THEMES

Justice,
Equity
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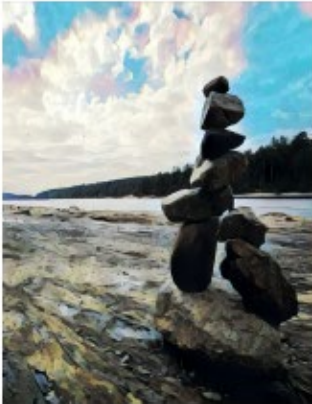Engagement
Curriculum

KPU

WNRCASN2023 SYMPOSIUM

📅 **SATURDAY, APRIL 22, 2023**

📍 **KPU SURREY CAMPUS**

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Morning Sessions

Morning @ 10:20, Breakout Room 1 3040

Anti-racism in Nursing Education: A Scoping Review

Miranda Amundsen RN, MN PhD Student mamundsen1@bcit.ca

Background/Rationale: Systematic racism in our health care system is pervasive. Recent events have amplified the nurse's role in perpetuating harmful assumptions that have cost lives. Nursing education provides a prime opportunity to address behaviours of racism and inspire anti-racist practice. However, little is known about how to enact this practice, particularly from a nursing educator perspective. Before the concept of anti-racism becomes an integral part of nursing curriculum it is important to understand its meaning and explore how it can be enacted by nursing educators. Further, it is crucial the concept be integrated with intention as to not perpetuate the harmful narratives it seeks to eliminate. As such, a scoping review was conducted to explore the literature on anti-racism in nursing education as a foundational guide for implementation into curriculum and into practice.

Methodology: The five-step framework as outlined by Arksey & O'Malley was used to guide the scoping review. The research question derived was, "How has anti-racism been taken up in nursing education literature?" The search strategy included databases of CINAHL, PsychINFO, ERIC, and Scopus. Inclusion criteria were articles where anti-racism or racism was a primary focus in the context of nursing education. Exclusion criteria were articles that were not in English and had no full texts available. Two independent reviewers screened abstracts and conducted full text reviews.

Results: A total of ten studies were included in the review. Themes that arose included rampant racism in health care systems globally; perspectives of nursing students and educators in predominantly white nursing programs; and approaches to incorporating anti-racism work in nursing education.

Conclusions: In conclusion, racism is clearly endemic in health care resulting in poor patient outcomes. An upstream approach must be taken to incorporate anti-racist practices in nursing education to shift the pervasive discourses that continue to perpetuate harmful practices. Nurse educators, as influencers of the upcoming generations of health care providers, must prioritize this work.

Learning Objectives: The learning objectives of this project included: uncovering evidence about anti-racism practice in nursing education; collating information to guide the implementation of anti-racism into nursing curriculum; and discovering pragmatic strategies nurse educators can use to teach anti-racist practices and address racism as it arises.

Morning @ 10:20, Breakout Room 2 3045

Building Inclusivity in Specialty Nursing Education

Ellison Chung, RN, BSN, CCCI, MHLP(p) echung26@bcit.ca
Fairouz Jiwa, RN, BSN, MHLP-p fjiwa3@bcit.ca
Kathlaine Velardo, RN, BSN, MHLP-p kvelardo@bcit.ca

Background: This presentation aims to highlight the British Columbia Institute of Technology (BCIT) Specialty Nursing Department's work regarding inclusivity and equity in post-baccalaureate specialty nursing education. The Specialty Nursing Department offers advanced certificates in ten nursing specialties to practicing nurses who wish to continue a career in a specialized area such as emergency, critical care, nephrology, pediatrics, etc. These advanced programs combine theory and clinical education to enhance critical thinking and decision-making. They are offered as standalone certificates or as part of a Master of Science in Nursing degree in partnership with the University of Victoria.

At BCIT, inclusivity is a priority that is woven through curriculum development and implementation. However, the In Plain Sight report (Turpel-Lafond et al., 2021) highlighted the inequities against Indigenous people in the BC healthcare system. The subsequent call to action from the government highlights the increased need for awareness and action within academic practice. All healthcare providers share accountability for decolonization and anti-discrimination. As nursing leaders, we can address health inequities at the point of care by first understanding the disparities in our healthcare system. This presentation aims to share how a core team of BCIT faculty members is intentionally changing the status quo in our academic programs.

Methods: Utilizing change management theory, the core team has created and communicated a powerful coalition that has established a clear vision of integrating inclusivity into shaping the curriculum. Through a scoping review of available literature, the team hosted a department-wide forum with subject matter experts. Grounded in Diversity, Equity, and Inclusion concepts, our core team has built awareness within ourselves and our department; the team established an action plan to scrutinize our curricula through a three-pronged approach: in clinical settings, theoretical teaching and learning and through simulation pedagogies.

Summary: Humanizing patient care requires a holistic approach, particularly in specialty nursing education. Therefore, our mission is to build an inclusive learning environment where students, faculty and staff celebrate diversity and promote individuality, ultimately empowering nursing leaders on the frontline.

References: Turpel-Lafond, M. E., Lemchuk-Favel, L., Johnson, H. (2021). In plain sight: Elaboration on the review. *BC Medical Journal, 63*(2), 83-88. https://bcmj.org/special-feature/plain-sight-elaboration-review

Increasing Equity for nursing students–are paid practicums the answer?

Tanya Paananen, MN, MBA, BN, RN paananent@macewan.ca
Kathleen Miller, MN, BScN, RN millerk@macewan.ca

Abstract:
Baccalaureate nursing students conclude their nursing education with a consolidated preceptorship focusing on consolidating knowledge and skills as they transition to the practice role. The COVID-19 pandemic created unprecedented staffing challenges in healthcare settings. To ease the impacts of the nursing shortage in Alberta, nursing students were offered paid preceptorship positions as undergraduate student employees while completing their final practicums. Historically, baccalaureate students complete a ten-week, full-time practicum without remuneration or honorarium. Students often juggle full-time practicum placements with other jobs to pay living expenses. Participants voiced that paying students while they completed their practicum decreased their financial stress. The impetus for having students as paid employees were to ease the graduate transition and assist with readiness to enter the workforce upon program completion. This presentation will provide insight into the perceptions of students who participated in this initiative and the faculty's perceptions of student learning during this partnership with clinical stakeholders. Key findings from the research show that the opportunity for financial compensation was a primary reason for students choosing to participate in the paid preceptorship initiative. Most students were satisfied with their experience in these paid positions; however, faculty members felt the paid preceptorship impacted their relationship with their students and the student's expectations of the course. Paid practicums are an opportunity to create alternate ways of educational delivery and solidify partnerships with clinical stakeholders. Understanding student and faculty perceptions during these initiatives is critical in shaping future evidence-informed nursing education. Partnerships with clinical stakeholders could help shape new ways of educating the future nursing workforce while decreasing financial-related implications for students during their final practicums.

Virtual Reality as a Remediation Tool in Nursing Education

Don M Leidl, RN BSN MN EdD don.leidl@usask.ca

There are trends in Nursing education that are limiting how students can grow their knowledge, skills, and attitudes. These include the shortage of qualified lab, clinical, and program faculty for teaching and evaluation, the limited supply of quality lab and clinical practice environments for students to develop confidence and competence, the rising costs associated with lab and clinical instruction, and the shrinking operation budgets that many nursing education programs are struggling to balance. Many programs invest a large amount of resources into remediation and support processes for at risk or struggling students in the form of accommodations, additional one-on-one instruction, and specialized/individualized learning contracts. These current practices are burning out instructors and not sustainable, driving the negative trend of faculty and instructor shortages. With more and more students that require additional practice opportunities being identified each year, more pressure is being put on nursing education to find workable solutions or process changes that positively impacts student learning faculty workload. This presentation will focus on one possible solution, virtual reality. With the near limitless ability to replicate any lab or clinical learning opportunity, does the future of remediation lay with this new learning medium? This presentation will provide an overview of the basics of virtual reality and outline a strategic plan to integrate various forms of virtual reality hardware and simulations across a nursing curriculum, creating a remediation focused virtual reality learning pathway for an undergraduate nursing education program.

Challenging Racial Stereotypes in Nursing Knowledge: The Role of Nurse Educators

Dr. Somayeh Faghanipour, RN, MN, PhD Somayeh.faghanipour@ufv.ca

Biomedicine has a long and troubling history of being complicit in systems of oppression, or even pathologizing diverse identities and ways of being. Historically, biomedical knowledge has considered being white as the default and the "standard", against which all "other" individuals are measured. This has led to a construction of knowledge that perpetuates white normativity and racial stereotypes.

Scholarly discourses can reproduce racial stereotypes and construct ethnically diverse healthcare users as the problematic others in the delivery of care. Nursing and biomedical literature often uncritically associate higher prevalence of chronic illnesses in ethnic groups to biological and behavioural factors.

These culturalist and biological essentialist explanations place racialized people in a problematic category that constructs them as not only the sickest but also the most expensive to the healthcare system. Additionally, this reductionist view on health disparities often obscures social, economic, historical, and political determinants of health and further perpetuates health inequities.

This presentation highlights that for effective delivery of an anti-racist pedagogy in nursing education, the current white normativity of nursing knowledge and educational climate should be challenged and deconstructed. Learners should be equipped to identify, challenge, and transform those aspects of knowledge that perpetuate "othering" and systemic biases within healthcare.

Through a critical examination of current nursing practices and educational materials, this presentation will identify areas where racial bias and stereotypes persist and provide practical strategies for nursing educators to critically engage with current knowledge and promote anti-racism in their teaching and practice.

Allies and Allyship: Creating and Sustaining Cultural Safety, Cultural Humility and Anti-Racist Pedagogies, Research, and Practice

Sheila Blackstock, RN, BScN, MScN, COHN, PhD Sheila.Blackstock@unbc.ca
Viviane Josewski, MSc, PhD Viviane.josewski@unbc.ca

Background/Rationale: The in Plain Sight Recommendations (2020) call attention to professional academies to remedy the lasting effects of colonization and to create culturally safe curricula and nursing practice contexts. However, how to best accomplish this is not always clear. We present an authentic and transformative decolonizing approach that engages allies alongside Indigenous peoples. The purpose of this presentation is to share the evolving story of the University of Northern British Columbia, School of Nursing (SON) faculty, students and community partners shared journey to co-create and implement a vision for enacting cultural safety, cultural humility and anti-racism in nursing pedagogy, research, and practice.

Methods/Methodology: In keeping with anti-discriminatory pedagogy and decolonizing Indigenous perspectives, and the principles of mutual respect, relevance, reciprocity, and responsibility (4Rs) (Kirkness, 1990), this work is done in partnerships with Indigenous communities and organizations to advance our learning and ensure our vision is locally relevant and grounded in communities' experiences, while also contributing to provincial, national, and international conversations about reconciliation, cultural safety, cultural humility, and anti-racism. This collaborative process opens an "ethical space of engagement" (Ermine, 2004) – a space where Indigenous and non-indigenous faculty, students, and community partners will feel safe to learn, share and grow together.

Summary: By sharing our journey of co-developing, implementing and evaluating a vision for enacting cultural safety, cultural humility and anti-racism in nursing pedagogy, research, and practice, this presentation offers important directions to other SONs for how to decolonize and indigenize their institutions and curricula.

Strategies to diversify Canadian BSN education: A scoping review

Jaymelyn Hubert, BSN Students jaymelynhubert@uvic.ca
Jennifer Jap, BSN Students jenniferjap@uvic.ca

Background: Diversity within the nursing workforce has been shown to improve patients' healthcare experiences. However, Eurocentric-heteronormative Canadian society has excluded Indigenous, Black, Asian, LGBTQ2IA+, people with disabilities, and men from the profession. Implementing strategies to recruit and retain students from these historically underrepresented groups could diversify the nursing workforce. We conduct this review to identify what strategies have been implemented by Canadian baccalaureate nursing (BSN) programs to recruit and retain students from systemically and historically marginalized populations.

Method: Using JBI scoping review methodology, we conducted searches of the following datasets: CINAHL (EBSCO), MEDLINE (EBSCO), ProQuest Dissertations & Theses, Web of Science, and ERIC (EBSCO) to identify strategies implemented within Canadian BSN programs. The search was limited from January 1990 to present. Keywords include: recruitment, retention, Indigenous, Black, Asian, Latino, LGBTQ2IA+, students with disabilities, male/men nursing students, Canada, baccalaureate nursing education.

Results: A total of 1724 citations were identified. After title, abstract and full article screening, 55 articles were included for data extraction. Proposed strategies include mentorship, community engagement, improving access to BSN prerequisites, designated seats, curriculum amendments subsuming various epistemologies and cultures, free tutoring and counseling services, educating educators, increasing financial, housing, and childcare assistance, and equitable support for distance education. Hiring a specialist was effective for implementing strategies for Indigenous or Black students. Though, preliminary findings suggest few programs introduced recruitment and retention strategies.

Conclusion: We found more articles proposing strategies to address recruitment and retention of the underrepresented than implementation and evaluation of recruitment and/or retention strategies.

Morning @ 11:20, Breakout room 4 3055

Patient Engagement: Vital and Valuable

Vikram Bubber BBA, Patient Expert Vikram.bubber@gmail.com

Patient engagement is extremely valuable and vital to the success of person-centered care in our bursting health care system. Patient engagement requires not just consultancy but collaboration, especially when it comes to decision making. The Spectrum of Engagement requires patient engagement to inform, consult, involve, collaborate and empower. Patient engagement is not just having patient partners share their stories and sit on ad-hoc committees providing thoughts whenever it may be applicable or convenient. Successful patient engagement is having patients providing their invaluable knowledge and experience from the first pointof educating new health care workers but continually through the journeys during the patient experience and even throughout the career of the new and experienced health care workers. I believe by informing and educating students, we are helping them meet the necessities of completing their work completely and successfully. Nurses play a vital role in the treatment of patients and it's important it's done with empathy and not sympathy. Patients go through many transitions while under treatment and many of them have fears and questions as they venture through their new journeys. It's important that nurses remember the human in all of the patients they treat.

Taking Stock: Evaluating and Visioning Actions Towards Decolonization, Cutural Safety, and Reconciliation

Dr. Kim Daly Rn PhD kimdaly@uvic.ca
Joan Humphries RN PhD jmhumphr@uvic.ca
Dr. Nancy Clark; RN PhD nancyclark@uvic.ca

To disrupt racism in healthcare and promote social justice we need to transform nursing education, historically shaped by white settlers within Schools of Nursing. Transformative change starts with addressing all forms of injustice, including structural racism within higher learning. However, recent efforts across schools of nursing may not be fully developed, lacking a both clear vision and a strategic planning process. At the University of Victoria (UVic), faculty recognized the need to "take stock" of our commitments towards decolonization, cultural safety, and reconciliation, as a first step in planning and moving forward together. "The Taking Stock" event was planned by the Justice, Equity, Diversity, and Inclusiveness Committee, and The Indigenous Circle, committees in School that lead initiatives related to social justice and equity.

In this presentation we describe event planning, including the decision to work with a professional Indigenous facilitator skilled in anti-racist praxis. We also describe the Circle of Courage model created by Dr. Martin Brokenleg, as a way of articulating the counter-culture we hope to create; a culture valuing the richness of diverse groups of students, faculty, and staff. We also identify key curricular, operational, and personal challenges for Nurse Educators uncovered in the process. Finally, we summarize the learning and offer our action plan for the consideration of the attendees.

Relationship between coping strategies and psychological distress in university and college students in the Middle East.

Dr. Mi-Yeon Kim PhD, RN Mi-Yeon.Kim@twu.ca

Problem: The adjustment process of university and college students is characterized by new experiences associated with maturation as well as challenges imposed by academic responsibilities. Difficulty or inability to cope with various demands of the transition into emerging adulthood places them in a perilous position that increases the risk of psychological distress.

Objective: The purpose of this study is to examine the relationship between coping strategies and psychological distress in university and college health care students living in Qatar.

Methods: The study participants of 251 health care students enrolled in an English-speaking college and a university in Qatar completed self-reported measurement scales. Psychological distress was measured with Hospital Anxiety and Depression Scale and coping strategies were measured with Brief COPE Inventory. Five subscales selected for this study included problem solving, social support, religious, blame, and denial coping strategies. The data were analyzed using structural equation modeling and separate analyses were conducted for outcome variables of anxiety and depression.

Results: The results revealed difference in the types of coping strategies linked to anxiety and depression. The level of anxiety was predicted by the use of all five types of coping strategies ($p <.05$ for all subscales), while the level of depression was predicted by the use of blame ($p <.001$) and religious coping ($p <.004$) strategies.

Conclusion: The finding of the study highlight that interventions may need to focus on different types of coping strategies depending on the nature of students' psychological distress)

Doctoral Education from an EDI Lens: Best Practices Explored

Ruhina Rana, RN, BSN, MN ranar@douglascollege.ca
Ibolya Agoston, RPN, BSW, MSN ibolya.agoston@mytwu.ca

Decolonization is a priority for all nursing educators as reflected through the lenses of equity, diversity, and inclusion. Traditional nursing education is Euro-centric, empiricist, and narrow in its definition of what counts as knowledge (Kovach, 2005). As we begin to critically question the power imbalances in these traditional approaches to education, we recognize that these systems perpetuate privilege and increase marginalization. Trinity Western University (TWU) recently launched their first doctoral program in nursing and it attempts to break this approach by offering a values-based program thereby creating a more inclusive and safe space for a variety of perspectives and epistemological approaches. As a result, the first cohort has attracted a diverse group of individuals who offer their reflection on best practices within a values-based doctorate in nursing from EDI lenses. This program focuses on shared values complementing shared academic traditions. The student group includes a variety of nursing backgrounds expressed through the experiences of an European immigrant, Asian immigrant, Canadian-born South Asian and an Indigenous person. The program at x intentionally celebrates diversity and inclusivity of perspectives and backgrounds as compared to a program solely focused on creating nurse scientists, deeply entrenched in the dominant paradigm of traditional academia. The relationships are purposefully designed to share power and break down the oppressive effects of colonization on nursing education. Reflections from the students in the first cohort of the x values-based doctoral program will be presented with an emphasis on best practices related to equity, diversity and inclusion.

Reference: Kovach, M. (2005). Emerging from the margins: Indigenous methodologies. In L. Brown & S. Strega (Eds.), *Research as resistance: Critical, Indigenous and anti-oppressive approaches* (pp. 19–36). Canadian Scholars' Press.

Exploring Faculty Self-Efficacy for Teaching Writing as a Route to More Equitable Writing Pedagogies: Lessons from a National Study

Kim Mitchell, RN, PhD kim.mitchell@umanitoba.ca

Background: Writing as a pedagogy can illuminate the individuality and diversity of our students. In nursing, writing assignments are often evaluated from an objectivist lens with rigid rules and high expectations for exactness of language; however, writing experts who study writing from an anti-racist lens tell us that nothing about the way we teach writing, the grammars we privilege, and the literacies we reward are standard. Instead, a rethinking of what defines good writing is essential for equitable writing practices in the classroom. We report on a national study and drawing from the anti-racist writing pedagogy literature in this presentation.

Methods: We recruited 196 Canadian nursing faculty teaching in bachelor's degree programs in 55 institutions to complete the Individual and Collective Self-Efficacy for Teaching Writing Survey. Five faculty at our institution also participated in a focus group interview.

Results: Faculty reported moderately high individual self-efficacy to teach writing but were less confident that collectively program faculty were effectively supporting writing. Interview and open-ended response data within the survey indicated that faculty believed the seed for strong writing should have been planted before the student arrived in their classroom. They had a disproportionate concern with the writing of English Second Language Students versus domestic students.

Conclusions: Broadly, many faculty were teacher centred in their attitudes towards teaching writing. While many faculty had creative ideas and cared about students writing well, implementing their assignment ideas was contingent on workload perceptions and receiving teaching assistant support. Faculty lack confidence on how to guide writing and this lack of confidence leads to them gravitating to rule bound objectivist teaching practices which are part of a "white racial habitus" known to exacerbate student inequity.

Afternoon Sessions

Afternoon @13:00 Presentation Main Room Cedar 1205

Equity in Healthcare: Developing a Grassroots Organization of African, Caribbean, and Black Nurses in British Columba, Canada

Coalition of African, Caribbean and Black Nurses in BC
Adigo Angela Achoba-Omajali, RN, MN
Janille Wingson-Gore, MHLP RN BSN
CACBN info@cacbn.ca

Background: The voices of African, Caribbean and Black (ACB) nurses are missing from the mainstream nursing associations in British Columbia, Canada. Due to the unknown number of ACB nurses within the province, when these nurses face anti-Black racism daily in their workplace, they persist in isolation. Anti-Black racism is associated with negative physical and psychological outcomes. In response, nurses who identify as African, Caribbean and Black founded the Coalition of African, Caribbean and Black Nurses in British Columbia (CACBN) in 2020.

Method: We sought to understand the experiences, barriers and health needs of African, Caribbean and Black nurses (ACB) living in BC and the broad systemic impacts of racism and discrimination. Using grassroots strategies, such as community engagement, strategic stakeholder partnership building, education and policy-change advocacy, our activities focused on addressing racism and racial discrimination.

Result: CACBN enrolled over 40 members, created a website, and actively publishes communications via monthly newsletters. We sustained a presence on social media where anti-racist awareness and action are amplified. In 2021, we published an open letter providing action-oriented solutions to academia and healthcare organizations to end racism, racial discrimination, and its associated negative impact on ACB nurses and communities and engaged with our stakeholders thereafter. A declaration against anti-Black racism in nursing and healthcare was also published in collaboration with the Canadian Nurses Association.

Conclusion: CACBN has demonstrated that Black-led anti-racism organization and resistance by ACB nurses using grassroots strategies can make meaningful contributions to address the historical and current impacts of racism.

Equity in Education- College Success Culture as a Conduit for First Generation and Low-Income Students Success in Ontario's Community Colleges

Tracy-Ann Reid RN, MN - PhD Student treid@centennialcollege.ca; treid63@uwo.ca

A continuous challenge facing higher education is increasing the success of first-generation, low-income and racially minoritized students' academic success (Renn & Reason,2013). Understanding college success culture and its application in the lives of first-generation and low-income students' academic success can narrow the gap in providing equitable resources to address first-generation and low-income students learning needs. Equity is an overarching framework guiding the work of building inclusion in education. College success culture as a relatively new concept, particularly when considering the intersections with the experiences of racially minoritized students. This presentation explores the current knowledge on experiences of first-generation, racially minoritized students and proposes how these experiences might interact with college success culture. This will allow for the development of research that supports equity-oriented practices within post-secondary education institutions in Canada.

How are new graduate nurses navigating workplace bullying? National survey results from an anti-bullying strategy, using Cognitive Rehearsal Training while in nursing school.

Florriann Fehr, RN, BScN, MN, PhD ffehr@tru.ca

Hello from Thompson Rivers University, School of Nursing; the Anti-bullying League is back! New graduate nurses are most at risk of being bullied in health care, a well-documented phenomenon. Cognitive Rehearsal Training (CRT) as an anti-bullying intervention is a novel approach using role-play to respond to bullying scenarios. The authors have fine-tuned their Stop, Reflect, Respond anti-bullying strategy and revisited previous BScN students, previous participants of our anti-bullying workshop, to discover how their knowledge of CRT has been used as new graduate nurses. We want to share our small study results, funded by WorkSafeBC. Our goal was to comprehensively understand workplace bullying concerns, what workplace services are accessed, and gain additional insight into barriers preventing positive workplace environments for new graduate nurses across Canada. Ultimately, we want to retain and support our future nurses faced with workplace bullying by providing the necessary information and skill throughout the BScN curricula and even into new graduate training. Higher-level education on upskilling against bullying in our profession is required. We are also looking for faculty members to join our Anit-bullying League, to keep this cultural revolution of stopping workplace bullying going.

Students' experiences of racism within nursing programs: A qualitative study of Reddit posts and comments

Tanya Christie, BSN Student misstanyachristie@gmail.com

Gavin Aubrey, BSN Student

Background: Racism has been part of nursing since its inception and to this day, it continues to permeate nursing programs with significant impacts on students' well-being. While there is growing survey-based evidence of nursing students facing racist incidents, there is little research that explores students' experiences in depth. This qualitative study examines nursing students' disclosures of racism within nursing programs, as shared on Reddit: an online platform that allows users to post anonymously without fear of institutional repercussions. Utilizing Reddit facilitated exploration of students' experiences of racism, as well as analysis of how other students and post-graduate nurses offer support and guidance.

Methods: We utilized a descriptive, qualitative method to examine original posts and comments from r/nursing, r/ studentnurse, and r/nursingstudent subreddits. Posts were filtered based on relevance to search terms, including race, racism, racist. Braun and Clarke's thematic analysis was utilized to analyze the data to generate emergent themes.

Findings: Nursing students experience racism within classroom and clinical settings, with impacts on their well- being and program success. In the absence of support systems within nursing programs to address incidents of racism, students are seeking support from Reddit forums as an anonymous and supportive space for sharing these experiences.

Significance: This research illustrates that despite calls for nurses to address racism in health and health care, nursing students continue to experience racism within their programs. As nurses, it is imperative that we work towards dismantling racism across contexts and develop support networks that equip students to address racism.

Black students' experiences of belonging in nursing education in Canada: A Critical Narrative Inquiry.

Janet Montague, RN, BScN, MN - PhD student jmontag4@uwo.ca

Background: A sense of belonging is critical to students' success in higher education, with prior research documenting the importance of belonging for racialized groups and in particular Black students (Strayhorn, 2019). Yet, existing literature is largely based in the USA, with limited studies exploring the experiences specific to Black nursing students in Canada.

Purpose: Employing a critical narrative approach, I will explore how Black students experience belonging in nursing education in Canada. Specifically, I will (a) describe the factors that contribute to or hinder their sense of belonging, b) explore how Black students perceive university settings as influencing their sense of belonging, and c) examine how intersecting identities inform the realities of Black nursing students.

Methodology: This proposed research is situated within a critical philosophical paradigm, guided by the theoretical frameworks of critical race theory (CRT) and intersectionality (Crenshaw, 1989; Delgado & Stefancic, 2012) and critical narrative inquiry methodology (Rudman & Aldrich, 2017).

Methods: The research will be conducted at two historically White universities (HWU) in Ontario. Participants will include students who self-identify as Black and are currently enrolled in an undergraduate nursing program at the universities. Data collection will include semi-structured narrative interviews and photo-elicitation interviews. All data will be transcribed verbatim and analyzed using holistic content narrative analysis (Marsh et al., 2018).

Impact of Study: This study will contribute to the nursing literature and will provide practical insight and guidance to educators within and beyond nursing education to create strategies and implement support geared toward Black students' success.

Anti-Racism Communities of Practice in the SCBScN Program

Anna Offiah, RN, BScN, MN, CCNE allenan@saskpolytech.ca

The colonialism, structural racism, oppression, and eurocentrism that permeate post-secondary educational institutions and the Canadian healthcare system have negative impacts. Nurse educators experience challenges creating supportive, effective, and culturally safe learning environments and racialized students are not given equitable chances at academic and clinical success. Racialized nursing students experience stereotyping, microaggressions, and overt racism from students, faculty, and health care workers. Students in the BScN Program report these incidents, formally and informally, to faculty, program leadership and more recently on social media.

In consultation with BScN leadership, a few committed faculty members started two Communities of Practice (CoPs) – one for students and one for faculty – to allow members to impart experiences in a narrative, insightful way that promotes idea-sharing, problem-solving, and relationship-building. The student CoP offers a safe space for racialized students to share, support, advocate, and connect with others. The faculty CoP aims to raise awareness of racialized student experiences in BScN, promote anti-racist teaching practices, and establish a more equitable learning experience.

Both CoPs have met monthly since the Fall of 2020, with engagement in the CoP growing each month. The format of the CoP meetings centres a monthly topic pertinent to the community, followed by heartfelt and often heart-wrenching discussion. Leaders have emerged within both CoPs, and capacity for advocacy, allyship, and professional development has increased among students and faculty alike. The CoP's have been the starting point for a larger conversation about anti-oppression in the BScN program and remain a grassroots project driven by their members.

Trialing the Canadian English Benchmark Assessment for Nurses in Canadian Educated Nursing Students: A Study of Literacy and its Connection to Student Disadvantage

Kim Mitchell, RN, PhD kim.mitchell@umanitoba.ca

Background/Rationale: In this study we explored literacy (reading, writing, speaking, and listening) in Canadian educated nursing students. Students admitted to programs with known intersecting disadvantages such as being Indigenous, persons of colour, multilingual, low socioeconomic status, first-in-family to university, and mature students often exhibit the greatest challenges adjusting to the literacy needs of nursing education.

Methods: This study employed a mixed-methods approach to gather data from 13 Bachelor of Nursing students. The students volunteered to write the Canadian English Language Benchmark Assessment for Nurses (CELBAN). Additionally, each student completed a C-test activity, several questionnaires measuring reading and writing and motivation, and provided a copy of an academic paper. The students participated in a one-on-one interview about their literacy practices.

Results: Students reported between 1 and 7 intersectionality factors with a larger number of intersectionality factors corresponding to greater reported literacy difficulties. All but 2 students met the benchmarks for language proficiency on the CELBAN exam. Students reported reading very little of their assigned reading within their programs and difficulties adapting to the genre of writing requested in the exam when compared to their assigned writing in their program. Students exhibited avoidance behaviours when they had difficulty articulating medical language, especially when they were in a position where they needed to translate medical jargon to a patient or family member.

Conclusions: Nursing programs should not expect automatic acquisition of discipline specific language learning and should work to actively assess and support these skills in their students prior to admission and throughout the curriculum.

Posters

Is the Research Valid? The Impact of An Educational Video Regarding 'How to Quickly Critique Research' On BSN Nursing Students' Critical Appraisal Self-Efficacy

Norma Hilsmann MSN (FNP), MSN (Nsg Ed.), BSN norma.hilsmann@ubc.ca

Never before have nurses needed to quickly identify valid and trustworthy information to inform the public, and their professional practice. Accessing, appraising, and applying valid and trustworthy evidence promotes best practices, improves health outcomes, and increases patient safety. Critical appraisal is the most important step in the EBP process. Identifying effective generationally preferred educational methods to teach critical appraisal and increase BSN student nurses' self-efficacy is essential. Implementing a visually appealing educational video on 'How to Quickly Critique Research' in plain language was implemented to increase BSN student nurses' critical appraisal self-efficacy. A quantitative, quasi-experimental before and after design was utilized for this research project using a nonprobability convenience sample of nursing students from a local mid-sized university in BC. The NGSE survey by Chen et al. (2001) was the online instrument utilized via Qualtrics™ to assess self-efficacy. The research project utilized self-reported data uploaded into SPSS v.28. Results from this research project substantiate the importance of increased perceived self-efficacy in student nurses. It provided additional support to the educational development of EBP and critical appraisal education and application in nursing while addressing generational learning preferences. Nursing educators face a generation of learners as never before encountered in the history of the world. EBP critical appraisal must be taught and applied in didactic and clinical learning, producing not only research producers but research consumers. Finding ways to promote research appraisal, and implementation through generational learning preferences will expand opportunities to engage in improving the healthcare industry, and personal practice.

Clinical Debriefing Pharmacology: A novel approach to supporting clinical judgment in prelicensure preceptor nursing students

Kimberly Lee CCNE, MSN, RN kimberly_lee@bcit.ca

Medication administration is an essential part of the nursing role. According to the National Council of State Boards of Nursing (2018), 40% of the nurse's role each day, is engaging in medication administration. Patient safety is a top priority for nursing, however Nurse educators have the opportunity to work with nursing students to identify and support the learning needs of students, ensuring they have strong medication knowledge, and the ability to make sound clinical judgments in practice during medication administration (Cleary-Holdforth & Leufer, 2020).

In 2020, and 2022, BCIT leadership offered exit exams for our BSN students. BCIT utilized the Health Education Systems Incorporated (HESI) exam to predict how well students would preform in key nursing indicators. Looking at the findings of the exam score related to *fundamentals of medical surgical pharmacology knowledge- medication administration*, the BCIT students in 2020 outperformed National averages (BCIT 51.3% vs National average of 47%). The teaching team felt that only scoring 51.3% on such an important skill in nursing, should be evaluated further.

In the literature, preceptorship has been identified as a key learning experience for prelicensure nursing students but contemporary practice struggles such as a lack of qualified preceptors and nursing shortages has led to concern over the success of preceptor programs (Quek et al., 2019). Utilizing clinical judgment models are important tools that support the decision-making processes for nursing students and should be taught in nursing education with intention (Davis & Wood, 2022: Kavanagh & Szweda, 2017: Monagle et al., 2018). According to Van Patten & Bartone (2019) clinical debriefing strengthened nursing skills and confidence in practice.

The BCIT preceptor faculty developed a preceptorship experience that supports the students by providing weekly clinical debriefing meetings with preceptor students and nursing faculty, who utilize clinical judgment models to discuss the students clinical practice, explore concepts, share knowledge, and reflect on experiences the students see in the real world. Our goal was to incorporate clinical judgement models to enhance our student's medication knowledge and medication administration in practice. Our findings include positive perceptions from nursing faculty, students, and preceptors. In 2022 we re-evaluated our student's exam result (BCIT 78.4% vs National average of 68.0%).

Preceptorship with faculty and student driven clinical debriefing including clinical judgement models, could be a viable teaching strategy to improve medication knowledge and administration to prelicensure nursing students who are in their final preceptorship experience. Further studies utilizing both quantitative and qualitative methods would help to provide more scholarly validation of our findings.

Political Activism and the Nursing Profession

Ho-Sup (Robert) Kim, RN Robert_kim@bcit.ca

Political activism is a necessary component in promoting social justice, equity, and inclusion. Despite its importance, political advocacy is often neglected in modern nursing education and clinical practice. Nurses constitute the largest segment of the healthcare workforce and are highly regarded by the public but lack political efficacy and are underrepresented in policy development and decision-making processes. The literature stresses the importance of increasing political astuteness and confidence of practicing nurses and nursing scholars by developing a body of knowledge and educational opportunities relevant to nursing activism and advocacy. In these volatile times where optics and rhetoric strongly influence public institutions, nursing organizations must encourage political engagement among nurses by providing them with foundational education on political knowledge, experience in legislative processes and offering professional opportunities to develop as effective political organizers.

Keywords: nursing, political participation, political activism, political advocacy, political astuteness, political efficacy, Political Astuteness Inventory, curriculum

Tamara Van Tassell MN, RN tvantassell@nwpolytech.ca
Joan Jacobson MN, RN
Teresa Evans PhD (c), RN

Learning about Indigenous health in undergraduate nursing education is an essential step to helping reduce racism and unequitable healthcare for Indigenous people. The disparity in health outcomes of Indigenous people is a global concern (Deravin et al., 2018). Online learning and using digital educational technology may be one solution to improving Indigenous health outcomes on a global level. Limited studies have addressed the use of digital educational technology to deliver Indigenous health curricula to nursing and midwifery undergraduate programs.

The purpose of this scoping review was to explore and map existing studies where technology is used to teach Indigenous health curriculum and examine the outcomes of these teaching strategies for nursing students.

This presentation will discuss findings from the scoping review such as common digital technologies used to teach Indigenous health, student and faculty experiences, key outcomes, and learnings, as well as possible gaps in current literature. The findings from this scoping review can be used to inform nursing curriculum and support international collaborations learning about Indigenous health.

Learning priorities and self-assessed competence in undergraduate nursing students during their high acuity medicine/surgery rotation

Stacey Waters, RN, MN, CCCI, CCNE stacey.waters@saskpolytech.ca

The clinical practice area is where undergraduate nursing students solidify and apply their cognitive learning. The third-year acute care medical/surgical rotation is the last small group clinical for students in the Saskatchewan Collaborative Bachelor of Science (SCBScN) program to hone their psychomotor skills with a faculty member before they move on to a preceptorship. SCBScN Students have long lamented the lack of intravenous (IV) skill opportunities in clinical rotations, while faculty have struggled to provide these opportunities consistently. In our ongoing study, we survey the students before and after their 6-week clinical rotation about their experience in medication administration and how competent they feel in these psychomotor skills. Specifically, students are asked about giving oral, subcutaneous, IV medications (including pump use), inserting an IV, and caring for two acute care patients. Faculty are asked about the barriers and benefits to providing these learning opportunities for their students. Although there have been some limitations to our ongoing study, the preliminary results have reinforced that our students prioritize IV insertion opportunities, IV medication administration, and managing two acute care patients in their clinical experience. When provided with increased opportunities for IV insertions and IV medication administration in clinical, students feel they are experiencing significant competence growth in these psychomotor skills by the end of their clinical placement. As faculty, we are encouraged that teaching strategies which incorporate increased IV skills and medication administration opportunities can support learners to achieve their learning goals. We hope to provide these opportunities consistently for our learners.

Learning During a Pandemic: A Student Nurse Experience

Lisa Almos, RN, BSN, MSN, CNNE lisa.almos@ufv.ca

The COVID-19 pandemic posed many challenges to nursing education. Preparing nurses considering current stressors calls for nurse educators to examine the impact of COVID-19 and how to best support nursing students moving forward. Prior to the pandemic, teaching and learning in a BSN program in Western Canada was primarily delivered in a face-to-face format. My research explored the impact of this significant shift in pedagogy on the student.

This research study drew on interpretive description methodology interviewing 15 BSN students and alumni. Interviews were conducted in person apart from one virtual. Semi-structured interviews were geared to understand how COVID-19 impacted student learning in the classroom, clinical and laboratory settings. Interview data was analyzed using an iterative approach moving between the individual interview data and the whole data set with coding for commonalities.

Findings: 1. Face-to-face instruction preferred. 2. Space and time challenging for online learning. 3. Relationships with peers and faculty vital to student success. 4. Timely, clear communication strategies ease student stress and anxiety. 5. Learning during the pandemic did not alter professional goals or the perception of the Role of the Registered Nurse.

This study was limited to the experiences of one nursing program, I believe the findings add to the growing scholarship exploring the impact of COVID-19 on nursing education. Nursing educators need to ensure an inclusive, safe, and equitable environment regardless of context. Educators need to respond to the healthcare environment and respect individual student needs to provide the best pedagogical approach to nursing education.

Kelly Davison MN, MSc, RN, CPMHN(C), Coordinator, INHR Chair ihnrchair@uvic.ca

Learning Objectives: In this poster presentation, we will provide an overview of the activities of the BC Indigenous Health Nursing Research (IHNR) Chair program, which includes nursing-led transformative research program focuses on identifying current and wise practices in Indigenous Health Nursing, understanding barriers to cultural safety and security, developing and optimizing a nursing scope of practice and reviewing policy, education and curricular content pertaining to the implementation of Indigenous knowledge in nursing practice and education.

Issue: Indigenous peoples continue to face anti-Indigenous racism, discrimination and bigotry in health care, and Indigenous populations continue to live with health inequities. Drawing on a range of resources and using Indigenous Research Methodologies, culturally safe and competent healthcare policies, practices, education and research by Indigenous communities and healthcare institutions are being co-created to address these problems.

Background: The action-oriented research of the BC IHNR Chair aims to address racism in health care and promote Indigenous health equity by critically examining colonial and structural conditions impacting Indigenous nursing practice. We are engaged in a number of activities including a scoping review, a rapid review, interviews with Indigenous nurses and collaborations with Indigenous community leaders, Elders, Knowledge Keepers, and collaborators across six communities and post-secondary institutions to co-design the Master of Nursing stream and co-develop a draft Scope of Practice through equity analysis and knowledge exchange. Thought these engagements, we are developing a specialty Masters of Nursing stream for nurses working with Indigenous People in British Columbia.

Preliminary Results: Mainstream healthcare subjugates and subordinates Indigenous Nurses and Indigenous Knowledges. Indigenous nurses in the workforce are a solution that supports self-determination, sovereignty and culturally safe care. Indigenous nurses are key agent for holding healthcare systems accountable, and for decolonizing nursing education. Consensus on the structure of core working groups, central themes, partnership agreements and overarching ethics has been achieved through gathering and visioning, and a strategy and plan for implementation of the MN program was drafted based on the needs of participating Indigenous communities and academic institutions.

Conclusion: Indigenous Health Nursing can transform healthcare by critically examining existing structures and embedding cultural safety and competence into healthcare policy, practice, education and research. The transformative work of the BC IHNR Chair supports Indigenous health equity through critical inquiry, action-oriented, community-based research to enhance nursing education and healthcare practices.

Understanding the Role of Metacognition for the Development of Clinical Judgment in Specialty Practice Settings in an Undergraduate Nursing Program: An Action Research Study

Inge Kassteen, RN, MN, CCNE ikassteen@bcit.ca
Vanessa Martin RN, MN, GNC(C) vmartin17@bcit.ca
Inderdeep Grewal RN, MN igill19@bcit.ca

Background

Students can actively acquire clinical judgment in clinical settings (Caputi, 2020). However, HOW students learn and apply knowledge in real-time in clinical settings is infrequently studied. When left unstudied, theory-to-practice gaps can lead to increases in student learning contracts or adverse events (El-Hussein & Osuji, 2017). Maternity/Pediatric clinical settings provide an opportunity to directly observe HOW students apply their existing knowledge to new environments.

Research Study Goals & Objectives

The purpose of this study is to explore factors contributing to the theory-practice gap in an obstetrics/pediatric practice course in the undergraduate nursing program and to relate these factors to students' motivation and metacognitive strategies for learning. To do so, measured primary indicators related to student motivation and metacognition and compare these results to the student's course assignments. We also used these indicators to guide student and faculty focus group conversations with the goal of creating educational interventions aimed at supporting students when they switch practice areas in week 7 of the course.

The goals of this study include:
1. To understand areas for motivation and learning in students enrolled in BSNC 5030 Spring 2022
2. To seek feedback from students enrolled in the course about their clinical experiences in BSNC 5030 Spring 2022
3. To analyze student's reflective journals for evidence of metacognitive strategies emerging in their selected practice setting

Methods

This mixed-method (MM) study informed by the Scholarship of Teaching and Learning, employed an action research approach to explore student experiences of integrating theory into practice settings during BSNC 5030. Students who choose to participate were eligible to participate in two phases of the research (students could choose to only participate in phase 1).

In phase one the research team asked the NURS 5030 students (n=12) to complete the MSLQ survey and provided permission for the team to access their learning plans and 2 reflective

journals – one in week 5 & another in week 10 of the course. In phase 2 of the study students (n=6) were asked to attend 2 focus groups (Week 4 and Week 6) of the course. A faculty focus group was also conducted with the Term 5 teaching team (including clinical instructors for BSNC 5030).

Data Collection included:
1. Administration of the Motivated Strategies for Learning Questionnaire
2. Submission of Reflective Journals for BSNC 5030
3. Participation in Student Focus Groups

Summary of Findings
- Gaps in the area of planning care are noticeable when students reflect on practice. Unsafe care unfolds when there are no opportunities to plan or prioritize care.
- We need to increase student's awareness of their learning without removing the intent of the clinical reflection.
- Students were feeling overwhelmed by the content and felt unprepared at times in both theory and clinical environments.

Next Steps
- Developing an educational innovation aimed at increasing planning in the clinical area
- Re-instating previous activities in NURS 5030 that allow for students to share information when switching practice areas
- Collecting semester data in clinical settings to help highlight key areas for knowledge classes
- This work can help inform the Student Support Framework (e.g., MSLQ could be utilized by students)
- We can build from this project to look at other facets of clinical reasoning in the curriculum

How Can LGBTQ+ Cultural Competency Be Increased in a Health Care Setting?

Nimisha Khattra Nursing Students, Douglas College
Balraj Maird, Psychiatric Nursing Students, Douglas College

Abstract

This poster discusses the challenges faced by the LGBTQ+ community when accessing healthcare services, including discrimination, lack of access, and a lack of cultural or knowledge competency from healthcare providers. The aim of this literature review was to determine how LGBTQ+ cultural competency can be increased in a healthcare setting to improve health outcomes and patient satisfaction. The sample population included healthcare providers such as nurses and physicians who reported a lack of LGBTQ training or education. The results showed that training groups and educational services facilitated learning opportunities for healthcare professionals, resulting in increased awareness of the unique challenges faced by the LGBTQ+ community. Self-reflection practices resulted in increased awareness of personal

biases and empathy toward the client's social needs. Inclusive language, education, and effective communication skills are of great importance as the LGBTQ+ community is at an increased risk of self-harm and suicide due to discrimination, victimization, and rejection within the healthcare system. The discussion highlights the importance of risk assessments and addressing power imbalances in the clinician-client relationship to increase comfortability for LGBTQ+ clients to share experiences.