

# Journeys in Nursing Scholarship



April 23, 2019

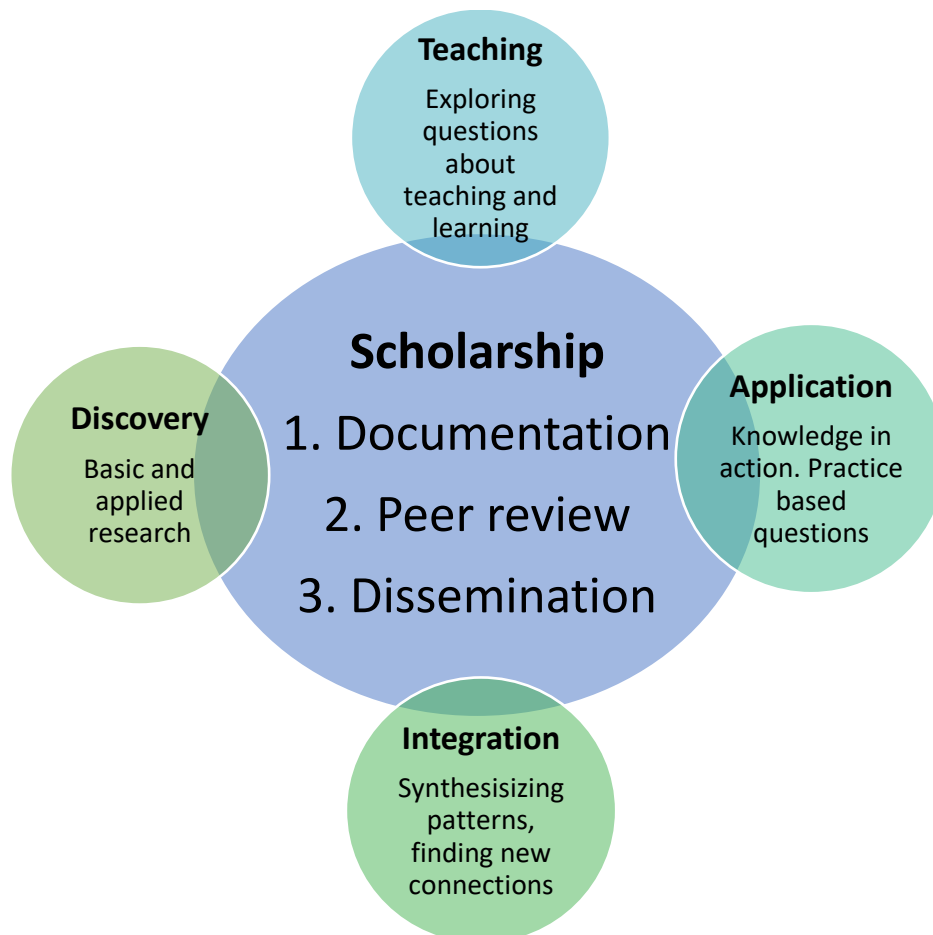
## HISTORY OF JOURNEYS IN NURSING SCHOLARSHIP: EXCHANGING STORIES AND VISIONS

In 2006 TRU School of Nursing (SON) Journeys in Nursing Scholarship (JNS) Committee originated as part of the Scholarship Committee. Its purpose was to provide a forum for nursing faculty to present their current and future plans for a diverse range of scholarly work including teaching, practice and research. The premise was to have faculty present their scholarly work so that they might connect with one another to share ideas, plans and activities that would foster a supportive community of scholars. The subsequent 2009, 2013, 2017 and 2018. Journeys in Nursing Scholarship had similar objectives. JNS has been well received by SON faculty and the diversity and quality of presentations has been excellent.

### Boyer's Model of Scholarship

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

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



## AGENDA

0900	Welcome and Housekeeping - Julie Cinel
0905	Welcome by Elder
0920	Key Note - Catharine Dishke- <i>Community, Creativity &amp; Courage: Teaching What Matters Most</i>
<b>1000</b>	<b>Coffee Break</b>
1010	<i>"I will go if I don't have to talk": Nursing students' beliefs, capacities and intentions to participate in reflective, post-clinical debriefing discussions.</i> Elizabeth Andersen
1030	<i>Innovations in Community Health Nursing Practice Placements within the TRU SON</i> Heather Correale and Tanya Sanders
1050	<i>Moving simulation forward in the School of Nursing: A pilot project with Semester 4 BScN Students – Winter 2019-</i> Renee Anderson
1110	<i>Experiential Peer Mentorship Activity-</i> Kim Morris
1130	<i>Coyote Brings Knowledge to Nursing: Continuing the Journey - Moving from Findings to Recommendations -</i> Barbara Jean Buckley, Bonnie Fournier, Tracy Hoot, Star Mahara, Rhonda McCreight, Lisa Bourque Bearskin, Sandra Bandura
1150	<i>Empathy: Can It Be Taught?</i> - Krista Lussier and Mona Taylor
<b>1210</b>	<b>Lunch Break</b>
1300	<i>Listening and Learning in Research: Nursing the Nuu-chah-nulth Way-</i> Jeannette Watts, Lisa Bourque Bearskin, Ester Sangster-Gormley, Joanna Fraser, Carol McDonald, Benedict Leonard, Samantha Christiansen, Marian Webster, Paul Lucas, Amy Mawdsley
1320	<i>Nursing Students' Identification of Quality Indicators during a Third-Year Summer Preceptorship-</i> Julia Lowe & Jessica Guthier
1340	<i>Building Research Capacity through the Sharing of St'kemplupsemc te Secwepemc Nation Elders' Traditional Teachings about Water: Inspiring Indigenous Youth, Community Members, Educators, and Water Policy Development toward Reconciliation –</i> Darlene Sanderson, Noeman Mirza, Lisa Bourque-Bearskin
1400	<i>An Examination of Tools that Measure Post-Stroke Frailty in Older Adults with Complex Chronic Disease and Multimorbidity-</i> Kamaljit Bains and Noeman Mirza
1420	<i>Becoming a Research Apprentice: Learning the Ropes of Research in the 'Real' World-</i> Judy Boychuk Duchscher and Madison Cook
1440	<i>Final Reflection and Closure –</i> Donna Murnaghan
1500	Wrap-up Evaluations

## ABSTRACTS

### “I WILL GO IF I DON’T HAVE TO TALK”: NURSING STUDENTS’ BELIEFS, CAPACITIES AND INTENTIONS TO PARTICIPATE IN REFLECTIVE, POST-CLINICAL DEBRIEFING DISCUSSIONS.

Dr. Elizabeth Andersen, PhD, RN

**Background/Objectives:** The ability to be a reflective practitioner is recognized by nursing regulatory bodies as a component of professional competence and becoming a reflective practitioner is an essential part of learning to become a nurse. In this multi-site study, we explored first-year undergraduate nursing students’ beliefs, capacities and intentions to participate in reflective, post-clinical debriefing discussions facilitated by their clinical instructors. The study was guided by the Theory of Planned Behaviour. According to this theory, nursing students’ intentions to engage in reflective discussions are predictable and guided by their beliefs about: a) the likely consequences of participating, producing either favorable or unfavorable attitudes toward discussions, b) what is normally expected of them during discussions, producing perceived social pressure, and c) factors that facilitate or impede their performance.

**Design:** Descriptive Cross Sectional.

**Sample:** One hundred and forty-one first-year nursing students used a learning management system to sign up to one of 15 potential clinical groups; maximum 10 students per group. Our analyzed sample consisted of 106 of those students; 87.7% were female and 65.1% were less than 20 years old.

**Method:** This study consisted of four steps: instrument development, recruitment, data collection at two time points using four tools, and data analysis.

**Results:** Although most students were in favor of joining/attending reflective post-clinical discussions, they actually held formidably negative attitudes towards them and arrived at the discussions with an underlying intent not to talk. Most students feared being negatively evaluated by their clinical instructors and/or peers during discussions. Despite perceiving unremitting strong social pressure to participate, their intent to remain silent (not participate) did not significantly improve over the semester. Over the 12-week practicum, however, their fear of negative evaluation did decrease, and this result was statistically significant.

**Conclusions:** The context and timing of the routine discussions may dramatically influence students’ decision-making regarding intent to participate. Reflective processes require time and routine reflective debriefing discussions could be delayed until later in the week after students have had a chance to absorb and assimilate their experiences.

## **INNOVATIONS IN COMMUNITY HEALTH NURSING PRACTICE PLACEMENTS WITHIN THE TRU SON**

Heather Correale RN, BScN, MSc, and Tanya Sanders RN, BScN, MSN

TRU School of Nursing is currently planning for curriculum revision. In the existing curriculum student and faculty feedback about community health nursing theory and practice consistently noted concerns that the community health theory and practice was too late in the program. Based on the collaborative curriculum model that allowed for the bridging in of RN students community health content was in the later part of the program, given this is no longer a consideration it allowed for the movement of community health earlier in the program. Therefore, in the revised curriculum both theory and clinical learning experiences in community health will be moved to second year. In addition, these learning experiences will no longer be preceptored but will be shifted to an instructor led model. With the upcoming implementation of the revised curriculum a need was identified to pilot the new model of community health instructor led groups in the earlier years of the program. In the spring of 2018 and the fall of 2018 two pilot groups of students completed learning experiences in home health and public health nursing. In this presentation we will share the outcomes of these pilot programs, the evaluation highlights, and discuss next steps in the ongoing development of these learning experiences.

# MOVING SIMULATION FORWARD IN THE SCHOOL OF NURSING: A PILOT PROJECT WITH SEMESTER 4 BScN STUDENTS – WINTER 2019

Renée Anderson RN BScN MN CCNE

Abstract: Simulation is used in health education to achieve a variety of learning outcomes. It is an instructional medium that includes several modalities. The common theme with all simulation modalities is the reproduction clinical practice reality and active learners (Chiniara et al, 2013).

Learning through simulation is common in nursing education and is an important part of nursing curricula as long as it is well thought out (CASN 2015). Simulation has the potential to offer a different kind of learning than traditional clinical practice. If done well, the planned predictable nature of simulation can expose all students to similar experiences. Students can make errors and learn in an environment that will not negatively affect a live person. The opportunity to think out loud and to problem solve can facilitate clinical reasoning. Repetition allows for opportunities to retry, to fine tune and to learn by watching others.

In winter 2019, Semester 4 students in the BScN program were involved in a simulation project. Twice over the semester, in groups of 5-8 students, students were engaged in all day (6-7 hours) simulation learning. Simulations were designed to meet the learning needs of a variety of students using International Nursing Association for Clinical Simulation and Learning (INACSL, 2016) standards.

## References

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

Chiniara, G., Cole, G., Brisbin, R., Huffman, D., Cragg, B., Lamaccia, M., .... Canadian Network for Simulation in Healthcare Working Group (2013). Simulation in healthcare: a taxonomy and conceptual framework for instructional design and media selection. *Medical Teacher*, 35(8), E1380- E1395. Doi:10.3109/0142159X.2012.733451

INACSL Standards Committee (2016). INACSL standards of best practice: SimulationSM : Simulation Design. *Clinical Simulation In Nursing*, 12, S5-S12. Doi: <https://doi.org/10.1016/j.ecns.2016.09.005>

## EXPERIENTIAL PEER MENTORSHIP ACTIVITY

Kim Morris, RN, BSN, MN

Peer mentoring activities can offer opportunities for students to develop leadership skills, professional knowledge and self-understanding. The HCA program at TRU runs two intakes per year, in September and January. This year faculty adapted a learning activity that brought the two cohorts together in a mentorship capacity. The activity provided the more experienced September group to share their knowledge of a residential care facility with students from the January cohort. The activity consisted of a student led tour of a facility, a review of communication tools, and meeting and interacting with a resident. The January cohort also completed an assignment related to a theory class, based on their tour and interactions with a resident. Following the activity, both groups of students were surveyed about this experience. This oral presentation will discuss the learning activity itself, and perceptions of the students and faculty who participated.

## COYOTE BRINGS KNOWLEDGE TO NURSING: CONTINUING THE JOURNEY - MOVING FROM FINDINGS TO RECOMMENDATIONS

Barbara Jean Buckley RN, BScN, MScN, PhD , Bonnie Fournier RN, MSc, PhD, Tracy Hoot RN, BScN, MSN, DHEd, Star Mahara RN, BScN, MSN, Rhonda McCreight RN, BScN, MN, Lisa Bourque Bearskin RN, BScN, MN, PhD, Sandra Bandura

The Secwépemc Peoples of the BC Interior share with us knowledge of the Coyote as a powerful transformer. This story known as, *Coyote Brings Food from the Upper World*, underpinned the School of Nursing (SON) two-year Coyote project. The SON Coyote initiative supports the SON's strategic goals of enacting a respectful response to the TRC Calls to Action related to nursing education and health care including taking action to improve Indigenous student success in our programs. In the first year of the Project we designed and implemented a mixed-method study with the aim to better understand the impact of integrating Indigenous content into nursing education. Under the guidance of the TRU-SON Indigenous Health Nursing Committee, the research team offered four professional development sessions. In addition, we engaged with SON faculty and staff in providing talking circles at our two campuses to listen to and better understand their experiences of designing, developing, and delivering Indigenous knowledge in nursing education.

The focus of this presentation is to share the study findings. As one key finding was the desire to keep the momentum going in this presentation, we will work together to explore recommendations which will serve to move the SON faculty and staff further on the journey of Indigenization at TRU. In the spirit of respect, responsibility, relationship, and reciprocity, we invite faculty and staff to join the research team in moving from findings to recommendations to guide us as we continue our journey of decolonization, truth and reconciliation, and incorporating Indigenous knowledge in nursing education and practice.



## EMPATHY: CAN IT BE TAUGHT?

Krista Lussier RN MSN, Mona Taylor RN MSN

Empathy is a social-affective dimension at the very base of interaction and relationships (Cunico, Satrori, Marognolli & Meneghini, 2012). Understanding how others see the world is an important way to becoming a more effective communicator (Adler, Rolls & Proctor II, 2018). Empathy plays a large role in nurse/client relationships, is the quality responsible in establishing a caring environment (Cunico et al, 2012), and provides health care professionals the ability/capacity to improve patient outcomes. (Heidke, Howie & Tabassum, 2018; Ozcan, Oflaz, & Sutcu Cicek, 2010). Empathy must be the essence of every nurse/patient encounter. (Ward, Cody, Schall, & Hojat, 2012) and can be the difference between the experience of a cold, sterile experience and one that has a truly human interaction. (LaRocco, 2010). The relationship between nurse and patient is fundamental to the art and science of nursing and its significance to nursing is synonymous with the profession. (Ward et al, 2012). There is discussion regarding the increase in technical/diagnostic/therapeutic skills nurses are required to have that may affect the humanistic elements of nursing care and this is becoming more evident as technology becomes more prevalent in our lives. Critical thinking and communication skills are taught in nursing schools but empathy may be the most difficult skill to teach. An important aspect to developing empathic skills/competencies comes through the development of the awareness of *cognitive* processes, not just emotional processes (Adler et al, 2018).

In this presentation, we will discuss the importance of active learning activities and well developed assignments to support students in developing their empathy and communication skills.

## LISTENING AND LEARNING IN RESEARCH: NURSING THE NUU-CHAH-NULTH WAY

**Authors:** Jeannette Watts, Lisa Bourque Bearskin RN, BScN, MN, PhD, Ester Sangster-Gormley, Joanna Fraser, Carol McDonald, Benedict Leonard, Samantha Christiansen, Marian Webster, Paul Lucas, Amy Mawdsley

**Purpose:** Previous research has found that many Nuu-chah-nulth communities experience significant barriers to health services despite the presence of nursing services. There is a need for Indigenous-led, wellness- and strengths-focused initiatives that support Nuu-chah-nulth inquiry and interventions to address access issues.

**Research questions:** The key research questions include: (1) what are the Nuu-chah-nulth priorities for a nursing approach to promote and support wellness?, (2) can the community's vision for wellness be actualized by a community-driven Indigenous nursing approach?, (3) How will Indigenous wellness knowledge contribute to improving health care and reduce disparities?, and (4) what learnings from this inquiry will be useful to other communities facing similar systemic barriers to wellness?

**Methodology:** The methodology for Nursing the Nuu-chah-nulth Way begins with honoring the relationships with Nuu-chah-nulth, their connection to land and traditional teachings. This project was originally designed to be led by Indigenous nurses who play a critical role in providing culturally-relevant primary care to Nuu-chah-nulth communities. Each community will hold five talking circles towards answering the questions. The project will conclude with the communities developing an action plan to implement learnings. Ultimately, this research seeks to realize the vision of a community-led, culturally-sovereign, wellness-focused integrated nursing service that can be useful for Indigenous communities more broadly.

**Preliminary Findings:** The presentation will share reflections on the Indigenous methodologies used and key learnings from the process to date. This includes community resiliency attributes, challenges in identifying Indigenous nurses to lead community research circles, and navigating Indigenous research methodologies alongside colonial processes and systems.

## **NURSING STUDENTS' IDENTIFICATION OF QUALITY INDICATORS DURING A THIRD-YEAR SUMMER PRECEPTORSHIP.**

Julia Lowe & Jessica Guthier (BScN Students)

Baccalaureate nursing education provides students the opportunity to develop the theoretical knowledge and clinical skills necessary to become successful, practicing Registered Nurses (RNs). A pivotal part of nursing education is the ability to practice clinical skills in a professional setting. Preceptorship – a portion of education in which student nurses are placed in a clinical setting to work autonomously under the direction of an RN – provides students with an immersion into the professional role of an RN in which they can apply both learned theoretical knowledge and clinical skills in real-life situations (Usher et al., 2017). Using a mixed-methodology approach, this study is aimed at evaluating the preceptorship experiences of third-year nursing students at TRU. Through a combination of surveys and focus groups, both quantitative and qualitative data will be provided to evaluate the effectiveness of preceptors, unit staff, and clinical placement. Data on Canadian nursing students' preceptorship experiences is limited, and this study will provide valuable information that can be used to influence curriculum development.

# **BUILDING RESEARCH CAPACITY THROUGH THE SHARING OF ST'KEMLUPSEMC TE SECWPEPMC NATION ELDERS' TRADITIONAL TEACHINGS ABOUT WATER: INSPIRING INDIGENOUS YOUTH, COMMUNITY MEMBERS, EDUCATORS, AND WATER POLICY DEVELOPMENT TOWARD RECONCILIATION**

Darlene Sanderson RN, BScN, MA, PhD, Noeman Mirza RN, PhD, Lisa Bourque-Bearskin RN, BScN, MN, PhD

Background: The United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) recognizes the rights of Indigenous Peoples to make decisions concerning their land and waterways, which carries a moral and ethical imperative. In order for Indigenous Peoples to enjoy equitable health and well-being, there is a need to protect water for future generations. To determine ways to address this need, a two-day meeting supported by a CIHR grant engaged St'kemplupsemc te Secwepemc Nation (SSN) Elders and community members to share cultural meanings and values about the sacred nature of water. Key water-related priorities identified were the reclamation of culture and language, the need for culturally relevant education and awareness, water protection and governance, and land management. Purpose and Methods: By building on the SSN Elders' priorities, we will organize a Water Connections event to engage youth in intergenerational dialogues on the meaning, values, and practices about traditional knowledge of water. Through this circle-sharing event, youth will develop collaborative action plans and/or recommendations to share with other family groups within SSN for their review and input. We will then organize a Water Transformation event to enable youth to share their water recommendations with: 1) community members to raise awareness; 2) educators at Thompson Rivers University (TRU) to further culturally relevant education and curriculum development; and 3) water policy developers to inform their decisions about water protection that is rooted in the land. Expected Contributions: This project will build research capacity by providing opportunities for Indigenous youth to develop action plans with the guidance of their Elders and in partnership with TRU. These action plans will aim to address water quality issues by providing education to decrease inequities in health and education for Indigenous Peoples. Key Truth and Reconciliation Commission (TRC) recommendations, UNDRIP rights to health education, and the United Nations (UN) Sustainable Development Goals (SDGs) will also be directly addressed.

# AN EXAMINATION OF TOOLS THAT MEASURE POST-STROKE FRAILITY IN OLDER ADULTS WITH COMPLEX CHRONIC DISEASE AND MULTIMORBIDITY

Kamaljit Bains MN Student TRU, and Noeman Mirza RN, PhD

**Background:** Health professionals use a variety of frailty measures to assess the level of post-stroke frailty among older adults. Since several frailty measures overlap, it could be difficult to decide which frailty tool is the ideal choice. This paper aimed to investigate the frailty tools that are commonly used to measure post-stroke frailty in older adults.

**Methods:** Using CINAHL, we conducted a literature review using various keywords. A total 140 articles were screened (abstracts and full texts) for eligibility. Of these, 130 were excluded based on inclusion and exclusion criteria. Ten articles were included in the final analysis.

**Results:** The five prominent frailty measures include the: (1) Modified Fried Frailty Index, (2) Frailty Phenotype Model, (3) Clinical Frailty Scale, (4) Edmonton Frail Scale, and (5) Rockwood Frailty Index. The two mostly commonly used tools that measure post-stroke frailty among older adults are the Frailty Phenotype Model and the Modified Fried Frailty Index.

**Discussion:** Frailty differs from one context to the other because of the variation in complex diseases, co-morbidities and multi-morbidities with which many older adults live. A standardized frailty tool could help interprofessional teams assess frailty earlier. This could help them to implement appropriate evidence-based strategies to reduce and manage post-stroke frailty among older adults.

## **BECOMING A RESEARCH APPRENTICE: LEARNING THE ROPES OF RESEARCH IN THE 'REAL' WORLD**

Judy Boychuk Duchscher RN, BScN, MN, PhD, Madison Cook – 3rd Year Nursing Student/Research Apprentice

Thompson Rivers University Office of Research and Graduate Studies recently instituted a program of support for academic researchers entitled the TRU Undergraduate Research Apprenticeship Fund. This program is intended for faculty members who are engaged in research, scholarship and creative inquiry to hire an undergraduate student to assist them in accelerating their research endeavors while providing the student with a meaningful training opportunity. This presentation details the criteria, expectations and process involved in securing this support, and provides an overview of this experience from the perspectives of the faculty and student in the School of Nursing.

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