldsworthy

Date: Monday, May 30, 2016

Time: 1640 – 1700

Room: Carlyle Room

Sub Theme: Simulation and Clinical: When and How to Use Them?

Presentation Type: Concurrent Session

Authors: D. Patterson and M. Dobbs

Simulation has been shown to improve self-efficacy and competence among nurses and nursing students. Much discussion has emerged recently in Canada on how and when simulation can and should be used to increase job readiness among undergraduate nursing students. Nursing students are traditionally prepared to provide care to patients through theory classes, skill labs and clinical practicums. In the last decade simulation as a teaching/learning strategy has been gaining traction as a safe environment where students can develop competence and confidence to provide safe, quality care to patients. The aim of this presentation will be to describe the methods, results and implications of an interventional study among undergraduate nursing students. In this quasi-experimental study, a 16-hour simulation intervention was delivered over two days with the aim of measuring the impact of simulation on self-efficacy and competence in the recognition and response to a rapidly deteriorating patient. The intervention included six comprehensive scenarios among adult and paediatric patients (three adult cases and three paediatric cases). A template previously validated in adult simulation cases was adapted for use in paediatric scenarios in this study. Students worked in small groups of four and had well defined roles in caring for the patients. Each case was repeated twice with knowledge and self-efficacy measured pre and post intervention. Students were initially pre-briefed prior to the scenario and a comprehensive debriefing followed each case. The control group attended clinical as usual and the results between groups and within groups will be discussed. In addition, implications of this study for preparing nursing students for clinical will be presented.

Beneficence: The Role of Ethics in Simulation-Based Learning

Primary Presenter: Leslie Graham

Date: Tuesday, May 31, 2016

Time: 1100 – 1120

Room: Carlyle Room

Sub Theme: Simulation and Clinical: When and How to Use Them?

Presentation Type: Concurrent Session

Authors: L. Graham and L. Lioce

Learning Objectives

1. Define the term ethics within the context of simulation-based learning.
2. Compare ethical attributes of the learner, facilitator, and instructional design within simulation pedagogy.
3. Discuss methods of integrating ethical principles into simulation design.

Background

Simulation-based learning experiences are an essential component of nursing education to prepare nursing students for the

knowledge and skills required for registered nurse practice. However, little attention has been focused in the area of simulation ethics. Teaching and learning using simulation requires professional integrity of the learner and facilitator/faculty (Gloe et al., 2013) engaging in the learning opportunity. Lack of professional integrity or unethical behavior within the simulation-based learning experience may alter the intended learning and create anxiety among the learners. If the code of ethics is breached, learning outcomes may not be achieved (Gloe et al., 2013).

Overview

With the release of the National Simulation Study (Hayden, et al., 2014) schools of nursing are planning broader integration of simulation-based learning experiences both in the classroom and in the laboratory setting. These experiences are to augment or replace clinical hours, expose students to specialty placements, master high risk, low-frequency skills, and to provide assessment data. Transitioning to this expanded use of simulation, there is increased emphasis on a comprehensive and systematic approach to simulation design including simulation ethics. The Standards of Best Practice: Simulation provides the necessary foundation for embedding simulation ethics into experiential learning (Lioce et al., 2015).

Activities

Demonstration of ethical behavior during a simulation experience is necessary to create a positive and safe learning environment. As educators are held to a higher standard, it is thought that students will learn ethical behaviors through role modeling by faculty (Hill & Zinsmeister, 2012). With the learner's psychological safety and knowledge development central to the simulation design and delivery, faculty are under careful observation as they demonstrate ethical comportment. In order to maintain ethical attributes such as trustworthiness, the faculty must be transparent in their actions. Learners' need to feel safe in the environment, trusting faculty to lead them through a simulated experience that will meet the learning objectives, leveled to their ability and year level, and incorporating fidelity to enhance realism.

Outcomes

As simulation-based learning plays a greater role in nursing education, simulation ethics becomes central to all activities. Faculty cannot continue to operate under the illusion that traditional teaching will affect this generation of learners and must incorporate ethical principles to inspire change. Simulation ethics should guide simulation design in the same manner as science guides the development of clinical practice guidelines.

Exploring Simulation Utilization and Simulation Evaluation Practices and Approaches in Undergraduate Nursing Education

Primary Presenter: Leslie Graham

Date: Tuesday, May 31, 2016

Time: 1000 – 1020

Room: Carlyle Room

Sub Theme: Simulation and Clinical: When and How to Use Them?

Presentation Type: Concurrent Session

Authors: H. Zitzelsberger, S. Coffey, L. Graham, E. Papaconstantinou, C. Anyinam, G. Dodd and J. Mangal

Background

Through the development, application, and evaluation of high quality simulation experiences across a full range of modalities, (including high-fidelity, medium-fidelity, and low-fidelity) learners are able to acquire and demonstrate the knowledge and skills necessary for safe, competent, and ethical nursing practice. While there is indication within the literature and anecdotally about the benefits of simulation, robust evidence that supports the effectiveness of simulation for learning and evaluation in nursing education has yet to be fully established (Rickets, 2011). As the use of simulation increases in nursing education, the need to evaluate students appropriately, accurately, and in reliable ways intensifies (Todd, Manz, Hawkins, Parsons, & Hercinger, 2008). Furthermore, as nursing programs increasingly consider simulation as direct clinical replacement in the context of increased student enrolment and dwindling clinical placements, standardized evaluation must play a vital role (CASN, 2007; Norman, 2012; Todd et al., 2008).

Description and Methods

In this presentation, we will discuss our study that investigates simulation utilization and simulation evaluation practices used among undergraduate nursing educational programs in Ontario, Canada (36 educational institutions including 14 universities along with 22 college partners). To this end, a mixed methods approach, in which both quantitative and qualitative data was collected through a confidential online questionnaire, was utilized to gather information from all 36 Ontario educational programs.

Results and Conclusions

The goal of our study is to establish a “picture” of current trends, practices, and approaches related to simulation that is employed within this entire province. An overview of study results in terms of themes identified and statistical summaries will be shared.

Interprofessional Education through University-Hospital Collaboration

Primary Presenter: Leslie Graham

Date: Monday, May 30, 2016

Time: 1330 – 1430

Room: Bb33

Sub Theme: Innovations in Teaching and Learning

Presentation Type: Poster Presentation

Authors: S. Coffey, H. Zitzelsberger and L. Graham

Background

Interprofessional education (IPE) is becoming increasingly significant in health care curricula as a precursor to patient safety and quality of care mandates. IPE provides nursing and health care students with the opportunity to learn with, from, and about each other to both promote effective collaboration and improve health outcomes (Meakim et al. 2013). Historically, health care students have typically learned in “professional silos”, a model known to contribute to poor communication skills, teamwork failures, and compromised patient safety (Palaganas, 2014). Within the Canadian context, few opportunities exist for students to engage in interprofessional practice, resulting in gaps in preparation for the real-world practice environment.

Overview

This poster presentation will discuss an educational initiative that builds upon strong collaborative ties between a university and a community teaching hospital. By teaching about interprofessional practice in a setting that promotes and supports interprofessional practice, students were invited into both real-world learning that extended theoretical knowledge into the practice setting.

Activities and Outcomes

To apply key concepts and expose students to interprofessional practice, experiential learning opportunities were included in the course design. A panel presentation of health care professionals that represent a range of professions offered students firsthand accounts about the strengths and limitations of collaborative team-based practice. Simulation activities included carefully constructed scenarios that emphasized team communication, role clarity, and conflict resolution and a large group simulation that focused on poverty and intersectoral collaboration. Students also experienced team building and collaboration through a team poster assignment in which posters were presented at a student-led Interprofessional Health Care Practice Conference that invited health care professionals to engage with the students about their ideas. Overall, students were highly positively receptive about the benefits of learning about and practicing IPE in a real-world practice environment.

Learning objective(s)

In our poster presentation, lessons learned from the student experience will be discussed. Student perceptions of learning through large-group simulations will be shared. Finally, faculty perceptions of barriers and facilitators to large group interprofessional, simulation-based education for nursing and health sciences students will be explored.

References

Meakim, C., Boese, T., Decker, S., Franklin, A., Gloe, D., Lioce, L., Sandro, C., & Borum, J. (2013). Standards of Best Practice: Simulation Standard I: Terminology. *Clinical Simulation in Nursing* 9(6S), S3-S11.

Palaganas, J. (2014). Using health care simulation for interprofessional education and practice. In B. Ulrich & B. Mancini (Eds.), *Mastering Simulation: A handbook for success* (pp.176-203). Indianapolis, IN: Sigma Theta Tau International.

The Centrality of Reflexivity: Challenging Undergraduate Nursing Students to “Meet People Where They Are At”!

Primary Presenter: Cathy Graham

Date: Tuesday, May 31, 2016

Time: 1430 – 1450

Room: Mountbatten A

Sub Theme: Overcoming Barriers with Visible and Invisible Groups (Students and Patients)

Presentation Type: Concurrent Session

Author: C. Graham

In keeping with competencies articulated in the CASN (2015) National Nursing Education Framework Baccalaureate Domains of Knowledge and Communication-Collaboration, the purpose of this clinical practice project is to expand students' horizons by examining the connections between reflexivity and relational inquiry. Reflexivity involves a combination of observation, critical scrutiny and conscious participation by paying attention to intrapersonal, interpersonal and contextual considerations. A variety of reflexivity tools are used to uncover the ambiguous and uncertain nature of and barriers inherent in students' clinical practice work in tertiary mental health settings, specifically with seniors living with the impact of significant mental health issues and patients who have come in contact with the law. By elucidating the connections between the personal and professional selves, the hypothesis is that students learn to scrutinize the fallacy of leaving your stuff at the door- an outdated idea that is nonsense, impossible and potentially unethical.

The use of self-awareness tools, such as journaling, analysis of interactions with people experiencing mental health issues and team members within a recovery model context, participation in weekly grand rounds, individual and group discussions with students-faculty and values clarification exercises, challenges students to make connections between academic relational practice concepts (developing the professional self) and their clinical practice work. In examining the common practices of privileging individual choice, categorizing and differentiating, students learn how these practices sustain inequities and barriers to promoting well-being in people living with mental health issues.

Students comfort with and use of these reflexivity tools is highly individualized and requires thoughtful faculty attention to helping students feel safe in this work, both individually and collectively. It is apparent that reflection before, in and after clinical practice experiences takes both time and a respect for the mutuality, genuineness and attentiveness that is central to developing nursing competencies to their fullest extent. Project findings will contribute to the ethos of discovery, recovery and hope for students' diverse ways of knowing and as an impetus for and validation of staff in mental health settings to role-model the importance of knowing self in the context of knowing/meeting other.

Negotiating Patient Care in Hospital Settings: A Feminist Post Structural Approach

Primary Presenter: Odette Griscti

Date: Tuesday, May 31, 2016

Time: 1510 - 1530

Room: Mountbatten B

Sub Theme: Overcoming Barriers with Visible and Invisible Groups (Students and Patients)

Presentation Type: Concurrent Session

Author: O. Griscti

Purpose

The aim of this study was to look at the experiences of chronically ill patients and registered nurses when they negotiated patient care in hospital. Specifically I explored how social and institutional discourses shaped power relations and negotiation of patient care.

Background

Advances in medicine and technology are resulting in an aging population and increased prevalence of chronic illness. Based on these changing demographics, the present health care system needs to shift health-care practices that place an emphasis on provider-dependent care, to one that recognizes the patient's involvement in care. There has been an increasing pressure on nurses to move towards partnerships with patients, yet current literature indicates that implementation of partnerships between nurses and patients remains rhetoric and not implemented in practice. Much of the onus has been placed on nurses to change their current practices, however little attention has been given to how social and institutional values, beliefs and practices shape nurses' ways of thinking and behaving. This study explored this domain.

Methodology

The theoretical and methodological approaches used in this study were based on the precepts of Foucault and feminist post structural theorists. In order to explore negotiation of patient care between nurses and chronically ill patients 18 in depth interviews were conducted with eight chronically ill patients and ten registered nurses.

The research questions that guided my study were: 1) how do chronically ill patients experience and negotiate their care while in the hospital? 2) How do registered nurses experience and negotiate the care they provide to chronically ill patients? In order to uncover how social and institutional discourses shape nurses' and patients' ways of thinking and behaving throughout these negotiations I used discourse analysis. This analytic process involved looking beyond the participants' descriptions' and paying attention to the language that the participants used when they described these experiences. This was achieved by looking at: the terminology that they used; the social construction and position of self in the relations; how power relations were negotiated; and how this affected the outcome of the negotiation.

Results

Five themes emerged from the analysis: getting to know each other, they are not the sickest people, the two faces of patriarchy; nurses have their stories to tell and finding time to listen. Overall both nurses and patients commented favorably about their experiences. Nurses got to know patients on a personal level, power relations were shared and most negotiations were successful. However, negotiations were not always positive. Certain institutional practices were still based on a patriarchal system that reinforced the traditional nurse-patient relationship. Patients and nurses exercised their agency in creative ways to ensure that they were not marginalised by such discourses.

Conclusions/Recommendations

This study offered an innovative way of unpacking negotiation of care between chronically ill patients and registered nurses. It exposed how social and institutional discourses play a pivotal role in shaping negotiations. By shifting the blame from nurses and patients to relations of power and institutional contexts, problematic areas were identified.

Healthy Public Policy – Strengthening Nurses' Involvement

Primary Presenter: Virginia Gunn

Date: Monday, May 30, 2016

Time: 1330 – 1430

Room: Bb33

Sub Theme: Developing Administrative Leadership and Political Skills

Presentation Type: Poster Presentation

Authors: V. Gunn and C. Muntaner

Background

The concept of 'healthy public policy' (HPP) refers to the combination of health and interdependent public policies such as social, economic, education, and environmental that produce or maintain population health and well-being. The Ottawa Charter (1986) identifies the adoption of HPP as an ideal strategy to combat health inequities and achieve health for all. The process of creating HPP is complex and, not surprisingly, very political, requiring, among other things, persistence, influence, resources, and political will. Although nurses enjoy high levels of trust and credibility in the society and are recognized as experts in numerous health related topics, their involvement in the creation of HPP is presently relatively minimal and unrecognized. Due to dwindling healthcare budgets and shrinking economies, nurses have to step up their leadership and political skills in order to successfully increase investments in health promotion/protection and secure much needed healthcare resources that adequately respond to complex population health needs.

Approach

I conducted a scoping review of databases such as CINAHL, PubMed, Cochrane Library, Scopus, and World Wide Political Science Abstracts, followed by a critical review of identified publications, to determine available resources that could increase nurses' political skills and their drive to participate in the process of creation, implementation, adoption, and evaluation of HPP.

Findings/results

A range of strategies and tools relevant to HPP is available to support nurses' involvement. Findings include examples from nursing practice, education, and research that highlight existing policies adopted as a result of nurses' participation in the health and public policy process. In this presentation, I will review some of the roles that could be undertaken by nurses in the

workplace, community, or government to support the adoption of HPP and an increased focus on the social determinants of health. I will also summarize a few relevant examples of nurses' successful work on HPP and share strategies/tools that could be used to stimulate and increase the development of leadership skills in the political field.

Presentation Objectives:

1. Re-enforce nurses' suitability for action on HPP and inspire passion for this topic;
2. Stimulate discussion among nursing students, preceptors, mentors, and faculty about the rewards and challenges of implementing HPP and increase familiarity with the process of creating HPP; and
3. Share HPP resources such as practice, education, and research examples; strategies/tools; and potential partnerships.

Evaluating the Impact of an Experiential, Single, Information Literacy Session for First Year Nursing Students: Guiding Library Instruction and Informing Nursing Faculty

Primary Presenter: Chau Ha

Date: Monday, May 30, 2016

Time: 1600 – 1620

Room: Mountbatten A

Sub Theme: Developing Administrative Leadership and Political Skills

Presentation Type: Concurrent Session

Authors: C. Ha and N. Verishagen

Background

Information literacy (IL) is defined by the Association of College and Research Libraries as the ability to find, evaluate, and use information to achieve a specific goal in a legal and ethical manner (Association of College and Research Libraries, n.d.). This definition is used in the nursing curriculum and is recognized as one of the core concepts of the baccalaureate nursing program at Saskatchewan Polytechnic. Librarians are asked to provide a three hour workshop to first year students, then a refresher library workshop to the same students in second year. This is the extent of formal IL instruction that students receive from the nursing liaison librarians. Given the anecdotal evidence from students and faculty, we perceive that these two library sessions for baccalaureate nursing students to be inadequate for them to attain IL. With this in mind, we sought to investigate the impact of a three hour library workshop on students' learning. We hypothesized that more IL workshops are needed in order for students to transition from student to nurse. The library workshop is grounded in an experiential learning theory and based on accepted adult teaching practices.

Objective

This study assessed whether students were able to retain and apply database searching skills and the American Psychological Association's (APA) style for formatting, citing, and referencing after a single IL session. The results of the students' learning achievements will be shared with nursing faculty to inform curriculum development and nursing faculty instruction. For librarians, these results will inform our teaching practice.

Method

In order to measure the students' short-term and long-term retention of the IL skills taught, we used a pre- and post-test quiz in a fall semester, first year nursing course, then used the same quiz in a winter semester, first year nursing course. An APA rubric, created by us, was applied to their academic paper in both their fall and winter courses in order to assess the application of the skills learned. A hundred and fifty first year nursing students were asked to participate in this study over the course of two semesters.

Results

This study is ongoing, and the results will be presented at the conference.

Conclusion

The Canadian Nurses' Association's position statement on nursing informatics (NI) state "It is important that nurses be able to retrieve and use data they have collected at the point of care." (Canadian Nurses' Association, 2006, para. 4). IL is an important aspect of NI and both are essential for evidenced informed best practices and for providing safe nursing care (Saskatchewan Registered Nurses' Association, 2013). IL and NI are foundational skills in nursing practice, in nursing education, and in nursing research. Given this significance, it is important to investigate students' learning of IL skills and share the results with nurse

educators in order to influence curriculum change, encourage librarians and nursing faculty to collaborate on the instruction of IL and NI, and to promote interprofessional collaborative research on these topics so that evidence is available to guide teaching.

Interactive Whiteboards and Technology Enhanced Active Learning within the Higher Educational Setting

Primary Presenter: Lisa-Anne Hagerman

Date: Monday, May 30, 2016

Time: 1330 – 1430

Room: Bb33

Sub Theme: Innovations in Teaching and Learning

Presentation Type: Poster Presentation

Authors: L.-A. Hagerman, M. Mainland, C. Stephenson, K. Park, K. Reis, M. Skrebic, N. Skinn, P. Lamarche and S. Kraemer

Background

Technology Enabled Active Learning Environments (TEAL) promote “social interactions, encourage students’ active learning and interest, and create a classroom climate that fosters conceptual change” (Dori & Belcher, 2005, p. 248). The challenge faced by higher educational settings is to not only identify technologies that support active learning, but strategies to promote their adoption within curricula. The purpose of this study was to explore organizational, technological, and faculty related considerations in integrating Interactive Whiteboards (IWBs) as a TEAL strategy.

Methodology

The study utilized a concurrent triangulation mix-method action research design. Full and part-time faculty members were invited to complete two web-based surveys. Nine faculty members participated in the text-based narrative response qualitative survey. 16 faculty members completed a quantitative survey comprised of a 13-item Likert scale with two open-ended text based response questions. The qualitative data was analyzed and then triangulated with the quantitative data. Researchers first independently identified themes within the qualitative data and counted the number of times observations or words occurred within the narrative responses. The counting of themes assisted in quantizing the qualitative data for triangulation with the quantitative survey results (Tashakkori & Teddlie, 2003). Means for each theme that occurred within the quantitative data and exemplars were identified and themes finalized within team meetings.

Results

Four common themes (learning engagement, content and curriculum, training, and technical support) were identified within both the qualitative and quantitative data and a fifth theme (access) from the qualitative data. Survey results indicated that to support IWB use and integration a need for time to engage in curriculum development, training in the use of the technology, and strategies to ensure reliability of and access to the technology is required.

Conclusion

The success of IWBs within higher educational curriculums will occur when there are organizational, technological, and faculty related considerations that ensure intentional, impactful, and meaningful integration. The study identified the need for training and support in the use of new technologies and access to the technology to maintain competence. Further research is needed to identify student experiences with IWBs and how IWBs impact academic performance and critical thinking.

Learning Objectives

To explore faculty perceptions of IWBs as a TEAL strategy in supporting student engagement, motivation, and achievement of course outcomes.

To identify factors that facilitates or impedes the adoption of the technology.

References

Dori, Y.J. & Belcher, J. (2005). How does technology-enabled active learning affect undergraduate student’s understanding of electromagnetism concepts? *The Journal of the Learning Sciences*, 14(2), 243 – 279.

Tashakkori, A, and Teddlie, C. (Eds.) (2003) *Handbook of Mixed Methods in Social & Behavioral Research*, Sage, California.

Expanding Horizons in Nursing Education: An Innovative Electronic Presentation Assignment with Online Peer Feedback

Primary Presenter: Helen Harrison

Date: Tuesday, May 31, 2016

Time: 1430 – 1450

Room: Carlyle Room

Sub Theme: Innovations in Teaching and Learning

Presentation Type: Concurrent Session

Authors: H. Harrison, L. Bonilla, J. Elliott, C. Rivard, K. Stewart and L. Wocks

Learning objective

To discuss and critique an innovative approach to an assignment which includes an electronic multi-media student presentation of a neighbourhood assessment and peer feedback.

Background/rationale

Authentic assessment of experiential student learning activities requires evaluation methods that go beyond writing papers. Group classroom presentation can be an effective modality for students to demonstrate their learning. However, face-to-face presentations can be time consuming and may not fit into available classroom schedules. Our Holistic Health Assessment teaching group desired to maintain the learning gained through a neighbourhood assessment assignment while utilizing a more time-efficient method for students to showcase their work.

Description/overview: Activities involved in our traditional neighbourhood assessment assignment were mostly maintained. Instead of a face-to-face presentation, groups of students were asked to develop and upload a multi-media electronic presentation of their findings.

Activities

Assessment of the assignment involved both teacher- and peer-based feedback, using existing functions of an online learning management system. Nursing faculty collaborated with information technology staff to develop the online tools for the assignment. Details of the assignment and online tools utilized will be presented in the session, along with samples of student presentations.

Evaluation/outcomes

There were many positive and few negative aspects involved in this new approach. The resulting multimedia presentations were very well done, overall, and became learning resources for later assignments. Peer feedback was effective and honest, possibly because anonymity of assessors was maintained. The lessons learned and feedback from students and faculty regarding this assignment will be shared, along with suggestions for how to enhance and adapt this innovation for other types of nursing student assessments.

Illness Narratives of Mental Health Service Users in the Middle East

Primary Presenter: Jason Hickey

Date: Tuesday, May 31, 2016

Time: 1350 – 1410

Room: Seymour Room

Sub Theme: Overcoming Barriers with Visible and Invisible Groups (Students and Patients)

Presentation Type: Graduate Student Concurrent Session

Authors: J. Hickey, I. Elwadia, K. Critchley, M. Adam and M. Saleem

Learning objectives

- Explore and discuss the illness narratives of mental health service users in the Middle East; and
- Discuss our challenges and successes accessing and interviewing this highly stigmatized group.

Background/rationale

The excessive burden of disease caused by mental disorders worldwide highlights the need for health practitioners to be informed about this invisible population group. Additionally, the current global trend towards personal recovery-oriented mental health care services stresses the importance of understanding the concerns of these individuals. Much of this understanding is based on Caucasian, Western populations, and very little is known about the experiences of service users in

other regions, such as the Middle East. Furthermore, ongoing conflict-related emigration from the Middle Eastern region will create increased need for culturally appropriate mental health service in receiving countries for these Migrants, such as Canada. This presentation will share narratives collected from mental health service users in Qatar, a small Arabic country in the Middle East. This information is relevant for educators who teach mental health courses, researchers and others who require access to this population, practitioners who provide care for Middle Eastern service users, and those responsible for the development of mental health services.

Methods/methodology

A narrative methodology is being used. Participants are currently being recruited using purposive sampling from inpatient mental health settings and through word-of-mouth community networks. Eight undergraduate nursing students who match the demographics of the local population were selected to act as co-investigators for the project. Data are being collected in English, Arabic, Hindi, Urdu and Togalog using open-ended interviews that focus on participants' experience of mental illness outside of the hospital setting. Audio-recorded interviews will be transcribed by the research team and analyzed using narrative analysis. Results will be shared widely with the aim of increasing understanding of service user's experience of mental illness in this region. Engagement with a broad stakeholder group has been essential in facilitating access to the study population and ensuring the study was culturally appropriate.

Summary

Understanding service users' experience of mental illness is important for health care students and educators, practitioners, policy makers, and the general public. Currently, very little is known about the experience of mental illness in the Middle East, a population with growing relevance worldwide. This presentation aims to shed light on Middle Eastern service user's experience of mental illness through the stories told by these people.

Embracing Digital Health within Nursing Curricula: A Collaborative Approach to Building Student and Faculty Capacity

Primary Presenter: Sherry Hole

Date: Monday, May 30, 2016

Time: 1640 – 1700

Room: Scott Room

Sub Theme: Informatics: New Tools for Education and Practice

Presentation Type: Concurrent Session

Authors: S. Hole, K. Furlong, L. Secco and R. Gordon

Network/Project Objectives

Several nursing faculty at the University of New Brunswick (UNB) are participating within a collaborative Canadian Association of Schools of Nursing (CASN) Digital Health Peer Leader Network. Two key UNB network initiatives are; 1) the mapping of Nursing Informatics Entry-Level Competencies for Registered Nurses (CASN 2012) to pre-selected bachelor of nursing (BN) course blueprints; and, 2) newly developed assignments for BN students with a pedagogical focus on information access behaviours using information and communication technologies (ICTs). These learning activities are viewed as essential to building student competence and abilities to access, interpret and apply information within various learning environments.

Overview

The overall goal of this presentation is to share initial steps, including strategies to engage faculty and how they evolved over time through ongoing discussion and subsequent buy-in. Involved faculty are working toward a common purpose; there is genuine interest in integrating the core nursing informatics (NI) entry-level competencies within the nursing curriculum, such as helping students understand how personal ICT experiences differ when such tools are used to access information in support of evidence-informed patient care. In addition, through the review of course blueprints faculty are becoming more aware of the meaning of NI competencies and their responsibilities in preparing future nurses for technologically driven workplace environments. This increased faculty exposure and understanding of the principles of NI and ICT are keys to establishing and sustaining support for this initiative, which is ultimately centered on patient safety.

Preliminary Network Outcomes

In summary, the UNB Digital Health Peer Leader Network activities are promoting a cultural change as both students and faculty are learning about basic and advanced informatics-related competencies for registered nurses. To this end, capacity building will be an additional component of network activity outcomes as a quest to sustain long term momentum for the initiative; the goal is for nursing faculty members to continue to incorporate digital health within nursing curricula so that nursing graduates meet CASN's newly established entry-level NI competency requirements.

Démarche de création de formation en ligne cohérente avec l'approche par compétences

Présentatrice principale: Cathy Houde

Date : lundi 30 mai 2016

Heure : 1150 – 1210

Salle : *Stevenson Room*

Sous-thème : L' informatique – nouveaux outils pour la formation et la pratique

Type de présentation : Session Simultanée

Auteur : C. Houde

Depuis les dernières années, la formation des infirmières a amorcé un virage important. En parallèle, plusieurs recommandations ont été faites afin d'intégrer plus de formations en ligne dans les programmes des établissements d'enseignement. Malgré l'augmentation de l'offre de ce type de formation, l'adoption et l'utilisation des technologies sont limitées (Petit dit Dariel et al., 2012). Pourtant, la formation en ligne comporte un potentiel pédagogique significatif et offre la possibilité de développer des apprentissages durables (Billings & Halstead, 2012; Petit dit Dariel et al., 2012). Étant donné que la formation en ligne peut devenir une ressource pédagogique qui ouvre de nouveaux horizons, une recension des écrits et une analyse critique de la littérature en lien avec celle-ci ont été réalisées. À la suite de cette analyse, une démarche de création d'une formation en ligne a été proposée. Cette démarche utilise l'approche par compétences comme approche pédagogique qui s'appuie sur les théories du cognitivisme, du constructivisme et du socioconstructivisme. Par le fait même, l'environnement d'apprentissage créé sera propice au développement des compétences ainsi qu'à l'intégration et au transfert des apprentissages dans la pratique.

L'intérêt et l'élément novateur de cette démarche de création résident dans le fait qu'elle offre la possibilité de développer une formation en ligne influencée par l'approche par compétences. En effet, aucun écrit recensé ne démontrait clairement des liens entre cette approche pédagogique et ce genre de formation.

Dans les prochaines années, le développement de formations en ligne pour les infirmières risque d'être à la hausse. Étant donné que les étudiantes doivent être en mesure de mettre rapidement en pratique leurs apprentissages, les formations doivent être développées avec une démarche qui favorise l'intégration et le transfert des apprentissages.

L'objectif d'apprentissage principal est de présenter la démarche de création de formation en ligne cohérente avec l'approche par compétences. L'utilisation de cette démarche permettra de guider les enseignants à développer une formation en ligne qui favorisera l'intégration et le transfert des apprentissages dans la pratique.

Billings, D. M., & Halstead, J. A. (2012). *Teaching in Nursing: A guide to the faculty*. (4e éd.). Missouri: ELSEVIER Saunders.

Petit dit Dariel, O., Wharrad, H., & Windle, R. (2012). Exploring the underlying factors influencing e-learning adoption in nurse education. *Journal of Advanced Nursing*, 69(6), 1289-1300.

Embedding an IPE Certificate Program into a Newly Revised Nursing Curriculum

Primary Presenter: Shauna Houk

Date: Tuesday, May 31, 2016

Time: 1000 – 1020

Room: Rossetti Room

Sub Theme: Innovations in Teaching and Learning

Presentation Type: Concurrent Session

Authors: K. Hayward, S. Houk and S. Cobbett

Learning objectives:

- To identify the complexities inherent in the integration of an effective IPE program
- To present ideas for creating positive IPE learning outcomes
- To discuss appropriate ways of evaluating IPE learning

Background/rationale

This Canadian University has worked diligently to advance and sustain interprofessional education (IPE) through collaboration among the health care programs. Our work has resulted in the implementation of a mandatory Certificate in Interprofessional Health Education for all students graduating from the Faculty of Health Professions. In 2011 the School of Nursing implemented a

policy that required eight IPE experiences over a four year program, with a minimum of two experiences at the immersion level and one within the practice setting required.

Description/Overview

In September 2016, the school is implementing a revised curriculum which includes the integration of an IPE Certification program. This presentation will discuss how the student voice from the current IPE experiences has informed the integration in addition to how the Canadian Interprofessional Health Collaborative (CIHC) competencies have provided direction to enable IPE to be an integral part of the curriculum. Evaluation data will be shared as well as exemplary IPE experiences that will be part of the revised curriculum.

Activities

Development and implementation of a new curriculum has provided an opportunity to truly embed the IPE certificate requirements within the curriculum across all nursing semesters and strengthen this content for nursing students. Our process has been informed by student evaluative feedback, mapping of the IPE competencies across the curriculum and embedding the IPE experiences into individual courses. This presentation will share our journey with the planning, proposed implementation and evaluation of embedding an IPE Certificate Program in the nursing curriculum.

Evaluation/Outcomes

Implementation of mandatory IPE experiences across the current curriculum over the last five years has provided an opportunity to evaluate its impact on student learning. Although there is no baseline data to which we can compare the current findings, it would appear that the current strategies need to continue to evolve to better reflect the competencies, to prepare the students for their role on the interprofessional health care team in the practice setting and to be seamlessly integrated into the nursing curriculum. It is anticipated that the careful and detailed planning that has occurred to truly integrate IPE into the revised curriculum, with particular attention paid to the integration of what our current and past students have told us, will accomplish these goals.

Senior Undergraduate and Nurse Practitioner Student Mentorship in the Clinical Learning and Simulation Center

Primary Presenter: Shauna Houk

Date: Monday, May 30, 2016

Time: 1330 – 1430

Room: Bb33

Sub Theme: Innovations in Teaching and Learning

Presentation Type: Poster Presentation

Authors: S. Houk, C. Ritchie and K. Hebert

Student volunteer mentors are assigned to labs for Health Assessment and Nursing fundamental courses. They are responsible to the course professor and assigned lab instructors for their activities

Undergraduate and Nurse Practitioner Learning Objectives

1. Apply knowledge and skills obtained from past experience to mentor junior students in Clinical Learning & Simulation Centre (CLSC)
2. Use evidence- informed practices to enhance student junior student learning.
3. Provide mentorship and guidance to undergraduate students in the CLSC.
4. Gain experience in teaching (leadership and professional development)

A senior undergraduate student (completion of 50% or greater of their program) will volunteer as a lab mentor to assist junior nursing students in practice labs in the first and second year of lab courses. The expectation will be that lab mentors attend demonstration labs in preparation for mentoring students during practice lab times. Mentors will assist students with techniques of physical assessment and psychomotor skills. Mentors are expected to volunteer for 2 hours per week in practice labs. Application process with cover letter (why you want to volunteer, what personal and professional skill set you offer) and current CV and faculty recommendation. A two hour orientation to the position with competency checklists and the term schedule is mandatory for mentors to attend at the beginning of the term.

A requirement of the Nurse Practitioner curriculum that students complete 10 hours of mentorship per term worth 10% of clinical grade. (Distance students complete alternative projects approved by the Clinical Preceptor)

Background Rationale:

This program provides student mentors with increased leadership opportunities and an understanding that being a mentor is a lifelong expectation for nurses.

The Undergraduate curriculum saw a decrease in mandatory lab instruction hours from 6 hours to 2 weekly. This was accompanied by an increase in lab class size from 1 instructor for 12-18 students to 1:30.

Nurse Practitioners need to provide Professional Development and leadership opportunities to meet Nurse Practitioner competencies.

Evaluation

Anecdotal comments from students in the courses and from the student mentors. Focus groups, written evaluations from mentors.

Challenges

Scheduling of student mentors around their timetable was challenging. There were some classes where student mentors were not able to attend.

Having student mentors come prepared by reviewing material ahead of class and attend the pre practice demos for each class.

Opening Doors to Refugee Health: Developing a Photovovella for Health System Navigation as Part of a Nursing-Student Community Health Experience

Primary Presenter: Lisa Howard

Date: Tuesday, May 31, 2016

Time: 1220 – 1240

Room: Seymour Room

Sub Theme: Overcoming Barriers with Visible and Invisible Groups (Students and Patients)

Presentation Type: Concurrent Session

Authors: L. Howard and S. Donahue

Learning objectives:

1. To identify Bhutanese refugees' needs related to accessing and using the primary care system
2. To facilitate action on refugees' needs using community development principles and the nursing process
3. To develop collaborative relationships that build individual and community capacity

Background/rationale

The community of Lethbridge, Alberta is one of several cities in the nation providing settlement for Bhutanese refugees and reports the highest population of Bhutanese refugees in Canada. Health care is important for refugees; however, language barriers and lack of familiarity with the different health service sectors make it hard for newcomers to use the Canadian health system (Zanchetta and Poureslami, 2006; Yun et al., 2015). It is important for nursing students to have experience caring for low-literacy populations and acting to redress health disparities in vulnerable groups. This project brought together Bhutanese refugees, health service providers, immigrant service workers and nursing students in an initiative that created capacity in newcomers to meet their primary care health needs, increased health provider sensitivity to low-literacy groups, and provided an educational experience for nursing students.

Description/overview

A community-based, multi-stakeholder working group completed a needs assessment of the local Bhutanese community and validated the difficulties associated with using the health system – particularly navigating primary care appointments. The project to support Bhutanese refugees with clinic appointments was part of the nursing students' community clinical experience and made possible through a collaboration with the multi-stakeholder group and the nursing program. In consideration of the Bhutanese peoples preferred learning styles (storytelling and pictures) and peer-reviewed literature on health communication in low-literacy populations, a Photovovella was a viable approach to communicate the complexities of the primary care appointment.

Activities

As part of a 13-week community clinical experience, a group of nursing students engaged with the Bhutanese community, health service providers, and immigrant service workers to develop, test, evaluate and adapt a Photonovella called 'Lelina goes to the clinic'.

Evaluation/outcomes

The Photonovella improved the Bhutanese participants understanding of the processes involved in making and attending primary care clinic appointments. The process of developing the Photonovella sensitized health service providers to using simple and consistent cues when caring for people with low-literacy. The multi-stakeholder group endorsed the Photonovella and distributed it to health providers for use with the Bhutanese as well as other low-literacy newcomers. The students increased their knowledge of refugee health issues and developed skills in working collaboratively with a vulnerable, minority population.

References:

Yun, K., Paul, P., Subedi, P., Kuikel, L., Nguyen, G. & Barg, F. (2015). Help-seeking behavior and health care navigation by Bhutanese refugees. *Journal of Community Health*. Advance online publication. doi 10.1007/s10900-015-0126-x

Zanchetta, M. & Poureslami, I. (2006). Health literacy within the reality of immigrants' culture and language. *Canadian Journal of Public Health*, 97(S2), S26 – 30.

"We Owe Clients More than Just Giving Them Information": Nursing Students Using Motivational Interviewing for Health Promotion

Primary Presenter: Lisa Howard

Date: Monday, May 30, 2016

Time: 1520 – 1540

Room: Rossetti Room

Sub Theme: Innovations in Teaching and Learning

Presentation Type: Concurrent Session

Authors: L. Howard and B. Williams

Background/rationale

Supporting clients to adopt healthy lifestyles is a significant role for nurses in practice and nursing students could benefit from developing skills, such as motivational interviewing (MI), to support clients with health behavior change. This clinician guided and person-centered approach is distinct from health education because it focuses on helping clients to explore and address their values, beliefs, capabilities and doubts regarding health patterns (Miller and Rollnick, 2013). MI emerged three decades ago as a counselling approach for addictions and crossed over into health care because it showed promise to support clients with health behavior change around lifestyle patterns and self-management practices. The research activity on MI largely focusses on clinicians in practice and little is known about nursing students using this technique. The purpose of this research is to describe how nursing students learn and use motivational interviewing (MI) in a clinical experience focused on health promotion.

Methods/methodology

A focused ethnography was used to access a sample of 20 undergraduate nursing students, 16 clients and 2 instructors. Data were generated from participant observations, field notes, student journals and interviews (one-to-one and focus group).

Results

Four key themes emerged from the data that reflected student experience with using MI: learning, connecting, collaborating and transforming. The content of MI skill teaching should include theoretical foundations of MI, demonstration of MI by a skilled clinician, high fidelity simulation for skill development and practice with real clients in a clinical environment. The spirit of MI is a process of formation where students require targeted feedback on their ability to connect meaningfully with the client and work collaboratively as partners. The process of learning and applying motivational interviewing has reciprocal benefits for students and clients. The exposure to MI as part of a collaborative partnership in undergraduate education is an opportunity to embed this relational style into routine nursing care that seems to elude licensed clinicians in practice. Furthermore, motivational interviewing, as part of a collaborative partnership, contributes to meaningful nurse-client encounters that develop client capacity for day-to-day problem solving.

Conclusions

It is feasible for nursing students to learn MI and use this approach with clients in a primary care setting to support a collaborative approach to health behavior change.

Learning objectives:

1. To describe the strategies that instructors use to teach students MI
2. To understand how nursing students use motivational interviewing (MI) in a clinical experience focused on health promotion

Reference:

Miller, W., & Rollnick, S. (2013). *Motivational interviewing* (3rd ed.). New York: NY: The Guilford Press.

Teaching Practice of Clinical Nurse Educators

Primary Presenter: Anita Jennings

Date: Tuesday, May 31, 2016

Time: 1220 – 1240

Room: Scott Room

Sub Theme: Innovations in Teaching and Learning

Presentation Type: Concurrent Session

Author: A. Jennings

Practicums are an essential component in undergraduate nursing programs and clinical nurse educators are primarily involved in teaching in the clinical arena. Clinical instruction is a pedagogical process (Severinsson, 1995; Fowler, 1996; Lyth, 2000), where the clinical instructor guides and instructs student nurses in their learning about nursing in the clinical environment. The purpose of this study was twofold; to theorize the pedagogical practices of clinical nurse educators and uncover the challenges that participants encountered while teaching in the clinical arena. The pedagogical practice of nurse educators is underrepresented in the literature in nursing education and teaching practices of clinical nurse educators is absent.

Method

A qualitative approach using grounded theory methodology guided the study design. Exploratory semi-structured interviews were conducted with twelve clinical nurse educator participants from undergraduate nursing programs in a large metropolitan city in Ontario, Canada. Charmaz's approach to grounded theory guided the study design. Data was analyzed using a critical pedagogical approach to teaching and learning.

Summary of Results

The results revealed five important findings. In this presentation, the author describes knowledge displayed by clinical nurse educator participants whilst teaching in the clinical arena and ethics that underpins their teaching practice.

Implication for teaching and research in nursing education

Teaching in the clinical arena is complex and multilayered. The results suggest the importance of formal knowledge of teaching, experience in nursing, guidance and support in improving teaching in the clinical arena.

Relevance of topic to conference

This topic incorporates teaching of nursing in classroom and clinical arenas.

Predicting Success: An Analysis of the Characteristics of Applicants to the Ontario PHCNP Program

Primary Presenter: Elisabeth Jensen

Date: Tuesday, May 31, 2016

Time: 1510 – 1530

Room: Seymour Room

Sub Theme: Innovations in Teaching and Learning

Presentation Type: Concurrent Session

Authors: E. Jensen, L. Barton, C. Laflamme, L. Patrick and S. Walkerley

The proposed project is an extension of the previous study focusing on the predictive value of personal essays for admission to the PHCNP Program at York University. The original study findings revealed that while the scores on admissions essays were not

associated with success or failure in the program, other characteristics or attributes such as years of nursing experience may be related to a successful outcome. The current project is aimed at further describing the characteristics of the applicants as well as exploring relationships between those characteristics and applicant success. This study will expand the study population by including three additional Ontario provincial Primary Health Care Nurse Practitioner sites, one of which enrolls francophone students. The results of this study will add to our knowledge of the type of applicant who is interested in the PHCNP program, the validity of our current process for admitting students to the PHCNP program and help faculty to revise that process to ensure that the applicants who are most likely to be successful are chosen to enter the Program. Understanding the learning needs of applicants will also be valuable in making curriculum revisions. The study will be completed in March 2016.

Un simulateur sur écran pour s'exercer à documenter les soins infirmiers avec une terminologie infirmière standardisée (ICNP®)

Présentatrice principale: Sylvie Jetté

Date : lundi 30 mai 2016

Heure : 1540 - 1600

Salle : *Stevenson Room*

Sous-thème : L' informatique – nouveaux outils pour la formation et la pratique

Type de présentation : Session Simultanée

Auteurs : S. Jetté, A. Tanguay, R.Pavel et S. Westover

Des chercheurs de l'Université de Sherbrooke en collaboration avec Menya Solutions Inc, ont ainsi développé un logiciel de simulation nommé Environnement Virtuel d'Apprentissage (EVA). Ce simulateur sur écran permet aux étudiantes infirmières de s'exercer, à partir d'histoires de cas, à réaliser l'évaluation clinique et l'examen physique. Le logiciel permet également aux étudiantes infirmières de se familiariser avec la documentation électronique de la démarche de soins, en ayant recours à la terminologie infirmière de l'ICNP®, recommandée par l'Association des infirmières et infirmiers du Canada (AIIC, 2006).

Description/Aperçu

Le logiciel d'environnement virtuel d'apprentissage EVA permet en somme de pratiquer la démarche de soins à l'aide de situations cliniques fictives. Il est donc possible de réaliser une évaluation avec un patient virtuel, en débutant par une entrevue de santé puis un examen physique ciblé. Par la suite, à l'aide des éléments de synthèses de l'évaluation, il est possible de choisir les constats infirmiers pertinents dans la situation ainsi que les interventions associées à inscrire au plan de soins. Lorsqu'on accède à ce dernier, on peut alors ajouter des détails concernant la fréquence des interventions choisies comme on le ferait dans un dossier clinique informatisé.

Les énoncés de constats et d'interventions sont tirés de la Classification internationale de la pratique des soins infirmiers (ICNP®) et sont classés par catégorie pour faciliter la recherche.

Activité

Nous ferons une démonstration du logiciel EVA et les participants pourront accéder à une version en ligne pendant la démonstration pour se familiariser avec les différentes fonctionnalités.

Évaluation/Résultats

À la fin de la séance, un court questionnaire en ligne sera utilisé pour recueillir les impressions des personnes participantes sur l'utilité du simulateur sur écran pour la formation des futures infirmières.

Association Canadienne des écoles infirmières (ACESI) (2012). Compétences informatique infirmière requises par les infirmières autorisées pour accéder à la pratique. ACESI, Ottawa, Ontario.

Association des Infirmières et Infirmiers du Canada (AIIC) (2006). Énoncé de position. L'information infirmière et la gestion du savoir. AIIC, Ottawa, Ontario.

Miok, K. et Minho, S (2012) Development and Evaluation of Simulation Based Training for Obstetrical Nursing using Human Patient Simulators. CIN : Computers, Informatics, Nursing. 1-9.

CASPer - A new tool to Assess the Best Candidates for Admission to a Baccalaureate Nursing Program

Primary Presenter: Tracey Jewiss

Date: Tuesday, May 31, 2016

Time: 1040 – 1100

Room: Scott Room

Sub Theme: Informatics: New Tools for Education and Practice

Presentation Type: Concurrent Session

Authors: T. Jewiss and O. Lunyk Child

Nurse educators are charged with the responsibility of selecting the best candidates for nursing programs since their graduates will care for vulnerable individuals, families and communities.

Cognitive ability, as demonstrated through high grades is the best predictor of success both in terms of program completion and licensure exams (Schmidt & MacWilliams, 2011). Since science courses are an integral part of the BScN curriculum, it is important to ensure applicants have the academic capacity to be successful in science-based programs. However, it is recognized that consideration should be given to personal characteristics to ensure a more holistic approach to admissions (Scott & Zerwic, 2015).

Current practice at a southern Ontario baccalaureate program includes assessment of applicants solely on the grade point average (GPA) of four prerequisite courses and two elective courses. Due to the high number of well qualified applicants, the GPA cut-off has risen to 92% in 2015 comparable to 87% in 2009. As a result, it has become increasingly difficult for many capable applicants, who are passionate about becoming nurses, to gain access to nursing education at this university.

The Admissions Committee began to question the use of GPA as the only criterion for admission. Research on personality characteristics congruent with nursing practice has been another important consideration when reviewing nursing admission criteria (Perkins, Burton, Dray, & Elcock, 2013; Timer & Clauson, 2011). As a result, the program decided to embrace a holistic approach to the admissions process by implementing a computer-based assessment for sampling personal characteristics (CASPer), a test developed for medical admissions at the same university.

CASPer is a web-based situational judgement test designed to evaluate key personal and professional characteristics essential for student success in school and ultimately, as practicing nurses. Some identified characteristics include professionalism, team work, empathy, compassion and cultural sensitivity. The 90-minute test will present candidates with a series of interpersonal conflict videos and ask three probing questions with a 5-minute limited response time for each video. The CASPer scores, along with academic grades will be used to assess a candidate's admissibility to the nursing program.

Further research on the use of CASPer will be to evaluate the experiences of successful candidates who completed the online test as well as the validity of this admission measure in predicting performance outcomes in this baccalaureate nursing program.

References

Perkins, A., Burton, L., Dray, B., & Elcock, K. (2013). Evaluation of a multiple-mini-interview protocol used as a selection tool for entry to an undergraduate nursing programme. *Nurse Education Today*, 33, 465–469. doi:10.1016/j.nedt.2012.04.023

Schmidt, B., & MacWilliams, B. (2011). Admission criteria for undergraduate nursing programs: A systematic review. *Nurse Educator*, 36(4), 171-174. doi: 10.1097/NNE.0b013e31821fdb9d

Scott, L.D., & Zerwic, J. (2015). Holistic review in admissions: A strategy to diversify the nursing workforce. *Nursing Outlook*, 63 (4), 488-495. <http://dx.doi.org/10.1016/j.outlook.2015.01.001>

Timer, J. E., & Clauson, M. I. (2011). The use of selective admissions tools to predict students' success in an advanced standing baccalaureate nursing program. *Nurse Education Today*, 31, 601-606. doi:10.1016/j.nedt.2010.10.01

Improving Preceptor Self-Efficacy and Role Knowledge Using an Online Education Program

Primary Presenter: Laura Johnson

Date: Tuesday, May 31, 2016

Time: 1100 – 1120

Room: Rossetti Room

Sub Theme: Innovations in Teaching and Learning

Presentation Type: Concurrent Session

Author: L. Johnson

Preceptors are crucial in the preparation of nurse practitioner (NP) students. Preceptors generally are expert clinicians, but not necessarily expert teachers. The literature supports preceptor preparation programs; however, the existence of formal programs is not commonplace. Preceptor preparation is essential to enrich preceptor satisfaction and enhance quality-learning experiences for NP students. The purpose of this QI project was to evaluate whether the completion of an online preceptor education program (PEP) was related to an increase in NP preceptors' perception of self-efficacy regarding their skills, and whether there was an increase in knowledge related to clinical teaching principles. The PEP consists of seven online modules developed for both health care students and professionals by the University of Western Ontario. Using a quasi-experimental pre-posttest design testing to measure change scores before and after participants took the PEP on self-efficacy and knowledge scores revealed a significant change in self-efficacy and knowledge scores post intervention. A significantly larger increase in self-efficacy pre to post intervention score was seen in those who completed all modules compared to those who did not. The mean increase in knowledge score from pre to post test suggested a statistically significant increase in knowledge test scores. The mean difference in knowledge scores between participants completing all modules versus those that did not complete all modules was not statistically significant. Although these results are positive and show an online education program used for NP preceptor education improved self-efficacy, a larger study will need to determine the effectiveness of the program in increasing preceptor knowledge.

Strengths-Based Teaching and Learning Pedagogy: A Tale of Two Educators' Ontological Exploration through Simulation and Clinical Practice

Primary Presenter: Brenda Juby

Date: Tuesday, May 31, 2016

Time: 1020 – 1040

Room: Carlyle Room

Sub Theme: Simulation and Clinical: When and How to Use Them?

Presentation Type: Concurrent Session

Authors: C. Ferreira and B. Juby

With a goal of improved practice for better patient health outcomes, simulation has become a staple in nursing education. Simulation experiences often have a prebriefing, an unfolding case scenario, and a debriefing period. When created thoughtfully, simulation-based learning experiences offer students a safe environment to demonstrate their knowledge, skills, and attitudes through the use of different teaching and learning tools and strategies. Simulation works not because of the use of technology but how the science of simulation is embodied. At the core of embracing simulation as a pedagogy is a challenge to understand one's ontological orientation or way of being for educators to be able to maximize the teaching and learning potential of simulation-based learning experiences.

Educators are often hired for their clinical expertise and not their teaching know-how. If the goal of nursing education is to have safe, competent, and ethical practitioners, it is essential that educators develop how students come to know, act, and be like a nurse whether it be in clinical practice or simulation. Working from a strength-based teaching and learning (SBTL) pedagogy requires educators to be open and appreciative of diverse and different perspectives, while recognizing and taking every opportunity to build on teachable moments.

Underpinned by constructivism, simulation and SBTL privilege knowledge as socially constructed and foundational to the learning process (Young & Maxwell, 2007). SBTL pedagogy as an ontological approach directs how educators think, act and relate. Using SBTL requires educators to shift their focus from a deficit to a positive orientation. Educators embodying SBTL see students as experts in how they learn. Both educator and learner foster discovery through self-directed learning and engagement; and create safe and interactive environments so that both can expand on their own learning and reflections to discover and nurture their passion for nursing (Gottlieb & Wright, 2013) which complements the use of simulation in nursing education.

In simulation, educators acknowledge learners as makers of meaning. During a debriefing period, educators uncover learners' frame of mind where a dialogue about reflection-in and on-action are critical in supporting students' development of embodying what it means to be a nurse.

With SBTL, students develop a sense of purpose in their ability and understanding of what it means to be a safe and competent nurse. In addition, educators develop a renewed appreciation for the role they play in educating future nurses and feel empowered to continue in their professional and personal growth.

Our Next Top Model? An Investigation of Nurse Education Service Models in Acute Care Metropolitan Hospitals

Primary Presenter: Carolyn Keane

Date: Monday, May 30, 2016

Time: 1500 – 1520

Room: Mountbatten A

Sub Theme: Developing Administrative Leadership and Political Skills

Presentation Type: Concurrent Session

Authors: C. Keane and S. Allix

Background

The provision of continuing professional development for nurses is necessary to support their delivery of safe patient care. Employing healthcare organisations have a responsibility to ensure that a range of education and training activities are available to nurses to allow them to participate in continuing professional development and undertake lifelong learning. Nurse education departments however need to function as effectively and efficiently as possible, producing measurable outcomes to justify their cost in regards to the organisations financial bottom line.

In reviewing the literature, there appear to be three recognised models of nurse education services within hospitals. These are described as centralised, decentralised and combination models. All of these models have advantages and disadvantages that can affect service delivery, quality of service and cost. The purpose of this study was to investigate the different nurse education service models that are being utilised to evaluate the efficiency and effectiveness of the different model types with the view to making recommendations for future nurse education service delivery within healthcare organisations.

Methods

This research study used a mixed methods approach involving three phases. Phase one involved interviews and focus groups with nurse educators at one tertiary teaching hospital in Perth, Western Australia (WA). Phase two involved focus groups and interviews with nurse educators in acute care metropolitan hospitals in WA. Phase three of the study consisted of a national survey of nurse educators in acute care metropolitan hospitals across Australia.

Results

This study identified the most important aspects of a nurse education service as including having a service closely aligned with clinical practice (98.5%, n=387), clear nurse educator role definition (98%, n=385), close links with nurse unit managers (97.7%, n=384), being well resourced (97.5%, n=383) and a training framework for education service delivery (97.5%, n=383). The study found that the majority of nurse educators were working within a combination service model (57%, n=225) and that there was a significant difference in the views of nurse educators regarding the efficacy of the different models.

Conclusions

The findings demonstrated that a centralised nurse education service model undertook more functions than the other models and delivered significant advantages over a decentralised and combination model.

Learning Objectives

The findings of this study, suggest that when deciding on a model in which to deliver their nurse education service, the hospital executive team implement a centralised service model to take advantage of the benefits of this model over a decentralised or combination model.

An Interprofessional Global Learning Experience with Waves of Hope in Nicaragua

Primary Presenter: Audrey Kenmir

Date: Tuesday, May 31, 2016

Time: 1140 – 1200

Room: Mountbatten A

Sub Theme: Overcoming Barriers with Visible and Invisible Groups (Students and Patients)

Presentation Type: Concurrent Session

Authors: A. Kenmir, M. Hughes and C. Stefopoulos

Learning Objective

Participants will gain an understanding of a blended learning (BL) opportunity that help to prepare a group of interprofessional healthcare students develop an awareness of health issues facing invisible populations.

Background

The Canadian population is becoming increasingly diverse and as such healthcare students require an understanding of factors that influence an individual's health. Interprofessional (IP) global service learning opportunities can enhance critical thinking through immersion, action and reflection to facilitate a better understanding of health in today's diverse and interconnected world. Students need to acknowledge factors that influence an individual's health. Using a relational inquiry lens and holistic approach can assist with this. Interprofessional (IP) models of healthcare delivery can help meet the challenges of increasing patient complexity. This paper will present experiential learning strategies that support interprofessional collaboration and encourage student awareness of health in diverse populations.

Methods/Methodology

In 2014, a Global Citizenship and Equity Learning Experience (GCELE) was launched creating a global experiential learning opportunity for IP healthcare students in collaboration with a Nicaraguan community and a non-governmental organization; Waves of Hope (WOH). With expressed interest in the health care needs of the Nicaraguan community by WOH, students were required to gain an understanding of the community's healthcare needs and how to best support the desire of creating a healthier community.

The project was guided by Kolb's experiential learning theory and consisted of workshops, online learning tools and the experiential community practicum. An experiential BL platform was created to engage the IP students in active learning, critical analysis and reflective practice. The BL strategies increased IP engagement and enhanced curiosity amongst the healthcare students. Blended interactive activities were implemented to deepen the understanding of each discipline's and team member's role and learn how to engage, as active health care providers, within the Nicaraguan community. These activities nurtured self-discovery, improved students' perspectives of self-efficacy, initiated meaningful relationships, deepened the purpose of social responsibility, and initiated the understanding of incorporating relational practice to uncover individuals' health-related need.

Summary

Global interprofessional learning experiences fosters a critical consciousness in students allowing them to combine action and reflection in practice with diverse communities. The students demonstrated increased knowledge of their role; the roles of others, and how IP collaboration can improve collaboration with the Nicaraguan community to understand health-related needs. Clearly, the GCELE offered a transformative learning opportunity for both faculty and students.

Upon critical reflection of the GCELE which included feedback from the students and WOH, a revised proposal was resubmitted for the 2016 year and accepted with the goal to introduce a more structured blended format for students to learn with, from and about each other, the WOH team, and the Nicaraguan community with assistance from experiential learning activities/strategies.

Interprofessional BL is a promising strategy for healthcare curriculums. Further research is required to evaluate the impact of similar global immersion educational opportunities that support IP learning and how to best transfer similar learning opportunities through the use of case studies to meet the needs of a diverse community.

Measurement of Nursing Students Self Efficacy (Confidence) for Comprehensive Nursing Practice

Primary Presenter: Evelyn Kennedy

Date: Monday, May 30, 2016

Time: 1330 – 1430

Room: Bb33

Sub Theme: Facilitating the Transition from Student to Nurse

Presentation Type: Poster Presentation

Authors: E. Kennedy, D. Brennick, G. Tomblin-Murphy and R. Alder

Important elements in workforce planning are linked to the confidence (self-efficacy) of future registered nurses. Student nurse attrition is estimated to be 28% and approximately 68% of new graduates in Nova Scotia plan to leave their current employer. Health care systems need registered nurses who want to stay in the nursing workforce, who are resilient to its stressors and who are confident and productive as members and leaders of interdisciplinary health care teams.

Purpose

To develop and psychometrically assess a scale to measure senior baccalaureate nursing student self-efficacy related to meeting entry level competencies required on acceptance to the profession. Strong research evidence supports the value of self-efficacy in general education and employment; further investigation of self-efficacy building in nursing education is warranted. To do so, development of a valid and reliable measurement instrument was an important first step.

Methodology

A twenty-two item, Likert type measurement instrument entitled the Nursing Competence Self- Efficacy Scale (NCSES) was developed and validated by experts in nursing research and practice and in consultation with experts in instrument development and psychometric assessment. Nursing experts (n=8) participated in a validation process consisting of two independent reviews of the instrument. Student readers evaluated the draft 32 item NCSES for clarity and ease of interpretation before it was administered to senior baccalaureate nursing students (N=253). Analyses: content validity, face validity, validity from contrasting groups, convergent validity, factor analysis, reliability and test re test reliability.

Results

Shapiro Wilk is 0.982; Skewness .541 .155; Kurtosis .459 .308. Contrasting group t-test statistic ($p < .001$) rejects the null hypothesis between second year student scores and seniors. Sampling adequacy is supported by KMO .934; Bartlett's test ($p < .001$). Exploratory Factor Analysis suggests 22 items moderately or highly loaded by four interpretable factors reflecting student self-efficacy in specific domains. Cronbach's alpha for 22 items was .919; for factors .789, .845, .783 and .753 respectively. Stability is supported by a positive correlation between administration on time one and two to paired groups of seniors on a test-retest reliability Pearson correlation coefficient of ($r = .831$).

Conclusion

The NCSES is the first scale developed to evaluate senior nursing students' self-efficacy for comprehensive nursing practice. Initial psychometric assessment has estimated internal consistency reliability, test-retest stability reliability, content validity, construct validity and contrasting group validity. With further assessment the NCSES may provide a practical 22 item scale designed to evaluate senior baccalaureate nursing students 'self-efficacy for future nursing competence. A replication study is currently underway.

IEs Journey in Becoming a Nurse in Ontario: BIEN Programs' Challenges and Opportunities

Primary Presenter: Hossein Khalili

Date: Tuesday, May 31, 2016

Time: 1410 – 1430

Room: Mountbatten B

Sub Theme: Facilitating the Transition from Student to Nurse

Presentation Type: Concurrent Session

Authors: H. Khalili, S. DeLuca, M.A. Krahn and A. Ferreira

The College of Nurses of Ontario (CNO) has recently introduced some substantial changes in their nursing policies and regulations. These changes include: the introduction of the Observed Structure Clinical Exam (OSCE), the requirement of

University-Level courses to meet RN Competency gaps, the introduction of the National Nursing Assessment Services (NNAS), the reduction in the evidence of safe practice window from 5 years to 3 years, and the replacement of the CRNE with the NCLEX-RN exam for RN applicants.

These CNO changes are affecting not just the new internationally educated nurses (IENs) applicants in becoming nurses in Ontario, but also have significant implications for IENs who are in the process of registration and eager to join the Ontario's healthcare forces. The IENs are concerned that by the time they complete all the phases of CNO registration requirements, which could take about 2-3 years on average, IENs will be out of safe practice and they have to return to school (bridging programs) to meet their safe practice requirements. In overall, the current CNO registration process for IENs is considered to be lengthy, expensive and complex, which could discourage future IENs from applying for licensure in Ontario (ESDC, 2015).

In this presentation, we will present and discuss the implications of the above CNO changes on the bridging programs in Ontario, and how Fanshawe Collage bridge program for internationally educated nurses (BIEN) is working to minimize the impacts of the changes on IENs while addressing IENs' needs in a timely manner.

The Transparent Nudge: Engaging Second-Entry Nursing Students in Developing Competencies and a Professional Identity

Primary Presenter: Pamela Khan

Date: Monday, May 30, 2016

Time: 1330 – 1430

Room: Bb33

Sub Theme: Innovations in Teaching and Learning

Presentation Type: Poster Presentation

Author: P. Khan

Faculty in a two year second entry nursing program face many challenges when engaging students in learning that is intended to help them develop competencies along with an identity as a professional and as a nurse. Throughout the program, students, many of whom have a science background, are asked to engage with ideas and concepts such as personhood, relationship, ethical comportment, while they begin to come to terms with interprofessional and systems dynamics. Their approach to learning and understanding what is valuable for their professional development undergoes a transition, and for many this happens not without a struggle. To address ways of supporting students' engagement with this new and often unfamiliar material the term Choice Architecture (Thaler, Sunstein & Balz, 2010) inspires some thought. Choice architects structure the environment and create conditions in which choices are made. In that environment the choice architect uses Nudges (actions that promote behavior change (Hansen & Jespersen, 2013) to encourage the student to move in new directions. For purposes of this presentation, Type 2 (reflective and rational) Transparent Nudges will be discussed.

Type 2 Transparent Nudges help the student to understand the reason behind the prompting of behavior change. It involves the deliberate and conscious processing of information and requires effort and concentration. It is associated with self awareness, agency, autonomy and volition. This process reflects the kind of approach to thinking Nursing Faculty struggle with instilling in our students. On reflection, if a "Nudge" of the student towards developing particular competencies and capacities is framed by Faculty in a deliberate, consistent way, the challenge of engaging students in working through and valuing the more abstract, theoretical and at times, for some, less meaningful material may be significantly diminished. This poster presentation will describe some examples of how this Transparent Nudge is enacted.

Creative Pedagogy: Developing Narrative Competence in Undergraduate Nursing Education

Primary Presenter: Kristen Kienzle

Date: Tuesday, May 31, 2016

Time: 1450 – 1510

Room: Seymour Room

Sub Theme: Innovations in Teaching and Learning

Presentation Type: Concurrent Session

Authors: K. Kienzle and J. Lapum

Learning Objectives

By participating in the presentation, participants will be able to: (1) understand the significance of narrative competence

development and why it is relevant in undergraduate nursing education; (2) identify how Kolb's (1984) Experiential Learning Theory can be used as a guide for creative teaching; and (3) be able to recognize applicable strategies for creative teaching to facilitate the development of narrative competence in learners.

Background/Rationale

Facilitating students' development of narrative competence is a vital component of undergraduate nursing education. Based upon Rita Charon's (2001) work, narrative competence involves the capacity to identify meaning behind patient stories for use in patient-provider interactions. The development of narrative competence is a creative and innovative educational approach that encourages learners to engage in critical reflection of personal and professional experiences through stories. The use of storytelling and reflecting upon past experiences gives learners concrete examples of how interpreting stories can advance one's nursing practice.

Description/Overview

The purpose of the project was to explore the process and outcomes of narrative competence development in the context of a second year undergraduate nursing concepts theoretical course at a university in a metropolitan area of Southern Ontario. The project was informed by Kolb's (1984) Experiential Learning Theory, which aims to develop a holistic perspective that integrates experience, cognition, and reflection to generate knowledge. Kolb's theory can inform the process of implementing narrative competence development in nursing programs through using the four stages of the learning cycle: concrete experience, reflective observation, abstract conceptualization and active experimentation.

Activities

Three learning activities were developed, implemented, and evaluated as a curriculum development initiative to advance students' narrative competence. Using anonymous evaluation forms, students provided feedback. The data were thematically analyzed.

Evaluation/Outcomes

Results revealed that students' capacity for narrative competence increased and the activities promoted students' learning of the relevant nursing concept through narrative reflection. Students critically reflected upon how the concept was applicable to their practice and provided feedback on how to improve activities for enhanced learning. The student feedback provided direction in how to adapt activities to best fit the learners' needs. Using Kolb's (1984) Experiential Learning theory to guide the structure of learning activities can assist instructors in integrating creative pedagogy in a theoretical concepts course. Further exploration of developing narrative competence is warranted, as the method enhanced students' learning.

Cancer as a Platform for Genetics Education in the Undergraduate Nursing Curriculum

Primary Presenter: Jason Kiernan

Date: Monday, May 30, 2016

Time: 1330 – 1430

Room: Bb33

Sub Theme: Innovations in Teaching and Learning

Presentation Type: Poster Presentation

Authors: J. Kiernan and A. Hazard Vallerand

Nursing leaders and governing agencies have long requested more genetic content in the undergraduate nursing curriculum. Despite this, evidence in the literature detailing how to meet this objective is limited. In this educational model, cancer is used as a platform by which undergraduate nursing students are introduced to the multiple genetic abnormalities that underlie the cellular dysregulation leading to carcinogenesis. Nursing students complete a semester-long course focused on cancer, its genetic and epigenetic underpinnings, and how genetics influence the care nurses give. This approach has facilitated integration of genetic content in a disease-focused nursing course and may be a useful model to replicate in other undergraduate nursing programs.

Assessing Informatics Competencies: Development and Pilot-testing of the Nursing Informatics Competency Questionnaire for Canadian Registered Nurses (NICQ-CRN) Self-Assessment Tool

Primary Presenter: Manal Kleib

Date: Monday, May 30, 2016

Time: 1500 – 1520

Room: Scott Room

Sub Theme: Informatics: New Tools for Education and Practice

Presentation Type: Concurrent Session

Authors: M. Kleib and L. Nagle

Learning objectives

- Discuss the importance of informatics competencies in nursing education and practice.
- Report results of pilot testing of the Nursing Informatics Competency Questionnaire for Canadian Registered Nurses (NICQ-CRN) and implications for main study.

Background/Rationale

In 2012, the Canadian Association of Schools of Nursing (CASN) published the Nursing Informatics (NI) Entry-to-Practice Competencies for Registered Nurses. However, to date, these competencies have not been utilized in a scale format to facilitate self-assessment of NI competency. Furthermore, the status of NI competencies in nursing practice has not been systematically examined. Developing a Canadian-based self-assessment resource enables nurses to fulfill professional expectations in NI through participation in competency self-assessment and professional development.

This presentation will include a description of this two phased study and findings from phase one, which focused on the development and pilot testing of the “NI Competency Questionnaire for Canadian Registered Nurses (NICQ-CRN)” self-assessment tool. In phase two, the NICQ-CRN will be used to assess registered nurses’ self-perceptions of NI competencies and factors associated with competency development in Alberta. Establishing a baseline of NI competencies and understanding factors associated with competency development is key for identifying an actionable policy and building capacity in NI in Canada.

Methods

The NICQ-CRN web-based survey consists of 35 items; fourteen items related to demographic and general factors associated with competency development identified based on the literature, and twenty-one items related to NI competency indicators defined by CASN, assessed on a rating scale of 1-5 based on Benner’s model. To evaluate the face validity of the survey, five additional questions are included on a rating scale of 1-4 with an option for comments. We used Redcap survey management software to setup the survey. Following ethics approval, nurses from the Nursing Informatics Association of Alberta (NIAA) will be invited to participate in pilot testing via a poster invite with an embedded link to the survey. Data analyses including calculation of descriptive statistics, calculation of the reliability index Cronbach’s alpha, and other statistical procedures depending on the response rate, will be employed.

Summary

Pilot testing will be completed in February-March, 2016. Results from pilot testing will help refine the NICQ-CRN prior to using it in the main study.

Integrating Informatics in Nursing Education: The Conundrum of Language

Primary Presenter: Manal Kleib

Date: Monday, May 30, 2016

Time: 1130 – 1150

Room: Scott Room

Sub Theme: Informatics: New Tools for Education and Practice

Presentation Type: Concurrent Session

Authors: M. Kleib and M. Applin

Learning Objectives

1. To identify the plethora of terms used in the literature related to informatics in nursing practice.
2. To discuss the current state of the literature related to the ordering and relationship between the various informatics terms.

3. To examine the impact of the lack of informatics language clarity and uniformity on learner outcomes.
4. To present a prototype info-graph teaching tool designed to help learners grasp the order and relationship between the current informatics terms.
5. To describe an evaluation framework to evaluate the effectiveness of info-graph as a teaching tool.

Background/Rationale

Building capacity in nursing informatics is an urgent priority in Canada. The Canadian Association of Schools of Nursing (CASN) and Canada Health Infoway (CHI) have partnered to lead a number of projects designed to facilitate the integration of informatics and consumer health solutions in baccalaureate nursing education. One such initiative is the Digital Health Nursing Faculty Peer Leader Network (NFPN). Through a collaborative mentorship relationship between a Peer Leader and Faculty Mentee Colleague, the NFPN aims to facilitate the integration of informatics in nursing curricula by increasing nursing faculty understanding of informatics competencies, consumer health solutions, digital health, and the impact of emerging health technology on the practice of nursing in the future. As well, by providing faculty members with access to a variety of teaching and learning strategies related to these topics.

Description/Overview

As participants in the NFPN, the presenters will provide an overview of the current state of the informatics literature to highlight the conundrum of language and the challenge it poses for faculty seeking to integrate informatics in nursing curricula.

The presenters will describe a prototype info-graph, an educational tool that nurse educators could use to help students navigate the terminology of informatics and gain a basic understanding of its relevance to clinical nursing practice. As well, an evaluation framework to evaluate the effectiveness of the info-graph as a teaching tool will be presented.

Preparing Nursing Students for the Profession: The Relationship between Beginner Nursing Students' Anxiety and Lack of Confidence Associated with Handover Reporting and Learning the ISBARR Framework

Primary Presenter: Sarah Kostiuik

Date: Monday, May 30, 2016

Time: 1210 – 1230

Room: Mountbatten B

Sub Theme: Facilitating the Transition from Student to Nurse

Presentation Type: Concurrent Session

Author: S. Kostiuik

Background

It is critical for nurse educator to implement strategies to aid nursing students' towards developing the necessary communication skills to work in the nursing profession. One of the leading causes of adverse events within healthcare systems is poor communication among healthcare workers (The Joint Commission, 2011). Standardized communication frameworks, such as the ISBARR framework (identify, situation, background, recommendation, and repeat), are being used in nursing education to help teach students to deliver effective handover reports (National Clinical Guideline Committee, 2014; Enlow et al., 2010; Kesten, 2010). There is lack of research on how various standardized communication frameworks affect nursing students. High anxiety and low confidence have been identified as problems affecting nursing students' ability to deliver handover reports effectively (Krautscheid, 2008; Maginnis & Croxon, 2010; Solomon & Salfi, 2011).

Methods

This study explored if there was a relationship between learning the ISBARR framework and nursing students' perceived anxiety and confidence levels associated with handover reports. The Competitive State Anxiety Inventory-2 (CSAI-2) survey was used to collect quantitative data. The data was collected before (pre-test) and after (post-test) learning the ISBARR framework. To strengthen the study, qualitative survey questions were included in the post-test to compare against the quantitative data collected. Statistical significance was set at $p=0.02$.

Results

Results indicated that learning the framework had a strong effect in reducing the students' perceived somatic anxiety levels, a medium effect on increasing the students' perceived confidence levels, and a medium effect in reducing the students' perceived cognitive anxiety levels. Conclusion: This indicated that the nursing students benefited from learning the ISBARR framework because it may have lowered their perceived anxiety and increased their sense of confidence associated with handover reports.

Results suggested that learning the ISBARR framework may actually assist the beginner nursing students to develop a mental picture of how to give a handover report.

Learning objectives

Although more research is needed, ISBARR may help nursing students to feel more prepared to communicate handover reports.

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Transitions in a Collaborative Baccalaureate Nursing Program: Uncovering the Experience of Students Who Start at a College Site

Primary Presenter: Mary Anne Krahn

Date: Monday, May 30, 2016

Time: 1520 – 1540

Room: Seymour Room

Sub Theme: Facilitating the Transition from Student to Nurse

Presentation Type: Graduate Student Concurrent Session

Authors: M.A. Krahn and M. Viczko

In Ontario, the baccalaureate degree became the entry-to-practice requirement for Registered Nurse practice in 2005 (Wood, 2011). This decision required the development of college and university partnerships to respond to the resulting implementation and capacity challenges of collaboration over time, particularly for nursing students (Cameron, 2003; 2005; Molzahn & Purkis, 2004; Zorzi, et al., 2007).

This presentation provides an overview of an exploratory case study to answer the primary research question: How do nursing students in a collaborative baccalaureate nursing program who start at the college site experience the transition to the university site to complete the program? The presentation includes a discussion of the use of pre-interview activities, dialogue about how students' transition through an entry-level program might impact their transition to graduate nurse, sharing innovative strategies to enable students' success during transitions, and exploring opportunities for future research in student transitions.

Case study methodology (Yin, 2014) with a heuristic case study design was used to explore the phenomenon of nursing student transition. Meleis's (2010) transitions theory, van Gennep's (1960) rites of passage, and Cameron's (2003; 2005) interactive model of transition guided the study. Ethics approval from the university and college was received.

Data collection involved two phases to provide multiple sources of data. In phase one, purposeful sampling was used to recruit participants for individual interviews. Participants were asked to bring a completed pre-interview activity to enable recall and reflection of their transition experience and to deepen their understanding of what may be a complex experience. Phase two involved a focus group to validate themes that emerged from the interview transcript analysis. The study is currently in the data collection and analysis phase; therefore preliminary findings will be presented. Initial findings indicate that participants felt disconnected when at the university site; compounded by themes of feeling lost, unequal, and frustrated with university processes.

By uncovering the experience of students, nursing academics can deepen their understanding of the complexity of student transitions in an entry-level collaborative nursing education, enabling the development of strategies to support student success, program completion, and transition to graduate nurse. Findings may have resonance and applicability to other collaborative college university partnerships where nursing students begin at the college site and transition to the university to complete the program.

Intégration d'étudiants, de professionnels et d'un patient partenaire dans une expérience d'apprentissage par simulation : une étude en sciences infirmières

Présentatrice principale: Michelle Lalonde

Date : mardi 31 mai 2016

Heure : 1000 – 1020

Salle : *Stevenson Room*

Sous-thème : Quand et comment utiliser la simulation et les stages cliniques?

Type de présentation : Session Simultanée

Auteurs : M. Lalonde, M.-C. Malouin-Benoit, A. Michon, J. Desroches et E. Gagnon

En raison de la pénurie de places de stage francophone en milieu minoritaire et en régions éloignées, les établissements universitaires déploient de nombreux efforts pour placer les étudiants en sciences infirmières. Évaluer si des séances francophones d'apprentissage par simulation peuvent faire office d'heures de stage constitue une approche pour pallier à cette pénurie. Le but de cette étude était d'évaluer si l'intégration d'activités de simulation avec des professionnels de la santé et un patient partenaire francophones avait un effet sur le développement de compétences, le sentiment d'auto-efficacité et la socialisation professionnelle des étudiants en sciences infirmières. Cette étude avait trois aspects novatrices, soit l'ajout de professionnels de la santé et un patient partenaire dans les séances de simulation, ainsi que les séances de simulation ont eu lieu dans un centre hospitalier.

Cette étude utilise l'approche de l'étude de cas, donc ce projet est exploratoire, descriptif, et particulièrement artistique. Les séances de simulation étaient des situations cliniques auxquelles la probabilité d'être exposé en stage est faible, et lors desquelles les étudiants sont souvent tenus à l'écart en raison de la sécurité des patients. Les scénarios ont été développés par l'équipe de recherche, en collaboration avec un patient partenaire, en prenant compte des objectifs de stage et les résultats escomptés d'apprentissages cliniques. Chaque séance comprenait la participation d'étudiants de troisième année d'un programme francophone en sciences infirmières, des infirmières, un médecin et un patient partenaire. Cette présentation va mettre l'accent sur le développement des séances de simulation et l'implication du patient partenaire. De plus, les résultats des groupes de discussions et questionnaires vont être présentés.

In the Palm of Your Hand - Normalizing the Transition from Academia to Practice using Mobile Technology

Primary Presenter: Kimberley Lamarche

Date: Monday, May 30, 2016

Time: 1520 – 1540

Room: Scott Room

Sub Theme: Informatics: New Tools for Education and Practice

Presentation Type: Concurrent Session

Authors: K. Lamarche, C. Park, M. Rich, S. Fraser and S. MacKenzie

The purpose of this research project is to extend the understanding of the normalization of mobile technology from nursing clinical education to the workplace. This speaks to many of the conference themes (transition, simulation, information, innovations).

Specific learning objectives include:

- Participant's views on factors that promote or inhibit successful normalization of mobile technology into practice.
- What ways have participants used mobile technology to develop communities or networks within practice settings?
- Which social and organizational factors have influenced the normalization of using mobile technology within practice settings?
- Participant's usage patterns of mobile technology.
- Participants perception of their level of information and communication technology skills

The rationale is clear, we are witnessing the advent of the mobile and wireless technology era influencing contemporary organizations. Mobile devices are significantly changing human–computer interaction, communication, and learning activities. Nursing is not immune to this shift. Ubiquitous access to remote resources is one of the most interesting characteristics achievable by using mobile or handheld devices.

This presentation will present data and background from our longitudinal study. In the first phase we looked at LPN to BN and NP students as well as faculty users. Now in the second phase of research, as graduates transition to their novice clinical practice we are examining “How and why things become, or don't become, routine and normal components of everyday work” related to mobile technology.

The methodology for this descriptive study uses researcher designed survey tools in addition to sociodemographic questions. This numerical picture has been augmented and interpreted in light of the textual data in the form of interviews. Comparisons are made (i.e. age, years of experience, practice environment, previous mobile experience) and cross-sectionally across licensure class (RN/NP) to look for variation in mlearning practice, levels of confidence, and the levels of acceptance and integration of technology. Concluding data on usage, acceptance and use of technology will be included.

Preliminary data indicates that mobile technology is being normalized in the social realm but hindered in the clinical realm by health care policy and lack of understanding of the affordances available through this technology. Professional and moral issues have surfaced in our preliminary data analysis. This presentation will include quantitative and qualitative data which will assist educators and clinicians alike in developing a more fulsome understanding on how to appropriately incorporate mobile technology into practice.

In summary, our program of research continues to build on our previous work leading to a new understanding of the role of m-learning in nursing education and practice. Understanding the digital skills required of novice clinicians needs to be addressed in nursing education. Our research activities introduce an innovative test of existing theory in distance teaching and learning, the Community of Inquiry model, in a context (mobile learning) different than that for which the theory was initially conceived. There is a need to re-conceptualize learning for the mobile age, to recognize the essential role of mobility and communication in the process of learning and clinical practice.

Exploring Nurses' Experience with Conscientious Objection: Understanding Potential Barriers to Nursing Practice and Patient Care

Primary Presenter: Christina Lamb

Date: Tuesday, May 31, 2016

Time: 1140 – 1200

Room: Seymour Room

Sub Theme: Overcoming Barriers with Visible and Invisible Groups (Students and Patients)

Presentation Type: Graduate Student Concurrent Session

Authors: C. Lamb, M. Evans, Y. Babenko-Mould, C. Wong and K. Kirkwood

Learning objectives

Contemporary nursing practice can be complex and ethically challenging to the extent that nurses find themselves facing issues of conscience leading to their need to voice a conscientious objection (CO) in clinical settings. At times, nurses may feel silenced or stigmatized over their visibility of making a CO in professional practice. Of critical importance to nurses' use of CO is maintaining their moral integrity in salience with patient autonomy by illuminating barriers that exist in their provision of ethical, patient care while respecting the dictates of their conscience. The learning objectives of this research presentation are to: 1) explicate the current context of CO for nurses in Ontario, 2) explore if nursing ethics education informs nurses' use of CO and 3) outline how findings can contribute to informing formal and ongoing nursing ethics education about CO in driving forward conscientious, quality, patient care.

Background and rationale

Ethics education is becoming an established phenomenon in nursing epistemology and the Canadian Nurses Association (CNA), Code of Ethics supports that nurses may need to refrain from providing care that conflicts with their personal, religious and ethical beliefs by way of voicing a CO in practice settings. However, nurses' experiences with CO in Ontario and Canada, as well as the complexities of using this option in relation to patient care are largely unknown. To support nurses' ethical decision making in conjunction with ethical care provision, nurses' experiences with CO need to be explored to appreciate the ethical intricacies of nursing practice, nurses' understanding of CO and to what extent nurses' use of CO is supported by an ethics epistemology.

Methods/Methodology

This study will use interpretive phenomenology to guide data collection through semi-structured interviews with registered nurses in Ontario who have experienced making a CO in clinical settings. Participants will be recruited through a Facebook strategy, intermediaries and flyers. An iterative process of analysis will be used to guide the emergence of themes arising from the data, culminating in final interpretations of the findings by readers who may include: nursing students, practicing nurses, educators, regulating colleges, organizational leaders, hospital administrators and policy makers invested in nurse's experiences and patient's ethical care provision.

Summary

Providing excellent nursing care to patients requires ethics education and nurses who exhibit moral integrity in making care decisions. Uncovering how nurses in Ontario navigate ethically complex situations by using CO to address issues of ethical care provision is a necessary starting point for understanding what may well be some of the most complex situations Canadian nurses can find themselves in. This research and its potential for driving forward nursing ethics education is a positive strategy in showcasing ethical salience and transparency for ethical, patient care and challenges nurses can face alike.

Partnering with Interdisciplinary Students to Understand Their Experiences in Collaborative College/University Programs

Primary Presenter: Janet Landeen

Date: Tuesday, May 31, 2016

Time: 1200 – 1220

Room: Seymour Room

Sub Theme: Overcoming Barriers with Visible and Invisible Groups (Students and Patients)

Presentation Type: Concurrent Session

Authors: J. Landeen, N. Mathew-Maich, L.-A. Hagerman, L. Bolan, M. Parzen, M. Pavkovic, S. Oliver, N. Bilau, C. Riehl and Z. Zhang

Background

Collaborative educational programs, offered jointly by colleges and universities, are now the most common form for nursing education in Canada (Kirby, 2008). However, other collaborations are also increasing exponentially in number. While individual programs routinely collect student feedback, studies examining experiences across programs are rare. Are experiences of this group of students the same across programs? Do they form an invisible group within a university setting? The purpose of this study was to explore issues unique to students enrolled in collaborative nursing, medical radiation science, and bachelor of technology programs at one university and two colleges.

Methodology

This project used an interpretive descriptive qualitative research approach. (Thorne, 2008). The project also facilitated scholarship in research by including ten undergraduate student researchers (SR's) as co-investigators who partnered with, and were mentored by faculty in all aspects of the study. Ten focus groups with 68 participants were facilitated by SR's using semi-structured interview questions. Each researcher, including the SR's, independently coded transcripts using Thorne's steps for data analysis (2008). Themes and exemplars were identified through consensus meetings of all researchers.

Results

Results revealed that while all participants valued their respective academic programs, their day-to-day life experiences presented a different story. Some students had perceptions of belonging leading to thriving in a dual world. Others had perceptions of ambiguous belonging contributing to perceiving through a perpetual lens of being less. Issues of how students are invited to engage in the university and college cultures, perceptions of power and control, and daily reminders of being different all contributed to positive or ambiguous student identities.

Conclusion

Students who had no comparator university-only cohort for their programs, or were at a distance from the university reported the most positive perceptions regarding their student identities. Study results suggest that societal perceptions of differences between colleges and universities may contribute to students being treated differently by peers, faculty, and staff at all institutions. Results raise questions for universities and colleges regarding programmatic designs, policies, and procedures. The involvement of students as co-investigators added to the richness of the study, and provided a unique educational experience for the students.

Learning Objectives

1. To explore the collaborative student experience through an interdisciplinary lens.
2. To review lessons learned for students and faculty from involving students as co-investigators.

References

Kirby, D. (2008). Advancing articulation: Models of college-university collaboration in Canadian higher education. *College Quarterly*, 11(4), 1-7.

Thorne, S. (2008). *Interpretive description*. Walnut Creek, CA: Left Coast Press.

Promoting Critical Thinking through a Modified Problem-Based Learning Approach

Primary Presenter: Janet Landeen

Date: Monday, May 30, 2016

Time: 1150 – 1210

Room: Mountbatten B

Sub Theme: Facilitating the Transition from Student to Nurse

Presentation Type: Concurrent Session

Authors: J. Landeen and A. Mohide

Learning objective

To explore active learning strategies designed to assist senior students in their knowledge acquisition and critical thinking skills while transitioning to graduate professional practice.

Background

Traditional problem-based learning (PBL) approaches have been found to assist students in developing the life-long learning and critical thinking skills that are needed for graduate practice (Applin, Williams, Day, & Buro, 2011; Oja, 2011). But even in hallmark PBL programs, students may feel unprepared for the shifts in the level of critical thinking and judgement required as independent practitioners. Conducted as part of ongoing program evaluation, past alumni surveys in one program have confirmed that, over time, graduates feel that their learning, knowledge acquisition, and critical thinking skills prepared them for practice. However, some students completing exit surveys have indicated that they are unsure that they will use the skills acquired in PBL classes in the real world of nursing practice. Regardless of the type of their educational programs, graduating learners experience a common phenomenon, a lack of confidence in their skills and knowledge, as they transition into the first year of practice (Boychuk Duchscher, 2012). As a strategy to respond to the challenges presented by this phenomenon, one program modified the PBL approach in the final course to better reflect the types of continuing education that the graduates are likely to encounter as professionals.

Description

A modified PBL approach was developed that is theoretically situated between the traditional steps of the PBL process and workshop or seminar-style approaches. Student groups were formed with a course requirement of facilitating the learning of their peers. Moving away from the structured steps of PBL, faculty coach the student facilitators in developing curricular plans to promote their peers' active learning. The experiences of leading and participating in active learning sessions were designed to further develop students' critical thinking about and confidence in their own approaches to knowledge acquisition, as well as their ability to plan, execute, and evaluate real life continuing education sessions.

Activities

This interactive presentation will engage the audience in simulated classroom activities, modelling the experiences of students and faculty.

Evaluation

Feedback was obtained from students through course evaluations. Faculty shared perceptions through formative input throughout the course and summative feedback at end of term faculty meetings. Lessons learned from implementing this teaching learning strategy will be shared.

References

- Applin, H., Williams, B., Day, R., & Buro, K. (2011). A comparison of competencies between problem-based learning and non-problem-based graduate nurses. *Nurse Education Today*, 31, 129-134. doi: 10.1016/j.nedt.2010.05.003
- Boyчук Duchscher, J.E. (2012). *From surviving to thriving: Navigating the first year of professional nursing practice*. 2nd ed. Saskatoon, SASK: Nursing the Future.
- Oja, K.J. (2011). Using problem-based learning in the clinical setting to improve nursing students' critical thinking: An evidence review. *Journal of Nursing Education*, 50(3), 145-151. doi:10.3928/01484834-20101230-10.

When the Experiences of Students and Their Patients Mirror Our Own: Implications for Nurse Educators in the Clinical Environment

Primary Presenter: Annette Lane

Date: Tuesday, May 31, 2016

Time: 1350 – 1410

Room: Mountbatten A

Sub Theme: Overcoming Barriers with Visible and Invisible Groups (Students and Patients)

Presentation Type: Concurrent Session

Authors: A. Lane, M. Reed and L. Corcoran

Learning Objectives

The learning objectives for this presentation are:

1. recognize and understand how the experiences of students and their patients may mirror those of nurse educators;
2. suggest strategies for management of these complex and stressful situations; and
3. understand and discuss implications for nurse educators in the clinical environment.

Background/rationale

The clinical environment is known as being very stressful for students. The stress of clinical performance, as well as the difficult patient situations (e.g. aggression, dying and death, ethical dilemmas), can often trigger emotional responses in students. As clinical instructors, part of the work in this role, involves helping students understand their stress and the emotional triggers so that they may successfully proceed through their clinical rotation. However, what happens when clinical instructors experience stressors similar to their students or the patients of their students? What is the impact upon the clinical instructor? What is the impact upon the students? How does the instructor caught in the middle of this experience ensure rich, full learning for the students?

Method

We searched the CINAHL database utilizing the following search terms: clinical and nursing instructors' stress. This search yielded 15 articles from 2000 to the present. Overall, the predominant focus of these articles was the stresses experienced by students. Of the 15 articles, only one publication specifically examined the stresses of clinical work upon instructors (Davies, Laschinger, & Andrusyszyn, 2006). We then utilized the search terms clinical and nursing instructors' distress and were able to locate and access three articles. One of these publications described a qualitative study examining moral distress in nursing students on psychiatric units (Wojtowicz & Hagen, 2014).

Summary

Within this presentation, we address the few research studies that examine the stresses and distress of instructors within the clinical environment. We then specifically consider when the experiences of students and/or their patients mirror those of instructors, with the resulting impact upon the instructors and the clinical experience. We offer ideas for instructors to recognize their emotional triggers and how to manage these. Finally, we discuss implications for nursing instructors, nursing educational programs, as well as for research.

Would Quiet Leaders Please Speak Up?!

Primary Presenter: Annette Lane

Date: Monday, May 30, 2016

Time: 1640 - 1700

Room: Mountbatten A

Sub Theme: Developing Administrative Leadership and Political Skills

Presentation Type: Concurrent Session

Authors: L. Corcoran, A. M. Lane and M. Reed

Background/Rationale

Traditional leaders are often conceptualized as being larger-than-life, charismatic, outspoken, and bold. They stand out and are instantly recognizable. These leaders gather people together, motivate them, and push them to extraordinary collective action. This leadership style is clear, direct, and often compelling. However, is there room in nursing for quiet leaders? If so, what does quiet leadership look like in the contexts of nursing practice and nursing education? Why are quiet leaders important in today's noisy health care system?

Learning Objectives

In this presentation we will:

1. address and briefly describe popular leadership styles;
2. challenge beliefs related to leaders and leadership;
3. present quiet leadership as an alternative to traditional leadership styles;
4. explore quiet leadership in the contexts of nursing practice and nursing education; and
5. support the assertion that more quiet leaders are needed, not just in "behind the scenes" positions, but also in visible leadership positions in the health care system.

Description/Overview/Activities

We searched multiple databases in the disciplines of nursing, social work, and psychology. We reviewed the abstracts of 45 scholarly publications potentially related to quiet leadership published between 2000 and 2015. These publications were largely books, dissertations, or tributes to individuals; they were ultimately not applicable to quiet leadership. We were unable to specifically locate research studies exploring quiet leadership.

Evaluation/Outcome

Analysis and synthesis of scholarly literature indicated that quiet leadership is often discussed within the context of sub-populations considered counter-culture to current views of leadership, such as aboriginals, women, and older adults (Macduff, 2004; Nichols, 2004). Quiet leaders are addressed retrospectively in particular with individuals who have retired or passed (Keating, 2005). In light of books within mainstream society that propose the importance of quiet leadership (e.g. Cain, 2013), it is surprising that nursing has not taken up this concept, within peer reviewed articles or research.

Florence Nightingale, an influential nurse leader, said, "Let whoever is in charge keep this simple question in her head (not, how can I always do this right thing myself, but) how can I provide for this right thing always to be done?" (Ulrich, 1992, p.38). Aligning with Nightingale, we call for a wider conception of leadership that acknowledges, welcomes, and develops quiet leaders in the health care system.

Expérience des étudiant(e)s venant d'ailleurs inscrits au baccalauréat en sciences infirmières

Présentatrice principale: Sylvie Larocque

Date : lundi 30 mai 2016

Heure : 1520 – 1540

Salle : *Stevenson Room*

Sous-thème : Surmonter les obstacles avec les groupes vulnérables

Type de présentation : Session Simultanée

Auteurs : S. Larocque, A. M. Lavoie et K. Muray

Le Canada est la terre d'accueil de beaucoup d'immigrants francophones. Ces derniers espèrent recevoir des services de santé en français. La communication dans la langue préférée est à la base d'un service de qualité. Pour dispenser une prestation de services adéquats, il faut avoir affaire avec des professionnels de la santé francophones. C'est pour cette raison que plusieurs

immigrants étudient en français au Nord de l'Ontario afin de devenir des professionnels infirmiers. Toutefois, ils rencontrent dès leur première année des difficultés et certains d'entre eux abandonnent leurs études. Ces abandons ont un impact sur l'offre des services de santé en milieu minoritaire francophone d'où un nombre croissant d'immigrants francophones résident. Une étude phénoménologique a été réalisée pour explorer les expériences vécues en première année par des étudiant(e)s francophones d'ailleurs inscrit(e)s dans un programme de baccalauréat en sciences infirmières. Des entrevues individuelles ont été effectuées auprès de 11 étudiant(e)s venant d'ailleurs inscrit(e)s dans un programme de baccalauréat en sciences infirmières et deux entrevues collectives qui étaient composées de cinq et deux étudiant(e)s. Chacune des entrevues collectives ciblait un groupe d'étudiants particuliers : l'une était conduite auprès des étudiant(e)s en sciences infirmières venus d'ici et l'autre auprès d'étudiant(e)s venus d'ailleurs inscrits dans un programme professionnel francophone autre que les sciences infirmières. Ces entrevues collectives reposaient sur les interviews de groupes d'étudiant(e)s qui ont servi de groupe témoins. En effet, les chercheurs souhaitaient discerner les défis propres aux étudiant(e)s venus d'ailleurs de ceux qui s'appliquent à toute la population étudiante d'ici en sciences infirmières et d'ailleurs fréquentant un autre programme professionnel. Toutes les entrevues ont été enregistrées, transcrites et analysées en utilisant un devis qualitatif de type phénoménologique. Les résultats montrent que les étudiant(e)s venant d'ailleurs doivent premièrement s'adapter à une culture et un langage franco-ontarien qui est très différent de leur langue française et culture d'origine. Comme ils baignent dans un milieu universitaire bilingue dans lesquels les autres étudiants passent d'une langue à l'autre, ils se doivent d'être plus attentifs. Les ressources nécessaires pour s'adapter à un milieu éducatif différent du leur ne sont pas toujours disponibles. Quant aux milieux de stages qui se déroulent presque uniquement en anglais, ils se doivent d'apprendre plus rapidement cette langue afin de prodiguer des soins sécuritaires. Les résultats nous ont permis d'identifier des stratégies efficaces pour aider ces derniers à surmonter leurs difficultés reliées aux études dans un environnement linguistique et culturellement particulier et différent du pays dont ils émergent et dans une autre mesure nous espérons pallier à la préoccupation que constitue la rétention de ces étudiant(e)s jusqu'à la complétion de leur programme.

Just Not Ready!

Primary Presenter: Jocelyn Lehman

Date: Monday, May 30, 2016

Time: 1600 – 1620

Room: Mountbatten B

Sub Theme: Facilitating the Transition from Student to Nurse

Presentation Type: Concurrent Session

Authors: J. Lehman and T.L. Powell

The objective of this conference session is to outline an approach to the difficult conversations that must occur when a senior student is experiencing difficulty progressing during the final clinical practicum at a western Canadian university. As faculty coordinators of a full semester clinical course we were motivated to have productive, person-centred meetings with students who were having significant difficulty meeting entry-to-practice competencies. Over the past 5 years it has been typical for 5-10% of the students to experience progression issues that warrant notification by the faculty liaison to the course coordinators. When significant issues are identified including a student's fitness for practice, breeches in safe practice, patterns of errors and unprofessional conduct we typically receive information directly from the faculty liaison. This information may include the preceptor's written midterm evaluation, e-mail updates to the faculty liaison from the preceptor describing concerning events or behaviours and often a verbal summary from the faculty liaison. When these concerns are brought to our attention the student's perspective is often underrepresented and may be limited to their self-report at midterm and does not typically include the student's interpretation of the preceptor's feedback about areas of concern. Over the past 3 years we, as course coordinators, developed an approach to meeting with these students that begins with the recognition that we need to have a clear understanding of their perspective. Our approach consists of four key elements: 1) engaging support systems, 2) actively listening to the student's perspective, 3) presenting a realistic plan, and 4) recognition of student strengths and opportunities. How we enact these four elements differs to accommodate variations that are inherent in each situation. To give a high-risk student the best opportunity to succeed we believe that it is our obligation to create an environment that is conducive to student growth and learning.

During the session we will share our best practices for each of the four key elements using relevant exemplars that will be recognized by nurse educators who work with students preparing to transition from student to nurse. Exemplars will include a student who is unable to demonstrate effective transfer of prior learning in critical areas and who ultimately presents in the final

practicum as not ready for a 1:1 preceptored model of clinical learning. Another exemplar describes the student who fails the course following an unethical decision in practice. What all the exemplar cases have in common is that each student profiled is not ready to progress from student to nurse. Our approach helps ensure due process, fosters student support and is also a source of satisfaction in our role as educators. There are remarkable features that occur during and after these meetings that prompted us to reflect on our approach with students who are just not ready to make the transition from student to nurse.

Advancing Clinical Scholarship in Nursing Practice

Primary Presenter: Jacqueline Limoges

Date: Tuesday, May 31, 2016

Time: 1100 – 1120

Room: Mountbatten B

Sub Theme: Facilitating the Transition from Student to Nurse

Presentation Type: Concurrent Session

Authors: J. Limoges and S. Acorn

Learning Objectives

Following this presentation attendees will:

1. understand clinical scholarship and its alignment with Boyer's scholarship of application;
2. differentiate scholarly practice from the scholarship of application using the criteria for scholarship (documentation, peer review and dissemination);
3. identify strategies that promote a climate of scholarship in both academic and clinical settings; and
4. recognize how clinical scholarship/scholarship of application can contribute to nursing knowledge in practice.

Background/rationale

The generation of new knowledge is fundamental to the practice of nursing as the boundaries of care are ever expanding. Recognizing the alignment of clinical scholarship to the broader view of scholarship provided by Boyer can support nursing education programs to partner with clinical settings to prepare graduates for knowledge production. Supporting students and practitioners to understand the differences between scholarly practice and clinical scholarship can also promote the development of clinical scholarship. Application of the three criteria for scholarship (documentation, peer review and dissemination) will assist nursing students and nurses in clinical practice to produce knowledge that is rigorous, available for critique and use to advance nursing practice and patient care. Supporting clinical leaders to identify issues confronting nursing practice can also enable scholarly practice to be transformed into clinical scholarship.

Description

The focus of this presentation is on aligning clinical scholarship to the scholarship of application and exploring how education programs can work with clinical settings in scholarship development.

Activities

Literature from 1983 - 2015 and Boyer's framework were synthesized to promote a detailed understanding of clinical scholarship as an aspect of Boyer's scholarship of application.

Outcomes

Expanding the understanding of clinical scholarship and linking it to Boyer's scholarship of application can assist nurses to generate knowledge that addresses clinical concerns. The scholarship of application (clinical scholarship) bridges practice and education and thus hold many opportunities for cross sector collaboration. Strategies for developing a climate of scholarship are discussed, including how to promote the use of the criteria for scholarship (documentation, peer review and dissemination) and how to situate the scholarship of application in practice. Ideas on advancing the role of clinical scholars and clinical leaders to create a climate of scholarship, and the development of future scholars are proposed. Dialogue about how clinical scholarship can address the theory-practice gap and how publication of clinical scholarship could promote nursing are discussed.

Evaluation of Practice-Based Learning in Nursing Education

Primary Presenter: Nancy Logue

Date: Monday, May 30, 2016

Time: 1620 – 1640

Room: Mountbatten B

Sub Theme: Facilitating the Transition from Student to Nurse

Presentation Type: Concurrent Session

Author: N. Logue

Practice-based learning is a highly valued component of undergraduate nursing education and evaluating this form of learning is an essential aspect of determining whether students have the competence required to enter nursing practice. However, evaluating practice-based learning is known to be a complex and tension filled aspect of nursing education and there is insufficient knowledge of how to accurately recognize competence development through the appraisal of student learning. This doctoral research situated in the preceptorship practicum of one nursing program was conducted to answer the question: how does the evaluation of practice-based learning happen for students? A constructivist perspective of adult learning and a mode of inquiry using the tools of institutional ethnography provided the framework for exploring how students, preceptors and educators in a baccalaureate nursing program participated in the work of evaluating practice-based learning. Individual interviews, evaluation meetings, relevant text materials and field notes of the researcher comprised the primary sources of data for the inquiry. The analysis revealed discursive influences in nursing education and health care workplaces that shaped (a) student-preceptor relationships, (b) student learning, (c) preceptor practices and (d) evaluation decisions. The findings suggest that co-existing and often disparate influences of two institutions with specific requirements related to their purposes in society may organize practice-based learning experiences and practices in ways that do not necessarily privilege the interests of students or support comprehensive evaluations of learning. The implications of this research are intended to encourage dialogue and action among stakeholders to improve how practice-based learning is evaluated as students prepare for professional nursing practice.

Preparing for the National Council Licensure Examination (NCLEX-RN): Perceptions of Graduates from a Bachelor of Nursing Program

Primary Presenter: Nancy Logue

Date: Tuesday, May 31, 2016

Time: 1450 – 1510

Room: Mountbatten B

Sub Theme: Facilitating the Transition from Student to Nurse

Presentation Type: Concurrent Session

Authors: N. Logue and R. Gordon

Background

As a self-regulated profession, nursing in Canada is governed by provincial and territorial associations with the purpose of protecting the public. Regulatory bodies govern education and practice standards for nursing and control the Registered Nurse (RN) designation. Since 1970 the majority of Canadian nursing jurisdictions required successful completion of a Canadian Registered Nurse Examination (CRNE) for licensure (Elliott, Rutty & Villeneuve, 2013). A substantial change to the licensure process occurred in 2011 when the Canadian Council of Registered Nurse Regulators replaced the CRNE with the National Council Licensure Examination (NCLEX-RN) as the new requirement for nurses.

Rationale: The implementation of the NCLEX-RN in 2015 stimulated extensive dialogue among nursing stakeholders in Canada. Preliminary results indicate that the first cohort of Canadian NCLEX-RN writers had lower scores than both previous CRNE results and United States NCLEX-RN results. NCLEX-RN writers in New Brunswick attained the lowest scores among the results in Canada (Canadian Association Schools of Nursing, 2015). Comprehensive exploration of influences contributing to the acute decline in Canadian licensure exam scores is needed. One important factor in NCLEX-RN success rates are the strategies used by candidates to prepare for this exam.

This presentation describes a study that explored perceptions of graduates from an Atlantic Canada Bachelor of Nursing program regarding NCLEX-RN exam preparation strategies.

Methods: A retrospective electronic survey was used to capture graduates' perceptions about how prepared they felt to write the NCLEX-RN. A 27-question electronic survey was used to gather data focused on both exam preparation activities that were required components of the final year of the curriculum and independent study strategies employed by graduates. All 2015 graduates of the Bachelor of Nursing program at the University of New Brunswick Saint John (N = 38) were invited to participate in this study. Ethical approval was obtained from the university Research Ethics Board and all potential participants were informed that the investigators were faculty members in the nursing program. This study is currently in the data collection phase. The next phase includes data analysis using Qualtrics and Microsoft Excel software, descriptive and non-parametric statistics, and the identification of themes in open-ended question responses.

Conclusion

Although limited by the small cohort of eligible participants, the findings will contribute valuable feedback and evidence to inform future approaches to licensure exam preparation by educators and program graduates. Additionally, this research design offers a framework for future investigations of a broader scale.

References:

Canadian Association Schools of Nursing. (2015, September 9). Press release: New American entry-to-practice exam a failure for Canadian nursing students and Canada. Retrieved from <http://www.casn.ca/2015/09/new-american-entry-to-practice-exam-a-failure-for-canadian-nursing-students-and-for-canada-ottawa-sept-9-2015/>

Elliott, J., Ruddy, C., & Villeneuve, M. (2013). Canadian Nurses Association: One hundred years of service. Ottawa, ON: Canadian Nurses Association.

Explore the Lived Experience of Clinical Teachers to Assess their Perceptions of Strategies and Resources Utilized to Enhance Clinical Teaching

Primary Presenter: Fabiola Longo

Date: Monday, May 30, 2016

Time: 1330 – 1430

Room: Bb33

Sub Theme: Innovations in Teaching and Learning

Presentation Type: Poster Presentation

Authors: F. Longo and J. Abbass-Dick

Background

Clinical practicum experiences are an integral part of student learning and preparation for nursing praxis in undergraduate programs. Clinical teachers' expertise in clinical setting and teaching methods can facilitate or hinder students' success in practicum settings (Nahas, Nour, & Al-Nobani, 1999). Nurses employed as clinical teachers possess exceptional clinical skills, including teaching and educating patients, however, they may not have the knowledge of effective pedagogies for teaching students in the practicum setting (Hou, Zhu, & Zheng, 2011). A Collaborative BScN program has developed an innovative online module specifically to support clinical teachers in becoming familiar with the programs' context, processes and evaluations related to teaching in the practicum setting. Currently, it is not known how to best support clinical teachers and the types of resources provided by educational institutions which would best assist clinical teachers in providing high quality, effective clinical experiences for student nurses in BScN programs. Therefore, the purpose of this project is to determine the needs of and explore strategies and resources from the perspective of clinical teachers which would support them in their role of providing high quality clinical experiences for nursing students.

Objectives

1. What are clinical teachers' perception of the online modules currently provided by the educational institution to prepare them for their teaching role within the university in relation to context, process, and evaluation?
2. How do clinical teachers define their role and what is their knowledge of effective pedagogies for teaching in the clinical setting?
3. What are clinical teachers' perception of resources both internal and external to the educational institution that they have utilized to support them in their role?
4. What do clinical teachers see as the main facilitators and barriers to performing their role?

Methods/Results

Through a survey format with closed and open ended questions design, data will be collected, analyzed, and interpreted

focusing on the experiences of clinical teachers. The participants in this study include all contract clinical instructors in a collaborative BScN program. Data collection is currently in progress. Preliminary results and future recommendation will be shared with the audience.

Conclusions

Clinical teachers' perceptions of resources, strategies and online modules will help inform nursing praxis on how to best support clinical teachers and enhance clinical teaching experiences. These findings will be of interest to nursing schools in developing orientation materials and resources to meet the needs of these essential members of the teaching team.

Hou, X., Zhu, D., & Zheng, M. (2011). Clinical nursing faculty competence inventory: Development and psychometric testing. *Journal of Advanced Nursing*, 67(5), p. 1109-1117. doi:10.1111/j.1365-2648.2010.05520.x

Nahas, V. L., Nour, V. & Al-Nobani, M. (1999). Jordanian undergraduate nursing students' perceptions of effective clinical teachers. *Nurse Education Today*, 19, p. 639-648. Retrieved from <http://www.nurseeducationtoday.com/>

Development of a Deteriorating Patient Assessment Rubric to Improve Presimulation Preparation for Fourth Year BNSc Students in a Critical Care Nursing Course

Primary Presenter: Marian Luctkar-Flude

Date: Monday, May 30, 2016

Time: 1330 – 1430

Room: Bb33

Sub Theme: Simulation and Clinical: When and How to Use Them?

Presentation Type: Poster Presentation

Authors: M. Luctkar-Flude, K. Sears, D. Tregunno and R. Egan

Background

Simulation experiences involve three learning stages: preparation, participation and debriefing. While research exploring scenario design and debriefing are widely reported, little literature describes how preparation activities contribute to the simulation experience. Presimulation preparation is content or material provided in advance of a simulation to optimize learning, such as traditional lectures or assigned readings. Additionally, simulation assessment rubrics provide learners with criteria upon which their performance will be assessed. Thus, presimulation preparation can be guided by learning outcomes and descriptors provided by the rubrics, which may help learners close the gap between their actual and desired performance. In response to a need to develop scenarios to help graduating nursing students prepare for practice, a province-wide initiative resulted in development of a standardized simulation design process that incorporated learning outcomes assessment rubrics. Well-designed clinical simulations may enhance nursing student critical thinking and better prepare them to recognize and manage deteriorating patient situations.

Aim

The objective of the current project was to develop, implement and evaluate a deteriorating patient scenario and learning outcomes assessment rubric for fourth year BNSc students.

Methods

A respiratory distress scenario was developed using the standardized scenario design process developed by the Ontario Simulation Alliance (OSA). Scenario content was validated by clinical/educational experts from collaborating institutions. The scenario was trialed and implemented at one university within an existing critical care nursing course. Learners participated in two clinical simulations. The first scenario, focused on a deteriorating patient with a myocardial infarction, was delivered in a traditional manner with a prebrief, participation in the scenario, and debriefing. The new respiratory distress scenario was delivered using the new format which consisted of presimulation preparation and assessment using the rubric, prebrief, participation in the scenario, debriefing and post-scenario assessment using the rubric. A survey evaluated learner confidence with deteriorating patients and satisfaction with the two simulation formats. Pre and post self-assessment rubric data was also collected.

Results

Eighty-six senior nursing students completed both clinical scenarios and 83 provided data for the respiratory distress scenario. Overall self-assessed competence related to the deteriorating patient learning outcomes increased significantly following

participation in the scenario (<.001). Learners were significantly more satisfied with the respiratory distress scenario delivered using the new format which included the assessment rubric than with the cardiac scenario delivered using the standard format (<.001). The majority of learners agreed that having the learning objectives/assessment rubric prior to the simulation helped them to prepare (90%) and that assessing their competency with the rubric prior to (82.5%) and following the simulation (85%) was helpful to their learning. Qualitative survey feedback highlighted the value of the rubrics in helping students to identify their own strengths and learning needs.

Conclusions

Learner satisfaction with the deteriorating patient scenario and accompanying learning outcomes assessment rubric was very high. Learners valued the additional presimulation preparation and the opportunity to identify their own learning needs related to the competencies required by the respiratory distress scenario, and suggested that the cardiac scenario be delivered in the same manner in the future.

Presimulation Preparation and Briefing Practices for Healthcare Professionals and Students: Preliminary Results of a Systematic Review

Primary Presenter: Marian Luctkar-Flude

Date: Monday, May 30, 2016

Time: 1210 – 1230

Room: Carlyle Room

Sub Theme: Simulation and Clinical: When and How to Use Them?

Presentation Type: Concurrent Session

Authors: M. Luctkar-Flude, J. Tyerman, L. Graham and S. Coffey

Background

As educational programs integrate simulation experiences in an effort to meet the healthcare quality and patient safety agenda, simulation design becomes preeminent. Simulation experiences involve three learning stages: preparation, participation in the scenario, and debriefing. The presimulation preparation stage includes the presimulation briefing or prebriefing which occurs immediately prior to participation in the scenario. It has been suggested that briefing is a critical element in scenario design and learner engagement. While concepts exploring scenario development and debriefing are widely reported, there is little portrayed in the literature reflecting presimulation preparation or briefing practices and how these contribute to the simulation experience and learning.

Aim

To identify, critically appraise and synthesize the best current evidence related to the characteristics of effective presimulation preparation and briefing practices for healthcare professionals and students.

Methods

A systematic review of the literature was conducted using Joanna Briggs Institute (JBI) systematic review methodology for quantitative research. A search of the following databases was conducted: MEDLINE, CINAHL, PsychINFO, ERIC, Proquest Dissertations and Theses, and Web of Science. Types of studies included experimental, observational and descriptive studies that described any health professionals and/or health professional students participating in simulation, and evaluated characteristics/activities of presimulation preparation and/or presimulation briefing (prebriefing). Simulations included medium-fidelity, hybrid and high-fidelity simulations using computerized mannequins and/or standardized patients. Outcomes of interest included knowledge, attitudes, self-confidence, self-efficacy, anxiety and skill performance in healthcare professionals and students. Quantitative papers selected for retrieval were assessed by two independent reviewers for methodological validity using standardized JBI critical appraisal instruments.

Results

Initially 2465 records were identified through database searching and other sources. Of these, 99 full-text articles were assessed for eligibility. The final set of 17 review studies included 6 experimental, 2 observational and 9 descriptive studies. Most studies were rated as moderate quality. The majority of studies were conducted in the US (n=8), Australia (n=3) and the UK (n=2), with only 1 study conducted in Canada. The majority of studies were conducted with nursing students (n=10), and the remaining with medical students (n=2), or post-licensure health professionals (n=5). Five of the experimental studies evaluated presimulation preparation activities using knowledge tests or observations of performance, and all demonstrated some additional benefits offered by alternate preparation over traditional lecture/readings or no preparation. Seven of the nonexperimental studies

evaluated presimulation preparation activities and used self-report rating measures. Difference in scores noted for novice students suggest it may be more important for them to have clear, understandable guidelines & expectations prior to simulation. Nine of the nonexperimental studies evaluated presimulation briefing activities using self-reports. Briefing rated highly in most studies, and higher than debriefing in one study

Conclusion

Presimulation preparation and briefing activities appear to have positive effects on learner satisfaction and learning outcomes such as knowledge & performance. Preliminary results suggest level of preparation/briefing activities should be tailored to the level of the learner related to both clinical and simulation experience. There is need for further rigorous studies with experimental designs to inform recommendations for best practices.

A High Fidelity Simulation-Based Interprofessional Cardiac Arrest Module for Nursing, Medicine and Pharmacy Undergraduate Students: A Proposal for a Future Pilot Study

Primary Presenter: Sandra MacDonald

Date: Monday, May 30, 2016

Time: 1600 – 1620

Room: Carlyle Room

Sub Theme: Simulation and Clinical: When and How to Use Them?

Presentation Type: Concurrent Session

Authors: S. MacDonald, A. Manuel and C. Brown

Nursing, medicine and pharmacy undergraduate students often enter the workforce with little or no experience working with in an interprofessional health care team, yet a team approach is essential to maximize patient safety, and minimize errors (Schuetz, Mann and Everett, 2010). Interprofessional education (IPE) has been shown to promote an understanding of the roles and responsibilities of the team (Curran, Mugford, Law and MacDonald 2005) but undergraduate students continue to be educated in isolation (Reese, Jefferies and Engum, 2010; Robertson et al., 2010; Schuetz, Mann and Everett, 2010). This isolated system has created a significant barrier to effective interprofessional team performance in clinical practice (Robertson and Bandali, 2008). Theoretically, if students are educated in teams they will have a greater understanding of their role and this will translate into improved clinical practice. Using high fidelity simulation based IPE as a teaching learning approach could provide opportunities for undergraduate students to learn together in teams and promote teamwork in practice.

One area that has successfully utilized high fidelity simulation as a teaching learning approach is Advanced Cardiac Life Support (ACLS). ACLS training has embraced the use of high-fidelity simulation, because it allows the learner to assess physical findings, make clinical decisions and increases the realism, or fidelity of the teaching learning experience. In a meta-analysis of 14 studies comparing high versus low fidelity simulation for ACLS training, Cheng et al. (2015) concluded that using high fidelity simulation is associated with improved skills performance.

The purpose of this pilot project will be to design, implement and assess the impact of one HF-IPE on undergraduate nursing, medicine and pharmacy students' teamwork, communication and collaboration. A posttest, quasi-experimental research design will be used with a convenience sample of one team of volunteers recruited to participate in one two-hour HF-IPE module based on a cardiac arrest scenario. The HF- IPE will take place in the Clinical Learning and Simulation Center located at Memorial University of Newfoundland. The interactions of the team will be videotaped and then analyzed using the Communication and Teamwork Skills Assessment Tool (Frankel, Gardner, Maynard and Kelly, 2007) and the Attitudes Towards Interprofessional Education Questionnaire (Curran et al., 2005). This research could lay the foundation for the integration of HF-IPE as a teaching strategy into undergraduate education programs and could ultimately have an impact on the quality of patient care provided by health care teams in practice. The presentation will focus on the teaching plan for the module, explore issues with implementation and discuss a proposal for future research.

Empowering Older Persons with Cancer and Caregivers to be Research Team Members: The Senior Toronto Oncology Study (STOP Study)

Primary Presenter: Geraldine Jody Macdonald

Date: Tuesday, May 31, 2016

Time: 1220 – 1240

Room: Mountbatten A

Sub Theme: Overcoming Barriers with Visible and Invisible Groups (Students and Patients)

Presentation Type: Concurrent Session

Authors: G. J. Macdonald and M. Puts

Patients/persons with health issues and their caregivers/support persons are now recognized as legitimate ‘experts’ whose voice needs to be heard at all levels of health education, research, and practice. Health science students need to learn from the outset that best practices today include patients/families as members of research teams. Patient/family engagement begins when a research study is being imagined, and includes patient/family involvement in each step of the research process to ensure that their perspective guides the study development. Evidence confirms that such an approach will lead to relevant research, appropriate research design, valuable findings, and effective knowledge translation. But little is known about best practices to empower older persons with cancer and their caregivers to learn to be research team members or for researchers to learn to how best to orient, support, and celebrate older persons with cancer and their caregivers who serve on research teams.

This presentation highlights a CIHR funded study, The Senior Toronto Oncology Panel (STOP). The STOP study builds upon patient engagement research (PER), specifically Marlett and Emes’s (2010) three step framework for patient and community engagement research: Step, Collect and Reflect. The goal of the study is to increase and improve patient/caregivers engagement in research in order to improve cancer care for older adults. Eligible patients include older adults aged 65 and older who have been diagnosed with any kind of cancer within the past ten years along with their caregivers. The presentation will review the study funding, goals, aims, approaches, report upon the participation rates for the public meeting and focus group phases of the study, and share the preliminary data analysis. The study will provide support for older persons with cancer and their caregivers who are considering volunteering as research team members. It will also guide health researchers and who are committed to engaging older persons with cancer and their caregivers as active members of the health research team. In conclusion, health educators will be encouraged to identify how they might introduce nursing students to the challenge of including vulnerable populations such as older patients/families with cancer on research teams.

Marlett, N., Emes, C. (2010). Grey matters: A guide to collaborative research with seniors. First Edition. Calgary, Alberta: University of Calgary Press.

Evaluating Our Response to An Unexpected Clinical Placement Challenge: Creating a Twelve Hour + Additional lab Time Clinical Model

Primary Presenter: Geraldine Jody Macdonald

Date: Monday, May 30, 2016

Time: 1330 – 1430

Room: Bb33

Sub Theme: Innovations in Teaching and Learning

Presentation Type: Poster Presentation

Authors: G. J. Macdonald, M. Dhanoa-Yasi and J. Oskarsson

This presentation will highlight student and clinical instructor feedback about the quality of the learning experience in two different models of clinical practice during one section of a course in the fall of 2015.

In mid-summer of 2015 the faculty placement office was advised that not all of requests for clinical placements were available for our Lifespan 1 section of our fall course: NUR 360: Nursing Perspectives in Health and Wellness through the Lifespan. Our Traditional Clinical Model is to place students for two –eight hour days over four weeks plus an orientation day in both Lifespan 1: Care During the Childbearing Year and Lifespan 2: Care of Older Persons. We have 180 students in the course, 90 students begin in Lifespan 1 then switch to Lifespan 2 after six weeks. The other 90 students also switch after six weeks. This switching is a strategy to maximize access to our placements in the more limited postpartum settings in the city. Students complete 72 clinical practice hours during each of rotation 1 & 2.

Being advised that many of our agencies would only provide one 12 hour shift per week for students created a huge challenge, complicated by the reality that many faculty were away on vacation, clinical practice was to start in just eight weeks, and timetables did not allow us to extend the course. In response, the faculty decided to create an alternative model of clinical practice for the students in Lifespan 1 who were not accommodated in our traditional model of two-eight hour days. The new clinical model became the: Twelve Hour + Additional Lab Time Model. Students in the new model are assigned to clinical practice in an in-patient postpartum unit, once per week over five weeks, 12 hours per shift. This totals to 60 hours of clinical practice. They also have an additional twelve hours of time in the learning lab in the faculty, spread over two 6 hour days. Organizing an additional twelve hours of lab time for approximately 52 students in rotation 1, and another 52 students in rotation 2, was challenging for the faculty. The lab time included a workshop on facilitating learning for new and expectant parents, a home visit simulation, and additional post-partum simulations.

In order to obtain feedback about the quality of the learning experience of students in both the Traditional and New Clinical Model we surveyed the Lifespan 1 students at the end of their Lifespan 1 rotation. We also surveyed the clinical instructors to obtain their perspective on the quality of the students' learning experience. Feedback will be presented that addresses student and faculty feedback on the strengths of the traditional and new clinical models and concerns associated with the new clinical model. As well, faculty reflections on the quality of learning as assessed by student clinical evaluations, concerns related to the additional work load created by the new model, and future clinical model plans will be addressed.

The Transitional Experience of Post-Diploma Nurses Returning to Study for an Undergraduate Nursing Degree in Qatar

Primary Presenter: Christine MacDonald

Date: Tuesday, May 31, 2016

Time: 1220 – 1240

Room: Mountbatten B

Sub Theme: Facilitating the Transition from Student to Nurse

Presentation Type: Concurrent Session

Authors: C. MacDonald, C. Wolsey, K. Benjamin, J. Jouhar, M. Mollazehi, M. Mansoori, M. Ghaedi, A. Al-Yazeedi, S. Aykan, and A. Topping

Background

The Supreme Council of Health in Qatar aims to improve its health care system by strengthening the capabilities of its health care workforce. A university in Qatar supports this national objective by offering a 2 year Bachelor of Nursing program to post-diploma nurses. The attributes gained through baccalaureate level study, particularly clinical reasoning skills and critical analysis are important for nurses to effectively participate in health care delivery, improve patient experiences and outcomes and advance into leadership roles.

Objective

The purpose of this descriptive qualitative study was to explore the experience of post-diploma nurses returning to bachelor level study in Qatar.

Methodology

A sample of 19 post-diploma nurses participated in this study. A demographic survey was completed to gain characteristics about the participants. Prior to focus group participation, a 'Reflective Tool' was also completed to stimulate the participants' thoughts related to their own personal experience about returning to study. Five focus groups were conducted co-facilitated by student and faculty research team members. The interviews were transcribed verbatim and data were analyzed using the Framework Approach (Gale, Heath, Cameron, Rashid, & Redwood, 2013).

Data analysis consisted of reading the transcripts to become familiar with the data set. One interview was initially coded reaching line-by-line agreement of the whole research team. This produced a working analytical framework with tentative codes and descriptions. These were used by analysis teams to undertake initial coding of remaining transcripts; another researcher coded one transcript independently. Any additional codes generated with descriptions were added to the analytical framework. Emergent thematic categories were used to clarify and collapse codes. Subsequently all data was charted against emergent categories to generate understanding of the post- diploma nurses' experience. Data amenable to descriptive quantitative analysis were derived from the demographic information and reflective tool.

Summary

Preliminary findings from this study provide understanding of the motivations and challenges of post-diploma nurses returning to study. For example the significance of support from the university and sponsoring health care institution is emerging as vital to academic performance and success. The contribution of this work is the insights it offers to nurse educators working with international post-diploma nurses returning to study and organizations seeking to manage part-time study of its employees. This study illuminates the resilience and determination of post-diploma nursing students to succeed in contexts with limited access to formal professional education.

Are Math Anxiety, Math Personality, Arithmetic Knowledge, Age, Program of Study, and Study Strategies Predictors of Performance on Dosage Calculation Tests in First Year Baccalaureate Nursing Students?

Primary Presenter: Jane Mackie

Date: Tuesday, May 31, 2016

Time: 1330 – 1350

Room: Mountbatten A

Sub Theme: Overcoming Barriers with Visible and Invisible Groups (Students and Patients)

Presentation Type: Concurrent Session

Authors: K. Osahor and J. Mackie

Background

Medication administration is an important skill in nursing. While there are numerous facets to medication administration, for example physical assessment and observation of the rights of medication administration, calculating drug dosages accurately is key to minimize harm to the patient when using a medication. At the Trent Fleming School of Nursing, students are introduced to the basics of dosage calculation in the first term of their first semester. Students learn to integrate their previous knowledge of multiplication, division and other such mathematical computations, with an understanding of how drugs work, and how to properly and safely administer medications based on physician's orders. The aim of this study was to discover which variables predict how first year baccalaureate nursing students will perform on a dosage calculation test. The variables tested were: Anxiety, Math personality, Arithmetic Knowledge, Number of Learning Strategies used to prepare for the dosage calculation test, Age, and Program of study (Compressed vs. Collaborative nursing program).

Methods

This study was conducted with 164 baccalaureate nursing students at the Trent Fleming School of Nursing; students were recruited from the first year course in which medication dose calculations are taught. Ethics approval was obtained from the Trent Research Ethics Board. Participants completed a test of basic mathematical ability in the first week of class. Participants then completed a series of online questionnaires that collected information on math anxiety, math personality, age, program of study, and the number of different study strategies used to prepare for the final dosage calculation test. Finally, they completed a medication dose calculation test. Each variable was compared to the final test result to indicate which factors could predict student test performance.

Results

The best predictors of performance on the dosage calculation test were Anxiety, Number of study strategies utilized and program of study. Math personality and Arithmetic ability were not found to predict performance on the mDCT.

Conclusion

Anxiety was found to be the best overall predictor of performance on a medication dose calculation test by first year baccalaureate nursing students at Trent University.

Learning Objective

To determine which variable(s) predict performance on a dosage calculation test in first year baccalaureate nursing students: Anxiety, Math personality, Arithmetic Knowledge, Number of Learning Strategies used, Age, and Program of study. This information can be used to design teaching and learning strategies to address those barriers and improve student success at medication dose calculations.

Increasing Nursing Students' Understanding and Accuracy with Medical Dosage Calculations: A Collaborative Approach

Primary Presenter: Jane Mackie

Date: Tuesday, May 31, 2016

Time: 1200 – 1220

Room: Rossetti Room

Sub Theme: Innovations in Teaching and Learning

Presentation Type: Concurrent Session

Authors: C. Bruce and J. Mackie

Background

Accurate calculation of medication dosages can be challenging for nursing students. Specific interventions related to types of errors made by nursing students during dosage calculation tests may improve the learning of this important skill. Strengths and weaknesses in the teaching and learning of medication dosage calculations at the Trent Fleming School of Nursing were assessed by investigators from the School of Nursing and the School of Education. This data was used to create online interventions which were then measured for the impact on student ability to perform medication dosage calculations.

Methods

Nursing students and nursing faculty participated in one-to-one interviews; responses were recorded and coded for themes. The qualitative research participants were 8 nursing students from years 1-3 and 8 faculty members at the Trent Fleming School of Nursing. Medication dose calculation tests were implemented during second year clinical courses. These tests were scored and the data were assessed to classify the types and number of errors made by students; errors were classified as conceptual or arithmetic in nature. Quantitative results are based on test data from the same second year clinical course during the academic years 2012 and 2013 to provide pre-and post-intervention data.

Results

Students identified conceptual understanding deficits, anxiety, low self-efficacy, and numeracy skills as primary challenges in medication dosage calculations. Faculty identified long division as a particular content challenge, and a lack of online resources for students to practice calculations. Lessons and online resources designed as an intervention to target mathematical and concepts and skills led to improved results and increases in overall pass rates for second year students for medication dosage calculation tests.

Conclusion

This study suggests that with concerted effort and a multi-modal approach to supporting nursing students, their abilities to calculate dosages can be improved. The positive results in this study also point to the promise of cross-discipline collaborations between nursing and education.

Learning Objective

The objective of this study was to determine areas of challenge for nursing students in performing medication dosage calculations in order to design interventions to improve this skill.

Exploring Caring in Nursing Curricula in Ontario: A Provincial Nursing Education Initiative

Primary Presenter: Claire Mallette

Date: Tuesday, May 31, 2016

Time: 1140 – 1200

Room: Scott Room

Sub Theme: Innovations in Teaching and Learning

Presentation Type: Concurrent Session

Authors: C. Mallette, D. Rose, C. Byrne, A. Ormiston and K. Poole

Background

All Ontario University Schools of Nursing (SON) state in different ways that they educate future nursing professionals to care for the person, the family and the community. But what does this really mean? What do we teach? How do we teach it? How effective are we? And how could we do better?

This 18-month research study, that is in progress, is a multi-site (all 14 Ontario University Schools of Nursing) study examining how caring is defined, taught, integrated, measured and evaluated in nursing undergraduate curricula. The participants include senior BScN students, faculty members and recent BScN graduates (practicing for 2 to 3 years) from across Ontario.

Methods/Methodology

Data will be collected by the mixed methods of focus groups with undergraduate and recent BScN graduates and an online survey with faculty. Across the 14 Schools of Nursing approximately 70 undergraduate students and 30 graduates will be participating in focus groups. The focus groups will explore participants' perceptions of how caring curriculum within each school is taught, effective and ineffective learning practices, and learning experiences that have helped strengthen their caring abilities. Faculty members in each School of Nursing will be sent an email inviting them to participate in an on-line anonymous survey that examines a definition of caring for nursing education, strategies and activities faculty think are effective for teaching caring and in which year of study they are being taught. An online repository of best practices and case studies in fostering caring in nursing curricula identified from the literature and survey findings will then be developed.

Summary

This study will inform which content, strategies, and practices in undergraduate nursing curricula are most effective in terms of fostering and maintaining caring in students and graduates. The findings will also facilitate future incorporation of more of these practices and content in Ontario university nursing programs with the development of the online repository. We believe this online repository will be the first of its kind that not only schools within Ontario, but also SON's nationally and internationally will be able to access.

Learning Objectives/Outcomes

Participants will gain an understanding of:

1. Results from a scoping review of the caring literature as it relates to nursing education;
2. Effective content, strategies and practices identified from the nursing education literature that fosters caring practices in nursing students and graduates;
3. Preliminary findings from data analyses of the focus groups and survey; and
4. Development of an online repository of best practices and case studies in fostering caring in nursing curricula.

More Than Meets the Eye: Understanding the Client Not Just Seeing the Behaviors (A Clinical Simulation Activity for Mental Health Nursing Students)

Primary Presenter: Glenda Manning

Date: Tuesday, May 31, 2016

Time: 1430 – 1450

Room: Stevenson Room

Sub Theme: Innovations in Teaching and Learning

Presentation Type: Concurrent Session

Authors: G. Manning and D. Miller

Background/Rationale:

Simulation that represents realistic clinical situations can be a valuable learning tool in mental health nursing education. It provides students not only with a means to apply learned theoretical concepts but a safe environment in which to do so. Simulation can help enhance student understanding of client illness, symptoms, and perceptions.

Learning Objectives:

The purpose of the simulated activity was to provide third year baccalaureate nursing students, enrolled in a mental health clinical course, an opportunity to gain insight into how to interact with and care for clients living with a mental illness. The objectives for the activity were to 1) discuss student response to clients experiencing various symptoms of mental illness, 2) identify scenario appropriate nursing interventions and rationale for choice, 3) describe student perceptions of potential behaviors that persons living with a mental illness could exhibit, and 4) examine if experiencing a 'client's reality' would alter how students interact with, perceive, and care for a client living with a mental illness

Description/Overview:

The developed simulation activity was provided to third year baccalaureate nursing students (n=22). The activity consisted of

three individual scenarios that highlighted the symptoms of: auditory hallucinations; visual hallucinations; obsessive thoughts and compulsive behavior. Each individual scenario was comprised of three different components: the presentation/overview of the scenario; the simulated activity; and the post-scenario debriefing and discussion.

Activity:

During the presentation/overview of each scenario, students discussed their reaction to the situation, nursing interventions they could utilize, and perception of client behavior. Upon completion of the discussion, students entered a separate room where they experienced the 'client's reality' through symptom presentation that correlated to the individual scenario. Upon completion of the simulation, the scenario was revisited and students were provided with the opportunity for discussion and debriefing. This included examining whether or not the students would react differently, choose alternate nursing interventions, or have a change in perception.

Evaluation/Outcomes:

Evaluation was conducted using a Likert-type scale and open-ended questions regarding the experience. Students completed the evaluation anonymously. Feedback was very positive in nature with recommendation that the activity be offered to all future nursing students enrolled in the mental health clinical course. This activity can easily be incorporated into the nursing curriculum for baccalaureate students. As well, it can be adapted for nursing staff orientation in mental health settings and be utilized in other nursing programs such as the practical nursing program.

Painting a Portrait: Crafting a Personal Philosophy of Nursing Using Arts Based Inquiry

Primary Presenter: April Manuel

Date: Monday, May 30, 2016

Time: 1330 – 1430

Room: Bb33

Sub Theme: Innovations in Teaching and Learning

Presentation Type: Poster Presentation

Author: Paula Kelly

Background

Nursing students need a framework upon which to base their practice as they transition into the graduate nurse and meet the demands of the existing health care system. The first step in this process is the development of a personal philosophy of nursing. A personal philosophy of nursing provides nurses with a lens to integrate their theoretical and practical knowledge into their everyday work environments. Arts based inquiry is an effective means by which students can juxtapose ones' personal values and ones' professional identity against their clients' needs in order to inform practice decisions. The purpose of this project was to foster the development of undergraduate nursing students personal philosophy of nursing through arts based inquiry.

Learning Objectives:

1. To facilitate undergraduate nursing students to develop their personal philosophy of nursing.
2. To explore the effectiveness of arts based inquiry as a teaching method within nursing education.

Description & Overview

Undergraduate second year fast track nursing students (n=24) enrolled in Issues and Nursing Care participated in a 10 week pilot project to foster the creation of a personal philosophy of nursing through art. This included a one-hour session to discuss the significance of a personal philosophy of nursing. Following this, students painted a visual representation of their personal philosophy of nursing. Each painting was accompanied by a written depiction of the artwork.

Evaluation

Project evaluation was based on students' narratives and their written comments on the final course evaluation.

Outcomes

All students completed a painting that reflected their personal philosophy of nursing. Evident in students' narratives was the appreciation of arts based inquiry as an unique and enjoyable teaching strategy that helped them problem solve in a creative manner. Students valued the opportunity to gain a deeper understanding of how one's personal philosophy of nursing can be used to contextualize their nursing care and make practice decisions. Arts based inquiry creates a venue to develop skills essential to the success of the novice nurse such as self- reflection, abstract thinking, critical thinking skills, and knowledge of the

discipline's core values. Although, students' responses to the project were positive the use of arts based inquiry within nursing education is in its neophyte stage and needs further research to solidify its effectiveness.

Disability in the Context of Health: Engaging Nursing Students to Deliver Health Promotion Screening and Education to Special Olympic Athletes

Primary Presenter: Janet McCabe

Date: Tuesday, May 31, 2016

Time: 1200 – 1220

Room: Mountbatten A

Sub Theme: Overcoming Barriers with Visible and Invisible Groups (Students and Patients)

Presentation Type: Concurrent Session

Authors: J. McCabe, T. Read, P. Moores, P. Hancock, P. Colbourne

Learning objectives

Participants will gain an understanding of the general health promotion needs of individuals with intellectual disabilities, in the context of health. Furthermore they will learn about the educational benefits of community engagement and outreach in relation to cross-institutional collaboration with community agencies, nursing education and clinical placements.

Background

Individuals with intellectual disabilities experience health disparities and encounter barriers to health care. Nationally and internationally, the education of health care professionals has been cited as a means to reduce health inequalities and barriers to care for this population. Theoretical and practical knowledge is essential to building a health care system that is responsive and adaptive to the needs of individuals in times of health and illness.

Description

In March 2016, the National Games of Special Olympics Canada will be held in Corner Brook, Newfoundland and Labrador. During the games, two nursing education programs will work together to provide health promotion screening and education to over 300 athletes. This presentation will focus on the collaborative efforts to support a clinical placement focused on promoting health in the context of intellectual disability.

Activities

Students engaged in a community health course were given structured support (via videoconference and onsite faculty support) to prepare for the 4 day health screening and education. This included formal class time, and the development of education materials aimed at specific health promotion topics. Additional assignments across two courses incorporated reflection and preparation related to clinical experiences. Students were assigned in groups of 3-4 to conduct focused health education and screening with athletes in areas that included: Blood pressure measurement, healthy eating, hand hygiene, tobacco cessation and avoidance and fitness.

Evaluation

The program will be evaluated using course evaluations and a brief survey will be sent to students after the course has ended. These evaluations, as well as faculty and staff perspectives will be shared with participants.

Mapping the Disaster Competency Landscape in Undergraduate Nursing Education in British Columbia

Primary Presenter: Wendy McKenzie

Date: Monday, May 30, 2016

Time: 1330 – 1430

Room: Bb33

Sub Theme: Facilitating the Transition from Student to Nurse

Presentation Type: Poster Presentation

Author: W. McKenzie

Disasters are increasingly prevalent in the world today and are affecting the well-being of individuals more than ever before. Nurses are often called upon to perform a myriad of leadership and clinical roles during disaster situations that are not within their usual scope of practice. Recent research indicates that practicing nurses and new nursing graduates feel that they are not prepared in their undergraduate education to effectively fill these new roles. The World Health Organization and the

International Council of Nurses have developed core nursing competencies for disaster preparedness, and the Canadian Nursing Association and College of Registered Nurses of British Columbia (BC) have supported the need for inclusion of these competencies into undergraduate nursing curricula however there has been little research that explains just how educators are to do that. This case study will explore the experience of BC nursing educators as they integrate disaster nursing knowledge into their curricula.

Specifically this study will:

1. Explore and describe what disaster competencies are currently being taught and where it is located in the curriculum
2. Explore and describe how educators determined relevant content, learning activities, outcomes and assessment.
3. Identify challenges, supports and resources that impacted educators in designing and integrating disaster competencies into their curriculum.
4. Identify recommendations and resources that could be used by other educators for effective integration of disaster nursing competencies in nursing education.

The knowledge obtained from this exploration will map the current disaster education landscape in BC and will provide a framework that may assist educators in the future to integrate disaster knowledge into existing curricula.

Evaluation of the Implementation of Simulation Lab into the Final Year of a Baccalaureate Nursing Program in Ontario

Primary Presenter: Tammie McParland

Date: Tuesday, May 31, 2016

Time: 1140 – 1200

Room: Carlyle Room

Sub Theme: Simulation and Clinical: When and How to Use Them?

Presentation Type: Concurrent Session

Authors: L. Peachey and T. McParland

Learning Objectives:

- a) To describe how simulation has been integrated into the clinical curriculum as a weekly lab experience in the 4th year of a collaborative BScN program in Ontario, Canada to help prepare students for the NCLEX licensure examination after graduation.
- b) To present research findings to date on the use of the lab from student's perspective using the validated NLN surveys: 2005 Simulation Student Satisfaction Scale ® and NLN Simulation Design Scale ®.
- c) To describe next steps in use of the laboratory, pending research, and development of further simulation within the clinical curriculum.

Background/Rationale:

As of January 1, 2015, licensure examination for Registered Nurses changed from the Canadian Registered Nurse Exam (CRNE) to the National Council Licensure Exam (NCLEX). The change impacted the preparation of students to write the licensure examination to become a Registered Nurse, resulting in increased anxiety on their part and decreasing their confidence being successful.

A new weekly simulation lab was introduced into the year 4 semester in the 2014 summer and fall semesters, utilizing standardized simulation scenarios developed from funding received to help prepare 4th year students for work readiness. The laboratory was made possible through the development of both external standardized simulation scenarios and internally developed simulation scenarios - using a varied of simulation fidelities. The standardized scenarios were the result of a collaboration funded by a grant between universities and colleges in Ontario to enhance work readiness of graduates in Ontario schools of nursing. The internal simulation scenarios were developed by faculty at the university to address identified NCLEX blueprint components.

Methods/Methodology:

After 4 deliveries of the laboratory, research was undertaken to evaluate the impact of the laboratory and the design of the activities on student confidence. The mixed methodology research project was undertaken in Spring 2015 to gather data using the validated NLN surveys: 2005 Simulation Student Satisfaction Scale ® and NLN Simulation Design Scale ®.

Summary: Research results at time of the conference will be presented.

The Informatics Imperative in Nursing Curriculum Redevelopment

Primary Presenter: Nadine Medley

Date: Tuesday, May 31, 2016

Time: 1000 – 1020

Room: Seymour Room

Sub Theme: Informatics: New Tools for Education and Practice

Presentation Type: Graduate Student Concurrent Session

Author: N. Medley

Learning Objectives

- 1) To identify and apply the informatics competencies outlined within the RNAO Nurse Educator eHealth Resource (2012).
- 2) To explain how the curriculum development process, as noted by Iwasiw and Goldenberg (2015), can be applied to informatics competencies.
- 3) To summarize the informatics-related recommendations for the future, redeveloped nursing curriculum.

Background

Computer and information literacy are essential competencies for entry-to-practice nurses. Schools of nursing should provide students with formal learning opportunities to acquire these competencies and faculty must critique and revise nursing programs to meet informatics expectations via the curriculum development process.

Description

This presentation includes a description of current informatics competencies within a collaborative nursing curriculum at a large urban university and recommendations for addressing areas of opportunity.

Overview

Iwasiw and Goldenberg (2015) served as the framework for the curriculum redevelopment process. A review of the informatics entry-to-practice competencies and relevant literature was undertaken. Course syllabi containing actual or potential informatics concepts were selected from the nursing academic calendar for a mapping exercise. A total of 11 courses were reviewed. These courses were mapped to informatics competencies using two templates from the RNAO Nurse Educator eHealth Resource (2012). Interviews were conducted with informatics nursing leaders in academia and the healthcare industry to qualitatively ascertain the perspectives of internal and external stakeholders.

Activities

All informatics competencies are covered in the current collaborative nursing program; however, the majority of the indicators are addressed in only three courses in years three and four. A key theme derived from the interviews and supported in the literature is the need to integrate informatics competencies throughout all four years of the program. Also, barriers to integration, according to the interviews, include limited resources and a large segment of faculty approaching retirement with minimal experience in informatics.

Outcomes

Informatics can be integrated into the collaborative nursing program by introducing levelled competency goals; allowing for progression from first to fourth year. Faculty recruitment and development as well as strategic alliances with the private sector have the potential to address other noted areas of opportunity. The strengths of this project are the theoretical framework and a combination of qualitative and quantitative data to support the recommendations. A key limitation, however, is the lack of student perspectives in the data. This limitation can be a future opportunity to obtain an in depth assessment of student needs.

Orientation Today for Retention Tomorrow

Primary Presenter: Andrea Meghie

Date: Tuesday, May 31, 2016

Time: 1200- 1220

Room: Mountbatten B

Sub Theme: Facilitating the Transition from Student to Nurse

Presentation Type: Concurrent Session

Author: A. Meghie

The growing nursing shortage is causing an increase in the hiring of GNs to fill vacancies in the workforce left by the retirement or death of experienced nurses (Klein, 2009). The general problem is that within the first 12 months of employment, 35-60% GNs leave their organizations, forcing health care leaders to bear an added financial burden for their replacement (Fink, Krugman, Casey, & Goode, 2008). The financial cost of every graduate nurse who leaves the hospital within the first year of employment is approximately from \$40,000 to \$50,000 (Bratt, 2009). In a time of financial restraint, health care leaders cannot afford the increase cost of attrition. The consequence of a declining nursing staff results in the decline of quality patient care (Jones, 2008).

Bridges (2003) asserted, "It isn't the changes that do [GNs] in, it's the transition". In an attempt to ease the stress of transition, leaders within health care organizations are viewing orientation programs as the first opportunity to provide support to Graduate Nurses (GNs). Gavlik (2007) recommended the curriculum for the orientation program should focus on the training, roles, and responsibilities GNs will encounter. This presentation speaks to the lived experiences of 20 GNs and the impact of the orientation process on their transition from student to licensed independent practitioners.

Supporting Mental Health and Addictions Best Practices in Undergraduate Nursing Programs: A Educator Resource Guide

Primary Presenter: Sabrina Merali

Date: Tuesday, May 31, 2016

Time: 1120 – 1140

Room: Stevenson Room

Sub Theme: Innovations in Teaching and Learning

Presentation Type: Concurrent Session

Authors: S. Merali and I. Bajnok

1. To provide an overview of the development processes related to creation of the RNAO Mental Health and Addiction Educator Resource Guide created to assist faculty integrate mental health and addiction concepts in the undergraduate curriculum;
2. To outline key elements of the RNAO Mental Health and Addiction Educator Resource Guide;
3. To discuss implementation strategies and their impact related to the RNAO Mental Health and Addiction Educator Resource Guide.

Mental Health and Addictions is a critical component of nursing care. As one in five Canadians will experience a mental health problem or illness every year (MHCC, n.d.), it is important that nursing students are provided with opportunities to gain knowledge and skill related to mental health and addictions care in undergraduate nursing programs. In the current context of Canadian nursing education, there is an inconsistent approach to such education programming. This lack of standardized approaches or best practices has resulted in variations related to theory and clinical components in undergraduate nursing programs. As such, nursing students may graduate and experience a lack of confidence and unpreparedness when caring for mental health and addictions clients.

In 2013, RNAO, as part of its mental health and addictions initiative, commissioned an environmental scan to identify strengths and gaps in mental health and addiction nursing. The scan demonstrated a clear need for supports for nursing faculty to deliver quality mental health and addictions education. To address this need, a systematic review of the literature was conducted to highlight effective delivery methods for nursing undergraduate mental health education. The results of this review along with CASN's newly released entry-to-practice mental health and addiction competencies, were utilized by an expert panel including nursing faculty, front-line nurses, nursing students and persons with lived experience to develop the RNAO Mental Health and Addiction Educator Resource Guide. The resource incorporates key mental health and addictions themes and concepts, teaching methodologies, techniques to enhance clinical experiences, relevant legislation, professional accountability as well as self-care and reflective practice. In addition specific tools are included related to curriculum analysis for mental health content, faculty self-assessment and clinical placement assessment. This presentation provides an overview of the resource and recommended implementation strategies and results from early adopters. Integration of this resource linked to CASN entry-to-practice mental health and addiction competencies will strengthen entry-level curricula and raise awareness amongst nursing faculty and students of the importance of mental health and addictions care.

Good Fortune or Foe? High School Academic Performance and the Relationship to Success in First Year Nursing Students

Primary Presenter: Sandra Micsinszki

Date: Tuesday, May 31, 2016

Time: 1450 – 1510

Room: Mountbatten A

Sub Theme: Overcoming Barriers with Visible and Invisible Groups (Students and Patients)

Presentation Type: Concurrent Session

Authors: J. Engel, L. Engel, S. Micsinszki and S. Micsinszki

Traditionally, Ontario baccalaureate nursing programs have solely utilized academic high school pre-requisites in the admission process despite the limited evidence of their use as a predictor of student success. Admission requirements include prerequisite courses that consist of higher level or “university” level courses in the natural and basic sciences, foundational mathematics and English, as well as the overall high school average.

The literature suggests that, outside of Ontario and beyond the nursing discipline, there are a variety of methods in which programs evaluate student admission, including GPA, interviews, essays, and exams. Other professional degree programs utilize other sources of admission criteria; for example, medical programs require pre-admission exam and/or interview processes. Despite the variability of predictive tools discussed in the literature as well as the current process at the Ontario University under study, we question: what is the relationship between high school average and nursing program success?

This presentation will report findings of a quantitative descriptive study that examined the relationship between selected high school grades and success in first year courses in an Ontario baccalaureate nursing program. Data was collected from four recent cohorts of student transcripts that were analyzed using SPSS. Despite limited evidence from the literature, anecdotal concerns also suggest that students who repeated senior level required courses in high school fared poorly in the early years of the program. Therefore, the relationship between repetition of high school courses and program success were also analyzed.

Findings suggest that the strongest predictor of first year success was the student’s overall high school average and English and Chemistry grades at the senior level. Nursing programs are designed to equip students with the knowledge, skill, and judgment required to be successful both in writing their licensing exams as well as in their nursing careers. Therefore, it is important to explore how admission requirements predict success in nursing programs. The emphasis on academic performance is based on admission criteria, however may create barriers for students from visible and invisible minorities and therefore is also an issue of social justice. This has been presented elsewhere. Overall, these issues need to be carefully assessed to address possible barriers in the admission process and how these translate into success or failure.

Development and Mobilization of Nurse Practitioner Education Competencies for Prescribing Controlled Drugs and Substances

Primary Presenter: Lynn Miller

Date: Monday, May 30, 2016

Time: 1130 – 1150

Room: Rossetti Room

Sub Theme: Innovations in Teaching and Learning

Presentation Type: Concurrent Session

Authors: L. Miller, R. Martin-Misener and L. Watts

Learning objective(s)

The learning objective is to understand the competencies (knowledge, skills, and attitudes) required by entry level nurse practitioners (NPs) to prescribe controlled drugs and substances (CDS).

Background/rationale

Legislation was passed in November 2012 that authorizes nurse practitioners to prescribe controlled drugs and substances in Canada. Given the risks associated with prescribing CDS, NP graduates need to be prepared for this expanded prescriptive authority.

NP programs have been shifting their curricula to integrate relevant CDS content to enable NP students to attain the competencies necessary for safe and effective CDS prescribing. Guided by an advisory committee of experts, the competencies for NP education on prescribing controlled drugs and substances will give programs direction to help ensure their students graduate with the necessary competencies to safely prescribe CDS.

Description/overview

The project includes a number of activities in the competency development process. A modified Delphi technique as well as an iterative, multi-step process was undertaken to determine the competencies.

Activities:

An advisory committee of expert stakeholders which included NPs, educators, pharmacists, and regulators was established as the first step of the project. The project's initial output was an environmental scan of existing domestic and international, regulatory and educational standards and competencies for prescribing CDS. The scan was followed by a series of key informant interviews conducted with NP educators to determine current educational and curriculum related practices related to prescribing. An initial set of competencies was drafted based on the scan and interviews. This draft was then reviewed by the committee and again at a one-day stakeholder forum that included interprofessional stakeholder representation from across-Canada. Using a knowledge world café format, participants completed an in-depth review of the competencies, contributing to the development of the second draft of competencies. Further validation of the competencies was obtained through an online survey. The survey results were analyzed, and used by the advisory committee to complete another in-depth review of the competencies before they were finalized.

Evaluation/outcomes:

Development of national evidence-based CDS prescribing competencies for NP education programs will help educators ensure that future NP prescribers meet the needs of their clients in a safe, effective manner.

The Teach In: A Pedagogy for Political Action and Advocacy in Nursing Education

Primary Presenter: Margaret Milner

Date: Monday, May 30, 2016

Time: 1030 – 1130

Room: Carlyle Room

Sub Theme: Innovations in Teaching and Learning

Presentation Type: Panel/Symposia Session

Authors: L. White-MacDonald and M. Milner

Learning Objectives:

1. Explore a teaching innovation designed to engage students in an experience of political professional activism.
2. Discuss outcomes associated with the student experience engaging in collective action to promote registered nursing practice.

Topic for Discussion

In this presentation, we describe our experience implementing a Teach In; an educational innovation where students were provided a real time opportunity to participate in political and social activism relevant to registered nursing practice.

Background

The Canadian Nurses Association National Expert Commission (2012) calls upon Registered Nurses to engage in political action, advocacy and leadership to facilitate health system transformation. Undergraduate nursing students often express feelings of inadequacy and/or disinterest in political and social activism in relation to professional nursing practice (Zauderer, Balestas, Cardoza, Hood, & Neville, 2008-2009). Additionally, students often question the relevance of developing political competence within the scope of registered nursing practice. Opportunities for undergraduates to experience political advocacy and engagement in social activism for health-care reform are often limited, given the nature of chockfull nursing curricula. In this presentation we describe our experiences implementing an educational innovation where students were provided a real time opportunity to participate in political/social activism. Students in a senior nursing course organized a "Teach In" where they planned and implemented a strategic collective action to promote key issues related to professional nursing practice. Feedback from students included an overwhelming sense of empowerment, cohesion, and self-efficacy in advocating for the profession.

Applications

The Teach In experience is a powerful tool which positively influences students' attitudes and skills in political and social activism. More importantly, it demonstrates potential to move nursing students to recognize and acknowledge the inherent value and necessity of engaging in these activities as they transition to full scope of practice as registered nurses. Consequently, nurse educators can integrate this innovative teaching strategy within nursing curricula to foster development of political acumen.

References:

Canadian Nurses Association. (2012). A nursing call to action [PDF]. Retrieved from http://www.cna-aiic.ca/~media/cna/files/en/nec_report_e.pdf

Zauderer, C. R., Balestas, H. C., Cardoza M. P., Hood P., & Neville, S.M. (2008-2009). United we stand: Preparing nursing students for political activism. *Journal of the New York State Nurses Association*, 39(2), 4-7. Retrieved from <http://www.nysna.org/nursing-practice/journal-new-york-state-nurses-association#.VpBGSUaPaYQ>

Abductive Reasoning: An Innovative Teaching and Learning Strategy to Enhance Complex Thinking

Primary Presenter: Noeman Mirza

Date: Tuesday, May 31, 2016

Time: 1220 – 1240

Room: Rossetti Room

Sub Theme: Innovations in Teaching and Learning

Presentation Type: Concurrent Session

Author: N. Mirza

There is much debate on the best way to educate students on how to generate hypotheses to enhance clinical reasoning in nursing education. To increase opportunities for nursing programs to promote the discovery of accurate and broad-level hypotheses, scholars recommend abductive reasoning which offers an alternative approach to hypothetico-deductive reasoning. This study explored the effects of abductive reasoning training on hypothesis generation abilities (accuracy, expertise, breadth) of first and second-year baccalaureate nursing students in a problem-based learning curriculum. A quasi-experiment with 64 participants (29 control, 35 experimental) was conducted. Based on their allocation, study participants either took part in abductive reasoning training or informal group discussion. Three different test questionnaires, each with a unique care scenario, were used to assess participants' hypothesis generation abilities at baseline, immediate post-test and one-week follow-up. Compared to control participants, experimental participants showed significant improvements at follow-up on hypothesis accuracy ($p=0.05$), expertise ($p=0.006$), and breadth ($p=0.003$). While control participants' hypotheses displayed a superficial understanding of care situations, experimental participants' hypotheses reflected increased accuracy, expertise and breadth. The study showed that abductive reasoning, as a scaffolding teaching and learning strategy, can allow nursing students to discover underlying salient patterns in order to better understand and explain the complex realities of care situations. Educating nursing students in abductive reasoning could enable them to accurately and holistically understand newer complex care situations. This could lead to a more holistic, person-based approach to care which will allow nursing students to see various health-related issues as integrated rather than separate.

Complexity Pedagogy and e-Learning: Changing Spaces of Nursing Education

Primary Presenter: Gail Mitchell

Date: Tuesday, May 31, 2016

Time: 1020 – 1040

Room: Rossetti Room

Sub Theme: Innovations in Teaching and Learning

Presentation Type: Concurrent Session

Authors: C. Jonas-Simpson and F. B. Pilkington

Learning objective(s):

1. To consider and evaluate the effectiveness of complexity pedagogy for undergraduate and graduate nursing education in an e-learning environment.
2. To reflect on the changing role of educators in a global world of connectivity.

Background/rationale

Calls for change in nursing education continue to sound with appeals to move away from content delivery to a more interactive, critical, collaborative, and reflective model. However, research is needed to better understand what learning and teaching pedagogies actually benefit students. Our innovative work connects with and advances the call to develop an epistemology of learning...heavily influenced by complexity pedagogy. Complexity pedagogy leverages individual differences and diversities in order to promote emergence of new/different thinking and learning. Difference in the complexity-based platform is not a difference that categorizes and judges, rather, difference is the foundation for growth within a living and learning systems. Research supports the effectiveness of web-based learning, especially platforms that are interactive and that include multimedia integration. But enhanced technology without a change in pedagogy does not alter students' experiences. Complexity teaching may provide one pathway for transforming nursing education by advancing learner-centered approaches where students and teachers influence each other's critical thinking and emerging understandings through networks/nodes of meaningful engagement.

Description/overview

This paper provides an overview of an innovative project to create and evaluate a new e-learning platform based in complexity thinking. We have been teaching with the technology for two years in undergraduate and graduate courses and have preliminary findings that link with the potential for complexity to enable deep and authentic learning. We also discuss areas where the complexity pedagogy requires further exploration and development, especially from a nursing perspective. We review the changing process of teaching-learning in a networked community of learners and show how student-to-student teaching-learning emerges. Visual frames show how the curriculum grows over a term or course of study in this non-linear platform. We discuss how evaluation of student learning shifts from regurgitation of content to one of critical thinking, creativity and reflection on personal growth and application of new knowledge.

Evaluation/outcomes

Evaluation of the new platform is in its second year. Qualitative and quantitative description/data are presented in order to support interpretations of possible effectiveness and potential for transforming nursing education. Networked learning in an organically growing student-centered environment does not appeal to every student or every teacher. But for those who want an emergent space of collaboration and critical thinking, it may be a viable option.

Exploring Writing Self-Efficacy in the Context of Nursing Education: A Thematic Analysis of Current Writing Self-Efficacy Measurement Instruments

Primary Presenter: Kim Mitchell

Date: Tuesday, May 31, 2016

Time: 1140 – 1200

Room: Rossetti Room

Sub Theme: Innovations in Teaching and Learning

Presentation Type: Concurrent Session

Authors: K. Rieger and D. McMillan

Learning Objectives:

To evaluate writing self-efficacy (WSE) instruments, categorize themes across tool items, and identify gaps in measurement as it relates to the needs of academic writing in nursing education.

Background/Rationale:

WSE is defined as a writer's belief in their capability to mobilize the necessary actions to produce a complex academic paper. Nurse educators have been sparsely involved in the discussion of WSE as a discipline-specific phenomenon. Writing of any kind, including academic writing, is a solitary act which is self-scheduled, self-motivated, and requires creative drive. A writer's self-regulatory capabilities are taxed to the degree that even the best writers will experience low self-efficacy in some contexts. Academic self-efficacy has been demonstrated to have a powerful influence on students' grades and overall academic performance but the measurement of WSE has been fraught with complexities and inconsistency. This project was inspired by the first author's research exploring WSE in first-year nursing students as measured by the author's WSE-scale. The goal of the current investigation is to critically evaluate existing WSE measures informing further development of this nursing-specific tool.

Method:

A literature search using CINAHL, PsychINFO, ERIC, PubMed, and Scopus identified 23 existing WSE instruments. Two

investigators independently coded all instruments using separate methods: a coding framework informed by the concepts of Bandura's Self-Efficacy Theory and an open-coding process. Coding outcomes were compared for similarities in theme and content and a combined coding framework was reviewed by a third investigator. A decision was made to separate the scales designed to assess children's WSE from those designed for adults as well as eliminate 11 scales that did not measure the concept, were not self-report, or were overlaps of already included instruments. A broader literature search was undertaken to define the components of the writing process. During this phase, a hand search of studies measuring WSE identified 5 additional scales. Seven scales developed for children were also set aside to focus on WSE as measured in the undergraduate student population. The final analysis includes 10 scales and with consensus reached between the three team members on item codes and gaps.

Summary:

Current WSE instruments were designed to incorporate items that both fit Bandura's theory and/or describe specific skills and processes required while writing. Most existing tools include items reflecting varying degrees of writing difficulty or include discipline-specific concerns making their use population specific. Nursing has its own unique academic discourse that students must master, warranting the development of a nursing-specific WSE tool to support student assessment and inform pedagogy.

Improving Students' Scholarly Writing through Discipline-Specific Writing Instruction: Lessons from Two Research Studies Examining Writing Self-Efficacy in First-Year Nursing Students

Primary Presenter: Kim Mitchell

Date: Tuesday, May 31, 2016

Time: 1410 – 1430

Room: Seymour Room

Sub Theme: Innovations in Teaching and Learning

Presentation Type: Concurrent Session

Author: K. Mitchell

Background:

Discipline specific writing instruction is writing taught with the perspective of an entire nursing curriculum in mind. Teaching discipline-specific writing in undergraduate nursing programs exposes students to the academic discourse of nursing and builds student capacity to communicate using the voice of evidence informed practice. Poor quality of student academic writing is identified in the literature as a key frustration of nursing instructors. Students struggle with recognizing the value of academic writing as a critical skill within a profession they perceive to be patient care focused. Writing self-efficacy (WSE) is a construct that has received little attention in nursing education research. The purpose of this research was to examine WSE in first-year students within the context of a nursing specific academic writing course.

Method:

Between 2012 and 2014, two research studies were completed using a pretest posttest methodology. A time control was added in the second study. The discipline specific writing course is a required course for all first-year students and was designed by a nursing instructor whose teaching specialties include academic writing, research methods, and nursing scholarship. Differences in WSE based on student writing behaviours and personal characteristics such as ESL status, help-seeking, online versus classroom instruction environments, and past writing experience were also examined.

Results:

Anxiety was reduced in the first study but not the second, APA and grammar knowledge improved, and self-efficacy improved from pre to post course. WSE predicted self-reported paper letter grade in the first study only. No differences in WSE were observed based on help seeking behaviours, past writing experience, or ESL status. Few differences were observed with respect to WSE in online versus classroom writing instruction. Findings of note include an observed higher WSE in students who reported completing their paper late or last minute. Students entering nursing direct from high school achieved the lowest grades.

Conclusion:

Nursing instructors can influence students' writing self-efficacy. Identification of all the factors contributing to writing success, beyond skill in grammar and sentence structure, will have the greatest impact on our ability to intervene in student writing. Exploring writing self-efficacy as a predictor of a student's ability to grasp nursing's academic discourse may contribute to student success.

Learning Objectives: This presentation is intended to stimulate a much-needed discussion of self-efficacy in writing instruction. Areas for future study in academic writing and self-efficacy are also identified.

The Past, Present, and Future of Nurse Residency Programs: A Program Analysis

Primary Presenter: Sicilia Montrond

Date: Monday, May 30, 2016

Time: 1330 – 1430

Room: Bb33

Sub Theme: Facilitating the Transition from Student to Nurse

Presentation Type: Poster Presentation

Author: S. Montrond

Background/rationale

It is predicted by 2020, the Registered Nurse (RN) shortage “could grow up to 29% of the entire nursing population” (Ritter, 2011, p. 27). Hospitals are depending on new RN graduates to help fill these positions to avoid a shortage. However, in the first three years of clinical practice, 30%-50% of new graduate RNs either change positions or leave the profession (MacKusick & Minick, 2010). It is believed that Nurse Residency Programs (NRP) can improve the transition from nursing educational programs to practice (Little, Ditmer, & Bashaw, 2013).

Methods/methodology

This project consisted of three phases: (1) an extensive literature review on the history of NRPs in the United States, (2) an analysis of available on-line data of Massachusetts (MA) NRPs, and (3) a survey of nurse leaders and nurse recruiters regarding their NRPs. 16 NRPs that met inclusion/exclusion criteria were identified through a Google search. Nurse Practitioner Residency Programs were excluded from this project.

Results

Eleven online NRP data revealed 73% of NRPs occur in the inpatient hospital, 27% of the programs are 13 to 24 weeks in duration, and 36% utilized discussion in a classroom setting as the primary educational modality. 64% require new graduate nurse with Bachelor of Science Degree (BSN).

3 out of 16 respondents completed the survey. The NRPs occurred in an outpatient setting, an inpatient hospital, and a long term care setting. The participants took more than one year to develop the program, and orientation consisted of 8 to 12 weeks. Experienced nurses with less than one year of acute care experience participated in their NRP. The NRPs were identified as having an impact on the work environment, patient care, job satisfaction, retention, and recruitment.

Conclusion

Healthcare organizations have identified NRPs as a promising strategy to address the predicted nursing shortage and improve transition from nursing education to practice. Limited information is available to stakeholders regarding NRPs in MA. Evaluation of NRPs may provide stakeholders with a better understanding of the structure, availability, and potential benefits of NRPs.

Learning objectives

To describe the history of how NRP emerged in United States, and describe similarities and differences among NRP in Massachusetts.

Discursive Cultural Ethnography: Informing Nursing Knowledge and Practice in Care of Hospitalized Older Adults

Primary Presenter: Jeannine Moreau

Date: Tuesday, May 31, 2016

Time: 1100 – 1120

Room: Seymour Room

Sub Theme: Innovations in Teaching and Learning

Presentation Type: Graduate Student Concurrent Sessions

Author: J. Moreau

Learning objectives

Use discursive cultural ethnography (DCE) research outcomes to generate new knowledge of how and to what effect nursing

practice in care of hospitalized older adults is influenced and mediated by the biomedical discourse of functional decline (FD). Create teaching/learning strategies to enable nurses to use knowledge gained to know when and how to take up, resist and/or negotiate such discourse with the purpose of being more deliberate in conducting their nursing practice.

Background/rationale

Gerontology research indicates FD in hospitalized older adults is a critical issue for nursing as it can result in prolonged hospital stays, poor outcomes at discharge, and/or increased dependence precipitating escalating health care costs. FD is usually biomedically defined as cumulative losses of capacity for biophysical activities of daily living (e.g., mobility, toileting) with increasing dependence. Literature findings reveal how this biomedical discourse of FD (as social practices embedded in language) dominates older adult care eliding discourses such as patient-centred care. It is powerful in producing privileged knowledge as biomedical expertise that informs/structures and insinuates hospital care. Paradoxically, as a discourse it is unstable, contingent on enunciative modalities of possibilities (conditions of the times) allowing potential space for alternate forms of knowledge and discourse. Rarely included in FD research are the actual voices of nurses and patients, the very people affected by the material discursive realities of everyday hospital care and possibilities of FD. There is little critical analysis of how and to what effect this biomedical discourse of FD constitutes formation of nursing knowledge and practice in the context of hospitalized older adults' care.

Methods/methodology

This ethnography (DCE), set in a hospital, gives voice to both nurses and patients. It offers critical analysis of discourse in performed, written, and spoken textual data from care documents, reviewed literature, and nurse/patient participant observations, conversations and interviews, "stories from the front". Discursive analytic strategies of archaeology and genealogy provide critique of discursive formations of objects, concepts, and strategies (e.g., patients as objects of care, clinical pathways/charting as technologies of care, assessments as strategies of care) to illustrate how and to what effect they are products of discourse, perceived, positioned, determined. Knowledge/power relations inherent in discourse are problematized to make visible what discourse does dependent on external conditions of possibility. Interrogation of data (as tropes, actions, labels, ideologies, etc.) reveals underlying assumptions, familiar notions, established and unexamined ways of discursively knowing, thinking and doing nursing care for older adults.

Implications/summary

Preliminary study findings offer new knowledge of how nursing knowledge and practice is discursively mediated, constituted and delimited by the biomedical discourse of FD. Research outcomes are translated to inform narrative pedagogical strategies that require thinking through stories taken from the research, challenge assumptions of what constitutes nursing practice and offer collaborative envisioning of alternate nursing practice possibilities. The intent is to enable nurses through understanding how discourse works to be more discerning and deliberate in how they conduct their practice in the context of hospitalized older adults and FD.

Educating Nurses for Interprofessional Practice: Considerations for Nurse Educators

Primary Presenter: Natalie L. Murdoch

Date: Tuesday, May 31, 2016

Time: 1330 – 1350

Room: Stevenson Room

Sub Theme: Innovations in Teaching and Learning

Presentation Type: Concurrent Session

Authors: N. Murdoch, S. Epp and J. Vinek

Background

The World Health Organization advocates for interprofessional education for students to achieve interprofessional collaborative competencies to engage in effective collaborative practice to strengthen health systems and health outcomes. To prepare new graduates to achieve interprofessional collaborative competencies, healthcare profession programs need to ensure their curriculum provides opportunities for interprofessional education and collaboration.

Objectives

The purpose of this literature review was to identify published teaching-learning activities in undergraduate nursing programs to inform the development and integration of interprofessional education curricula.

Methods

The literature included was identified by searching the following electronic databases: EMBASE and EBSCO (CINHAL, Medline, Education Research Complete, ERIC). The search was limited to articles with abstracts published between 2008 and 2014 in the English language.

Results

All of the ten studies that met inclusion criteria reported students' perceived interprofessional education as valuable in facilitating their achievement of interprofessional collaborative competencies. Participants in the studies reported having attained interprofessional collaborative competencies which aligned with the six core competencies outlined in The National Interprofessional Competency Framework.

Conclusions

The findings from the review support the effectiveness of interprofessional education as an approach for preparing nursing students with knowledge, skills and attitudes to achieve interprofessional collaborative competencies and therefore, urgently needs to become more prevalent in nursing curricula. Nurse educators are encouraged to intentionally integrate learning opportunities into current and future nursing education to prepare collaborative ready graduate nurses to participate effectively as members of interprofessional healthcare teams.

Simulated Education Approaches to Enhance Collaborative Healthcare: A Best Practices Review

Primary Presenter: Natalie Murdoch

Date: Monday, May 30, 2016

Time: 1330 – 1430

Room: Bb33

Sub Theme: Simulation and Clinical: When and How to Use Them?

Presentation Type: Poster Presentation

Author: N. Murdoch

The need for healthcare professionals to engage in interprofessional collaborative practice to improve patient safety and provide optimal patient-centred care is at the forefront of nursing practice and education. Interprofessional simulation can provide health profession program educators with an effective means to prepare future practitioners to engage in meaningful collaboration.

The aim of this project is to identify best practices for interprofessional simulation education to prepare nursing students to effectively engage in interprofessional collaboration with all members of the healthcare team.

This systematic literature review was conducted to identify best practices recommendations to enhance the development of knowledge, skills and attitudes necessary for collaborative healthcare using interprofessional simulated education innovations for learners in pre-licensure nursing programs and other health profession programs.

Using a systematic review methodology, 375 articles were reviewed and 17 studies met the inclusion criteria. Based on the methodological strength of the research and the impact of the simulation innovations, the following simulation techniques were recommended: high-fidelity human patient simulators, role play, and didactic lecture and audience response didactic lecture, both followed by role play with a standardized patient. One approach used in interprofessional education simulations, instructor modeling, was related to particularly positive outcomes for learners. Instructor modeling demonstrated significant results for achieving interprofessional competencies when compared to lack of instructor modeling.

Future research is needed to identify the optimal timing for implementing interprofessional education innovations, for the development of interprofessional collaborative evaluation tools, and to determine the effects of collaborative practice on patient care. Research on the effectiveness of interprofessional simulation would be strengthened with innovations and evaluations based on educational models and learning theories.

Diminishing the Hidden Curriculum Gap: Graduate Nursing Students and APNs Collaborate to Improve the Clinical Learning Environment

Primary Presenter: Louise Murray

Date: Tuesday, May 31, 2016

Time: 1410 – 1430

Room: Stevenson Room

Sub Theme: Innovations in Teaching and Learning

Presentation Type: Concurrent Session

Authors: L. Murray, R. Yee, M.-M. Vallières, A. Arnaert and M. Purden

Learning objectives

Participants will learn about a collaborative effort to translate the results of graduate nursing students' research projects into real change in the clinical environment for the betterment of nursing students.

Background

Nursing students experience the clinical learning environment as a cultural shock where the realities of daily practice are far removed from the theoretical preparation received in the classroom. Furthermore, students do not always feel supported in their efforts to transition into the clinical arena. It would appear that greater collaboration is needed between the academic and clinical worlds to close this gap and create opportunities to facilitate student learning in the clinical milieu.

Description

Over the past 10 years graduate nursing students have partnered with advanced practice nurses (APNs) at an affiliated tertiary care academic health centre to address burning clinical issues as part of their research practicum. In their knowledge translation course students have also collaborated with APNs to develop evidence-based solutions to clinical problems. Several students have conducted projects with a focus on how to provide critical support to nursing students in the clinical environment. Despite their relevant findings, there was no clear path to integrate the results of these various endeavors into the clinical setting. The challenge became how to take the scholarly work done in these projects and bring it to the attention of the APN group to promote changes in practice.

Activities

As part of one specific project, students were asked to present their findings as well as their recommendations to the nursing community at the hospital. As a result APNs expressed interest in improving their practice. Specifically, they asked for much clearer expectations of what support they should be providing to students who come to the clinical milieu.

Outcomes

This interest led to the development of a document entitled 'Clinical Placement Guidelines' based on best practices. This document now serves as the canvas for sharing expectations between the schools of nursing and the nursing community at the academic health center. Some APNs have reported that the document has helped validate their current welcoming practices and ensure they are following best practices. Other APNs have reported using the document to guide discussion and set expectations with nurses new to precepting or welcoming students onto their clinical units.

Getting Into the Canoe: Testing contact hypothesis in the Context of Canadian Aboriginal Communities

Primary Presenter: Marya Helena Myllykoski

Date: Tuesday, May 31, 2016

Time: 1330 – 1350

Room: Rossetti Room

Sub Theme: Innovations in Teaching and Learning

Presentation Type: Concurrent Session

Author: H. Myllykoski

This intention of this presentation is to provide opportunity to discuss the impact of directed, workshop experiences with Canadian Aboriginal community members upon student nurse professional role development. The content is founded upon ongoing research for which data collection will be completed with preliminary results formulated prior to the conference date. Borrowing from social-psychology theory in the form of contact hypothesis testing, the researcher is seeking to uncover whether student nurse attitudes, biases or the professional role of advocacy are affected following an experiential workshop concerning

Aboriginal community experiences resulting from historical policy contexts. Contact hypothesis considers that prejudices and interracial hostilities are reduced and mutually beneficial goals may be realized through increased contact between majority and minority groups. Through pre-workshop qualitative data collection in comparison to post-workshop data, it is anticipated that the following objectives may be realized:

- Uncover the impact of an experiential workshop experience upon the developing professional role of the student nurse
- Outline useful strategies for fostering an understanding of and incorporation of cultural safety practices among nursing students
- Delineate which components, if any, of the experiential workshop are useful in meeting this objective. Improve clinical course delivery
- Provide insight into effective teaching methods

The phrase “getting into the canoe” was adapted from an experience the researcher had at an Aboriginal workshop whereby an elder described a story told by Chief Dan George, of the Tsleil-Waututh Nation of the west coast of British Columbia. Elder Alberta Willie described how he told how in the past, when people needed a canoe, they would take a whole cedar tree and hollow it out to form a canoe. Today, he continued, there are no cedar trees big enough to complete the task and as such, two trees are needed to construct the canoe, each of which will form a side to the canoe, joining in the middle seam. This symbolizes two communities or groups of people coming together to effect change. As is often heard, ‘we are all treaty people’ and the impact of residential schools and other historical policies that have and continue to impact aboriginal community and population health calls us to come together and work toward healing, empowerment, change and positive outcomes for all involved.

In terms of nursing education, opportunities to begin to build relationships and foster mutuality in understanding perspectives can have far reaching impact for professional role development and in terms of direct patient contact and health realization through collaborative practice.

Faces of Chronic Pain: Bringing Visibility to an Invisible Disability

Primary Presenter: JoAnne Nelmes

Date: Monday, May 30, 2016

Time: 1330 – 1430

Room: Bb33

Sub Theme: Overcoming Barriers with Visible and Invisible Groups (Students and Patients)

Presentation Type: Poster Presentation

Author: JA. Nelmes

Chronic pain is often referred to as an invisible disability and significantly impacts the health and wellness of people with a variety of background and ages. More than 5.5 million Canadians are affected (Pain B.C. Society, Electronic Source) and three quarters of those live without adequate treatment for their pain (Canadian Institute For Health Information; Pain B.C. Society, Electronic Sources). The prevalence of pain across Canada is greatest in Alberta (68%) with British Columbia placing third at 60% (Angus Reid Research for the Canadian Pain Society, 2011). A public opinion survey identified that only 50% of Canadians believe chronic pain exists (Pfizer, 2005). The purpose of this research project was to explore the experiences of individuals living with chronic pain and to disseminate their stories through photographs. These stories and photographs portray participants’ challenges and successes in daily life, and will encourage a positive and realistic understanding of chronic pain within the health care environment and community. It is critical to examine and portray the experience of individuals living with chronic pain and bring visibility to this invisible disability.

The research methodology draws on hermeneutic phenomenology as a mode of inquiry to illuminate the meaning and experience of each participant. Hermeneutic Phenomenology was chosen for this qualitative study because the intent is to develop and deepen understanding and provide an opportunity for people to share their personal journey of living with chronic pain. Purposive sampling was utilized and 20 volunteer participants were interviewed. Included were participants with a minimum age of 19, English speaking, who had experienced pain for greater than 3 months or beyond the normal healing period and could attend an interview. There were 19 exclusions because the participants were unable to attend a face-to-face interview. One on one semi-structured interviews up to a maximum of 60 minutes were conducted and recorded. Following each interview, the data was transcribed verbatim and coded. Field notes and photographs were taken. Preliminary synthesis of similar segments of data is ongoing.

The study included 13 female and 7 male participants ranging in age from 24 to 81 years with a mean of 53.9 years. The length of time these participants lived with chronic pain ranged from 1 to 34 years with a mean of 12.175 years. Chronic pain occurred in 6 participants due to an illness whereas 14 participants developed chronic pain due to accident or injury. Preliminary findings demonstrate the significant impact this invisible disability has on someone's life and how they desperately seek acknowledgement and validation that their pain stems from a credible source and is not imagined. All participants gave an emotional and compelling story of how chronic pain dramatically changed their physical, psychological, and social well-being. There are four preliminary themes that notably influenced a person with chronic pain: Fight, Seeking Understanding, Experiencing Loss, and A Place of Acceptance.

The proposed outcomes for this research project are to increase understanding and awareness in nursing students, graduate nurses, inter-professional health care providers and the general public. Utilizing an arts-based method of data collection and dissemination will increase understanding through a visual display that illuminates the range of individuals affected by chronic pain. Participant's stories will be understood through their photos and supplemented by text from interview data. The intent is to bring visibility to chronic pain and influence a positive public perception thus decreasing marginalization of this population.

Transitioning from the CRNE to the NCLEX-RN: Nova Scotia Schools of Nursing Experience Using Standardized Exams to Prepare Students for Optimal Success

Primary Presenter: Willena Nemeth

Date: Monday, May 30, 2016

Time: 1210 – 1230

Room: Rossetti Room

Sub Theme: Innovations in Teaching and Learning

Presentation Type: Concurrent Session

Authors: W. Nemeth, S. Cobbett, J.-A. MacDonald

Background

The main purpose of this study is to contribute to the scholarship of learning and teaching related to NCLEX-RN student preparatory learning resources within the Canadian context. Based upon the best available evidence related to NCLEX-RN Preparatory Resources, a Health Education Systems Incorporated (HESI™) NCLEX-RN package of learning resources was chosen and implemented in Nova Scotia by the three Bachelor of Science in Nursing Programs. Little is known about effective guidelines for preparation, remediation, testing and re-testing within the Canadian context and as such, it is imperative that we study how to best prepare Canadian students for success on the NCLEX-RN and estimate predictive validity of the learning resources that are currently in use.

Methods

As there is no existing Canadian data on the use of HESI™ NCLEX-RN tools or NCLEX-RN pass rates in Canada, an odds-ratio analysis could not be performed; an ex post facto non-experimental design addresses three of the five research objectives as part of Phase I:

1. To determine if there is a relationship between student cumulative GPA (grade point average) and HESI RN Exit Exam scores, Computer Adaptive Test (CAT) score, and success on the NCLEX-RN;
2. To investigate if there is a relationship between the students score on the two HESI™ RN Exit Exam, and success on the NCLEX-RN exam;
3. To investigate if there is a relationship between the length of time from graduation to exam writing date and success on the NCLEX-RN exam.

Results

Preliminary Phase I one-sample t-test results (N= 117) indicate that there are statistically significant mean differences between both versions of the RN Exit Exam score and NCLEX-RN success (Version 1: $t = 55.26, 33.67$ (df: 73, 34), $< .0001$; mean: 870.2 vs. 669.4) (Version 2: $t = 66.71, 37.48$ (df: 72, 34), $< .0001$) as well as the Computer Adaptive Test (CAT) Score and NCLEX-RN success ($t = 57.26, 21.67$ (df: 64, 32), $< .0001$; mean 16.3 vs. 12.1). All data was normally distributed as tested by the Shapiro-Wilk test of normality with the exception of the CAT score NCLEX-RN pass data set. GPA relational analysis with the Exit and CAT exams and length of time from graduation to the NCLEX-RN writing date analysis will be available late winter 2016 and will be presented at this conference.

Conclusions

Preliminary analysis indicates that students who passed the NCLEX-RN examination on their first writing had a higher mean RN Exit Exam score than those students who did not pass the NCLEX-RN Exam on their first writing students who passed the NCLEX-RN Exam had a higher mean score on the CAT exam than those students who did not pass the NCLEX-RN exam however this result is to be interpreted with caution as the CAT score NCLEX-RN pass data set was not normally distributed (0.912, df: 33, $p = .011$). Phase II results(October, 2016), will re-examine research objectives 1 to 3 above with a second, larger student cohort, in addition to determining if there are statistically significant mean differences in HESI™ Specialty Exams and NCLEX-RN Examination success.

Using a Wider Lens in Nursing Education: Mobilizing Knowledge Across Disciplines through an Online Multimedia Prenatal Development Module

Primary Presenter: Tamara Neufeld

Date: Monday, May 30, 2016

Time: 1540 – 1600

Room: Rossetti Room

Sub Theme: Innovations in Teaching and Learning

Presentation Type: Concurrent Session

Authors: T. Neufeld, M. Elfenbaum, J. Bertrand and J. Jamieson

Increasing awareness of scientific evidence regarding gene by environment interactions during prenatal development can enhance nursing education and potentially impact risk for disease and long-term health. The Science of Early Child Development (SECD) initiative is a collaborative interdisciplinary project between Red River College, the University of Toronto and the Aga Khan Development Network to make current evidence about healthy child development more accessible to educators, students and professionals. The SECD project includes a variety of innovative online and offline resources and courses about early development, health and well-being. An online module about the preconception and prenatal periods has recently been added to expand the horizons of available knowledge mobilization resources in the SECD project. Scientist and expert interviews are featured in short video and audio clips. Animations, interactive activities, readings, games and web-text are incorporated as a way of engaging multiple levels of learners in a dynamic way. Topics covered in the module include: the Developmental Origins of Health and Disease, epigenetics, prenatal stress and fetal over-nutrition through maternal obesity, diabetes or excessive gestational weight gain. Learners also explore relationships between the maternal context and fetal development. Furthermore, successful strategies and program examples linking research to practice are presented.

Nursing educators are well positioned to incorporate this important information into theory and clinical courses. The integration of this newest SECD resource into classroom and clinical settings has begun at Red River College. Expert and researcher videos discussing preconception and prenatal risk factors for future disease were utilized in a maternal/child theory course. Links between this maternal/child theory course and a related community health clinical practice course were strengthened through a collaborative approach to use of the resource. Expanding the use of this versatile module across a variety of nursing courses is currently being explored as a way of broadening the horizons of knowledge translation into nursing education. Recent results, when SECD was used in nursing education, indicate that 95% of students said they found the resource engaging, that it expanded their knowledge of child development, and was applicable to nursing practice. Future plans related to the newest module about prenatal development include an evaluation of student knowledge acquisition through use of this innovative approach to nursing education.

A Roadmap for Program Evaluation

Primary Presenter: Sue Nicholson

Date: Monday, May 30, 2016

Time: 1150 - 1210

Room: Carlyle Room

Sub Theme: Innovations in Teaching and Learning

Presentation Type: Concurrent Session

Author: S. Nicholson

The Douglas College BSN program has developed a formative evaluation plan as a guide for continuous improvement. This guide has been our roadmap to direct activities as faculty and administrators strive for excellence in teaching and education.

We asked ourselves how we could promote a 'culture of evaluation' so that we could motivate and engage both students and faculty to participate in program evaluation. We set out what data would provide the best evidence to demonstrate that we are achieving our mission and the learning outcomes.

This presentation showcases the process we used to engage our faculty, describe the evaluation plan, gather the evidence, justify conclusions and recommendations and to engage faculty and students in the recommendations and the process.

The Current State of Mentorship in Nursing Academia: A Mixed Methods Study

Primary Presenter: Lorelli Nowell

Date: Monday, May 30, 2016

Time: 1640 – 1700

Room: Seymour Room

Sub Theme: Developing Administrative Leadership and Political Skills

Presentation Type: Graduate Student Concurrent Session

Authors: L. Nowell and D. White

Learning objective

To generate discussion and feedback relating to early study findings.

Background

Nursing education programs are faced with many challenges, including an imminent shortage of nursing faculty. The nursing faculty shortage is an issue for nursing education institutions, nursing faculty members, nursing students, and the public. As the numbers of nurses in the workforce continues to decrease, so do the numbers of nursing faculty required to teach new nurses, study health problems and patient issues, and implement effective teaching and learning methodologies to support the development of new nurses. Mentorship has been identified as a potential way to address the nursing faculty shortage; however, the current state of mentorship in Canadian schools of nursing is unclear and anecdotal evidence and nursing literature indicates that many nursing schools face barriers to implementing mentorship innovations. The purpose of this study was to identify the current state of mentorship in nursing academia within Canadian schools of nursing and identify potential strategies to mitigate the barriers and leverage the facilitators to implementing mentorship innovations.

Methods

A sequential explanatory mixed method design was used. In Phase I, to assess the current state of mentorship and assess the barriers and facilitators related to the implementation of mentorship innovations, a web based cross-sectional survey was distributed to nursing faculty in Canadian schools of nursing. To augment Phase I findings, Phase II participants are being purposively selected to complete semi-structured interviews.

Summary

Data collection and analysis is currently underway. To date, survey data has been collected from 921 nursing faculty members. The survey will close in February 2016. To date 41 faculty members have participated in an interview. Early qualitative findings indicate that mentorship for nurses working in academic settings is imperative to the development of the profession, however, there is a lack of clear guidelines and support for the development of much needed mentorship innovations. Although some nursing schools have mentorship for new faculty members, the mentorship is mostly informal and lacks clear objectives, goals, and metrics to evaluate success. The integration of both quantitative and qualitative data will provide a more complete understanding of mentorship and the barriers and facilitators of implementing mentorship interventions in nursing academia. Recommendations will be made for overcoming barriers and leveraging facilitators to implement evidence based mentorship innovations in nursing academia.

Developing Critical Thinking and Reflective Practice Skills in Undergraduate Nursing Students: Supporting their Transition into Practice

Primary Presenter: Amanda O'Rae

Date: Tuesday, May 31, 2016

Time: 1430 – 1450

Room: Mountbatten B

Sub Theme: Facilitating the Transition from Student to Nurse

Presentation Type: Concurrent Session

Authors: G. Rutherford, A. O'Rae, Z. Shajani, P. Rosenau and D. Hellman

Learning Objective

In this interactive presentation we will engage the audience in examining and applying the key components of critical thinking and reflective practice identified through our research study. The discussion will focus on the applicability of our evolving theoretical model depicting the interrelationship between critical thinking and reflective practice, including the staging of educational strategies identified through our research processes.

Background rationale

With the increasing demands on nurses, it is imperative for nurse educators to be purposeful in their teaching and learning approaches to develop reflective practice and critical thinking skills in their students. The emphasis on critical thinking and reflective practice in nursing education poses challenges for educators due to the ambiguous nature of these terms and the complexity of developing them in novice students. This study was proposed to explore how educators' interpretation of critical thinking and reflective practice influences their teaching strategies and ability to transition student to nurse.

Methods

This study used a constructivist grounded theory methodology (Charmaz, 2006). We conducted in-person semi-structured interviews with current nursing educators and analyzed data to identify emerging categories and a visual theoretical framework. The researchers utilized memo writing throughout the process to track the methodological processes and developing theory.

Summary

Preliminary study outcomes indicate that critical thinking and reflective practice are complementary processes that are best staged across a curriculum in order to promote transition from novice student to practicing nurse. The intended learning outcomes of the interactive session are for the audience to consider the evolving theoretical findings that incorporate proposed definitions for critical thinking and reflective practice. Additionally, we will present findings related to teaching and learning approaches that support student development.

Transforming Nursing Practice Education into Interprofessional Client-Centred Collaborative Practice

Primary Presenter: Carole Orchard

Date: Monday, May 30, 2016

Time: 1030 – 1130

Room: Stevenson Room

Sub Theme: Innovations in Teaching and Learning

Presentation Type: Panel/Symposia Session

Authors: C. Orchard, D. Allen and M. Rykhoff

The movement in the Canadian Health Care System is focusing on interprofessional (IP) teamwork and patient-centred practice. However, the focus of most nursing education programs is the teaching of clinical practice within a nursing-centric emphasis. While nursing students need to understand their professional role in patient care, they also must learn how to work collaboratively with other health professionals as an entry to practice competency. The Canadian Interprofessional Health Collaborative (CIHC) IP Competency Framework has become the gold standard for understanding the competencies (patient/client/family/community centred care; interprofessional communication; role clarification, team functioning, interprofessional conflict resolution, and collaborative leadership) that need to be developed in our students. Hence, these competencies are team based ones and complement nursing entry to practice competencies. To date knowing what constitutes collaborative practice has been unclear, the CIHC International Working Group has moved to establish a framework describing the processes needed to be practiced within each of the CIHC competencies. In this symposium, participants will be presented with the new framework as a work in progress, and given opportunity to apply it to a case study to gain insight into its value to meet collaborative client-centred practice as part of the nursing practice development.

Intégration de la pratique réflexive dans l'apprentissage collaboratif

Présentateur principal: Jérôme Ouellet

Date : lundi 30 mai 2016

Heure : 1500 – 1520

Salle : *Stevenson Room*

Sous-thème : Innovations en enseignement et apprentissage

Type de présentation : Session Simultanée

Auteur : J. Ouellet

Cette présentation s'inspire d'un travail réalisé actuellement dans un projet de thèse doctorale qui vise à instaurer des groupes d'apprentissage collaboratif chez des infirmières de soutien à domicile qui exercent la profession auprès d'âinés.

Objectifs d'apprentissage:

Connaître les différents niveaux de pratique réflexive (Lafortune, 2012) et distinguer l'apprentissage collaboratif d'autres stratégies d'apprentissage similaires comme l'apprentissage par problème ou l'apprentissage coopératif (Davidson et Major, 2014) dans une perspective de formation continue et de développement professionnel infirmier.

Contexte/Justification:

Actuellement, bien qu'il soit reconnu que la pratique réflexive comporte un potentiel non négligeable pour contribuer à l'amélioration de la qualité des soins (Miraglia et Asselin, 2015), encore très peu d'activités de formation continue intègre véritablement cette approche ainsi que les principes d'apprentissage des adultes (Curran, 2013). De plus, la plupart des stratégies mises en place en matière de développement professionnel visent à instaurer des activités d'enseignement plutôt qu'à implanter des stratégies qui valorisent l'autonomie des infirmières dans leur apprentissage et leur propre développement professionnel. La pratique réflexive ancrée dans une approche d'apprentissage collaboratif a été utilisée en linguistique, mais encore très peu en sciences de la santé (Launer, 2015) dont en sciences infirmières. Considérant l'importance de développer des activités de formation continue qui sont ancrées dans la pratique clinique des infirmières afin de potentialiser le transfert des connaissances de la théorique à la pratique (Lammintakanen et Kivinen, 2012), l'approche collaborative s'avère une avenue intéressante en ce sens. De surcroît, elle comporte peu de frais, est flexible dans le temps et s'inscrit dans une structure et une démarche souples, mais qui se veulent rigoureuses. Elle comporte donc des avantages non négligeables qui pourraient potentiellement contribuer à améliorer la qualité de la formation continue des infirmières et conséquemment, la qualité des soins aux clientèles âinées, tout en repoussant les barrières (ex.: manque de temps et de financement) qui représentent un frein à la formation continue pour les infirmières (Santos, 2012).

Méthodes/Méthodologie et synthèse :

Cette présentation sera réalisée à partir d'une synthèse narrative (Grimshaw, 2010) critique des écrits effectuée dans le cadre d'un projet d'études doctoral. Il sera aussi question de contextualiser l'instauration des groupes d'apprentissage collaboratif dans une approche de recherche dite elle aussi collaborative qui poursuit un double agenda soit le développement des professionnels et le développement des connaissances scientifiques (Desgagné, 1997).

Integrating Shift Simulation to Enhance Competence and Confidence in Nursing Students

Primary Presenter: Cindy Pallister

Date: Tuesday, May 31, 2016

Time: 1020 – 1040

Room: Stevenson Room

Sub Theme: Innovations in Teaching and Learning

Presentation Type: Concurrent Session

Authors: C. Pallister and M. Groundwater

Learning Objectives

Increase competency and confidence in clinical practice by:

- Creating multiple client-focused critical thinking scenarios that allow the student to apply theoretical knowledge to practice in a safe realistic learning environment
- Providing debriefing time that allows the student to self-reflect on their performance and communicate feelings and reactions to the learning experience

Background/Rationale

Simulation labs were integrated into the second year of a practical nursing program in an effort to increase clinical competency and confidence. The need to provide nursing students with more challenging learning experiences to assist them with developing critical thinking and decision making abilities were identified through feedback from faculty, community partners, and students.

Description/Overview

For each simulation scenario, students reviewed a client profile and completed related questions. High and low fidelity mannequins, along with faculty role-playing were used for each medical/surgical, maternity or paediatric scenario. Nursing faculty ran the scenario, observed student performance and facilitated the debriefing.

Activities of the Innovation

Each scenario was built with the same routine; shift report, introduction to client, assessment, plan of care, medication administration and required interventions for nursing care. Client problems were included for the students to identify and intervene. Clinical presentation of clients in each scenario were adjusted based on student performance (ie. student administers too much insulin and client experiences a hypoglycemic reaction to the error).

Evaluation/Outcomes

Students were able to make mistakes while experiencing clinical problem-solving and decision making from “on the spot learning” that they had not experienced in clinical placement settings. They had opportunities to perform skills for the first time and enhance overall skill proficiency. During the debriefing sessions for each lab, the students reflected on what they did well during scenarios, what they would do differently, the knowledge acquired or reinforced, and how the scenario events could be applied in real clinical settings. The students informally evaluated each scenario to identify what they found most beneficial and what changes could be made to improve learning experiences. By the end of second year, students revealed feeling more competent and confident, and better prepared for real-life situations.

Transformational Learning Experience of RPN to BScN Students

Primary Presenter: Maurine Parzen

Date: Monday, May 30, 2016

Time: 1210 – 1230

Room: Seymour Room

Sub Theme: Innovations in Teaching and Learning

Presentation Type: Graduate Student Concurrent Session

Authors: M. Parzen

The purpose of this study was to explore the learning experience of students who are transitioning from the Registered Practical Nurse (RPN) to the Registered Nurse (RN) in one program in Ontario. Recent changes in the educational system now provide the opportunity for RPNs to pursue their Bachelor of Science in Nursing (BScN) in three years. The challenge is to develop programs that recognize the diversity of the RPNs’ pre-existing knowledge and cultivate those into more advanced critical thinking and leadership skills required of an RN.

To explore their transitioning and transformative learning experiences, a mixed method design was utilized through the use of interviews and King’s (2009) learning activity survey (LAS) that identifies factors that contribute to transformational learning. RPN to BScN students enrolled in the program completed the LAS and participated in interviews. Graduates of the program, and faculty who taught in the program also participated in the interviews. During the interviews, factors that contributed and hindered the RPN learner was explored.

The factors that triggered opportunities to reflect critically upon previously held beliefs were key nursing concepts that added value to their existing knowledge. Faculty, peer support and specific learning activities also contributed to their change in thinking. The challenges revealed by the students and graduates were; balancing multiple responsibilities, disappointment with faculty, overall program challenges, being integrated with the generic students, and role confusion. The faculty interviews resulted in two major themes that were; respect and admiration for the RPN, and challenges teaching the RPN learner.

This study concluded that the RPN to BScN learner in this study represented the mature students who are older and have greater responsibilities in relationship to family and work than traditional students. Their diverse nursing backgrounds brought a wealth of knowledge to the classroom that needed to be challenged in different ways to facilitate a change in perspective. Exploration of RPN to BScN program curriculum should be reviewed and revised to ensure this learner’s needs are being met. Transformative learning provided a viable theoretical lens that educators can use to create optimal learning experiences for the RPN learner.

Women's Wellness Within: A Partnership Serving Women in Corrections in Nova Scotia

Primary Presenter: Martha Paynter

Date: Monday, May 30, 2016

Time: 1130 – 1150

Room: Mountbatten A

Sub Theme: Developing Administrative Leadership and Political Skills

Presentation Type: Concurrent Session

Authors: M. Paynter, J. Bilotta, E. Halpern and S. Willdeman

Our session describes the challenges and strategies of a growing interdisciplinary health services movement in Nova Scotia to serve criminalized women facing poverty, addiction, isolation and mental illness in pregnancy and parenting.

This movement began in 2012, when a small group of women who provide perinatal education and support in Halifax heard on the news about the traumatic unassisted birth experience of Julie Bilotta and her son Gionni at the Ottawa Carleton Detention Centre. Bilotta's experience touched us profoundly as unimaginable and preventable. As our project was getting off the ground in the fall of 2013, we learned Gionni had died.

We created an interdisciplinary care partnership to ensure women at the Nova Scotia provincial jail, the Central Nova Correctional Facility in Dartmouth, and the federal prison, the Nova Institute in Truro, would receive the best possible reproductive health and parenting support. Coordinated by a student nurse at Dalhousie University, the Women's Wellness Within Project includes the Halifax Branch of Women's Legal Education Action Fund, the Elizabeth Fry Society of Cape Breton, the IWK Health Centre Midwives and Nurses, the Chebucto Family Centre and the Volunteer Doula Program. WWW members include clinical nurse specialists, nurses, midwives, doulas, social workers, lawyers and students in these fields.

Women's Wellness Within services include one on one doula support to pregnant inmates, labour and delivery companionship, abortion companionship, postpartum and breastfeeding support, NICU companionship, referrals to public health and parenting education. WWW members facilitate monthly women's health workshops in the provincial jail on topics determined by the women's interests, including contraception, sexually transmitted infections, fertility awareness, stress relief, parenting and self-care. We advocate for women to live with and breastfeed their infants and children while incarcerated. The Nova Institute has an active Mother Child program for mothers and children to stay together, and one halfway house in Halifax also enables mothers to live with their children. We provide information, encouragement, support and care. In 2015 we served five women in pregnancy and several women seeking parenting counseling, and over 50 women participated in WWW workshops.

In partnership with Pro Bono Students Canada, WWW developed a resource guide for women released in Halifax. The Nova Scotia Public Interest Research Group awarded WWW a grant for the guide's publication.

We believe that working with criminalized women provides transformational learning for clinicians in practice. The Dalhousie School of Nursing is supporting WWW by creating formal practical clinical learning opportunities for student nurses and nurse practitioner students to train with women in corrections.

In October 2015, WWW hosted Julie Bilotta in Nova Scotia for a speaking tour. Addressing audiences including health practitioners, lawyers, corrections staff and students, Bilotta received standing ovations and motivated many to action. She is a partner in the work of WWW. Her speeches were filmed and are now used as teaching tools at Dalhousie University and the IWK Health Centre.

We wish to share the story of WWW leadership and clinician activism, and to engage conference attendees regarding the challenges in our work.

Exploring the Experience of Undergraduate Nursing Students with Human Simulation Methodology as a Form of Experiential Education Approach

Primary Presenter: Eva Peisachovich

Date: Tuesday, May 31, 2016

Time: 1140 – 1200

Room: Stevenson Room

Sub Theme: Innovations in Teaching and Learning

Presentation Type: Concurrent Session

Authors: E. Peisachovich and G. Raya

The study explores the experiences of undergraduate nursing students using human simulation (HS) methodology as a form of experiential education (EE) approach in their transition to practice. Given that the nature of nurses' work takes place in diverse and complex care settings, the use and application of HS Methodology is essential in the transition to practice. Although HSs have been used in many disciplines to engage students in experiential learning it is a novice methodology in nursing education. Given the limited research studies associated with HS methodology in nursing education, this study explored undergraduate nursing students' experience of this form of education methodology and how it could be best applied within a teaching learning milieu. Gaining both evidence and understanding of how this form of pedagogical methodology benefits nurse educators and students are a motivating factor. In this study the use of HS simulation functions as a learning tool by providing participants with a realistic clinical environment that explores the character and personality they are interacting with. This exposes participants to be both actively involved in self-assessment and obtain sustainable formative feedback. This study is guided by the central research question: What are undergraduate nursing students' experiences of HS methodology as a form of experiential education in their transition to practice? Understanding the answers to this question are fundamental to both the successful education of future nurses and the nursing profession; particularly in the area of developing communication and interpersonal skills, which are a key to every nurse patient, encounter. A purposive sample of 3 undergraduate students were involved in interacting with two different HSs. The research design includes a qualitative exploratory study and data collected from each participant using video recorded observation and participant interviews using the case study design. Findings will facilitate an understanding of critical emotional competencies including communication and interpersonal skills, conflict and leadership skills and physical examination and interviewing skills which are empirically linked to effective performance in nursing education and practice.

Competencies Development in Undergraduate Health Professionals: A Meta-Synthesis of Qualitative Studies

Primary Presenter: Jacinthe Pepin

Date: Monday, May 30, 2016

Time: 1500 – 1520

Room: Mountbatten B

Sub Theme: Facilitating the Transition from Student to Nurse

Presentation Type: Concurrent Session

Authors: J. Pepin, J. Goudreau, L. Boyer, A. Blanchet Garneau, J. Tardif, M.A. Maheu-Cadotte and P. Lavoie

Learning objective

To understand the overall process of competencies development throughout the undergraduate studies of future health professionals.

Rationale

According to a competency-based approach to education, the elaboration of educational programs should be based on a deep understanding of how future health professionals' competencies develop and this understanding is best reached from empirical studies (National Research Council, 2001). Current qualitative, interpretative and descriptive studies among undergraduate students tend to focus on one or more specific competencies without situating them within the whole development of competencies. To achieve a broader understanding of future health professionals' competencies development, we are conducting a meta-synthesis of relevant qualitative studies inspired by Paterson et al. (2001).

Purpose

The purpose of this study is to describe the overall process of competencies development throughout the undergraduate studies of future health professionals. Our research questions are: what are the characteristics of the studies regarding the competencies, the profession of the learners, the theories, the methods, and the form of results; and how do the competencies developed?

Methodology

735 unique references addressing undergraduate student's competencies development from various healthcare professions (e.g.: nursing, medicine, dentistry, occupational therapy) were retrieved from the following online databases: CINAHL, Cochrane, Erudit, MEDLINE, PsycINFO, EMBase, ERIC and Education Source. After a first screening process by two researchers, 104 studies met the inclusion criteria from the abstracts, and then 59 were retained based on the full texts. Each of these studies was then read several times and analyzed thoroughly to identify which competencies were studied, from which theoretical standpoint, using what method and under what social, political, historical and cultural context, and to understand how globally the competencies develop. The integration and synthesis of knowledge will be reached through researchers thorough discussions.

Summary

The aim of the presentation is to describe the results regarding the characteristics of the studies included in this meta-synthesis. A preliminary draft of the initial theory on competencies development will be presented as well as the remaining steps of this meta-synthesis. We hope that this research's results could guide academic decisions that will support the development of competencies within undergraduate programs.

Sharing the Change: Faculty and Student Collaboration in NCLEX-RN Transition, Part 1

Primary Presenter: Kathryn Pfaff

Date: Tuesday, May 31, 2016

Time: 1200 – 1220

Room: Stevenson Room

Sub Theme: Facilitating the Transition from Student to Nurse

Presentation Type: Concurrent Session

Authors: K. Pfaff, S. Fox, M. Lim and P. Ravi

Learning Objectives:

1. Learners will be able to state the process of a collaborative faculty and student NCLEX-RN preparation strategy.
2. Learners will be able to articulate the benefits of faculty and student collaboration in NCLEX-RN preparation.
3. Learners will be able to describe how to incorporate NCLEX-RN preparatory materials that meet faculty and student needs into new and existing courses.
4. Learners will be able to describe strategies for ongoing feedback between faculty and students throughout the transition process.

Background/Rationale:

In December 2011, the National Council of State Boards of Nursing (NCSBN) announced that it would bring the NCLEX-RN to Canada. Endorsed by Canadian regulatory bodies, this change in examination for registered nurse candidates would take effect in January 2015. For Canadian nursing programs, this resulted in a sense of urgency to develop a transition strategy. Nursing educators began preparing for the transition, and discovered that there were neither frameworks nor quality evidence to guide them in preparing students for this change. In Ontario, the transition was also hindered by legislation that limits use of on-line resources.

Using a participatory action framework, the Faculty of Nursing at the University of Windsor began engaging students in a strategy for change. The faculty and student panel will present our program's NCLEX-RN transition strategy.

Applications:

Our strategy involves ongoing and overlapping processes of consultation, integration, practice, and evaluation.

Consultation involves engaging students and faculty to identify learning needs, access to resources, and resource preferences. Integration of NCLEX-RN information, resources, and peer-to-peer support occur intensively in year four. In the final semester, students practice NCLEX-RN skills using diagnostic testing, content review, quizzing, decision rules, and remediation. Evaluation of the strategy is ongoing and includes formative and summative feedback from students, NCLEX-RN preparation utilization data, and NCLEX-RN program results.

The program's NCLEX-RN outcomes are promising, with improvements expected. With student and faculty feedback, the activities that support each phase of the process are continually evolving.

Breaking Barriers: Promoting Mental Health Awareness in a Downtown Montreal Homeless Shelter

Primary Presenter: Anya Piasecki

Date: Tuesday, May 31, 2016

Time: 1040 – 1100

Room: Stevenson Room

Sub Theme: Overcoming Barriers with Visible and Invisible Groups (Students and Patients)

Presentation Type: Concurrent Session

Authors: A. Piasecki, I. Tawil, T. Tennant, A. Thomasson, D. Rodriguez Velasquez, V. Villareal-Corpuz, K. Rozintseva and F. Filion

Introduction.

Those who experience homelessness are placed in a precarious environment with a lack of health resources. The homeless are disproportionately affected by mental illness compared to the general population, with an estimated 67% of this population experiencing issues related to mental health (CIHI, 2007). As well, a large proportion of the services offered to the population are catered towards basic and materialistic needs neglecting to address their mental and psychological wellbeing. At St. Michael's Mission, a shelter that serves the community in downtown Montreal, there is a need for strategies that promote accessibility to mental health resources, as well as, strategies to encourage discussion about mental health amongst community members. A stronger emphasis on this topic can facilitate the improvement in mental health and plays a fundamental role in an individual's recovery process and reintegrating into society. Through providing educational materials on mental health and relevant resources, this project aims to raise awareness and destigmatize mental health, and to improve personal health practices related to these issues within this community.

Methods

Our project, which took the form of an interactive workshop and pamphlet, relied heavily on the theoretical foundations of the Population Health Promotion Model. The intention set behind the development of these products were to demystify common fallacies about mental health and increase access to services. In the first section of this workshop, we presented various myths about mental health. Following this activity, stress-coping strategies were suggested and demonstrated. Finally, detailed explanations of available community resources were provided to participants, in order to encourage and promote access.

Results

During the workshop, participants were receptive to the methods of "coping" presented. 87.5% of participants at the workshop took a pamphlet and 20 others were distributed to users not present. 100% of attendees expressed their interest in the material covered in the workshop.

Conclusion

It is crucial to create more comprehensive care for those experiencing mental health issues. Our project opens a door for the social workers at St Michael's Mission to identify and direct clients to the appropriate, available resources. This project also served as a gateway to "break the ice," on this sensitive and highly stigmatized topic. A subsequent project could be developed to monitor longer-term participants.

Healthcare Professionals' Perceptions of a Canadian Online Telehealth Course

Primary Presenter: Norma Ponzoni

Date: Monday, May 30, 2016

Time: 1620 – 1640

Room: Scott Room

Sub Theme: Informatics: New Tools for Education and Practice

Presentation Type: Concurrent Session

Authors: A. Arnaert and N. Ponzoni

Telehealth, the provision of health and educational services using telecommunication technologies, is progressively gaining acceptance from patients and clinicians, as it is seen as a viable alternative to in-person interactions. Yet, ironically, the training necessary for its optimal use is lagging behind, leaving nurses and allied health professionals ill-equipped in light of these rapid changes to practice. Many clinicians are being trained on the job as the skills required for the delivery of telehealth services have not been systematically integrated in health professions curricula, nationally and abroad. In order to address this training issue, the Office of Continuing Education at the University of Moncton offers, since 2012, an online course that gives an overview of the history and functionality of telehealth in a variety of contexts. This study explored, using a qualitative descriptive design, the perceptions of 11 Canadians and 2 participants from Cameroon and Mali, who followed this course from 2012 - 2015. Data were

collected, from November 2015 to January 2016, using semi-structured telephone interviews and content analyzed. The results indicated that all participants ranked this general, introductory course as being high in quality; however the variability of their baseline knowledge in telehealth led to divided feedback on the depth of information covered; there was an obvious dichotomy, with some users finding the course pertinent and interesting and others indicating that the content was too intense and complex. Due to the rapid evolution of technology and the specific competencies required for the skillful delivery of telehealth, a major recommendation was the incorporation of practical and applied examples that were useful to their daily practice and context, regardless of their use and experience with telehealth. Another suggestion from participants was to modify the current offering to a multi-level course that offers a general overview and gives participants the option to choose more advanced content on specific telehealth services, such as home telehealth or teleradiology, from an interdisciplinary perspective. The learning objectives for this conference presentation are that participants will have a better understanding of the need for education and training of current and future healthcare providers regarding telehealth and will be able to apply participant recommendations to their own online course offerings.

Integrating Simulation into Mental Health Curriculum Design

Primary Presenter: Karen Poole

Date: Monday, May 30, 2016

Time: 1330 – 1430

Room: Bb33

Sub Theme: Simulation and Clinical: When and How to Use Them?

Presentation Type: Poster Presentation

Authors: K. Jones-Bonofiglio, C. Campbell and K. Poole

During the summer session of our 2015 curriculum, an innovative pilot project was undertaken that combined a "Paths to Recovery" seminar series, high-fidelity simulation, and a clinical placement for our 3rd year compressed program BScN students. The foundations for this project are grounded in reflection-centred pedagogy, experiential learning, and evidence-based practices.

Learning objectives for this pilot project were broadly defined as:

1. Students will gain knowledge and skills related to mental health nursing practice by:
 - a) exploring mental health nursing principles;
 - b) identifying ways to be responsive to changes in clients' mental health needs; and
 - c) understanding the dynamic role of a mental health nurse with clients, families, teams, and/or communities.
2. Students are encouraged to develop a positive and holistic attitude towards people with the lived experience of mental illness, their families/caregivers, and the concept of recovery.

Project background/rationale:

Due to increasing challenges to the successful delivery of our mental health nursing clinical course, we turned to evidence-based influences, collaboration with our community partners, and creativity to make changes in our standard curriculum design.

Description/overview:

This innovative project allowed for the integration of simulation into a clinical course in a BScN program. Using an intensive seminar series with a reflective zine assignment, a positive foundational simulation experience, and a condensed mental health clinical placement, students were able to obtain a holistic perspective of mental health nursing and successfully achieve their core professional competencies at a year three level.

Activities:

In total, 69 students participated in this innovative pilot project. First, students attended a 28 hour (4 day) seminar series that was interdisciplinary and holistic in nature and included 17 guest speakers from the full range of mental health care sectors. The culminating experience of the seminar series was a drumming and smudging ceremony followed by a traditional sharing circle led by Aboriginal elders. Students were then asked to create a personal zine reflection assignment (over a one week period) on the meaning of mental health applying recovery theory to the many pathways towards hope and healing.

During the seminar week, students attended a positive foundational simulation experience in small groups. Prior to the simulation experience, students watched a 5 minute video of the client "Catrina" and her admission to the emergency room. The

bedside simulation experience was run ten times in total, in 30 minute-long sessions. After all groups had participated in the simulation, a large group debrief was conducted using the 3D model by Zigmont et al. (2011).

Finally, students attended four 8-hour day shifts on a mental health in-patient unit in small groups facilitated by a clinical instructor. This pilot project occurred over a six week time period and involved one faculty member, one nursing simulation lab coordinator, and three clinical instructors.

Evaluation/outcomes:

Students' progress in the course was evaluated based on the CNO Competencies for Entry Level Nursing Practice (2014). Feedback was also received about the course upon its completion and students gave an overwhelmingly positive response.

The Experiences of Entry-Level Nursing Students in a Pre-Clinical Observation Learning Opportunity in an Outpatient Oncology Setting

Primary Presenter: Tracy Powell

Date: Tuesday, May 31, 2016

Time: 1120 – 1140

Room: Scott Room

Sub Theme: Innovations in Teaching and Learning

Presentation Type: Concurrent Session

Author: T. Powell

Learning Objectives:

- To discuss the reasons why first year students chose to attend an outpatient cancer clinic for their experiential learning opportunity
- To discuss the views and perceptions that first year nursing students had of cancer before an experiential learning opportunity
- To discuss preliminary findings of a study into the experiences of first year nursing students in an outpatient oncology setting

Background

A Bachelor of Nursing (BN) program at a Western Canadian university utilizes an innovative experiential learning opportunity where students are introduced to the setting, role and scope of practice of a Registered Nurse (RN) as a pre-clinical practice experience. The focus of this study is on the commonly feared clinical area of oncology (Box & Anderson, 1997; Miller, Kearney & Smith, 2000). This study has a specific focus on the outpatient clinical setting as a way of possibly challenging common misconceptions about the care of cancer patients' and the associated attitudes (Cunningham, Copp, Collins, & Bater, 2006; Komprood, 2013).

Method

This qualitative study is guided by a hermeneutic phenomenology approach (Guenther, 2014; van Manen, 1990). An anticipated sample of 5-10 participants are expected based on RN volunteers from previous terms. The sample for the study will include students from both Fall 2015 and Winter 2016 cohorts who attended their observation experience at an outpatient oncology setting. Human subjects research ethical clearance (HREB) was obtained prior to recruitment. Data analysis will occur following the Winter 2016 term and will begin with an initial reading of the raw data in transcript form. Following several readings of the transcripts (Diekmann, 2001), a final reading of those themes will be taken up to collapse, cluster and highlight the main messages that are analytically focused on meaning-making (Ironsides, 2014; van Manen, 1990). Preliminary findings are expected in May 2016.

Summary

Through this research, the impact of pre-clinical, experiential learning on an entry-level nursing student may be better understood. This presentation will also add to the knowledge and gained understanding of the experiences of nursing students specifically in the context of a Canadian outpatient oncology setting and will assist in building on the current understanding of student perspectives and assumptions of the RN role and student attitudes towards cancer.

Forging New Pathways in Graduate Nursing Clinical Placements: A Collaborative Family/All Ages NP Clinical Experience in Child Health

Primary Presenter: Susan Prendergast

Date: Tuesday, May 31, 2016

Time: 1410 – 1430

Room: Rossetti Room

Sub Theme: Innovations in Teaching and Learning

Presentation Type: Concurrent Session

Authors: S. Prendergast, T. O'Rourke, L. Jurasek and K. Johnston

Learning Objective

The purpose of our presentation is to describe and discuss the development and evaluation of a collaborative Family All Ages Nurse Practitioner clinical education experience in child health.

Background

The University of Alberta Faculty of Nursing recently reopened the Family All Ages NP program. The program was reopened in response to the government's request for more NPs in this category. The government made this request in an effort to address the transformation changes currently being made to Alberta's primary health care system, namely the development of team based service delivery models that include NPs. In spite of the faculty's best efforts, it became evident very quickly that finding appropriate placements for these students would be a challenge, particularly in pediatrics. There are very few FAA NPs practicing in team based models to include primary health care services for the pediatric population in Edmonton. The majority of this work is reserved for physicians. However, there are several out-patient specialty clinics at the Stollery Children's Hospital where Nurse Practitioner function as highly independent team members and their clientele are children. Concurrently, the Stollery Pediatric NPs were in the process of launching a new community of practice model to support their practice model. The group was looking for projects that could build a sense of unity and help them in meeting their goal of breaking down the silos of their independent practices within one organization. The group saw the development and introduction of a collaborative child health clinical experience as an opportunity to assist them in operationalizing their vision.

Description/Activities

Early discussion with faculty and the members of the Stollery Pediatric NP community of practice were positive and after several face to face interactions, there was consensus to proceed with the project. The initial work of the faculty/NP preceptor team included a variety of collaborative activities; learning objective development (general and clinic specific), reading list, course outline development, student selection, clinic scheduling, information sharing and the creation of a new evaluation communication tool. The experience was set-up to include 2 full days of newborn assessment at the Sturgeon hospital with the neonatal NPs, then weekly clinic participation in the areas of cardiology, diabetes, ear/nose/throat, neurology, oncology, orthopedics, pain, scoliosis, and urology at the Stollery Children's Hospital. The students were provided with opportunities to engage with pediatric NPs in each of the clinics in addition to having a lead NP preceptor who would manage the student's journey throughout the semester.

Evaluation Outcomes

Throughout the first year of this experience, the faculty/NP preceptor team have had an opportunity to identify successes and discuss areas for improvement as well as insights into the unique nature of this experience for the faculty, students and NP preceptors. Student and NP preceptor feedback demonstrates the high value to both student and practising NPs that is offered through collaborative program development.

Applying a Blended Learning Approach in Graduate Nursing Research Education: Lessons Learned

Primary Presenter: Margaret Purden

Date: Monday, May 30, 2016

Time: 1600 – 1620

Room: Scott Room

Sub Theme: Innovations in Teaching and Learning

Presentation Type: Concurrent Session

Authors: M. Purden, A. Arnaert, L. Murray and A. Lang

Background

Promoting research mindedness and developing students' skills in research are the hallmark of most graduate programs in Nursing. However, making research real for students has been a major challenge. Students report that traditional approaches are often laden with dry methodological content that is uninspiring. It is also difficult for educators to introduce content to coincide with the stage of each student's research project. Moreover, didactic approaches offer few opportunities for peer learning, discussion and guidance in how to apply concepts to students' particular research. A major shift in pedagogy to a blended learning approach was explored as a way to address these issues.

Description

A blended learning approach incorporates the "best of both worlds", offering the convenience and flexibility of online learning without losing faculty-to-student interaction in the classroom. This transition is not easy and requires educators to take a different perspective on instructional delivery. We will describe how we transitioned to imparting theoretical content on qualitative data collection and analysis to engaging students and facilitating their ability to apply their knowledge and expertise to issues they and their peers encountered in the process of conducting their respective studies.

Activities

The University's Learning Management System (LMS) was already being used to post class materials and grades. The LMS was revamped to include a series of learning modules that addressed each phase of the data collection and analysis process. Videos, PPT lectures, readings, former students' proposals offered different ways to learn the content on interviewing, open coding, categorization, and concept mapping. Seminars were redesigned to promote interaction and exchange by sitting in a circle. Students came prepared to summarize their progress to date with their study; identify burning issues or challenges in need of feedback from the group, and to share major lessons learned.

Outcomes

Overtime students became more engaged. Individuals who had not spoken in the past began to participate in the informal seminar structure. Students became familiar with each other's projects and were able to provide constructive feedback to each other. Common issues were raised and led to creative "group think" to find solutions. The course instructors felt that the nature of their involvement changed from expert to facilitator. Students evaluated the format of the course consistently higher compared to previous years.

Learning objective(s)

Participants will learn about an innovative pedagogical approach that encourages self-directed learning, provides content that is responsive to student readiness and maximizes student engagement in the research process.

Promoting Communication and Collaboration in First Year Nursing Students and Their Peers from Different Health Professions through a World Café Activity

Primary Presenter: Margaret Purden

Date: Tuesday, May 31, 2016

Time: 1200 – 1220

Room: Scott Room

Sub Theme: Innovations in Teaching and Learning

Presentation Type: Concurrent Session

Authors: C. Perlman, M. Mondou, H. Ezer, M. Daly, K. Root and L. Asseraf-Pasin

Background

Although teamwork and communication are core competencies of the Canadian Interprofessional Health Collaborative framework (2010), little is known about pedagogical approaches to promote these skills in first year students.

Learning Objectives

To promote communication and collaboration using an interactive teamwork activity for first year nursing students and their peers from different health professions.

Methods

A health promotion activity brought together groups of three to four students from the different professions to design a health promotion project that was then presented to their peers in a world café activity. Forty-four groups of first year students from six

different professions including nursing, medicine, dentistry, physical and occupational therapy and speech language pathology (n=626) were assigned to work together. At the world café student groups were assigned to a table with two other groups and established communication rules for group work, presented their project to their colleagues and selected one project to advance to the second round. Students were then responsible for presenting the selected project to a new group of peers at a different table and repeated the voting process. At the end of the session, facilitators elicited students' reactions to the format and lessons learned about team communication. Students completed the 20-item Group Self-Assessment on Interprofessional Practice (adapted from Bruyere) a measure of group cohesiveness, and an evaluation of the activity.

Results

Students mean scores on the 5 point scale of the group self-assessment tool ranged from 3.84 a leader of the group is clearly identified to 4.89 members respect and support one another. The results were also compared across the six professions. The students provided useful recommendations to improve the session.

Conclusions

A world café activity that enables nursing students to experience teamwork, to discover the contributions of other professionals, and to learn how to communicate ideas effectively to colleagues is valuable and appropriate even for students who are in the early stages of their professional education.

A Collaborative Approach to Curriculum Redevelopment: Preparing Nurses for 2020 and Beyond

Primary Presenter: Nancy Purdy

Date: Tuesday, May 31, 2016

Time: 1450 – 1510

Room: Carlyle Room

Sub Theme: Innovations in Teaching and Learning

Presentation Type: Concurrent Session

Authors: D. Rose, N. Purdy, G. Marasco, P. Mastrill, J. Gaudet, S. Evans, R. Kinchlea, M. Connell and K. Ellis

Learning objectives:

1. To describe the application of the Context-relevant Curriculum Development Model and lessons learned.
2. To describe the unique challenges to collaborative curriculum development.
3. To identify strategies and lessons learned to effectively engage all collaborative partners.

Recognizing that the 'best before' date had passed for the current curriculum, a three-site collaborative program, one of the largest undergraduate nursing programs in Canada, was charged with redeveloping the curriculum to prepare nurses for the challenges of practice in the 21st century.

The Context-relevant Curriculum Development Model (Goldenberg & Iwasiw, 2014) was selected to guide the process. Planning began in November 2013 and the new curriculum will be submitted to senate for approval in June 2016. The focus of the presentation is to describe how curriculum planning unfolded in a multi-site collaborative program. Planning principles that will be shared include an organic bottom-up approach, equitable involvement of each partner site, inclusive consultation, consensus decision-making, and consideration of the change process. Engagement strategies employed included shared opportunities to lead, ongoing and multiple communication strategies and full day input sessions using interactive strategies involving all stakeholders.

For Phase 1 (Setting the stage), an external environmental scan of needs for tomorrow's health care system was presented along with results of an internal environment scan of perspectives of faculty and students. Program components that were/were not working were discussed as were the hopes and fears of faculty for the development work that lay ahead. A pent-up desire for change was evident.

Phase 2 (Planning) was initiated with the launch of a Steering Committee structure and task-specific working groups e.g. philosophical foundations, curriculum concepts and program outcomes. After recommendations were formulated by each group, a second series of working groups began to address the structure, design and associated policies for the new collaborative curriculum. Each working group engaged in activities to obtain input from faculty then align and validate the beginning ideas with evidence from the literature.

Lessons learned from each of the planning phases will be discussed including the Phase 3 (Approval process). Phase 4 (Course development and implementation) will then be launched.

The presentation will also include the results of a mid-point survey examining the strengths of the planning process used to date i.e. the planning principles and engagement strategies. The presentation will conclude with recommendations that other collaborative programs undertaking minor or major curriculum changes can learn from our curriculum redevelopment process.

Calling all Nurse Educators! Conquering Challenges with Recruitment and Retention of Nurse Educators as Research Participants

Primary Presenter: Christy Raymond-Seniuk

Date: Tuesday, May 31, 2016

Time: 1410 – 1430

Room: Mountbatten A

Sub Theme: Overcoming Barriers with Visible and Invisible Groups (Students and Patients)

Presentation Type: Concurrent Session

Authors: C. Raymond-Seniuk, J. Profetto-McGrath

Obtaining data from nurse educators, specifically as research participants, is a challenge despite the emphasized need to continue creating quality evidence to support nursing education. Often, nurse educators are a difficult population to access for a variety of unknown reasons, despite the need to continue building a theoretical, philosophical, and evidential foundation for the practice of nursing education.

Learning Objective(s)

Researchers would benefit from further understanding of the nurse educator population and how best to sample from it, so that recruitment efforts may be more visible, efficient, and effective, as well and more widely understood. Therefore, it is important for researchers to report and discuss the challenges and successes they experience when recruiting and retaining nurse educator participants.

Background/Rationale

Issues with recruiting and retaining participants in nursing studies have been evident despite many calls by researchers and educators to develop and refine a science of nursing education. Few researchers have reported the struggles and issues experienced while recruiting and retaining research participants, although anecdotal accounts are evident. Although some authors address recruitment and retention strategies related to longitudinal and clinical trial research involving patients, few articles exist that focus on the issues obtaining participants for nursing education research.

Methods/methodology

A national exploratory descriptive study is proposed to study the challenges and solutions related to recruitment and retention of nurse educators as invisible research participants.

Summary

Recruitment and retention issues related to nurse educator participants are discussed in the context of pertinent literature, along with the planning of a pivotal study needed to illuminate knowledge in this area and support ongoing research efforts.

Simulation: Aiding the Transition from Student to Nurse

Primary Presenter: Kelly Riccardi

Date: Tuesday, May 31, 2016

Time: 1120 – 1140

Room: Seymour Room

Sub Theme: Simulation and Clinical: When and How to Use Them?

Presentation Type: Graduate Student Concurrent Session

Authors: K. Riccardi

Education is a concept that many people take for granted. It is a privilege to be able to teach, to learn and to pass knowledge along. There is always new and updated information, most especially in the nursing profession, that is constantly taught to enhance a nurse's scope of practice. This supply of knowledge comes in multiple forms, ex: textbooks, scholarly articles, journals, etc. and is readily available for use in any practice.

As an undergraduate student at the University of Windsor I was fortunate enough to have the ability to assist professors with educating in the simulation lab. I worked as a peer mentor, acting in various roles to guide fellow nursing students in meeting appropriate learning objectives. Now as a graduate student currently working to complete my Master's of Science in Nursing, with goals to be an educator, I have had the opportunity to work with the same professors and facilitate students learning on a more advanced level. The simulation lab is a major passion of mine for multiple reasons. The simulation lab is a safe learning environment that allows students to respond to various clinical situations and develop some of the most important nursing skills, including critical thinking and problem solving. The simulation lab allows students to participate in scenarios that they might not have had the opportunity to witness in one of their clinical settings. It is a major stepping stone in allowing students to successfully transition from student to nurse.

Facilitating the transition from student to nurse is an interest of mine, because it was only a couple years ago that I was in the process myself. As a graduate student mentoring fellow undergraduate students, I understand and can relate to their feelings and the thought processes they experience in the simulation lab. Many students are hesitant and are often nervous or reluctant to take part in simulation because of fear. I use this knowledge to my advantage by emphasizing the importance of simulation being a safe environment, allowing students to let go of their fears and participate in the scenario as they would in clinical. Lastly, I believe that by using my own past experiences as well as my current experience as a pediatric nurse, to express the importance and advantages of the simulation lab, allows students to conceptualize its assistance in preparing for real-world situations.

Faculty Development in Simulation-Based Pedagogy: A Model to Share

Primary Presenter: Debbie Rickeard

Date: Monday, May 30, 2016

Time: 1620 – 1640

Room: Carlyle Room

Sub Theme: Simulation and Clinical: When and How to Use Them?

Presentation Type: Concurrent Session

Authors: D. Rickeard and J. Bornais

Changes in health care prompt nursing programs to integrate educational research, educational pedagogies, and theories to close the gap between nursing theory and practice. Technologies such as a high-fidelity simulation-based pedagogy can enhance student's knowledge, skills, and abilities close this gap. Many nurse educators are committed to the use of simulation but support and training are required. For simulation to be integrated successfully into a curriculum, it is imperative that faculty have the knowledge, skills, and ability to use high-fidelity simulation. Nurse educators are often fearful of the technology behind a simulation-based pedagogy. This fear can be a barrier to the integration of high-fidelity simulation across the curriculum and the integration of interprofessional education using simulation. The use of the high-fidelity equipment requires the nurse educator to become familiar with manipulating the computer and making appropriate changes during a scenario. This presentation will outline a two-day workshop that used a combination of didactics and interactive hands-on activities for faculty novice to basic simulation technology, and the process of debriefing.

The Experiences and Effectiveness of Arts-based Pedagogy: A Joanna Briggs Institute Comprehensive Systematic Review

Primary Presenter: Kendra Rieger

Date: Monday, May 30, 2016

Time: 1330 – 1430

Room: Bb33

Sub Theme: Innovations in Teaching and Learning

Presentation Type: Poster Presentation

Authors: K.L. Rieger, W.M. Chernomas, D.E. McMillan, F.L. Morin and L. Demczuk

Background/Rationale

An interdisciplinary research team conducted a Joanna Briggs Institute [JBI] systematic review of arts-based pedagogy [ABP] in undergraduate nursing education. ABP is an innovative teaching approach in which an art form is integrated with another subject matter. It is important that educational innovations, such as ABP, be empirically evaluated to identify effective practices. The objective of this review was to synthesize the best available qualitative and quantitative evidence on the experiences and effectiveness of ABP for nursing students in undergraduate nursing education.

Methods/Methodology

The review questions were: “What are nursing students' experiences of ABP in undergraduate nursing education?” and “Is ABP more effective than non-arts based pedagogy for enhancing competencies and learning behaviors in undergraduate nursing students?” Qualitative (QL) research, which explored students' experiences of ABP, and quantitative (QN) research, which evaluated ABP, were included in the review. The researchers considered studies with participants who were in education programs leading to registered nursing or registered psychiatric nursing. Online bibliographical databases, including CINAHL, MEDLINE, ERIC, PsycINFO, Academic Search Complete, Arts and Humanities Citation Index, Art Full Text, Scopus, and Proquest Dissertations and Theses, were searched from 1994 to 2015 for relevant literature with a three-step search strategy. A grey literature search was also conducted. Data from included studies were extracted and synthesized with JBI tools.

Results

Over 3000 title/abstracts were screened, 110 full text articles were retrieved for detailed examination (QL =64; QN =46), 54 articles were appraised for methodological quality using standardized JBI critical appraisal instruments (QL =29; QN =25), and 41 articles were included in the final review (QL=21, QN=20). Qualitative findings were aggregated into categories and synthesized findings, using JBI-QARI. For the meta-synthesis, 75 findings were extracted, and grouped into 10 categories and 2 meta-synthesis statements about the experiences of undergraduate nursing students with ABP. Due to the heterogeneity of the quantitative studies and lack of data for statistical pooling, a meta-analysis was not possible and the quantitative studies were synthesized with a narrative summary about the impacts of ABP. In order to integrate the qualitative and quantitative components, the researchers used a segregated approach and drew on educational theories.

Conclusions

The findings of this review can advance understandings of the unique ways in which the arts foster learning and of the impacts of ABP in nursing education.

Learning Objectives

Attendees will enhance awareness of how ABP has been researched and what is known about its effectiveness.

You Want Me to do What? Nursing Students' Experiences with Arts-Based Pedagogy

Primary Presenter: Kendra Rieger

Date: Monday, May 30, 2016

Time: 1130 – 1150

Room: Seymour Room

Sub Theme: Innovations in Teaching and Learning

Presentation Type: Graduate Student Concurrent Session

Authors: K.L. Rieger, W.M. Chernomas, D.E. McMillan and F.L. Morin

Background/Rationale

Nursing is an art and a science. In order to develop professional nurses who can integrate the art and science of nursing practice, educators need diverse educational approaches. Because the arts have the potential to engage students, foster meaningful reflection, and develop habits of the mind necessary for excellent healthcare, nursing educators are increasingly adopting arts-based strategies. Arts-based pedagogy [ABP] is an innovative teaching approach in which an art form is integrated with another subject matter in order to impact student learning. Although there is an emerging body of research regarding the impact of ABP in nursing education, no studies were found which explicated the learning process through ABP.

Methods/Methodology

The research question was: how do students learn through ABP in undergraduate nursing education? Symbolic interactionism and transformative learning theory were the theoretical perspectives which informed this constructivist grounded theory study. Participants from a baccalaureate nursing program were recruited with purposive and then, theoretical sampling. Thirty-four interviews were conducted with nursing students who had ABP experiences, and eight interviews with their nursing instructors. Four sources of data collection were utilized: a socio-demographic questionnaire, semi-structured interviews, photo/visual elicitation, and field notes. Socio-demographic data were analyzed with descriptive statistics. Data from the interviews, photo/visual elicitation, and field notes were analyzed with constructivist grounded theory procedures.

Results

The arts can be a powerful catalyst for learning; however, there are factors that influence the students' perspective of, and response to, arts-based assignments. Students' meaning and action towards ABP determine if and how the arts become a catalyst for unique, powerful, and transformative learning. Four preliminary tentative categories have emerged about how nursing students learn through ABP: The Arts as a Catalyst for Learning, Engaging in a Creative Learning Process, Factors Influencing Students' Meaning and Response to ABP, and Learning, When Learning Occurred. These four categories form a substantive grounded theory that describes and explains the variation of student experience with ABP.

Conclusions

This grounded theory provides insight into how and when nursing students learn through ABP, and can facilitate the effective implementation of ABP into nursing education. It could also impact the education of other health professionals, and inform the use of arts-based approaches in knowledge translation and healthcare education initiatives.

Learning Objectives

Attendees will deepen their understanding of how, why, and when learning occurs through the arts in undergraduate nursing education.

Exploring New Graduate Nurse Transition in General Internal Medicine

Primary Presenter: Susan Ritchie

Date: Tuesday, May 31, 2016

Time: 1000 – 1020

Room: Mountbatten B

Sub Theme: Facilitating the Transition from Student to Nurse

Presentation Type: Concurrent Session

Authors: S. Ritchie and T. Long

Background/Rationale

Significant development has occurred within the nursing orientation and transition program in a teaching hospital's General Internal Medicine program with a focus on applying knowledge to practice and supporting new graduate nurses to build their competence, critical thinking skills and nursing judgment. Building on previous evaluation methods, an REB approved research study was undertaken to explore the transition experience of new graduate RNs employed within the program.

Methodology

This descriptive/exploratory study investigated the transition experience of new graduate RNs at baseline, 3 months, and 6 months of employment using the Casey-Fink Graduate Nurse Experience Survey®. This instrument has been widely used in research studies in North America.

Results

There was a positive trend in overall Casey-Fink scores across the time points in the study. There were increases overall in the subscale scores from baseline to six months with the largest increase in the Organizing/Prioritizing subscale. The Support subscale decreased at three months and then rebounded. Results indicate that participants experienced an increase in confidence communicating with physicians, a decrease in difficulties prioritizing patient care needs, and felt supported by other nurses on the unit throughout their transition.

Conclusions

This study provided quantitative assessment of the transition of new graduate RNs in GIM. The increase in overall Casey-Fink scores denotes a positive learning experience over the first 6 months of the new graduate nurses' career. While the small sample size limited further data analysis, this study provides new researchers a basis for further study of new graduate nurse transition within an acute hospital setting.

Learning Objective(s)

At the end of this session you will be able to:

- identify an instrument utilized in new graduate transition to practice,
- identify learning needs of new graduate RNs transitioning to practice in acute care,
- describe the transition experience of the study sample of new graduate RNs

Development and Curriculum Integration of Clinical Nursing Virtual Learning Environment

Primary Presenter: Julie Rivers

Date: Monday, May 30, 2016

Time: 1130 – 1150

Room: Carlyle Room

Sub Theme: Simulation and Clinical: When and How to Use Them?

Presentation Type: Concurrent Session

Authors: J. Rivers and A. Hunt

Learning objectives

Information provided in this session will enable participants to:

- Describe resources required to build serious games for nursing education including expertise, development tools and best practice guidelines.
- Describe the interdisciplinary process and specific considerations involved in building serious games for nursing education.
- Describe curriculum integration strategies for computer based gaming
- Experience a demonstration of Clinical Nursing Virtual Learning Environment (VLE).

Background/rationale

Transforming nursing education to meet current and future needs, challenges, demands and resources is a challenge that all schools of nursing are encountering. Incorporating simulation and informatics into nursing educational strategies is time and resource intensive, so thoughtful interdisciplinary planning and partnership with IT specialists can provide effective results. The issue and question that sparked and maintains this project is: how are computer based learning objects best integrated into curriculum and what are the most effective design and content features?

Description/overview

This session will outline the partnership between nursing faculty, VLE developers and educational technology specialists in creating Clinical Nursing VLE. Clinical Nursing VLE is an avatar-based serious game. Clinical Nursing VLE incorporates current best evidence in nursing education, nursing practice guidelines, simulation design, informatics, educational technology and virtual learning environment building.

Activities

Clinical Nursing games were developed from peer-reviewed simulation design templates in accordance with current evidence-based practice guidelines and INACSL Standards of Best Practice: SimulationSM.

The simulations require intricate actions to be performed, including: patient assessment, nursing interventions (including medication administration), and comprehensive eDocumentation (vitals, pain assessment, neurological assessment, etc). Clinical Nursing games are a result of best practice integration by all partners in this interdisciplinary collaboration (animation, nursing, web design, and educational technology professionals).

Design and content features considered and integrated into Clinical Nursing VLE include: nursing process, patient safety (hygiene, rights of medication), critical thinking, development of clinical judgement, links to practice guidelines, imbedded patient chart, imbedded task of electronic documentation, imbedded hinting/coaching system, game tutorial, help frame, inter-game operational consistency, game accessibility (browser environment) game performance feedback, faculty view of student work, and faculty feedback mechanism.

Evaluation/outcomes

Clinical Nursing VLE was piloted in 2014. Student and faculty feedback that informed refinement will be presented. Clinical Nursing VLE was integrated into curriculum in 2015/16. A grounded theory research project is currently in process, and preliminary results will be presented. The purpose of this research is to explore faculty and student experiences, perceptions and recommendations regarding curriculum integration of Clinical Nursing VLE activities.

Reducing Stigma and Enhancing Service Quality through Contact-Based Education

Primary Presenter: J. Renee Robinson

Date: Monday, May 30, 2016

Time: 1620 – 1640

Room: Rossetti Room

Sub Theme: Innovations in Teaching and Learning

Presentation Type: Concurrent Session

Authors: J.R. Robinson, J. Karpa, S. Knack and A. Szeto

Background

Stigma is a serious concern for individuals who live with a mental illness. Stigma has been identified as a major barrier to timely and accessible care, recovery, and quality of life. Stigma by health professionals is particularly damaging. The Opening Minds campaign, which is sponsored by the Mental Health Commission of Canada, focused early work on health professionals. One of the activities of the Opening Minds was to identify and evaluate promising practices to reducing stigma through educating health professionals. This presentation will be used to share the result of one approach, the recovery narrative assignment at Brandon University.

Methods

Evaluation of the assignment included both quantitative and qualitative elements. The quantitative assessment involved a pre-test and three post-tests using an established instrument. The quantitative methods assessed the degree to which attitudes were changed and whether changes were maintained. The qualitative elements included interviews with students and clients who took part in the assessment. Student interviews were used to assess impact of the assignment on student perspectives, and client interviews explored benefits and costs of their participation.

Results

Pre and post- testing identified significant improvements in student attitudes, and the change in attitudes was maintained. Both students and clients reported that the assignment was a valuable experience. The overarching theme from student interviews was “They are us-we are them”. Clients experienced participation as both positive and therapeutic.

Conclusion

This research demonstrates the effectiveness of a strategy to promote positive attitudes toward people who live with mental illness. Improved attitudes will decrease stigma, and associated negative consequences, for people who live with mental illness.

Acknowledgement

This project was made possible through funding from the Opening Minds Anti-stigma Anti-discrimination initiative of the Mental Health Commission of Canada. The work of the Mental Health Commission of Canada is supported by a grant from Health Canada. The views expressed are those of the authors.

Nurse Staffing and Mortality in Acute Care Hospitals: A Longitudinal Study

Primary Presenter: Christian Rochefort

Date: Monday, May 30, 2016

Time: 1150 – 1210

Room: Mountbatten A

Sub Theme: Developing Administrative Leadership and Political Skills

Presentation Type: Concurrent Session

Authors: C.M. Rochefort, D.L. Buckeridge and M. Abrahamowicz

Background

Recent cross-sectional studies have suggested that certain nurse staffing policies (e.g., using overtime hours to meet peak staffing demands or hiring less qualified nursing staff instead of Registered Nurses) are associated with an increased risk of patient mortality in acute care hospitals. However, longitudinal studies are needed to further examine these associations and to identify the staffing patterns that are of greatest risk. The aims of this study are to determine if: a) nurse staffing policies are associated with an increased risk of in-hospital mortality and, b) optimal nurse staffing thresholds can be established.

Methods

A dynamic cohort of all adult medical, surgical and intensive care unit patients admitted to a Canadian academic health center between January 2010 and December 2014 was followed during the inpatient stay to examine the association between patient exposure to selected nurse staffing policies and the risk of in-hospital death. In-hospital death was ascertained from discharge abstract data. Patient exposure to nurse staffing was measured on every shift of the hospitalization episode using electronic payroll records. Three staffing policies were of interest for this study: 1) staffing intensity, defined as the total number of worked hours per patient per shift provided by all members of the nursing staff, 2) overtime use, defined as the proportion of overtime hours among the total nursing worked hours per patient per shift and, 3) skill mix, defined as the proportion of the total nursing worked hours per shift that were reported by Registered Nurses. To examine the association between these nurse staffing policies and the risk of in-hospital death, Cox proportional hazards regression models with time-varying measures of nurse staffing were used, while adjusting for patient and nursing unit characteristics. To assess for the presence of optimal nurse staffing thresholds flexible non-linear spline functions were fitted.

Results

Over the study period, a total of 5,729 (4.5%) hospitalizations resulted in the patient's death. Patients who died were older, had more comorbidities and higher severity of illness on admission as compared with patients who survived throughout their hospitalization. In multivariate analysis, after having adjusted for patient and nursing unit characteristics, every 5% reduction in skill mix per shift was associated with a 5% increase in the risk of patient death (hazard ratio per shift, 1.05; 95%CI: 1.04-1.06; $p < .001$). Similarly, every 5% increase in the proportion of overtime hours per patient per shift was associated with a 3% increase in the risk of patient death (hazard ratio per shift, 1.03; 95%CI: 1.01 – 1.05; $< .01$). No specific staffing threshold could be identified for any of the aforementioned staffing policies.

Conclusion

In this longitudinal study, lower skill mix and higher use of overtime hours were both independently and significantly associated with an increased risk of in-patient mortality. These findings reinforce the need for strong administrative leadership and political skills in order to match staffing policies with patients' needs for nursing care.

Introducing Dementia Care Principles into a First Year Collaborative Baccalaureate Nursing Program

Primary Presenter: Daria Romaniuk

Date: Tuesday, May 31, 2016

Time: 1430 – 1450

Room: Rossetti Room

Sub Theme: Innovations in Teaching and Learning

Presentation Type: Concurrent Session

Authors: D. Romaniuk, A. Kenmir, L. Schindel Martin, S. Wiesenthal, M. Hughes, K. Newman, N. Purdy, G. Marasco and C. Freeman

Learning Objective

Participants will consider how a dementia-specific intervention can help to prepare first year nursing students to care for individuals with dementia.

Background

The Canadian demographic includes growing numbers of older adults living with dementia. Nursing students require knowledge of dementia prior to clinical placements to enhance preparedness and mitigate anxiety. This paper will present the ongoing process through which first year undergraduate nursing students were introduced to a dementia-specific intervention, Gentle Persuasive Approaches (GPA)™.

Description & Activities

This project was initiated through a collaboration involving the teaching team responsible for the first year nursing practice course, and researchers associated with Advanced Gerontological Education (AGE), proprietary owners of GPA, who were interested in introducing dementia education in professional health sciences curriculum. GPA was introduced first as a feasibility pilot, with student volunteers participating in full-day workshops during March 2013 and 2014. Based on the findings of these pilots, GPA was introduced to all first year nursing students using an online format during the winter term of 2015. The GPA program introduces students to best practices for person-centred care of individuals with dementia. Students learn how dementia affects the brain, how these changes are related to responsive behaviours, and implications for nursing care. They also learn strategies for responding to escalating behaviours.

Evaluation and outcomes

A mixed methods approach using quantitative self-efficacy and satisfaction measures, a 10-item multiple choice knowledge test, and group interviews immediately pre- and post-intervention provided data during all intervention periods. Bandura's social learning theory (1986) underpinned the study, whereby self-efficacy increases motivation and performance related to dementia-specific interventions. Quantitative findings demonstrate greater student confidence in their capacity to manage dementia behaviours and acquisition of new dementia knowledge (<.0001). Qualitative findings reveal reports of success using person-centred and relational care strategies during clinical placements. Students stated that the online modules were highly engaging and reinforced core curricular points. Findings from our experience over three years support that delivering GPA prior to clinical placements increases student comfort and confidence when interacting with older people who manifest troubling dementia behaviours. In addition, transforming the classroom version of GPA used in the feasibility pilots into an online platform demonstrated similar positive outcomes. GPA is a promising intervention for undergraduate baccalaureate nursing programs. The on-line version allows broad and engaging dissemination of standardized dementia knowledge useful for student practice settings. Implications for curriculum development will be discussed.

Reference

Bandura, A. (1986). *Social Foundations of Thought and Action: A Social Cognitive Theory*. Englewood Cliffs, NJ: Prentice-Hall.

Vers des stratégies de recrutement innovantes pour attirer les hommes dans la profession infirmière

Présentatrice principale: Chantal Saint-Pierre

Date : lundi 30 mai 2016

Heure : 1130 – 1150

Salle : *Stevenson Room*

Sous-thème : Surmonter les obstacles avec les groupes vulnérables

Type de présentation : Session Simultanée

Auteurs : C. Saint-Pierre, I. St-Pierre et M. Lepage

Encore de nos jours au Canada, la profession infirmière est majoritairement dominée par les femmes. Les dernières statistiques révèlent que les hommes ne représentent que 7,1 % de l'effectif infirmier du Canada. Le Québec se démarque avec une proportion largement supérieure d'hommes qui se situe à 10,6 %. Les choses ne semblent pas vouloir changer très vite puisque la proportion d'infirmiers pour les nouveaux permis émis oscille, au cours des cinq dernières années, autour de 12 à 13 %. De nombreux auteurs se sont déjà penchés sur la motivation des hommes à choisir un programme de formation pour devenir infirmier cependant aucune étude ne présente la réalité québécoise. Basée sur le modèle de Tinto l'étude a pour objectifs : 1) de dresser un portrait des étudiants masculins présentement inscrits dans un programme d'études menant au titre d'infirmier dans une région du Québec; 2) d'explorer les motivations et les défis vécus par les étudiants masculins présentement inscrits dans un programme menant au titre d'infirmier en Outaouais; et 3) d'identifier des stratégies et outils qui favoriseraient la rétention et le maintien des hommes dans a) le domaine et b) les programmes menant au titre d'infirmier. Selon les participants à l'étude les stratégies de recrutement ne pourront obtenir le succès escompté sans une véritable révolution culturelle dans les médias par l'abolition de stéréotypes comme celui que les vrais hommes, ici synonyme d'hommes virils, ne devraient pas être infirmiers. Les médias devraient plutôt faire l'éloge de la diversité des attitudes et comportements masculins. Les participants ont également mis en lumière la nécessité de glorifier certains aspects de la profession plus susceptible d'attirer les hommes comme celle de pouvoir sauver des vies et le plan de carrière. Ils ont confirmé le fait que les conseillers en orientation ne leur ont jamais présenté la profession infirmière comme un choix envisageable. Pas étonnant que la profession se soit avérée pour la quasi-totalité des participants (10/11) un second départ après une première tentative d'orientation dans un domaine à dominance plus masculine. Le soutien de la famille et/ou des amis demeure un autre facteur déterminant le choix. Donc les stratégies innovantes seraient la sensibilisation des conseillers en orientation; des campagnes de recrutement tout à la fois neutres en matière de genre mais mettant également en évidence les aspects positifs de la profession susceptibles d'attirer les hommes.

Review of NCSBN Evidence on the Applicability of the NCLEX-RN to the Canadian Testing Population

Primary Presenter: Jenn Salfi

Date: Tuesday, May 31, 2016

Time: 1000 – 1020

Room: Mountbatten A

Sub Theme: Facilitating the Transition from Student to Nurse

Presentation Type: Concurrent Session

Authors: J. Salfi and B. Carbol

Background/Rationale:

The NCLEX-RN® was adopted by the Canadian Council of Registered Nurse Regulators (CCRNRR) on behalf of 10 Canadian nurse regulatory bodies in 2011 as the test which entry-level nurses must pass in order to be certified to practice. One of the reasons cited for switching from the former Canadian Registered Nurse Exam (CRNE) and adopting the NCLEX-RN was to ensure "that registration is granted to only those who demonstrate the nursing knowledge to provide safe care" (CNO, 2015, para 23). Another reason cited for the adoption of the NCLEX-RN® in Canada stemmed from the findings of two studies conducted by the National Council of State Boards of Nursing (NCSBN), determining the applicability of the NCLEX-RN® to the Canadian testing population.

Objective/Purpose

The purpose of this presentation is to report on the findings from the external review of the two studies conducted by the NCSBN, that were used to determine the applicability of the NCLEX-RN® to the Canadian testing population.

Activities

Two Canadian external consultants (one nurse, one non-nurse) reviewed the methodology, results and conclusions found in the two NCSBN documents: *Canada - NCSBN Entry-level Competency Statement Comparison* (2012) and *Canadian RN Practice Analysis: Applicability of the 2013 NCLEX-RN® Test Plan to the Canadian Population* (2014). In addition, a number of other related documents providing commentary concerning the NCLEX-RN® test were reviewed in an effort to consider a range of potential issues associated with the adoption of the NCLEX-RN® by the CCRNR. The review was conducted in relation to best practice considerations for test and survey construction, adaptation, and translation. Content analysis was also conducted to determine similarities/differences across American and Canadian competency/activity statements.

Evaluation/Outcomes

The reviewers found some evidence of the use of best practice principles in survey and research design in the two NCSBN study reports, but primarily identified issues that are of concern – related to methodological practices, use of a competency/activity statement comparison to determine applicability, etc. Based on the review, the authors called into question the evidence provided by the NCSBN, and denied the claims that the NCLEX-RN®, as currently designed, is an appropriate assessment tool for Canadian entry-level nurses. High stakes tests such as the NCLEX-RN® should be developed specifically for the intended audience and in a way that takes into consideration the characteristics of the population, the training/education that has been experienced, and the structure/culture of the health care delivery system within which nurses practice.

This review was funded by the Council of Ontario Universities (COU) and the Council of Ontario Universities of Programs of Nursing (COUPN).

Student Nurses' Experiences with their Clinical Education: A Cross-Ontario Survey

Primary Presenter: Jenn Salfi

Date: Tuesday, May 31, 2016

Time: 1040– 1100

Room: Mountbatten B

Sub Theme: Facilitating the Transition from Student to Nurse

Presentation Type: Concurrent Session

Authors: J. Salfi, C. Davies-Schinkel, M. Crea-Arsenio and A. Baumann

Background/Rationale

Competencies, described as “knowledge, skill, ability and judgment required for safe and ethical nursing practice” (CNO, 2014, p.4), are acquired and reinforced throughout nursing education programs through a combination of classroom education and clinical practicum. Each clinical practice environment has the opportunity to offer rich learning experiences, which is why it is critical to understand students’ perceptions of their experiences with their clinical education – especially when there is a current shortage in quality clinical placements across Ontario.

Objective/Purpose

This evaluation is part of a larger quality improvement initiative carried out by the Joint Provincial Nursing Committee (JPNC) nursing education work group. The main objective of the evaluation was to assess the nature of shortages in quality clinical placements across Ontario, and develop recommendations to manage and/or improve this crisis.

Description/Overview

Responses from students were collected via an online survey tool that was developed with input from a nurse educator, student nurse, health services researcher, senior policy analyst, and members from the Council of Ontario University Programs in Nursing (COUPN) and the Colleges of Applied Arts and Technologies (CAAT).

Activities

The survey was administered through the Deans/Directors/Chairs of each nursing program across Ontario, in order to collect data from students who were in their final year(s) in either a Baccalaureate or Practical Nursing program. The survey was also administered through CARE (Centre for Internationally Educated Nurses), in order to collect perspectives of Internationally Educated Nurses (IENs). The overall participant sample (n=1012) was geographically representative, and included representation from all nursing cohorts.

Evaluation/Outcomes

Of the respondents who answered “yes” to having experienced a quality clinical experience, 705 provided a written description about the key elements of a quality clinical learning opportunity/placement, revealing the following themes (a) quality clinical instructor; (b) “safe” clinical environment; and (c) opportunities for learning. Of the respondents who identified experiencing a clinical placement that they were not satisfied with, 421 participants provided a written description of their experience revealing the following themes: (a) unsupportive clinical instructor; (b) unhealthy workplace/clinical environment; (c) unequal/lack of learning opportunities; and (d) no connection to nursing. From these findings (the student nurse’s perspective), five key suggestions for clinical education were identified and compiled with data collected from agencies and nursing schools across Ontario, to help inform the JPNC on the nature of shortages of quality clinical placements.

This evaluation was made possible with support from the Nursing Health Services Research Unit (NHSRU).

Using Simulation in Nurse Practitioner Education to Assess Students’ Knowledge and Abilities

Primary Presenter: Esther Sangster-Gormley

Date: Tuesday, May 31, 2016

Time: 1040 – 1100

Room: Carlyle Room

Sub Theme: Simulation and Clinical: When and How to Use Them?

Presentation Type: Concurrent Session

Authors: B. Fox, L. Barndhardt and K. Bertoni

Learning objectives:

- Describe the use of simulation in nurse practitioner education at one university in British Columbia.
- Illustrate the role of simulation in formative evaluation of nurse practitioner students’ knowledge and abilities.

Background

Increasingly simulation is being used in nursing education, especially with baccalaureate students, to augment clinical practice experiences. There is also a role for simulation in graduate nurse practitioner programs. We have been using simulated learning in a variety of ways in our nurse practitioner program for the past five years. As a result we continually assess whether or not simulation is an effective complement to nurse practitioner education.

Overview

The purpose of this presentation is describe how faculty use simulation to teach students new clinical skills, for formative assessment of their knowledge and abilities, and to provide unique learning opportunities for students to challenge taken for granted attitudes and ways of providing care. In our program we use models and simulated patients to learn new skills, for example history taking and suturing, we used objective structured clinical examinations at the end of each semester to assess students' knowledge and abilities and we use standardized patients to help students practice in a safe environment how to deal with difficult situations like abuse or making a mistake in care.

Activities

We will provide detailed examples of how we structured simulation for various learning opportunities and the challenges and successes we encountered as a result of using simulation, including student feedback. The presentation will be interactive, allowing opportunities for participants to engage in discussion and ask questions related to our examples.

Outcomes

As a result of this presentation participants will be able to identify the strengths and challenges of using simulation in a nurse practitioner program. As well, they may also identify approaches to use in nurse practitioner or baccalaureate nursing education programs.

Integrating Trauma-Informed Care into Nursing Curriculum

Primary Presenter: Sabeena Santhirakumaran

Date: Monday, May 30, 2016

Time: 1620 – 1640

Room: Stevenson Room

Sub Theme: Innovations in Teaching and Learning

Presentation Type: Concurrent Session

Authors: A. Sissons, K. Huynh, M. Kim, L. Pratt, A. Korosteliiov, A. Ramanan, E. Hoang, A. Langlois and S. Santhirakumaran

Key Learning Outcomes

- Attendees of this presentation will be able to:
- Understand the impact trauma can have on patients'/clients' health
- Identify the importance of trauma-informed care (TIC)
- Identify why nursing students should be prepared in this area
- Understand how to integrate education on trauma-informed care into existing nursing curricula, with the goal of improving future nursing practices and increasing healthcare access

Who Is Your Key Target Audience

Our target audience includes nursing students, recent graduates, nursing faculty members, education experts, nurses, physicians and other healthcare students/faculty. Our goal is to inform health care providers/ HCP students and allied health professionals about how trauma informed care can be an effective tool at minimizing re-traumatization.

Abstract

In Canada, over 76% of adults report some form of trauma exposure in their lifetime, with 9.2% meeting the criteria for PTSD (BC Provincial Mental Health and Substance Use Planning Council, 2013). However, the majority of healthcare providers do not directly acknowledge or address the impact of trauma on a client's health. Recent literature found that fewer than 1 in 5 nurses rated themselves as very competent in eliciting details of a traumatic event without re-traumatizing the child and family (Kassam -Adams et al., 2015).

As nursing students, we propose an important first step in addressing the healthcare experiences of people with a history of trauma is through the incorporation of trauma-informed care (TIC) modules into nursing curricula. By addressing this gap in education, nursing students will be better able to "identify and facilitate universal and equitable access to available services" (CHNC Standards, 2011).

Literature has shown that the integration of educational modules on trauma-informed care increased healthcare providers' competency in caring for patients who experienced trauma (Morrissey et al., 2005). Exposure to trauma-informed care at an

undergraduate level has a number of practice implications 1) aiding in the de-stigmatizing of trauma 2) better preparing future nurses for safe and competent practice 3) ensuring that students are adequately prepared if they encounter trauma in their clinical placements.

Method

A literature review was conducted to locate research on trauma-informed care programs and TIC best practice guidelines. Special emphasis was placed on articles appraising the implementation of TIC in hospitals or schools.

Findings

Trauma is common among healthcare patients. Trauma-informed care improves patient outcomes and minimizes re-traumatization. Based on our review, we propose that TIC modules be integrated into nursing curricula. Advanced knowledge of TIC will improve nursing students' ability to address the needs of their clients and improve future nursing practices.

Introducing Gamification as a Learning Strategy in a Fourth Year Professional Health Elective in Family Health Nursing

Primary Presenter: Lori Schindel Martin

Date: Tuesday, May 31, 2016

Time: 1330 – 1350

Room: Carlyle Room

Sub Theme: Innovations in Teaching and Learning

Presentation Type: Concurrent Session

Authors: L. Schindel Martin, K. LeGrow, D. Chandross, R. Bajko and D. Fels

Background/Rationale

Undergraduate business and communications courses have been gamified to enhance engagement, case study application and student success. It is possible that nursing students would benefit from course gamification. This presentation will outline the process through which a fourth year course in family health nursing was gamified for a cohort of approximately 100 students during the winter term of 2016. The course is based upon Strength-based Nursing (Gottlieb) and Family Systems Nursing (Wright & Leahey) and delivered during three hour seminars involving classroom and independent activities over twelve weeks. The course aim is to understand why and how to “think family” when delivering health care.

Description

This project involved two nursing faculty novice to course gamification, two faculty with prior experience gamifying courses in communications and business management and a gamification specialist. The pre-existent nursing course was revised to include a role playing game that involves task completion, titled Family Health Nurse Quest (FHNQuest). The goal of FHNQuest is to a) provide incentive to review course readings to gain Knowledge Points (KPs) and b) solve case studies to accumulate Star Points (SPs) that reflect an understanding of FHN competencies and characteristics. Course work includes a list of reading materials about relational patient care in the family context. Students acquire KPs by submitting a one page summary for each reviewed article to the course learning management system (LMS). Students are awarded a grade based on a random selection of article summaries for a maximum of 15% of the mark for the final course assignment. Gameplay involves students acquiring bonus points by solving optional case studies posted in the LMS at Level 2 and Level 3 of the game. Achieving Level 4 status reflects players who accumulate over 2000 SPs. The winner of the game, who has the most SPs by the end of Week 11, is announced, along with the other two top scorers in Week 12.

Evaluation and outcomes

This evaluation involves a mixed methods approach using a quantitative measure reflecting satisfaction with and perceived impact of course gamification collected at weeks 6 and 12, and individual interviews from volunteer participants. This paper will present an overview of the gamification protocol, game mechanics, gameplay, rule book, aligning game outcomes with evaluation and assignments, nursing faculty feedback, and preliminary findings of student data analysis. This presentation will be of interest to other nursing faculty wishing to discuss and explore gamification.

Moving from the Ideal to the Real: A Proposal to Examine the Theory Practice Gap in New Graduate Nurses

Primary Presenter: Liz Seabrook

Date: Monday, May 30, 2016

Time: 1600 – 1620

Room: Seymour Room

Sub Theme: Facilitating the Transition from Student to Nurse

Presentation Type: Graduate Student Concurrent Session

Author: L. Seabrook

Objectives

By the end of the session, the attendee will

- Be able to articulate the goals of the proposed research project presented.
- Be able to differentiate between the new graduate theory practice gap and the evidence informed practice gap.
- Be able to identify issues of the theory practice gap in new graduate nursing practice.
- Be able to reflect on possible solutions in their own practice to narrow the gap.

Background/Rationale

Nursing education and practice over the last 50 years have undergone drastic change. From its early roots as a vocation, where nurses lived and trained on the hospital wards to the present day baccalaureate as entry to professional practice, nursing has responded to the changing needs of the healthcare environment. Despite nursing's slow but steady responsiveness to change, nurses have been talking about the theory-practice gap that exists for decades. The gap is most evident when new graduate nurses transition from the ideals of nursing education to the realities of nursing practice.

Methods/Methodology

Using the College of Nurses of Ontario (CNO) database to recruit participants of all levels of experience, an online survey will capture data about the theory practice gap. After capturing basic demographic data, open-ended questions will capture witnessed and experienced gaps, how the gap manifested in their personal practice, as well as suggestions for closing the gap. The survey will conclude with a request for personal interviews with the researcher and a space to provide contact information.

In depth interviews of two to three of each of new graduate nurses, nurse educators, mentoring nurses, nurse managers, and decision makers the CNO, RNAO and CASN will provide the stories of experiencing the gap from the various viewpoints in nursing practice. Interviews will be audio-video recorded, and then transcribed verbatim. After analysis of individual narratives, I will use focus groups to share emerging themes with all participants. The focus groups will include participants from each classification of participants. This will provide a means of member checking to ensure accuracy of interpretation and potentially augment the depth of narrative analysis.

Narrative inquiry methodology allows me to embrace the experience of my participants, appreciate my own experience, and immerse myself in a phenomenon rather than viewing it from an arm's length perspective. It is an approach that allows the researcher to make practice visible, and locate the dominant narratives at play in our practice that have perhaps remained tacit, and therefore, not addressed.

Summary

This research study seeks to capture the insights of new graduates, nurse educators, nurse managers, mentoring nurses, and leaders in the RNAO, CNO, and the Canadian Association of Schools of Nursing (CASN) to elicit their stories of the theory-practice gap and to inform future attempts to assist new nurses to transition from the idealism of nursing education to the realities of nursing practice.

Clinical Decision Apps in Nursing Education: A Cautionary Tale

Primary Presenter: Monique Sedgwick

Date: Monday, May 30, 2016

Time: 1150 – 1210

Room: Scott Room

Sub Theme: Informatics: New Tools for Education and Practice

Presentation Type: Concurrent Session

Authors: O. Awosaga, L. Grigg and E. Pijl Zieber

Background/rationale

Up to 87% of healthcare professionals use smartphones during clinical practice. Concomitant with the adoption of smartphones has been the development of a wide variety of software applications (apps) with the specific purpose of supporting healthcare professionals' clinical decision making at the point of care. With the proliferation (some would say ubiquitous use) of mobile technologies apps, mobile learning has the potential to play a vital role in learning while in the practice setting. Indeed, the use of these technologies may provide the support needed to achieve clinical decision making competency required in information-intensive healthcare delivery systems. The purpose of this study was to explore the impact of a smartphone application on undergraduate nursing students' critical thinking and clinical decision making ability at the point of care

Methods

A pretest-posttest quasi-experimental approach was used to answer the question: What is the effect of mobile technologies app on undergraduate nursing students' critical thinking and clinical decision-making abilities at the point of care? Using the Clinical Decision Making in Nursing Scale and, Clinical Effectiveness and Evidence Based Practice questionnaires, the perceptions of 68 fourth year undergraduate nursing students' ability to engage in critical thinking and clinical decision making during a preceptored clinical experience was measured.

Results

No statistically significant differences were noted in the participants' perceptions on overall critical thinking and clinical decision making ability. However, statistically significant differences on four questionnaire items suggest that overtime, students who used the app did not engage in a spirit of inquiry.

Conclusions

While using apps provide students with quick and easy access to a wide variety of information, they must also continue to be active learners. Nurse educators are encouraged to implement strategies that engage students in the use of context sensitive critical thinking skills.

Learning objective(s)

The learning objectives of the presentation are to: 1). Engage in a dialogue pertaining to the merits of using mobile technologies at the point of care; 2). Explore the concept of evidence based practice within the context of expanding technologies; 3). Examine some of the beliefs and values that drive evidence based practice and mobile technologies and their relationship to clinical reasoning and decision making.

Designated Education Units in Continuing Care: An Innovation in Undergraduate Nursing Clinical Placements

Primary Presenter: Cydnee Seneviratne

Date: Tuesday, May 31, 2016

Time: 1410 – 1430

Room: Scott Room

Sub Theme: Innovations in Teaching and Learning

Presentation Type: Concurrent Session

Authors: C. Seneviratne, L. Venturato, C. Mills, D. Hycha and D. Wilson

Learning Objective(s):

1. To challenge traditional thinking on student placements with older adults
2. To understand the role of dedicated education units in undergraduate nursing student education
3. To describe the development of a dedicated education unit model for long-term care settings

Background/rationale

Undergraduate registered nursing programs in Canada are continually challenged to create environments for nursing students to learn and work with an older adult population. These challenges include competition for quality clinical placements in continuing care, persistent negative stereotypes about working with older adults, and a lack of interest in careers in continuing care among nursing students.

Description

The University of Calgary Faculty of Nursing is currently developing a unique and novel way to increase interest and clinical opportunities to address these issues. In partnership with Covenant Care, we have been working to create a designated

education unit (DEU) at St Marguerite Manor Supportive Living and Dulcina Hospice in Calgary, Alberta, in order to maximize learning opportunities for students and staff in continuing care settings.

DEUs in nursing education are not new, though they have predominantly been found in specialized acute care settings, rather than in continuing care environments. This DEU model builds on work undertaken by one of the authors in Brisbane, Australia, and aims to develop and embed a quality, learning environment within a continuing care setting. The developing DEU model comprises three core elements:

1. quality learning opportunities in undergraduate clinical placement;
2. research and advanced practice learning opportunities for graduate nursing students undertaking research and quality improvement projects; and
3. Workforce development and in-house education support for supportive living and hospice staff.

This presentation will focus on element 1 and detail the development of an undergraduate clinical placement program for nursing students in continuing care.

Activities

A working team consisting of educators and clinical placement personnel from the University, together with staff and management from St Marguerite Manor/Dulcina Hospice are currently developing a positive placement program for undergraduate nursing student placements. The working team is focusing on core principles of a positive placement program (previously piloted in Australia) and adapting and tailoring the approach to the specifics of this site and service. In May 2016, two groups of undergraduate registered nursing students will be placed on two continuing care units, one of which focuses on palliative care of the elderly. (Hospice has residents 18 years of age & older.)

Evaluation / Outcomes

We will be obtaining evaluation data from students, instructors, and Covenant Care employees upon completion of the 13 weeks pilot program trial.

Reflection IN Action through High Fidelity Simulation

Primary Presenter: Vanessa Sheane

Date: Monday, May 30, 2016

Time: 1330 – 1430

Room: Bb33

Sub Theme: Innovations in Teaching and Learning

Presentation Type: Poster Presentation

Authors: V. Sheane and T. Van Tassell

Learning Objective(s):

This poster presentation aims to display an innovative teaching strategy used in a third year nursing theory course. High fidelity simulation is utilized in a non-traditional manner for the purpose of experiential learning. This method of simulation allows the students to use their knowledge, conceptualize further learning in a critical care situation where time is not a factor, and reflect on the experience during the experience. The simulation occurs outside of the traditional SIM lab setting and in a classroom. This allows for teamwork, time outs, and guidance.

Background/Rationale:

High fidelity simulation used within the classroom was developed to allow the third year nursing students the experience of caring for critically injured patients. It is unrealistic in the clinical setting to expect third year nursing students to provide care for a pediatric patient with extensive chest and facial burns or an intubated pediatric head trauma arriving at the ER. This simulation method provides this opportunity. Kolb's experiential learning theory is emphasized in this context based learning (CBL) curriculum. Within the program students study theory courses and clinical courses separately. As such, it is difficult to achieve the reflection IN action learning component within the classroom environment. This teaching strategy addresses the theory to practice gap.

Description/Overview:

This presentation will illustrate two simulations: a pediatric burn patient in the resuscitative and critical care stages, and; a pediatric head trauma patient in the emergent stage. The poster will include photos, simulated health records, and the case studies. The students' learning and their progression through the simulation will be featured in a chronological fashion. Also, the role of the faculty member/facilitator will be presented.

Activities:

Prior to the simulation the students brainstorm, research, and discuss the case studies. After sufficient discussion of the nursing care for a critically injured patient the students and their instructor work as the critical care team with the simulator. The use of time outs and reflective pauses distinguishes this method from traditional high fidelity simulations. The students are encouraged to ask questions during the simulation as they arise rather than wait until the end for the debrief. The facilitator utilizes "time outs" for group learning, clarification, and critical thinking. Not only are students learning through reflection, they are learning effective communication and a culture of safety.

Outcomes:

The students benefit from this use of simulation by applying their knowledge from the theory to a critical care patient. Through the use of pauses and time outs the students further their learning as the simulated case study unfolds. Reflection IN action allows the students to create deeper lasting learning that will strengthen their nursing practice.

Professional Actors Bring REALism to Learning

Primary Presenter: Catherine Sheffer

Date: Monday, May 30, 2016

Time: 1540 – 1600

Room: Carlyle Room

Sub Theme: Simulation and Clinical: When and How to Use Them?

Presentation Type: Concurrent Session

Authors: C. Sheffer, M. White and F. Wight Moffatt

Current fiscal and competitive climates for clinical placement within schools of nursing have contributed to an increase in the use of simulation teaching to enable students to achieve clinical objectives. To that end, we at Dalhousie have turned to trained thespians to provide students with a heightened sense of realism in simulation scenarios. Scenarios were prepared for our perinatal and family nursing courses, employing input from course professors and front-line nurses, to depict situational crises common to these areas of nursing. Actors, having previously been supplied with these scripts, prepare for real-life, family-centered scenarios requiring interaction with students as care providers. Incorporating elements of assessment, complexity, fidelity and authenticity, critical thinking and reflective practice, students are provided a safe environment to apply theory in their nursing practice as family and perinatal nurses. Following completion of each scenario, a debriefing session occurs requiring participation of all participants - students, actors, and faculty. Students report heightened engagement in their learning, increased self-confidence as nurses, and enhanced ability to apply concepts of learning.

Learning objectives:

- To explore interactions with actors as a means for students to practice nursing roles key to in-home visiting
- To describe key areas for learning in examples of student/actor/faculty interactions from simulated home visits
- To discuss participant experiences with simulations using actors and identify key strategies related to in-home visiting

Partnering with Students to Understand what Makes an Effective Nursing Tutor in Problem-Based Learning

Primary Presenter: Darlene Sheremet

Date: Tuesday, May 31, 2016

Time: 1120 – 1140

Room: Rossetti Room

Sub Theme: Innovations in Teaching and Learning

Presentation Type: Concurrent Session

Authors: N. Matthew-Maich, L. Martin, R. Ackerman-Rainville, C. Hammond, C. Mines, A. Palma, C. Roche, D. Sheremet and R. Stone

Aim

The aim of this session is to share an innovative and empowering process of engaging nursing students as partners in educational research to co-develop new knowledge and effect change. Collaboratively with our students we were able to explore and better understand what makes an effective problem-based learning (PBL) tutor in the BScN program and the effect of both effective and ineffective teaching on student learning and experience.

Study Objectives

The goals of this study were to understand student perceptions of: 1) what makes an effective PBL tutor in each level of the BScN program, 2) what are the skills, attributes and strategies of an effective PBL tutor, 3) how does this impact student learning in each level?

Methods

25 BScN students were engaged as research partners through all aspects of the research process. A qualitative descriptive approach was used. Student input was gathered through online surveys and focus groups. All BScN students at two sites were emailed an invitation to participate in an online survey. 511 surveys were completed (40% response rate). Students were also invited to participate in focus groups to further discuss the qualities of an effective teacher. Focus groups were facilitated by trained students which reduced a potential power imbalance and led to candid, rich discussions. Seven focus groups were conducted. Data was transcribed verbatim and analyzed using content analysis. Data were compared between levels and data types.

Results and Conclusions

Based on student responses the Five P's of an Effective PBL Tutor Model emerged. This will be shared and discussed during the presentation.

Students believe that effective PBL tutors are essential to motivate and foster high level and integrated learning, positive student experiences and preparation for success in both the BScN program and the nursing profession. Additionally ineffective tutors disengage students and block learning, motivation, experience and success. Findings from this study can inform faculty development initiatives to enhance student learning, experiences, satisfaction and outcomes.

Engaging students as partners in research involving student participants contributes significantly to the research process, outcomes, student learning and mentoring professionals for future practice.

The session will be facilitated through oral presentation and interactive discussion with participants. To fully illuminate the impact of this initiative, we will share: audio-clips of student voices, creative dissemination strategies developed (video, infographs, student publications, student co-authors on publications, student faculty development presentations, student national conference presentations, etc.), further research activity and student job success resulting from this work. Participants will be invited to engage in rich discussion related to this topic and will be invited to explore potential research opportunities to partner in with their own students.

Bridging the Gap: RPN to RN Transitions

Primary Presenter: Nancy Sinclair

Date: Monday, May 30, 2016

Time: 1330 – 1430

Room: Bb33

Sub Theme: Overcoming Barriers with Visible and Invisible Groups (Students and Patients)

Presentation Type: Poster Presentation

Authors: N. Sinclair and S. Sager

Ontario Registered Practical Nurses (RPNs) who wish to pursue their Registered Nurse (RN) designation must attain a baccalaureate nursing degree (BScN) by completing an accredited RPN to RN bridging program. While Ontario bridging programs attract many applicants, evidence suggests that student success in these programs is greatly influenced by factors such as lack of financial and/or personal support, and underdeveloped academic abilities. The learning objective of this poster presentation is to present a synopsis of a systematic review recently published on the educational and professional role transition from RPN to RN by Suva et al. (2015). The transition model developed by Meleis et al. (2000) was used to explore thirty-nine articles thematically, which in turn helped to identify the facilitators and barriers for a successful education and role transition from RPN to RN. The systematic review includes suggested strategies for successful preparation for entry, progression through a bridging program and re-integration into the workplace in the new role of RN. This presentation will highlight potential facilitators for successful transition prior to and during enrollment in a RPN to RN bridging program for RPNs who are pursuing a BScN.

Suva, G., Sager, S., Santa Mina, E., Sinclair, N., Lloyd, M., Bajnok, I., & Xiao, S. (2015). Systematic review: Bridging the gap in RPN to RN transitions. *Journal of Nursing Scholarship*, 47(4), 363-370. Doi 10.1111/jnu.12147

Knowledge, Attitudes and Behavior of Nursing Students toward Transgender Persons

Primary Presenter: Fiona Smith

Date: Tuesday, May 31, 2016

Time: 1510 – 1530

Room: Mountbatten A

Sub Theme: Overcoming Barriers with Visible and Invisible Groups (Students and Patients)

Presentation Type: Concurrent Session

Authors: F. Smith and D. Clarke

Transgender persons, as a result of stigma and discrimination, are at risk of experiencing significant negative health outcomes. Health care professionals in general and nurses, in particular, have limited knowledge about transgender persons. Nurses provide care across the lifespan and serve as gatekeepers to health care systems. Educating nurses about the needs of transgender persons is essential in overcoming the effects of stigma.

Guided by stigma and discrimination theory and using a cross sectional on-line survey methodology, this study surveyed nursing students' knowledge, attitudes and predicted behaviour toward transgender persons. Structural equation modeling was used to test a model explaining potential influences. This study will contribute to theory development and guide curriculum design for undergraduate nursing programs.

Transgender: An Evolutionary Concept Analysis

Primary Presenter: Fiona Smith

Date: Monday, May 30, 2016

Time: 1330 – 1430

Room: Bb33

Sub Theme: Overcoming Barriers with Visible and Invisible Groups (Students and Patients)

Presentation Type: Poster Presentation

Author: F. Smith, W. Chernomas and D. Clarke

Transgender persons suffer significant negative health outcomes due to stigma and discrimination. Some of this stigma and discrimination is experienced while seeking health care. Assumptions that persons are either male or female render transgender persons as problematic and constrain the development of knowledge to guide education, practice, research and policy. This paper explores the evolution of the concept transgender, guided by Rodgers evolutionary method. Particular attention is paid to temporal, interdisciplinary and social contexts.

Arising through discourse between traditional medical and postmodern perspectives, use of the term facilitates non-pathologizing discussion of gender identity. Application of the term in nursing may promote practice, education and research that considers gender identity as a distinct lived experience and moves to reduce the impact of stigma for the transgender persons we serve.

Peer-led Post-exam Review: Utilizing a Constructivist Approach

Primary Presenter: Zahra Shajani

Date: Tuesday, May 31, 2016

Time: 1330 – 1350

Room: Seymour Room

Sub Theme: Innovations in Teaching and Learning

Presentation Type: Concurrent Session

Authors: D. Snell and Z. Shajani

The constantly changing healthcare system requires Registered Nurses to be actively engaged in reflective practice; be self-directed learners and critically evaluate their knowledge. A constructivist educational approach promotes learners to organize their learning experiences in an active way and has proven to be effective within a social learning environment (Cooperstein & Kocovar-Weidinger, 2004). The social environment fosters learning through a process that involves deconstruction and reconstruction of knowledge in order to develop a deeper understanding. Furthermore, peer led learning is a specific strategy that can be used to motivate undergraduate nursing students to actively engage in reflective practice and self-directed learning. This shift from traditional instructor led activities to providing peer led learning activities has demonstrated significant improvements in student performance; retention and attitudes about course content (Tien, Roth & Kampmeier, 2002). Historically approaches in

nursing education for students to review exam answers involve one on one interaction between the student and the educator. Students review exam answers and discuss questions with the educator. This may be daunting for many students who are uncomfortable with the traditional educator centered paradigm and therefore may be reluctant to participate, seek feedback and ask relevant questions pertaining to their knowledge. Increasing student enrollment and faculty shortages are factors that must be considered when developing meaningful strategies for reviewing exam answers. Since 2014, a constructivist educational approach has been utilized to implement six peer led post exam review sessions twice a semester with second year nursing students in an undergraduate program within Canada. Nurse educators facilitated 20-minute review sessions for students to review their exam questions in a small group within a social learning environment. The students used their textbooks, lecture notes, course readings and their peers to engage in a self-directed collaborative learning activity. The purpose of these sessions was not to introduce new content but to provide an opportunity for the students to be actively engaged in questioning their knowledge and discerning new frameworks for understanding the tested course content. Through dialogue with their peers, students were able to identify their areas of strengths and growth and implement informal peer teaching; further developing their critical thinking and problem solving skills in a supportive and effective learning environment. This team-based experiential learning approach was found to be effective for both the learner and educator as a meaningful strategy to review exam questions.

Interprofessional Nursing Education: Enhancing Students Understanding of Oral Health

Primary Presenter: Shelley Spurr

Date: Tuesday, May 31, 2016

Time: 1040 – 1100

Room: Rossetti Room

Sub Theme: Innovations in Teaching and Learning

Presentation Type: Concurrent Session

Authors: S. Spurr, J. Bally and A. Hayes

Background

Oral health is integral to general health and essential for well-being, and therefore should be prioritized as important in pediatric nursing education. Health care professionals play a key role in the promotion of oral health care in pediatric practice, and can improve the availability of oral health services and reduce dental caries.^{1,2} However, pediatric care providers lack competence in performing oral health assessments and prevention services, and there is a need for additional oral health pedagogy in pediatric health professional education programs.^{3,4} To our knowledge, no published studies report the pediatric oral health knowledge and competence of undergraduate nursing students. Therefore, the purpose of this pilot study was to examine if an interprofessional oral health education intervention delivered to third-year baccalaureate nursing students would improve their knowledge of pediatric oral health care.

Methods

Nursing students (n=99) from a Bachelor of Nursing program in Saskatchewan completed a survey before and after receiving the Interprofessional Education (IPE) intervention, which included a two-hour didactic lecture from a Dentistry faculty and a one-hour clinical lab in which nursing students learned how to conduct a comprehensive oral health assessments. Paired-sample t-tests were conducted to compare pre- and post-intervention survey scores.

Results

Findings indicate a statistically significant ($< .001$) increase in knowledge from pre-test (67%) to post-test (86%). Significant findings indicated learning had occurred after the two-part intervention with respect to: 1) prevalence of oral disease; 2) importance of oral health care; 3) pathophysiology and implications of oral health; 4) risk factors of oral health; 5) assessment; and 6) prevention of oral disease.

Conclusion

Interprofessional oral health education can enhance nursing student knowledge and understanding of pediatric oral health care. The new and unique findings from this pilot study present evidence to support an approach to nursing education that gives high priority to oral health pedagogy. Given the prevalence of oral disease in children and the importance of preventing this chronic disease, nurse educators should consider collaborating across disciplines to develop responsive oral health curricula that prepares nursing students with the foundation to address the disparate oral health challenges experienced by children.

Learning Objective

To describe an innovative research pilot project designed to investigate if an IPE intervention would improve their knowledge of pediatric oral health care.

References

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Critical Thinking Instruction and Technology-Enhanced Learning from the Student Perspective

Primary Presenter: Ruth Swart

Date: Monday, May 30, 2016

Time: 1330 – 1430

Room: Bb33

Sub Theme: Innovations in Teaching and Learning

Presentation Type: Poster Presentation

Authors: R. Swart

A mixed methods research study examining critical thinking development within technology-enhanced learning environments was implemented with undergraduate nursing students. Critical thinking and informational and communication technology literacy are important assets for students graduating from today's educational settings to competently and efficiently perform in the professional arena (Roschelle, Bakia, Toyama, & Patton, 2011). The capability to think critically is essential in the complex, fast-paced health care settings where patient situations are diverse, complicated and rapidly changing (Romeo, 2013). A blended learning approach, encompassing two technology-enhanced learning environments, was structured on the Community of Inquiry framework (Garrison, 2011) to support the development of critical thinking: a classroom response system face-to-face in-class and an online discussion forum out-of-class. The Community of Inquiry framework incorporates constructive collaborative inquiry to facilitate the establishment of a supportive environment for critical thinking development (Garrison, 2011).

To gather data from the students' perspectives, they were surveyed with closed and open-ended questions to ascertain engagement in critical thinking development and preferences of learning methods as supported through the technology-enhanced settings. Qualitative content analysis was implemented to assess for critical thinking demonstration through the online discussion forum exchanges. Pre-and post-testing was also included to assess for changes in students' critical thinking. The use of various data sources and analyses aimed to provide a comprehensive understanding of nursing student critical thinking development and engagement with technology-enhanced learning environments.

The study findings revealed students' appreciation for critical thinking instruction intentionally integrated into the course and aligned with subject-specific content. Inquiry and application of course material to professional practice engendered relevance for student learning. Students identified questions they deemed helpful to their development of critical thinking, facilitating their capability to connect course material to their practice settings. Notably, the findings are limited to the nursing students who participated in the research study, however the instructional strategies and technology-enhanced learning acknowledged as beneficial can provide basis for course design and implementation for the development of critical thinking.

Health Literacy on Cardiovascular Disease and Water Fitness among Immigrant Populations in Northeast Calgary YMCA

Primary Presenter: Sandy Tait

Date: Monday, May 30, 2016

Time: 1330 – 1430

Room: Bb33

Sub Theme: Overcoming Barriers with Visible and Invisible Groups (Students and Patients)

Presentation Type: Poster Presentation

Authors: I. Bernal, J. Daines, J. Kendrick, C. Madu, Z. Petropoulos, K. Sanchez and S. Tait

New immigrants in the Upper Northeast Calgary experience a disproportionate representation of certain modifiable and non-modifiable risk factors for cardiovascular disease, particularly hypertension, including physical inactivity and barriers to health information. The nursing students' project focused on cardiovascular health education and reducing significant barriers faced by new immigrants to the NE Calgary region. This community health project sought to overcome barriers to health and physical education among both visible and invisible minorities in NE Calgary. Identified barriers included difficulties with English language comprehension, lack of access to health information, and an insufficient knowledge of North American cultural norms regarding pool usage.

Second year nursing students from the University of Calgary partnered with the YMCA Saddletowne Health, Fitness and Recreation center; and the Community YMCA North Language Instruction for Newcomers to Canada (LINC) program to implement a three-day series of consecutive and integrative teaching sessions. From these interventions, the nursing students sought to strengthen LINC students' knowledge of water safety and aquatic fitness in relation to cardiovascular health. Lessons were created to address the language barrier faced by the participants by increasing vocabulary in addition to addressing the knowledge deficits. Lessons were created on a broad level and tailored to the classes based on their previous knowledge and their English language aptitude. Imperative for the nursing students' health promotion interventions was to address the socio-ecological determinants of health in their target population, such as gender, culture, education, social support networks, and income and social status in order for their approach to be effective. Preliminary results were positive with opportunities for these interventions to expand in the future. This indicated strongly that the increase in knowledge gained by the LINC students resulted in a change in personal values and beliefs surrounding cardiovascular fitness and aquatic exercise. By introducing aquafitness as a family and group-oriented physical activity and by building connections between the LINC students and the YMCA Saddletowne aquatic staff, the nursing students were able to expand the LINC students' social networks, strengthen their social supports, and remove a significant barrier to their cardiovascular health. In a subsequent follow-up ten months post-program implementation, the YMCA Saddletowne Adult Learn to Swim lessons have maintained high enrolment and Adult Stroke Improvement and aquafitness programs had an increase in enrolment, suggestive of the project's long-term impact on health and aquatic physical education in the region.

Making Collaborative (Peer to Peer) Learning Fun!

Primary Presenter: Carolyn Tinglin

Date: Tuesday, May 31, 2016

Time: 1430 – 1450

Room: Seymour Room

Sub Theme: Innovations in Teaching and Learning

Presentation Type: Concurrent Session

Author: C. Tinglin

"Flipping the classroom" has re-surfaced as a positive and effective method of classroom teaching. It is a flexible and creative way of supporting student learning. Moreover, this teaching method allows for student-centred approaches that can take many forms. An under-explored aspect of classroom flipping is peer-to-peer or collaborative learning.

My proposed presentation explores the "ins and outs" of collaborative learning, creative ways that teachers can facilitate collaborative learning, positive learning outcomes for nursing students, as well as shared experiences of collaborative learning strategies that can be applied to small and large student groups.

The presentation is based on (existing) research data analysis and my on-going evaluation of 2 collaborative learning strategies currently being used with my nursing students (one involving art, the other involving spontaneous group work).

Participant Learning Objectives:

1. Participants will be able to list 2 key components of collaborative learning.
2. Participants will identify and share 3 collaborative learning strategies useful in their teaching environment.
3. Participants will develop their own (1) collaborative learning activity.

Men Nurses in Atlantic Canada: Career Choice, Barriers & Satisfaction

Primary Presenter: Creina Twomey

Date: Tuesday, May 31, 2016

Time: 1120 – 1140

Room: Mountbatten A

Sub Theme: Overcoming Barriers with Visible and Invisible Groups (Students and Patients)

Presentation Type: Concurrent Session

Author: C. Twomey

The healthcare industry is facing a worldwide shortage. Despite a repeated call for a greater effort on recruitment and retention of men nurses to aid the nursing shortage; men remain a minority within the profession. In Canada less than 7% of the nursing workforce is men. Using a survey, all men registered nurses in the Atlantic provinces reported on why they choose nursing, barriers they experienced, strategies to improve recruitment/retention, recommendations to others, and career satisfaction. The most common reasons for entering nursing were helping people, job security, and a challenging profession. The most common perceived barriers were being seen as “muscle,” inadequate recruitment, and sexual stereotypes. Most subjects were satisfied with career choice and had no hesitation in recommending the career for other men. Respondents stressed that recruitment strategies should focus on factors such as: helping others, job security, and career opportunities. Findings may help with future recruitment strategies designed to attract more men into the nursing profession.

Exploring the Use of a Standardized Anecdotal Record (SAR) in Clinical Nursing Education

Primary Presenter: Elisha Vadnais

Date: Tuesday, May 31, 2016

Time: 1020 – 1040

Room: Scott Room

Sub Theme: Informatics: New Tools for Education and Practice

Presentation Type: Concurrent Session

Authors: E. Vadnais and C. Raymond-Seniuk

Nurse educators are responsible for the complex role of evaluating nursing students in a variety of acute and dynamic clinical settings. Nurse educators need to use efficient techniques to engage students in the clinical setting given the growing size of faculty workloads. One method nurse educators often use to facilitate assessment of nursing students' performance is anecdotal records. Anecdotal records include an array of recorded data related to student performance in the clinical setting. Limited research exists exploring the specific use of, and benefits of, a standardized anecdotal record (SAR) in nursing education. The goal of this descriptive exploratory study was to explore the impact of a SAR on how nurse educators engage in assessment and evaluation of nursing students in a clinical environment. By trialing the use of the SAR on a mobile electronic device (tablet), the benefits and challenges of both the SAR and the specific technology (tablet), were illuminated. The findings from this study inform the development of further research and continued enhancement of a SAR in nursing education. Although this research focused on nursing education, the results are multidisciplinary and applicable across programs and institutions for courses with a clinical or field placement evaluative component.

Developing Communication and Mental Health Assessment Skills through a Virtual Simulation Game

Primary Presenter: Margaret Verkuyl

Date: Monday, May 30, 2016

Time: 1640 – 1700

Room: Rossetti Room

Sub Theme: Innovations in Teaching and Learning

Presentation Type: Concurrent Session

Authors: D. Romaniuk and P. Mastrilli

Learning Objectives

Participants will:

1. Discover how virtual simulation can be used to provide a learning experience for students.
2. Identify factors that can influence students' experience with virtual simulation.

Background

Strong skills in therapeutic communication and mental health assessment are essential for nursing professionals, given current Canadian statistics reporting high rates of suicide, depression and family violence among Canadians (Canadian Mental Health Association, 2014; Statistics Canada, 2012a, Statistics Canada 2012b). Time constraints and challenges in securing clinical placements currently limit the opportunities nursing students have to develop proficiency in mental health-related skills. Even when students do have the opportunity to practice these skills in a clinical setting, anxiety about communicating with clients who are depressed, suicidal or victims of abuse can impede their learning. In response to these concerns, an online resource was created to promote the development and application of knowledge and skills for establishing therapeutic nurse-client relationships, recognition of domestic violence, and assessment of suicidal ideation.

Description

This online resource, titled "Therapeutic Communication and Mental Health Assessment: Knowledge and Practice", consists of three self-study modules (addressing therapeutic relationships and communication techniques, mental health assessment related to depression and suicide risk and domestic violence) and a virtual simulation game, in which learners apply knowledge gained from the first three modules. This game provides an interactive opportunity to problem-solve a simulated situation in a safe environment. Film clips of standardized patients acting out a home visit provide learners with a realistic image of domestic violence and suicide risk and expose them to a series of decision points. At each decision point the learner watches a video clip then chooses from a set of possible responses. Once the learner chooses an action, the subsequent video clip shows the effect of their response. With a correct response, the game continues; with an incorrect selection, a feedback prompt appears and the learner is given an opportunity to select a different response. Once the correct response is selected, the learner moves to the next decision point, continuing until the home visit has been successfully completed. This session will demonstrate the virtual simulation game.

Evaluation

Usability testing for the game was completed to determine its ease of use and perceived usefulness. Results of this testing and its role in game development will be discussed.

Virtual Gaming to Develop Pediatric Nursing Skills

Primary Presenter: Margaret Verkuyl

Date: Tuesday, May 31, 2016

Time: 1450 – 1510

Room: Scott Room

Sub Theme: Innovations in Teaching and Learning

Presentation Type: Concurrent Session

Authors: M. Verkuyl, P. Mastrilli, L. Betts , and J. Schmid

There is need for safe, stimulating and cost-effective learning environments where nursing students can practice skills and critical thinking outside the clinical setting. Simulation laboratories can provide low to high fidelity nursing experiences, however, they have drawbacks. Simulation laboratories are costly, labour intensive and require specialized technological equipment. Virtual simulation through a serious game may mitigate those drawbacks. A game set in a virtual world has the potential to offer an effective way to educate students in a safe environment (Wood & McPhee, 2011; Pittiglio et al. 2012; Schmit & Stewart, 2009).

Given evidence from initial research on the value of using virtual simulation and serious gaming as a learning strategy within nursing education, a collaborative team with members from academia and pediatric clinical practice created a virtual gaming pediatric clinical simulation. The game design is an interactive/experiential opportunity for nursing students to apply their decision-making and problem-solving skills to a pediatric situations in a safe environment. The game is based on the experiential learning theory and incorporated current research on learning and technology. The scenario is highly realistic and supports 'situated learning'. There are 17 short video vignettes that portray nurse, client and family interactions in the context of a ten year old child's post-operative appendectomy experience. Standardized patients play the child and his mother. The game begins with the recovery room nurse giving report on the child to another nurse. Once the video exchange is completed students are faced with their first decision-making point. The students watch three or four brief videos, all outlining a possible decision the nurse could make and

then select the video that reflects the best response. Students receive an immediate video or text response regarding their decision with rationale and reference to the appropriate competencies for Registered Nurses. Scores are tracked.

The developers completed a usability study on the virtual gaming pediatric clinical simulation to assess if the virtual gaming pediatric clinical simulation was easy to use and to obtain feedback from users. The results were used to make changes to the virtual gaming pediatric clinical simulation. Then a randomized control study was conducted to compare traditional laboratory simulation with the virtual gaming pediatric clinical simulation. Study participants (nursing students) were randomized to either the experimental group (virtual gaming pediatric clinical simulation) or the control group (traditional laboratory simulation). Data was obtained to compare the participants' knowledge, self-efficacy and learning satisfaction. Results of the studies support the use of the virtual gaming pediatric clinical simulation as a positive pediatric learning experience within education and could be in other nursing programs or institutions. The virtual simulation pediatric focus could offer a partial solution to the challenges the school was facing in securing pediatric-based clinical practice experiences for all students.

This session will demonstrate the virtual gaming pediatric clinical simulation then the results of the usability and randomized control studies will be discussed.

Are We There Yet? Preceptorship as Preparation for Transition to Professional Nursing Practice

Primary Presenter: Joan Walker

Date: Tuesday, May 31, 2016

Time: 1140 – 1200

Room: Mountbatten B

Sub Theme: Facilitating the Transition from Student to Nurse

Presentation Type: Concurrent Session

Authors: J. M. Walker and C. Hine

Learning Objectives

Participants will:

1. Appreciate the complexity of supporting transition to professional practice within an undergraduate BSN program
2. Consider strategies for linking preceptorship teaching and learning approaches to supporting transition to professional practice
3. Explore challenges of preparing students for graduation to professional practice

Background/Rationale

Transition to practice is well established as a challenge for BSN graduates. Preceptorships provide an opportunity for students to mature professionally by consolidating prior learning, developing confidence in clinical reasoning and decision making, establishing collaborative professional relationships and gaining experience with the full role and scope of nursing practice in a health care setting.

Are we there yet? ...students, preceptors and instructors recognize that a sense of preparedness for professional practice is important for students to achieve by the end of preceptorship. Complex challenges, created by multidimensional practice experiences and the student-preceptor-instructor relationship triad are facets embedded within preceptorship practice education that provide opportunity for building student capacity for transition to professional practice.

Description/Overview

The British Columbia Institute of Technology BSN Program concludes with two eight-week preceptorships. Teaching and learning in each preceptorship is focused on specific strategies aimed at facilitating and supporting student transition to professional practice:

- Orientation focus on the concept of transition
- Supportive course materials via online learning platform
- Student-preceptor-instructor partnerships emphasizing preparation for graduate practice
- Student-instructor dialogue, through various approaches, directed towards addressing unique needs in relation to transition to professional practice

This presentation will provide an overview and discussion of these preceptorship teaching-learning strategies, with specific attention to student-instructor dialogue activities.

Activities

1. Interactive Powerpoint presentation x 10 minutes
2. Invite discussion regarding experiences and challenges with this teaching and learning approach x 10 minutes

Evaluation/Outcomes

1. Participants will have an increased understanding of how preceptorship can support student transition to professional practice.
2. Participants will leave with strategies to support students to transition to professional practice.

Student Perceptions of Faculty Feedback following a Medication Error

Primary Presenter: Lorna Walsh

Date: Monday, May 30, 2016

Time: 1330 – 1430

Room: Bb33

Sub Theme: Innovations in Teaching and Learning

Presentation Type: Poster Presentation

Authors: A. M. Tracey and A. Anstey

Medication administration is an integral and valued aspect of nursing practice and as such nursing schools invest much time and effort into ensuring student achievement of this basic competency. It is well known however, that medication errors do occur. In fact, the Institute for Safe Medication Practices (2013) identified that medication errors “are a leading cause of preventable harm.” Nursing students, although supervised closely by clinical instructors early in their medication experiences, are not immune to contributing to the high number of medication errors. One study revealed that thirty percent of nursing student participants made at least one error during their program of study and that the average number of medication errors recalled per student was 1.93 (Koohestani & Baghcheghi, 2009).

Barnsteiner and Disch (2012) report that the prevailing culture of blame however, has “led to secrecy and failure to report for fear of repercussions” (p. 407) not only for health care in general but also within nursing schools. In fact, both the fear of being blamed and the fear of being punished for errors is very pervasive amongst nursing students (Gorini, Miglioretti & Pravettoni, 2012). Further, the likelihood that students will report errors is influenced by their perceptions of whether or not there is a punitive instructor / organization climate (Koohestani & Baghcheghi, 2009). As major health care institutions have attempted to shift from this culture of blame to a “just” culture in which there is trust, encouragement, and reward for providing safety related information, so too must nursing schools. By ensuring a just culture in which students are provided with supportive and effective feedback according to principles outlined by Anderson (2012), nursing schools can facilitate medication error reporting which may decrease future medication errors and ultimately improve the overall quality of patient care. Nursing students can provide valuable information regarding the nature of feedback received

The purpose of this descriptive study was to examine nursing student perceptions of faculty approaches to dealing with student medication errors. The study used mainly quantitative measures in the form of a three part questionnaire. The questionnaire was developed by the researchers specifically designed for the purpose of the study, as no previously validated, appropriate questionnaire was found. The items on Part A of the questionnaire use a four point Likert scale, and the items on Parts B and C require forced choice answers. The questionnaire was reviewed by 5 nursing faculty members for content validity and was piloted with 5 nursing students from another school of nursing after ethics review. The questionnaire was administered to a convenience sample of nursing students in the second, third, and fourth years of the nursing program at one school of nursing via survey monkey (approximately 350 students). Data has been collected and will be entered into a computerized database and analyzed using IBM SPSS Statistics (Version 22). Frequencies and descriptive statistics will be used to describe the responses.

Building Capacity to Integrate Entry to Practice Competencies

Primary Presenter: Jennifer Watson

Date: Tuesday, May 31, 2016

Time: 1350 – 1410

Room: Carlyle Room

Sub Theme: Innovations in Teaching and Learning

Presentation Type: Concurrent Session

Authors: K. MacDougall and J. Watson

Skills Online, an internet delivered, competency based continuing education program is included on CASN's Public Health Teaching Strategies website. This ongoing Public Health Agency of Canada program offers a collection of self-directed and facilitated courses that help learners acquire the knowledge, skills and attitudes necessary for public health practice.

Skills Online courses contain content that incorporates the indicators from all five Entry –to-Practice Public Health Nursing Competencies and is specific to Canadian public health practice. The self-directed courses can be taken at any time while the facilitated courses are offered over eight week time frames, in the fall, winter and spring. Since 2002, over 9000 learners, including public health nurses, students and educators have completed at least one Skills Online course. Through partnerships with several universities across Canada, Skills Online courses and/or content are being used in a variety of academic programs.

Evaluation findings indicate that participation in Skills Online has both individual and organizational impact. Learners gain an increased understanding of the breadth of public health and describe the development of competencies in several domains including assessment and analysis, public health sciences, evaluation and collaboration as well as increased knowledge of resources. By creating opportunities for learners to work together across disciplines and teams, Skills Online facilitated courses improve the way learners interact in their work environment and facilitate front line public health practitioners' ability to transfer and integrate knowledge and skill to the workplace

In this presentation, an overview of the Skills Online program will be provided, key evaluation findings will be described, and utilization of courses and content by nursing educators will be explored.

Participants in this session will:

1. Increase their awareness of the Skills Online program.
2. Increase their knowledge about the individual and organizational benefits of Skills Online.
3. Gain an increased understanding of how Skills Online can be used to build capacity to integrate Entry to Practice Public Health Nursing Competencies.

McMaster Optimal Aging Portal: An Innovative Website to Guide Evidence-Based Nursing Education and Practice on Healthy Aging

Primary Presenter: Susannah Watson

Date: Monday, May 30, 2016

Time: 1540 – 1600

Room: Scott Room

Sub Theme: Informatics: New Tools for Education and Practice

Presentation Type: Concurrent Session

Authors: M. Dobbins and S. Watson

There has been a recent shift in perceptions about aging. Rather than associating aging with physical and mental decline, emphasis is progressively more on promoting 'optimal aging': encouraging people to stay healthy, active and engaged for as long as possible. This, combined with a focus on 'Aging in Place' means more older adults are managing their own health with the support of care providers such as nurses, home care workers and public health professionals.

Access to online health information can facilitate and enhance shared decision-making between patients and care providers, and there is a lot of information available on the internet relevant to optimal aging. The challenge is much of this information has not been informed by good quality evidence and is therefore unlikely to provide useful answers to health questions and produce the purported health benefits.

The McMaster Optimal Aging Portal is unique among health information websites with its exclusive focus on content relevant to optimal aging combined with rigorous quality appraisal which helps users filter through masses of health information and easily identify the most trustworthy resources.

Content is drawn from three internationally-recognized sources for public health, clinical and policymaking evidence on aging issues. Blog posts, web resource ratings and evidence summaries provide quick and easy-to-read 'bottom line' messages, translating the evidence into formats that are easily understood by a wide audience. Tailored email alerts and @Mac_AgingNews Twitter updates deliver the latest research evidence on headline topics directly to readers.

Given the evidence has been assessed for quality with key action items clearly identified, the Portal is an ideal knowledge source for nurses and nurse educators to: access the latest high-quality health information on aging; use and share this information through teaching and/or practice; and teach patients, clients and students how critically assess health information they find online and make evidence-based decisions about healthy aging.

Funded by the Labarge Optimal Aging Initiative, the website was officially launched for the public in October, 2014. Over a year later, the website contains over 30,000 scientific abstracts relevant to optimal aging, 90 blog posts, 230 evidence summaries and over 1200 web resource ratings. Two Advisory Councils (professional and citizen experts) provide guidance on website content, functionality and promotion. This presentation highlights Portal features and content with direct relevance to nursing students, educators and researchers.

Exploring the Challenges and Facilitators of Nursing Faculty Engagement in Applied Research in College and Polytechnic Institutions and the Role of Library Services

Primary Presenter: Hazel Kathleen White-Williams

Date: Monday, May 30, 2016

Time: 1540 – 1600

Room: Mountbatten A

Sub Theme: Developing Administrative Leadership and Political Skills

Presentation Type: Concurrent Session

Authors: H. K. R. White-Williams, L. G. Grant, C. Ha and M. Press

Increasingly, nursing faculty working in previously non-research intensive teaching and learning institutions are encouraged or required to engage in scholarship activities of discovery and applied research. Research activity is also required for CASN accreditation. Applied research engagement of nursing faculty in colleges and polytechnics increases opportunity for focus on practice-initiated, clinically relevant questions affecting nursing practices, pragmatic questions relevant to the communities nursing serves, and development of new knowledge related to nursing education. Little empirical evidence exists that identifies the factors that support or challenge college and polytechnic faculty members to engage in research and what roles libraries play.

Working collaboratively, Saskatchewan Polytechnic and the School of Health Sciences at Humber College ITAL undertook a "first of its kind" project to empirically examine how nursing faculty at Canadian colleges and polytechnic institutions perceive of and report challenges and facilitators of research engagement. Three phases of examination included a literature review, survey tool development, and a Canada-wide cross-sectional survey. Our literature review suggested that the domains of culture of research (attitudes, beliefs, behaviours, peer group influences), institutional supports/structures (infrastructure, networks, start-up funding, time, collective agreements, leadership, mentorship) and individual characteristics (confidence, self-efficacy, sense of empowerment) may contain important factors to understanding how best to influence research engagement. The literature review informed structuring survey variables to help answer the research questions: 1) What were the important challenges and facilitators to engaging nursing faculty in research at a vocational or polytechnic institute 2) How do these factors impact the production of applied research, and 3) Within these challenges and facilitators, what important roles did library services play? Survey invitations were emailed to undergraduate nursing program faculty members in 53 colleges and polytechnic institutions across the country. Data collection occurred from May 1 to December 1, 2015. Descriptive statistics were compiled for all the data. Preliminary results confirm in the Canadian context many of the challenges and facilitators identified in the literature. Prominent were the challenges of time, a willingness to engage in conducting research and hone skills. Nearly 70% of the participants had no research plan, and over one-half did not know or did not believe the conduct of research was important to job retention. Through the process of conducting this research, researchers also uncovered challenges present in Canadian colleges and polytechnics that qualitatively inform findings. Results offer assistance to leaders at colleges and polytechnics in deploying resources to maximize research productivity within nursing programs and help identify faculty learning needs.

Nursing Students Perceptions of the Characteristics of Effective Clinical Instruction in Qatar

Primary Presenter: Carolyn Wolsey

Date: Tuesday, May 31, 2016

Time: 1510 – 1530

Room: Carlyle Room

Sub Theme: Innovations in Teaching and Learning

Presentation Type: Concurrent Session

Authors: C. Symes, C. MacDonald and D. White

Background

Clinical instruction is a vital component to nursing student education. Successful outcomes for the nursing student in the clinical setting are greatly influenced by the clinical instructor. The impact individual characteristics that the nursing clinical instructor displays has been explored in the global nursing research (Madhavanprabhakaran, Shukri, Hayudini & Narayanan, 2013). Each of these studies has sought to understand the nursing students' perceptions of quality clinical instructors. The University of Calgary in Qatar (UCQ) presents a unique challenge to the understanding of effective clinical instruction. UCQ is a transnational campus teaching a Canadian accredited nursing program with all Canadian nursing faculty. Nursing students attending UCQ represent the local community of Qatar in addition to other countries, cultures and languages.

While students' perceptions of clinical instructors' qualities related to effective teaching is present in the nursing literature, none of the conducted research in this area is situated within the context of being a transnational campus providing nursing education for all residents of Qatar. The primary purpose of this study will be to explore and describe the UCQ nursing students' perceptions of effective clinical instructors using a descriptive exploratory study.

Methods

This project will be using a mixed method design including qualitative and quantitative analysis. Focus groups and descriptive statistical analysis of the results of the Nursing Clinical Teacher Effectiveness Inventory (NCTEI) (Knox & Mogan, 1985) will be completed using descriptive exploratory methods.

Summary

Students in their fourth clinical year will be invited to participate in this study. The fourth clinical year is the final year of the UCQ nursing program. It is assumed that at this stage of the program students' experiences with clinical instructors will be varied with enough exposure to multiple clinical instructors to offer opinion about effectiveness of clinical instruction. Findings from this study will inform UCQ students and instructors by increasing the awareness of student perceived needs, informing clinical instruction practices as well as adding to nursing research globally. Preliminary results of this study will be presented.

Knox, J. E. & Mogan, J.(1985). Important clinical teacher behaviours as perceived by university nursing faculty, students and graduates. *Journal of Advanced Nursing*. 10, 25-30.

Madhavanprabhakaran, G., K., Shukri, R., K., Hayudini, J. & Narayanan, S. (2013). Undergraduate Nursing Students' Perception of Effective Clinical Instructor: *Oman International Journal of Nursing Science* 3(2): 38-44.

Exploring Mentees' Perceptions of an Undergraduate Nurse Peer Mentorship Program

Primary Presenter: Carissa Wong

Date: Monday, May 30, 2016

Time: 1500 – 1520

Room: Seymour Room

Sub Theme: Facilitating the Transition from Student to Nurse

Presentation Type: Graduate Student Concurrent Session

Authors: C. Wong, C. Lombardo, L. Sanzone, F. Fillion and A. Tsimicalis

Background

Transition to university is a challenging experience for nursing students who are confronted with the complex nature of nursing education. The use of peer mentorship as an educational strategy may help manage common challenges faced by nursing students and faculties to improve student success in both the academic and clinical setting. An undergraduate nurse peer

mentorship program (NPMP) was developed and implemented in 2014 to address concerns identified by undergraduate nursing students at an educational institution. The program offers peer mentorship to undergraduate nursing students and addresses concerns associated with student life (e.g. academic, social, psychological, and professional concerns). After the first year of the NPMP implementation, evaluation was necessary to better understand the students' needs and to provide recommendations for program improvement. The study purpose was to explore the perceptions of mentees to understand the strengths, weaknesses, opportunities for improvement, and threats associated with the NPMP.

Methodology

Following ethical approval, a qualitative descriptive study was conducted. Participants were included if they had participated in the first implementation year of the NPMP as mentees. Semi-structured interviews were conducted with participants through face-to-face or videoconference between September 2015- December 2015. Interviews were transcribed verbatim, data were coded and analysed using an inductive approach.

Results

Eleven participants were interviewed (10 female, 1 male; age range 20-21 years). Findings were organized into five themes: (1) Transitioning through the uncertainty of university life and (2) Motivation to join program, (3) Helpful mentor behaviors, (4) Student evolution and transformation through mentorship, (5) Factors that impact peer mentorship. Themes provided an overview of the nursing student experience as they transitioned to university, and their unique needs and challenges during this time, which provided motivation for joining the program. Mentees described helpful mentor behaviours and provided insight into the academic, social, professional, mental health benefits and personal growth incurred from peer mentorship. Also, participants highlighted factors that impacted the peer mentorship relationship.

Conclusion

Findings provided a deeper understanding of nursing students' concerns, needs, and challenges during their academic career, and the benefits associated with peer mentorship. However, organizational support and multi-level collaboration between faculty and the student body is needed to enhance student success through program improvement.

Learning Objectives

This presentation will provide an in-depth understanding of undergraduate nursing students' needs and will be used to inform program developers of the recommendations to improve peer mentorship programs for undergraduate nursing students, and ultimately to promote student retention and create a culture of mentorship within the nursing profession.

Student Satisfaction and Self-Confidence with Chronic Disease Management Simulation Scenarios

Primary Presenter: Kirsten Woodend

Date: Monday, May 30, 2016

Time: 1520 – 1540

Room: Carlyle Room

Sub Theme: Simulation and Clinical: When and How to Use Them?

Presentation Type: Concurrent Session

Authors: K. Woodend, M. Regts, J. Tyerman, K. English and A. Mowry

Background

Healthcare environments have become more complex and the care for patients with chronic illness, both at home and at in the hospital, more complex and multifaceted. Simulation of patients with chronic illnesses can be used to assist students in applying what they have learned in the classroom in a controlled learning environment. The objective of the larger study, of which this is a part, was to determine whether spending 25% of clinical learning time in simulation improved clinical knowledge, practice and judgment in the care of patients with chronic illnesses.

Methods

A quasi-experimental study design was used with 25% of clinical practice time spent in simulation in one cohort of students comparing them to 100% of time in a clinical agency. Understanding/knowledge, skill performance, critical reasoning/judgment and satisfaction/self-confidence were assessed in all consenting students in both cohorts. The NLN Student Satisfaction and Self-Confidence in Learning scale was used to assess student response to each of the 5 simulations used in the intervention group (pancreatitis and alcohol withdrawal; IDDM and wound care; COPD and acute respiratory distress; renal failure; Palliative care and end of life). A range of fidelity and technology was used in these scenarios.

Results

Students were most satisfied with the palliative care/end of life scenario, particularly with the teaching method that was used. They were least satisfied with the renal failure scenario giving very low scores for its capacity to motivate and the match with their learning style. The students perceived that the palliative care scenario also had the greatest impact on their self-confidence. Satisfaction and self-confidence across the five scenarios were inversely correlated. One student commented that the palliative end-of-life scenario “was excellent at helping us approach a topic that may be a bit uncomfortable at first. This experience was helpful as a lot of us have yet to experience death within [the] clinical setting”.

Conclusions

We anticipated that students would be most satisfied with scenarios in which they practice technical skills – this was not the case. Rich feedback from students on each scenario is being used to revise both the choice of scenarios and the scenario content for future courses.

Learning objectives

1) Increase awareness/understanding of design options and challenges in simulation research and 2) Selection and evaluation of scenarios to assist students in meeting learning objectives.

Knowledge Translation Methods and Tools for Public Health

Primary Presenter: Jennifer Yost

Date: Tuesday, May 31, 2016

Time: 1100 – 1120

Room: Stevenson Room

Sub Theme: Innovations in Teaching and Learning

Presentation Type: Concurrent Session

Authors: J. Yost, R. Kyabaggu, M. Dobbins and K. Tulloch

Learning objective(s)

After this presentation, participants will be able to:

1. Describe the seven step process of evidence-informed decision making in public health
2. Search the Registry of Methods and Tools to locate relevant knowledge translation resources
3. Identify how the registry can be incorporated in the student nurse curriculum

Background/Rationale

The National Collaborating Centre for Methods and Tools (NCCMT) provides leadership and expertise in evidence-informed decision making to Canadian public health organizations. NCCMT supports public health organizations in using innovative, high quality, up-to-date knowledge translation methods and tools to put what works into practice and policy across all domains of public health.

The Registry of Methods and Tools can support nursing educators in helping students develop a solid understanding of how to search for and apply knowledge translation methods and tools in preparation for their entry into the nursing practice.

Description/Overview

The Registry of Methods and Tools is a searchable, online collection of evidence-informed methods (processes) and tools (instruments) for knowledge translation in public health. The Registry identifies and describes effective resources for knowledge translation, making them easier to find and use. The Registry currently contains approximately 200 methods and tools. As new resources are identified they are screened and if they meet the criteria for inclusion they are critically appraised, summarized and added to the Registry.

Activities

This presentation will begin with a brief overview of the seven steps of evidence-informed public health (EIPH): define, search, appraise, synthesize, adapt, implement and evaluate. During this overview of the EIPH process, participants will learn how to effectively search the Registry for methods and tools for each of the seven steps.

Participants will be invited to share their teaching strategies and to explore how using the Registry in their teaching or incorporating them into supplementary materials might enhance their students' understanding.

Evaluation/Outcomes

This presentation will share usage data on the Registry of Methods and Tools. Participants will explore and discuss how the Registry of Methods and Tools can be incorporated into their courses and feedback will help to inform future additions to the Registry.

Overcoming Barriers to Evidence-Informed Decision-Making through Online Learning

Primary Presenter: Jennifer Yost

Date: Monday, May 30, 2016

Time: 1210 – 1230

Room: Scott Room

Sub Theme: Informatics: New Tools for Education and Practice

Presentation Type: Concurrent Session

Authors: J. Yost, J. Mackintosh, M. Dobbins and K. Tulloch

Learning Objectives

After this presentation, participants will be able to:

- Define the functionality, usage, and learning outcomes for an online learning delivery model
- Describe how NCCMT's online resources support learning and professional development

Background/ Rationale

For several years, the National Collaborating Centre for Methods and Tools (NCCMT) has offered traditional in-person workshops and other training events to build Evidence-informed decision making (EIDM) skills among public health professionals in Canada. Results from an environmental scan, surveys and evaluation, however, suggested that these public health professionals are interested in online educational products to develop their knowledge and skills for EIDM

Description/Overview

Learning modules were developed through an iterative process including content development by EIDM experts within NCCMT and McMaster University faculty, pilot-testing by public health professionals and building of learning objects, interactive elements and user-friendly navigation by online learning specialist consultants. Since 2013, a suite of twelve online learning modules addressing the seven steps in NCCMT's process of EIDM have been released in an online Learning Centre (NCCMT, 2012). All modules are self-paced, freely accessible, and available in English and French. Modules take an estimated one to six hours to complete and include practical examples, case scenarios and learning objects to enhance learning.

Activities

To evaluate the modules, learners complete the questions assessing perceived self-efficacy and knowledge of module content prior to starting the module and again after completion. Self-efficacy is measured via four to six questions rated on a 6-point Likert scale (do not know to strongly agree) and 12 questions (multiple choice, true/false, put in order) are used to measure knowledge.

Evaluation/Outcomes

NCCMT's online learning modules are being used by public health professionals within Canada (55.9% of learners) and worldwide (17.9% U.S.) engaged in various roles and positions. The modules have been accessed by 3,247 learners, with 30.6% of learners accessing ≥ 2 modules. NCCMT's online learning modules which begin with low-level skills and progressing to more complex skills statistically increase knowledge and perceived self-efficacy. For the Critical Appraisal of Systematic Reviews module knowledge increased by 13.5%, 95% CI (11.6%, 15.3%) < 0.001 , and for Quantitative Research Designs 101, knowledge increased by 24.9%, 95% CI (20.6%, 29.1%) < 0.001 . Over 50% of learners would recommend these modules to a colleague and over 80% of learners agree or strongly agree that the modules are easy to access, navigate and understand, as well as an effective learning method.

Online learning represents an effective strategy to develop capacity for EIDM in public health. The generalization of findings to professions responsible for improving the quality of care through EIDM in a variety of other settings and contexts should be considered. This is a particularly important finding given time, budget and human resources constraints, and the limited ability of health professionals to engage in capacity development activities.

Experiential Reflection: Understanding Narrative Inquiry-Based Nursing Education Through the Journey of Program Learners

Primary Presenter: Baiba Zarins

Date: Tuesday, May 31, 2016

Time: 1510 – 1530

Room: Stevenson Room

Sub Theme: Innovations in Teaching and Learning

Presentation Type: Concurrent Session

Author: B. Zarins

Background

Future nursing practice is shifting to new ways of health care provision, necessitating a significant shift in nursing education. Offering flexible options for educating nursing students is the way of the future in response to overcoming the challenges in our health system. CASN (2013) acknowledges innovative models of educational institutions as part of the solution to meeting the demand for health services. A second entry BScN Scholar-Practitioner Program (SPP) offers a student as learner driven model utilizing narrative inquiry and cognitive apprentice pedagogies as core modalities to achieve competency objectives. In follow up to a previous presentation, the aim this research study presentation is to present research findings exploring how is the praxis of experiential knowledge manifested in curriculum based in narrative inquiry and cognitive apprenticeship within this program. Research questions posed include: 1.What are the approaches and methods that students use to engage in, think about, develop, and improve curriculum development? 2.Where, when and how do students acquire their knowledge and skills about teaching and learning? 3. What are unique self-described traits of students engaged in teacher-centered, student-centered and learner-centered models?

Methodology

A qualitative descriptive research design was utilized to document the reflective experience of six graduate learners. Emergent themes arose through data content analysis, within a hermeneutic framework. The experiential reflective data analyzed add to our understanding of the discovery of learning within our participants.

Findings

The data themes of self-directedness, accountability, communication skills, critical thinking and a deep understanding of the transition into a new approach to learning through our pedagogies. One can travel along the continuum of novice learner to expert practitioner in health care (Benner 2010), through the storied journey of research participants; to embrace continuous change, responsibility for own learning and engagement in practice. Further themes surround role identity, and educational background as a projection of why participants chose our program of study. The contextual, perceived and learner factor data may provide construct for continued program development, monitoring and its impact on sustainability of this approach to nursing education. Subsequent program graduate outcomes include an 84% entry to practice licensing exam success rate and an over 90% full-time employment within agency and unit of choice; demonstrating a high recruitment of practice ready nursing professionals.

Implications

This research study offer a meaningful contribution to the literature in understanding unique curriculum models through study of learner experiences within accelerated nursing programs. In addition, the findings contribute to the evidence informed research of academics and adult learners of experiential learning and the use of narrative in professional knowledge. Program particulars may be of interest to both academic and health care delivery stakeholders engaged within second degree program collaborations. Continued discussion of strategies to foster the transition process of program graduates to practice ready employment is strongly encouraged.

From a Beginner Nurse Caregiver to a Newly Nurse Preceptor: Exploring the Transition Experience

Primary Presenter: Liubov (Luba) Zolotareva

Date: Monday, May 30, 2016

Time: 1330 – 1430

Room: Bb33

Sub Theme: Innovations in Teaching and Learning

Presentation Type: Poster Presentation

Authors: L. Zolotareva, J. Pepin and M. D'Addona

Learning Objectives

- To describe factors that could facilitate or hinder the process of transition of beginner nurses into preceptorship;
- To discover the contribution of undergraduate education in preparing nurses to become preceptors.

Background

According to recent research, one of the best strategies to promote nursing retention and prevent frequent turnover, for the quality of patients care, is the quality of preceptorship (Chung and Fitzsimons, 2013; Park and Jones, 2010; Salt, Cummings, and Profetto-McGrath, 2008). In today's reality, nurses start to precept very soon in their career, obligated to do so (AIIC, 2004), and often without any prior notice or preparation (Debra, 2014; Elmers, 2010).

The review of the literature showed that only a few researchers explored the phenomenon of the preceptorship from the point of view of the nurse preceptors. In those studies, sample consisted mainly of experienced nurse preceptors as a nurse and as a preceptor. Nonetheless, those studies showed that nurse preceptors felt overwhelmed with responsibilities and experienced role conflict (Hyrkas and Shoemaker, 2007), stress (Hautala, Saylor and O'Leary-Kelly, 2007), fear of failure (Rebholz, 2013), and lack of support (Hautala et al., 2007, Zoroya, 2014). In some cases nurse preceptors felt appreciated. Sylvain et al. (2007) stated that even a nurse with expertise in her nursing role becomes novice in her new role as preceptor. Yet, it is the preceptors who contribute to the continued education of newly graduated nurses and share their knowledge with a purpose of promoting safe and ethical patient care (Myrick and Yonge, 2005).

This study is guided by the Transition theory (Meleis, 2010), which orients the exploration interviews and the interpretation of data. The purpose of this study is to explore the preceptorship experience among beginner nurses who are newly preceptors.

Methodology

The phenomenological interpretative approach of Heidegger as described by Benner (1994) was adopted. Nurses (n=5) in a large university hospital, who are newly graduated (worked less than 2 years full time and less than 3 years part time) and had their first experience in preceptorship, were interviewed in March 2016 (ethical approval is received). Data will be analysed using Paillé and Mucchielli (2006)'s thematic analysis and described in this presentation.

Summary

Keeping in mind the phenomenological approach of the research, we are hoping to identify some factors that could facilitate or hinder the process of transition into preceptorship, and how the new preceptors describe their successful transition.

Notes

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Notes

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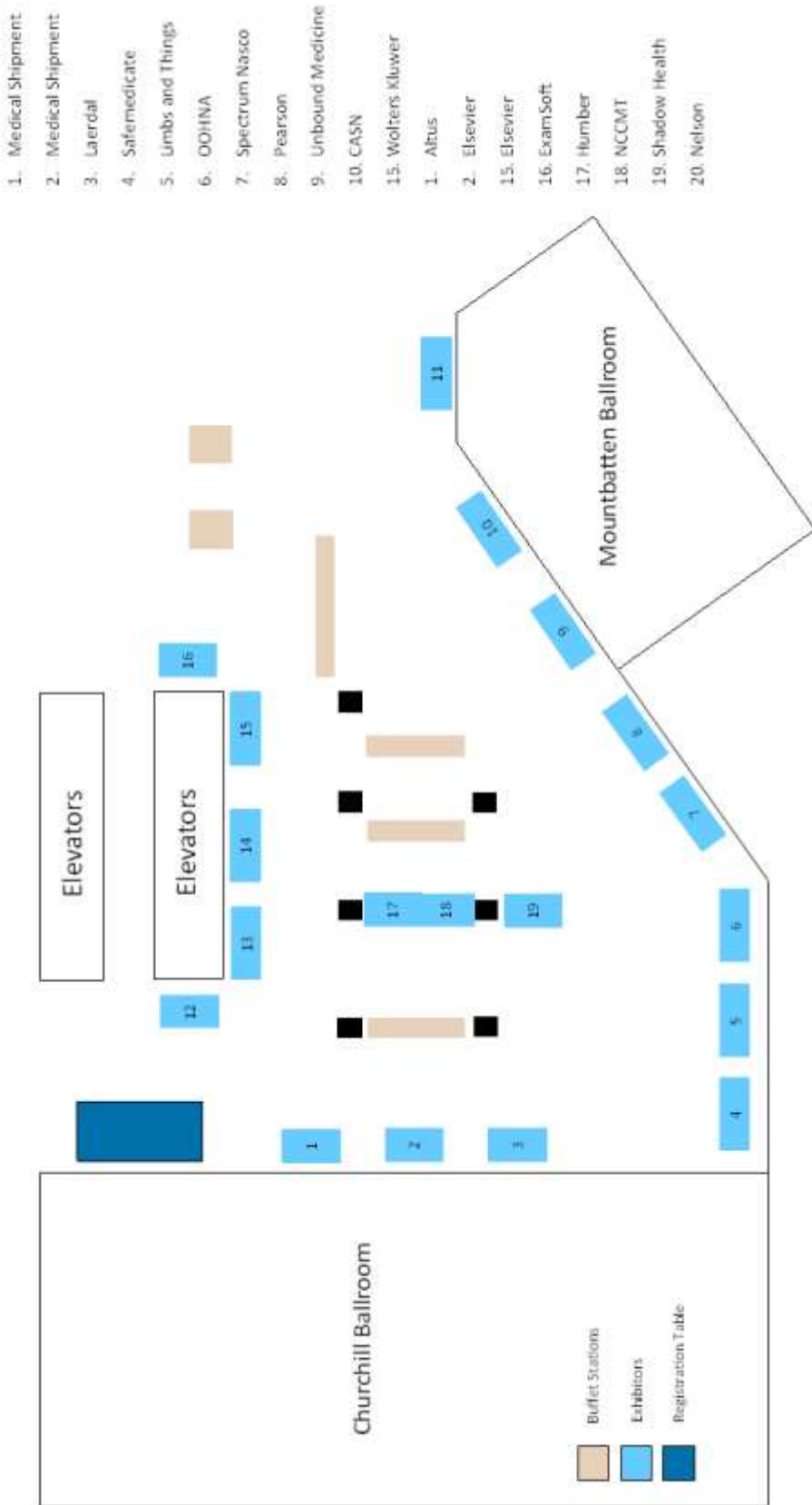
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Future Conferences / Conférences à venir

Shape the Future! CASN Council Meeting 2016 Save the Date

Dates: Monday, November 14 - Wednesday, November 16, 2016

Graduate Studies Forum: Monday, November 14, 2016

Council Meeting: Tuesday, November 15 - Wednesday, November 16, 2016

Location: Ottawa Marriott, Ottawa, Ontario (a special room rate of \$175.00/night is available until October 14, 2016)

Program Highlights

- Undergraduate Forum
- Academic Administrators Forum
- Elections
- Pat Griffin Scholar Annual Lecture
- CASN Awards

More information coming soon, but remember to mark your calendars now!

If you have any questions regarding the CASN Council Meeting or would like more information please contact Elise Guest, via email eguest@casn.ca or via phone (613) 235-3150 ext 37.

Façonner l'avenir! Réunion du Conseil de l'ACESI 2016 Dates à retenir

Dates : du lundi 14 novembre au mercredi 16 novembre 2016

Forum sur les études supérieures : lundi 14 novembre 2016

Réunion du Conseil : mardi 15 novembre 2016—mercredi 16 novembre 2016

Lieu : Ottawa Marriott, Ottawa, Ontario (Réservez votre chambre avant le 14 octobre 2016 afin de bénéficier du tarif spécial de 175.00\$/nuit)

Points saillants du programme :

- Forum sur les études de premier cycle
- Forum sur les administratrices universitaires
- Élections
- Conférence magistrale annuelle du récipiendaire du prix Pat Griffin
- Prix de l'ACESI

De plus amples renseignements seront disponibles sous peu. Inscrivez cette réunion à votre agenda dès maintenant !

Pour toutes questions concernant la Réunion du Conseil, veuillez communiquer avec Elise Guest par courriel à eguest@casn.ca ou par téléphone au 613-235-3150, poste 37.



CASN Clinical Instructor Certificate Course (Fall 2016)

CASN is pleased to announce that the Clinical Instructor Certificate Course is being offered again starting October 2016!

Registration is now open!

Course Description:

This five-week foundational course will encompass clinical education at the baccalaureate level in acute care, public health and community health-care settings.

Audience:

This course is designed for Registered Nurses interested in becoming clinical instructors and novice nursing clinical instructors teaching at the baccalaureate level.

Course Delivery:

Online (*Adobe Connect*, *Moodle* and *Dialogue* teleconferencing); five, two-hour live webinars, and a final online exam.

Course Schedule:

Monday evenings from 7:00pm-9:00pm Eastern Time beginning October 17, 2016. For the complete course schedule, visit the CASN website: www.casn.ca

Course Instructors:

Jeanette Suurdt, NP, MSc, BNSc, BA
Acute Care Course Instructor

Melissa Raby, RN, MPA, MPH, BNSc
Public Health and Community Health Course Instructor

Registration Fee: \$450

For more information about the course, including the course objectives, and to register, visit the CASN website: www.casn.ca

Please note: the course is being offered in English, and registration is limited.



Cours menant à l'obtention d'un certificat en enseignement clinique de l'ACESI (Automne 2016)

L'ACESI a le plaisir d'annoncer que le cours menant à l'obtention d'un certificat en enseignement clinique sera offert en octobre 2016!

Les inscriptions sont maintenant ouvertes !

Description du cours:

Ce cours de base de cinq semaines porte sur la formation clinique au niveau baccalauréat, en milieux de soins actifs ainsi que des stages en santé publique/ santé communautaire.

Public cible :

Ce cours s'adresse aux infirmières autorisées qui souhaiteraient devenir enseignantes cliniques ainsi qu'aux enseignantes cliniques novices qui enseignent au niveau baccalauréat.

Détails du cours :

En ligne (*Adobe Connect*, *Moodle* et téléconférence *Dialogue*); cinq webinaires en direct de deux heures chacun et un examen final en ligne.

Horaire du cours :

Les lundis soirs de 19h à 21h, heure de l'Est, à partir du 17 octobre 2016. Pour obtenir l'horaire complet du cours, consultez le site Web de l'ACESI au www.acesi.ca

Enseignantes:

Jeanette Suurdt, NP, MSc, BNSc, BA

Enseignante clinique, soins actifs

Melissa Raby, RN, MPA, MPH, BNSc

Enseignante clinique, santé publique et santé communautaire

Frais d'inscription: 450\$

Pour vous inscrire ou pour de plus amples renseignements sur ce cours, visitez le site web de l'ACESI : www.acesi.ca

Veillez noter que ce cours est offert en anglais et que les inscriptions sont limitées.



The Canadian Nurse Educator Certification Program

The **Canadian Nurse Educator Certification Program** fosters excellence in the academic nurse educator role and provides recognition and merit for the specialized knowledge, expertise, and competencies of this role in Canada.

Course Description

The CASN Nurse Educator Certificate Program is made up of three Modules:

Module 1: Teaching-Learning Philosophies and Theories Starts in September 2016 (registration to open in June)

Module 2: Curriculum and Design (TBD)

Module 3: Teaching-Learning Strategies (TBD)

Each Module consists of four two-hour live webinars, weekly discussion forums, an exam, and submission of an e-portfolio.

Participants who complete all 3 modules and are successful on a comprehensive final exam are awarded the designation Canadian Certified Nurse Educator (CCNE). The CCNE is an important marker of professional excellence for nurse educators in Canada.

Le Programme de certification pour infirmières enseignantes canadiennes

Le **Programme de certification pour infirmières enseignantes canadiennes** favorise l'excellence chez les infirmières enseignantes et assure la reconnaissance et le mérite pour les connaissances spécialisées, l'expertise et les compétences de ce rôle au Canada.

Description du cours:

Le programme de certification pour infirmières enseignantes comporte trois modules :

Module 1 : Philosophies et théories d'enseignement/ d'apprentissage (inscriptions en juin 2016)

Module 2 : Programmes d'études et conception (à déterminer)

Module 3 : Stratégies d'enseignement/apprentissage (à déterminer)

Chaque module consiste de quatre webinaires en direct de deux heures, la participation à un forum de discussion hebdomadaire, un examen et la soumission d'un portfolio électronique.

Les participantes qui compléteront les trois modules du programme et qui passeront l'examen de synthèse portant sur le contenu des trois modules recevront une certification Canadian Certified Nurse Educator (CCNE), qui procure le titre d'infirmière enseignante certifiée. La désignation CCNE est un indicateur d'excellence professionnelle pour les infirmières enseignantes au Canada.



CASN Academic Leadership Retreat (Level I)

SAVE THE DATE: OCTOBER 13 - 14, 2016

The CASN Academic Leadership Retreat is an intensive two day workshop that will equip attendees with strategies for exercising effective leadership. Geared towards faculty in or aspiring to administrative positions, the Retreat helps participants to build the necessary skills required by high-level administrative positions and provides strategies to strengthen the voice of nursing within and beyond the academic institution.

This retreat is held at the Moulin Wakefield Mill in beautiful Wakefield, Quebec, just 25 minutes from downtown Ottawa. With very limited registration, the Academic Leadership Retreat offers an intimate setting in which participants' learn from administrative experts and retreat facilitators Sheila Devine and Sheila Brown and have plenty of opportunities to network.

Registration to open in June 2016.

Retraite sur le leadership pédagogique de l'ACESI (niveau I)

Réservez les dates: 13-14 octobre 2016

La Retraite sur le leadership pédagogique de l'ACESI est un atelier intensif de deux jours, qui permettra aux participantes de se doter de stratégies pour exercer efficacement leur leadership. Cette retraite cible les membres du corps professoral qui occupent déjà un poste en gestion universitaire et les membres qui ambitionnent un tel poste. Cette retraite permettra aux participantes d'acquérir les compétences nécessaires aux postes de gestion de haut niveau, et fournira des stratégies afin de renforcer la voix des sciences infirmières, au sein et au-delà des établissements d'enseignement.

La retraite aura lieu au Moulin de Wakefield, situé dans le petit village de Wakefield, Québec, à seulement 25 minutes du centre-ville d'Ottawa. Les participantes auront l'occasion d'apprendre dans un milieu intime et de bénéficier de la richesse des savoirs de deux expertes en gestion universitaire; les animatrices Sheila Brown et Sheila Devine. Par ailleurs, les participantes auront plusieurs occasions de réseautage.

La période d'inscription débutera en juin 2016.





**Call for Nominations!
CASN Awards 2016
Deadline: June 10th**

Nominate an outstanding colleague for a CASN Award!!

Do you have a colleague who exemplifies excellence in nursing education? Nominate them for a CASN Award! Their hard work and dedication can be recognized on a national level.

**Academic Administrative Excellence Award
Ethel Johns Award
Excellence in Nursing Education Award
(Tenured and Non-tenured)
Excellence in Nursing Research Award
Wendy McBride Award for Accreditation
Reviewer Excellence**

The nominations forms are available online on the CASN website: <http://www.casn.ca/about-casn/casn-awards/>

Deadline: June 10th, 2016

**Appel de candidatures !
Prix de l'ACESI 2016
Date limite: 10 juin**

Mettez en candidature une collègue remarquable pour un prix de l'ACESI!!

Avez-vous une collègue qui se démarque par son excellence en enseignement des sciences infirmières? Proposez sa candidature pour l'un des prix de l'ACESI afin que son dévouement et son travail acharné puissent être reconnus sur la scène nationale.

**Prix d'excellence en gestion universitaire
Prix Ethel Johns
Prix d'excellence en enseignement des sciences infirmières
(permanent et non permanent)
Prix d'excellence en recherche infirmière
Prix Wendy McBride pour évaluatrices aux fins de l'agrément**

Les formulaires de mises en candidature sont disponibles sur le site Web de l'ACESI: <http://www.casn.ca/fr/about-casn/prix-de-laeci/>

Date limite : le 10 juin 2016

Evaluation Form / Formulaire d'évaluation

Location and general organization / Lieu et organisation générale

		Not at all satisfied Pas du tout satisfait-e		Very satisfied Très satisfait-e		
1.	Location / Lieu	1	2	3	4	5
2.	Conference rooms / Salles de congrès	1	2	3	4	5
3.	Equipment / Équipement	1	2	3	4	5
4.	Material / Matériaux	1	2	3	4	5
5.	Costs / Coûts	1	2	3	4	5
6.	Exhibitors and Sponsors / Exposants et commanditaires	1	2	3	4	5

Program / Programme

7.	Theme and Sub Themes / Thème et sous- thèmes	1	2	3	4	5
8.	Concurrent sessions / Séances simultanées	1	2	3	4	5
9.	Panel /Symposia / Séances de discussion /colloques	1	2	3	4	5
10.	Posters / Affiches	1	2	3	4	5
11.	Opening panel address / discours d'ouverture - CINA	1	2	3	4	5
12.	Keynote address/ Discours liminaire – Lynn Nagle	1	2	3	4	5
13.	Networking address/ Discours de réseautage – Jennifer Medves	1	2	3	4	5
14.	Time for discussion / Temps pour la discussion	1	2	3	4	5
15.	Usefulness for practice / Utilité pour la pratique	1	2	3	4	5
16.	Time to link/network/share / Suffisamment de temps pour créer des liens/réseauter/partager	1	2	3	4	5

Other aspects Autres points:

17. How did you find out about this Conference? / Comment avez-vous entendu parler de cette conférence?
18. What future conference themes or pre-conference workshops would you like to emphasize? / Quels futurs thèmes conférences ou ateliers pré-conférence aimeriez-vous souligner?
19. Did you feel your special needs/requests were accommodated / Avons-nous bien répondu à vos demandes et ou besoins d'accommodements spéciaux ?
20. Other comments / Autres commentaires



Canadian Association
of Schools of Nursing
Association canadienne des
écoles de sciences infirmières

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