CONTENTS

Current developments in nursing informatics
Letter from Barbara Cross

Working in a Virtual Environment
Noreen Frisch, Elizabeth Borycki

The Experience of a Double Degree Student...
Lorilee Scott

The Importance of Co-op and Experiential Learning...
Dave Hutchinson

Are We Preparing Nurse Leaders for Information Age Activities...?
Mary Oakes, Pamela Potter, Holly Shadburne,
Noreen Frisch, Elizabeth Borycki

Electronic Health Record Training Portal: A First in Canada
Andre Kushniruk

Electronic Tools for Case Management...
James P. Ronan

Innovation in Nursing Informatics Education...
Elizabeth Borycki

An overview of the study on “The Influence of Peer Dynamics on Online Learning”...
Marjorie McIntyre, Carol McDonald,
Margaret Scaia, Andrea Monteiro

Health Informatics Today
Abdul Roudsari

Informatics publication and presentation citations

RECURRING FEATURES

A Shining Light: Doctoral Student Leadership
Joan Humphries and Rosanne Beuthin

Research Conversation with Carole Estabrooks
Anastasia Mallidou

Symbols speak eloquently of living-with-dying
Robbyn Lanning

Promoting health in incarcerated Women:
Community Empowerment Strategies in Action
Kathleen Harris

Nursing in the news
Successes!
Letter from Barbara Cross, RN, MN

Current developments in nursing informatics

Dear Readers:

I am delighted to provide a Nursing Informatics Perspective for the opening of this special issue of the School of Nursing’s Research Communiqué. As a registered nurse working in informatics, I am happy to share my thoughts about current advancements and opportunities for nurses and others in this emerging field.

In 21st century health care environments, nurses and other members of the health care team are required to be knowledgeable about the most current medical and health care advances. At the same time, they must be proficient in the use of computing and biomedical technologies to record and retrieve appropriate client data when needed. In this regard, they must understand the concepts associated with standardized, ‘coded’ languages or vocabularies so that they can explicate the client story in these digitally-enabled health care environments. More than ever, today’s nurses require appropriate computing technologies to communicate their perspectives of care and professional practice; and they must make use of disciplinary standardized languages to achieve this. Yet many nurses have not been prepared to incorporate this vernacular in their skills repertoire, nor have they been educated to work in digital (electronic) health record information systems. Our modern core competencies (knowledge, documentation, use of data, and evaluation of patterns and outcomes) enable us to better understand how to support clients in the context of their episodic and cross-‘health’- care continuum journey, but we have challenges in meeting those competencies.

From my perspective, clinical documentation and care planning using an electronic health record medium becomes paramount to advancing the individual client’s health plan and to understanding client and population cohorts. Our documentation of the client’s perceptions of health problems/medical diagnosis is critical to advancing the next steps in care planning. Our ability to retrieve trended data is fundamental to our planning population-based care. Without clear, codified and retrievable client data, we will not be able to enact a truly collaborative client-centred plan of care. So, I ask: How do we understand just ‘who’ the patient is and how they ‘fit’ into the population perspective? How will your clinical documentation contribute to the accuracy of the client’s story? How will you be able to share that story with all of the health care team and health planners in such a way that it represents the nurses’ contribution to the client’s care? How do we engage a nursing workforce to adapt to changes demanded by our changing environments?

Nightingale (1820-1910), the originator of modern nursing, meticulously collected data on healthcare and used it to improve outcomes. She was the founder of several data analysis tools still used today, according to the American Nurses Association (2012). We are now taking on a new challenge of designing clinical information systems to provide us with the documentation and analytical tools needed today and in the future. Some of the current work at UVic is helping us meet that challenge.

As a UVic graduate, I am very pleased to introduce nursing and healthcare informatics as the topic for this issue of the Communiqué. Please take the time to review the activities of UVic faculty and students as they each make a contribution to the emerging field of nursing informatics.

Sincerely,

Barbara Cross, RN, MN
Clinical Strategist: Office of the CIO/CMIO
Vancouver Island Health Authority
InspireNet, the BC Nursing Health Services Research Network, was launched in 2009 and provides a platform for nurses to use Web 2.0 and social media technologies to support developing research teams, knowledge translation activities, and nurses’ professional development. InspireNet stands for Innovative Nursing Services and Practice Informed by Research and Evaluation and is funded through the BC Nursing Research Initiative (BCNRI) and the Michael Smith Foundation for Health Research (MSFHR). In keeping with the BCNRI practices, there are two co-leaders of InspireNet and two host institutions: Grace Mickelson from the Provincial Health Services Authority (practice representation) and Noreen Frisch from the University of Victoria (academic representation).

InspireNet is based on the notion of forming electronic communities of practice (eCops) and uses its web-based platform to provide services to the general public and to network members. Publicly accessible portions of the website provide general information and allow people to review blogs, use links to resources and to view information about upcoming conferences and events. There are also Twitter feeds, Facebook and Flickr accounts. The member-only portion of the site provides those who sign up with access to a discussion board, the InspireNet database (that currently has over 2,000 members), and ability to join any of the 13 current eCops which are called InspireNet Action Teams. These Action Teams are topic-specific and permit those with like interests to interact through blogs and discussion boards and share a document repository and a wiki. In addition, the Action Teams have access to web-conferencing technologies that permit scheduling of virtual meetings at no cost to members.

Since 2009, Noreen Frisch (School of Nursing) and Elizabeth Borycki (School of Health Information Science) have been facilitators of an eHealth Action Team on InspireNet and have both participated in the evaluation of the network as a whole. This experience has been full of learnings and discoveries. We have learned that there are at least 102 nurses interested enough in eHealth to sign into our Action Team. We have learned that we can bring in local, national and international colleagues through web-based conferencing to lead monthly discussions with our members. We are no longer encumbered by geographical boundaries – we have had speakers from all over Canada, North America, Europe and Australia discuss topics (such as standardized nursing languages, social media, mobile devices, informatics in nursing education, electronic health records for nursing and the C-HOBIC project) with BC nurses. We have learned that our members have taken up some of the ideas presented in our monthly conferences to begin developing research questions and research teams. We’ve found that our members connect with one another through the member database so that like-minded people can address mutual areas of interest. We’ve also learned (and experienced) that a research team can develop a grant proposal through use of a document repository and web-conferencing tools, even when the research team members are dispersed over several geographical locations and time zones. And we’ve learned that evaluation of a Web 2.0 process is a very organic evaluation – we are tracking use of web-based tools and constantly asking: What are people using? What is working? And, what is really going on? To date, we have had a number of publications and presentations on this work as we are engaged in a new research area that is at the intersection of Web 2.0, social media and healthcare practice. Currently, Elizabeth is about to launch an evaluation of the Twitter uses of the network as a whole, as we have discovered that we have nearly 300 Twitter followers that are not even InspireNet members! We’ve made many virtual friends and colleagues and we believe we are more productive with technology use. You can find us at http://www.inspirenet.ca.

Noreen Frisch is Director and Professor at the UVic School of Nursing. Elizabeth Borycki is an Assistant Professor at the UVic School of Health Information Science.
Nursing informatics is gaining more recognition in the ever changing healthcare landscape. The impact that nurses have on their patient’s lives is undisputed and through the use of informatics we will be able to elevate this impact to unprecedented levels. Nurses will have to be prepared for practice in new settings as required by future directions of nursing practice and health care. From the moment that I learned that the University of Victoria would be offering a double degree graduate program in Nursing and Health Informatics, I knew I had to be a part of it. My love for nursing practice and the use of technology coming together in graduate studies seemed like a dream come true. In addition, I felt as though this was an area of nursing practice where I could make a difference. Since beginning studies as a part of the first cohort in September 2010, I have learned a great deal more about nursing and how our profession stands poised to be impacted by numerous informatics projects taking place across the country.

The inclusion of a co-op component within our program has been invaluable. The ability to obtain graduate level competencies in both nursing and health informatics and apply them in a “real world” environment is wonderful. This has provided a unique perspective and grown a passion in me for the human factors involved with any system from planning to implementation. There are many people impacted along the path of health informatics design and development that cannot be ignored. In addition, the expertise that we as students can access through faculty in both the School of Nursing and the School of Health Informatics is phenomenal. Current and past research projects of our faculty show the richness of experience and passion for health informatics here at UVic. Though the program is delivered through distance education, faculty in both schools minimize the kilometers between student and faculty by communicating regularly and providing access to all of the resources that facilitate and enhance our learning.

This program has opened my eyes to the necessity of having more nurses in informatician roles in order to strengthen nursing practice representation in all areas of health informatics. As I continue my studies, I look forward to joining and learning from the many nurses already working in this specialty and so empowering other nurses to make an impact through technology that will ultimately benefit the care that we provide.

Lorilee Scott is a graduate student in the University of Victoria’s Nursing and Health Information Science Double Degree Program

The Experience of a Double-Degree Student: Nursing and Informatics

Nursing Informatics in the 21st Century

Call for Papers

Health information systems (e.g., nursing information systems, electronic health record systems, personal health record systems, telehealth/telenursing systems) are being implemented globally to improve the quality, efficiency, and safety of patient care. Increasingly, nurses are involved in the design, development, implementation, evaluation, and maintenance of health information systems to support patient care, nursing, and the work of health professionals. For this issue of CJNR we invite papers that focus on issues in nursing informatics and health/biomedical informatics as they relate to nursing. We welcome reports on completed qualitative, quantitative, and mixed-methods research, literature reviews, systematic reviews, and syntheses. Papers on theoretical, methodological, and current trends in nursing informatics are also welcome. Examples of topics include the following: competencies in nursing terminologies; competencies in nursing informatics; implementation of electronic health record systems and its effect on nursing work; patient-nurse use of personal health record systems; disease management systems; systems usability as it relates to nursing personnel and nursing care; impacts of systems on nursing workflow; decision-support systems for nurses; importance of health and information literacy; and mobile health and nursing. We welcome submissions from nurses (e.g., nursing informatics specialists, nurse administrators), health informatics specialists, and nursing/health and biomedical informatics researchers whose focus is nursing informatics. Manuscripts describing international approaches to nursing informatics issues are welcome.

Guest Editors: Dr. Elizabeth Borycki and Dr. Noreen Frisch
Submission deadline: August 10, 2012
Please submit papers online using CJNR E-journal Press at: http://cjnr.msubmit.net
For assistance contact: cjnr.nursing@mcgill.ca
The dual degree program in Nursing and Health Informatics (NUHI) at the University of Victoria has a mandatory co-operative education component. Students must complete two co-op workterms, the first normally in the summer after completing first year and the second during the following spring term. Co-op terms are paid work terms in positions related to the students’ field of study. Co-op is collaborative—students, employers and the university all play a part. Co-op staff work with each student to help them find suitable positions that will enhance their learning and their degrees.

While on their co-op workterms, the NUHI students use the knowledge they have gained in the classroom and apply it to real world experiences in the workplace. They are working with real data, and real clinical and nursing informatics projects. Often, students use the work experience to refine their research topics, or even find collaborative partners in industry or the public sphere. Employers come from a wide range of geographic locations and include government and health authorities as well as private vendors and consultants.

A key component of co-operative education at UVic is the development of competencies by the students, both general and discipline specific. Students set learning objectives at the beginning of the term, and conduct self-assessments of their learning during their co-op work experience. Evaluation and mentoring by the employers and the co-op office also take place during and after the workterm.

Ten general or “core” competencies are gained during the workterms:

- managing information
- teamwork
- project, task and organizational skills
- research and analysis
- communication
- continuous Learning
- personal management
- commitment to quality
- professional behaviour
- social responsibility

Discipline specific competencies include:

**Information management**
- Contributes to the management of information as a key strategic resource.
- Applies information management principles and best practices.

**Information technology**
- Understands key information technology concepts and components and their interrelationships.
- Applies appropriate methods of identifying information, business and technical requirements to meet users’ complex and unique information needs.

**Clinical/health services**
- Applies knowledge of basic clinical and biomedical concepts, clinical care processes, technologies and workflow for purposes of analysis, design, development and implementation of health information systems and applications.

**Canadian health system**
- Uses an understanding of health and health systems in Canada to appropriately apply this understanding to work products and services, including key characteristics of the Canadian health system, key factors influencing health status and key factors affecting healthcare.

**Organizational behaviour and change management**
- Understands and applies the basic theories, concepts and practices of management.
- Contributes to organizational plans and strategies to ensure that information and information systems enable and are aligned with business goals.

**Analysis and evaluation**
- Identifies and frames health information questions in collaboration with stakeholders to meet their needs.
- Identifies relevant sources of data/evidence in order to assess the quality of information and draw appropriate conclusions.

Dave Hutchinson is the Cooperative Learning Coordinator at the School of Health Information Science at the University of Victoria.
Over the past year, a team of researchers from the University of Portland (Oregon) has joined with faculty at the University of Victoria to ask if future nursing leaders are being prepared to negotiate nursing needs in our technologically-enabled future. Questions arose from the team’s understanding that nursing care requires a presence in the developing electronic health care record (EHR) for our discipline to document nursing care and outcomes, and to have a voice in care decisions, when information are maintained in the EHR.

Mary Oakes, Pamela Potter and Holly Shadburne (U Portland) and Noreen Frisch and Elizabeth Borycki (UVic) conducted a review of the graduate nursing curricula of 38 Schools of Nursing on the Pacific coast. We reviewed required and elective courses for those nurses being prepared for senior management and supervisory positions at the Masters level and learned that in only 38.8% of programs, future nurse leaders were required to study any concepts that were related to health informatics or nursing informatics. Further, we found no evidence that these future nurse leaders were being introduced to issues of how to procure and evaluate vendor-supplied and marketed EHR systems. While we know that nurse leaders/managers/supervisors are not being prepared to be informatics experts, we are concerned that current curricula are not addressing factors such as nursing documentation, nursing’s need to use trended data for quality performance, and nursing’s access to information in the EHR systems being marketed to hospitals and health care agencies. The research team is concerned that future nurse leaders may be in a position of accepting direction from non-clinical IT staff or EHR vendors who make recommendations to health care leaders about what is needed and what is not needed in new electronic record systems.

We raise concerns about the future of our discipline when nursing leaders do not have the background to advocate for nursing presence in the EHR and where procurement decisions are being made without active involvement of nursing leadership. We are recommending further review of curricula for preparing nursing leaders and inclusion of sufficient content in Master’s programs so that nursing leaders can ask appropriate questions in the procurement process and involve nursing informaticists and consultants as needed.

Are we preparing nurse leaders for information age activities in our practice settings?

by Mary Oakes, RN, MSN; Pamela Potter, RN, MSN, DNSc; Holly Shadburne, RN, BScN; Noreen Frisch, RN, PhD, FAAN and Elizabeth Borycki, RN, HBScN, MN, PhD

Electronic Health Record Training Portal: A First in Canada

by Andre Kushniruk, BSc, BA, MSc, PhD

Patient records are going digital and nurses are increasingly interacting with electronic health records and related technologies. Research in the School of Health Information Science and the School of Nursing at UVic is helping to ease the transition for nurses as they use these technologies. Health information scientists, Drs. Elizabeth Borycki and Andre Kushniruk, and their team of researchers have been educating nursing students (and related health professional students) about the new technology, and allowing students and faculty access to a range of electronic patient records. This work lead to the development of an Electronic Health Record (EHR) Educational Portal, designed to house a number of working electronic health record systems that can be remotely accessed and tested out by students from anywhere in the world for educational purposes. At the University of Victoria, several hundred nursing students have been exposed to electronic health records made available this way to learn about how this technology will shape their future practice and to learn the best ways to adapt to and incorporate electronic health records into practice. In closely related work, both Drs. Borycki and Kushniruk are working on creating low-cost clinical simulations to test the usability and effectiveness of information systems used by nurses. This work has also lead to new ways to both train nurses in using technology as well as new ways to predict a range of errors that may be inadvertently “induced” by using the technology (“technology-induced errors”). This work is used worldwide to refine and improve a range of information systems designed for nurses as well as to improve training of nurses who are adopting these systems in live healthcare settings.

Andre Kushniruk is a Professor at the University of Victoria School of Health Information Science and an Adjunct Associate Professor at the University of Toronto Faculty of Medicine and the Mt. Sinai School of Medicine in New York.
Electronic Tools for Case Management: thoughts about 21st century care

by James P. Ronan, MN, PhD, CPNP-PC

With the advent of the Electronic Health Record (EHR), greater potential to capture, track, and manage patient information represents the new frontier for case management. The advent of EHR technology challenges us to improve clinical outcomes but little has been demonstrated to develop and enhance the current work-flow schema. The basis for the current model of primary health care practice persists on demand management wherein patients determine when services are needed. This is juxtaposed with prospective management where patients’ needs are anticipated based on wellness periodic needs as well as chronic illness management follow-up according to the proven practice inherent in the Chronic Care Model. Managing populations of patients is at the core of successful health outcomes. For example, for pediatric populations 2-21 years of age, the recommended standard of care for health visits is annually, with predetermined assessment topics based on age. If populations were managed by, let’s say, scheduling an appointment in the birth month of each individual in the age range, two major accomplishments could be realized. First, enhanced outcomes regarding age appropriate periodic screening, anticipatory guidance regarding lifestyle, school performance, career trajectory, nutrition, and activity levels as well as pertinent risk-factors or consequence-factors can be openly explored and discussed. Second, by managing populations with EHR databases, patient flow management is enhanced, optimizing provider resources. The same strategies may be deployed for chronic illness management such as asthma or diabetes based on the standard of care supported by clinical outcome evidence. With this example, quarterly clinic visits are inherently required for successful clinical management with optimum outcomes. EHR technologies enable a practice to tract, notify, and follow up with patients who need this level of clinical oversight.

Increasingly, the focus on using data collection strategies utilizes electronic technology in new and exciting ways. For example, currently, many required screening tools that optimize clinic visits are completed via paper and pencil by the patient pre-visit and then must be processed and assessed manually. With this traditional approach, there are numerous opportunities for error such as improper scoring, misfiling, lack of availability and timing for the interpretation of the screening tool. Portal access through secure practice websites is a mechanism to avoid the pitfalls of utilizing screening tools. When patients complete the required screening tool, it is forwarded through the web portal by secure email directly to the practice EHR where the instrument is electronically scored and routed to the patient’s record as a pop-up notation for the provider to review when the chart is opened. Screening tools are increasingly precise in alerting providers and support staff to critical medical concerns and have shown higher reliability than traditional metric indicators typically collected during patients’ visits. Managing health care electronically is a reality for the 21st century, requiring educators to prepare practitioners for the advent of this new technology.

James Ronan is an Assistant Professor at the University of Victoria School of Nursing.

Innovation in Nursing Informatics Education in Canada and Internationally

by Elizabeth Borycki, RN, PhD

In September of 2010, the Schools of Nursing and Health Information Science launched a novel double-degree Masters program that leads to a Master of Nursing and Master of Health Informatics for nurses who are interested in nursing informatics careers in Canada. In 2008 Noreen Frisch and Marjorie McIntyre from the UVic School of Nursing and Andre Kushniruk and Elizabeth Borycki from the School of Health Information Science designed the distance-based, graduate program to meet the needs of nurses who are interested in working in informatics roles at the intersection of nursing and health informatics. The program is the first of its kind in Canada and it is one of the few programs that provides a comprehensive set of courses and experiential work opportunities in the area of nursing informatics. Nurses who complete the program graduate with two degrees: a Master of Nursing and a Master of Science in Health Informatics after 3 years of study. To date, the Schools have received overwhelming interest and support of the graduate program from international nursing informatics and health informatics leaders from around the world as well as regional health authorities from across Canada.
An overview of the study on

**The Influence of Peer Dynamics on Online Learning: A Hermeneutic Analysis**

by Marjorie McIntyre, BSN, MSN, PhD; Carol McDonald, RN, PhD; Margaret Scaia, BScN, MN, PhD (c) and Andrea Monteiro, BSN, MScN, PhD student

Upon undertaking this research, we knew anecdotally that student learning was influenced by peer participation, but anticipated that research-informed knowledge of this influence on student learning would better prepare us to teach in the online environment. Furthermore, we recognized our pedagogical focus, based on years of teaching face to face in classrooms, transferred imperfectly to the online environment. In this study, 30 graduates of the SON online programs participated in unstructured interviews and/or focus groups. Although we were surprised by the contradictory and paradoxical nature of the accounts among participants, central findings did surface in the hermeneutic analysis. Specifically, time, participation, conflict and skill development were seen to influence the peer dynamics for online learners.

**It's about Time.** The topic of time was, perhaps not surprising, prevalent in all of the participant’s experiences of online learning. Most challenging, in the influence of peer dynamics, was the reality that people had different amounts of time to devote to the course work and these differences influenced people’s learning as part of a peer group. Although for the most part, the different time priorities were well understood by class members, when group assignments were due or when people did not come online when they were expected, it became more challenging for members to maintain the goodwill needed and often conflicts arose.

**Pacing Participation.** Classmates talked about peer participation in several ways, including the amount of participation, the kind of participation and the timing of participation. Over-participation, that is moving ahead regardless of where the group was at, was as problematic as under-participation where people would not come online in a timely manner, undermining the work and sometimes the grades of the others. Participants noted that in face-to-face classroom experiences, the class schedule provided a structure to pace student participation. Although the asynchronous online learning offers flexibility, courses in which all the course material was available to students in advance, challenged the continuity of peer engagement. Some participants expressed a sense of isolation in online learning and wished for more involvement with peers, whereas others felt a need for clear boundaries on the expectations of participation, as the online courses were part of already busy lives.

**Conflict.** Nearly every account included instances of conflict between and among the online groups. Some disagreements were couched in different expectations of participation while others, often more serious conflicts, were around differences in beliefs and values. Despite the tensions of the conflicts in the moment, in reflection, participants shared what they had learned from the conflicts and in some cases how it helped them when they confronted these same differences in professional practice or other areas of their lives.

Likely one of the biggest sources of conflict for learners was required participation in group work, particularly when a group grade was involved. Participants faced, what in their view, were underestimated difficulties of connecting with peers across time zones and vast geographies using electronic media.

**Developing Skills.** Increased skills and confidence writing online, using digital technology and group facilitation contributed to better experiences within and across courses in the program. Participants talked about how their initial use of digital technology to communicate improved to a point where they realized they had the ability to assist others with the technology not only in the online learning environment but also in their place of work. Similarly, participants talked about how the initial intimidation of writing online where classmates could see their writing was quite a different experience than speaking in a classroom. Later, however, participants described the privilege of being able to see the writing of others and to appreciate how their own scholarship was influenced through seeing how others express different perspectives on the same topic. As with the development of technical skills, participants gave examples of how their enriched writing and facilitation skills continued to serve them in professional practice.

**Recommendations for Educators:** Among the many things that we came to understand in our conversations with graduates of our online programs is the reality that expectations developed in a face-to-face learning environment do not always transfer to the online format. The development of structures that take into account the particular nature of the online format are needed. In this regard we suggest that whenever possible, programs are organized whereby students move together, in a cohort, through courses. To foster the peer contribution to learning, while maintaining the flexibility of asynchronous learning, courses are best designed to structure or pace student participation. Group work is best utilized in forums or discussions that are not graded.  

continued on page 10...
The Influence of Peer Dynamics... continued...

Online students benefit from a period of onsite orientation with a focus on building intellectual and social communities, appraising and upgrading writing skills and, where needed, practicing technological skills that will support their learning. Strategies to intentionally connect students to peers in their geographical locations, areas of practice and even personal interest areas can be easily integrated into onsite orientation sessions. With deliberate focus on the influence of peer dynamics, education in the online format provides opportunities for participants to develop their own intellectual and professional capacities and through mentorship, to provide support and leadership to their peers. Additionally, some participants in this study demonstrated that these skills served them not only in the academic program but transferred to their professional nursing practice.

Marjorie McIntyre and Carol McDonald are Associate Professors at the University of Victoria School of Nursing. Margaret Scaia is a UVic School of Nursing Senior Instructor and interdisciplinary PhD student. Andrea Monteiro is a PhD student at the UVic School of Nursing.

Health Informatics Today

by Abdul Roudsari, BSc, MSc, PhD

The few, large and standard package providers, keeping paper records in isolation with minimal web support, was yesterday. Tomorrow promises the flexibility of multiple providers, integrated records, personalized services, the interactive web, mobile and smart phones. Today is the transition period, moving to tomorrow’s promises from yesterday’s starting point. Summarizing challenges are common to all countries - big or small, rich or poor - expecting improved health at lower cost.

Individual patients at the centre. A focus on the individual implies better and safer care through personalization. Coordination, continuity and quality across services, based on good record keeping, would logically follow.

Changing processes and behaviour through innovation. Sharing information between providers would tend to promote greater understanding between providers themselves and opportunities for wider change. Innovation might lead to redesigned existing services, new services not previously practicable, and behaviour change by staff and organizations in line with whole process re-engineering.

TeleCare promoting TeleHealth. Panic buttons and environmental alarms are already in place as TeleCare for many older and “at risk” social care clients. Simplified medical monitoring devices, following a similar social care connectivity model, begins the shift of health services closer to home. Family access to the same records allows additional support at home, perhaps by remote links.

Well-being and public health on the move. Tailoring advice to individuals at home extends to patients away on business, holiday or unforeseen travel. Mobile devices provide the vehicle. Messages could cover services, hazards and precautions specific to locations.

Records and advanced informatics. Special algorithms have potential to predict service demand as well as individual risk factors. They are likely to develop with improving record data quality and record integration across services.

The fundamental warning of disruptive technologies. Much is possible with new technologies. Services are redesigned, new services are emerging, and patients are in the “driving seat”. But several factors advocate caution. Not all patients have the funds or IT-literacy for internet use. Those that do may have unrealistic expectations. Multiple systems replacing established human services may lead to fragmentation and greater alienation. This is the message of a truly disruptive technology. The web on various platforms is a pervasive medium in all countries, even in poorer countries. Learning what works best for which individuals and which organizations marks the important transition period for all in health Information and Communication Technologies (ICT) today.

Abdul Roudsari is a Professor and the Director of the University of Victoria’s School of Health Information Science.
COMMUNIQUÉ | SPRING 2012

SELEcTED CURRENT INFORMATICS PUBLICATIONS by UVIC FACULTY and STUDENTS

2012


2011


2009


SELEcTED CURRENT INFORMATICS PRESENTATIONS by UVIC FACULTY and STUDENTS

CASN – ANNUAL RESEARCH CONFERENCE
May 2012, Toronto


NANDA - INTERNATIONAL, BIENNIAL MEETING
May 2012, Houston, TX

• Borycki, E.M., Frisch, N., & Kushniruk, A. Identification and Reduction of Technology-induced Errors.

• Frisch N., & Frisch, L. Use of NANDA-I Terms in Published Nursing Scholarship.


EHEALTH 2012: INNOVATING ECARE
May 2012, Vancouver

• Currie, L, Frisch, N., & Borycki, E.M. Infrastructure and Sociotechnical Best Practice to Support Care Coordination.

11th INTERNATIONAL CONGRESS on NURSING INFORMATICS (AMIA)
June 2012, Montreal

• Borycki, E.M., Frisch, N., Kushniruk, A., McIntyre, M. & Hutchinson, D. Integrating Experiential Learning Into a Double Degree Master’s Program in Nursing and Health Informatics.


• Ronan, J.P. Measuring primary health care out comes utilizing clinical quality mapping strategies.

• Scott, L., Michaud-Hamilton, M., Hennessy, M., Sturm, J. The Nurse Informaticist as an Advanced Practice Nurse: Reflections of Four Graduate Students in the University of Victoria Double Degree Program.
A Shining Light:  
Doctoral Student Leadership


dr. Judith Shamian joined us from Toronto.

Dr. Rodger is Vice-President of Professional Practice and Chief Nursing Executive at the Ottawa Hospital, the University of Ottawa Heart Institute and the Rehabilitation Centre, and past president of the Canadian Nurses Association. Her experience includes management, education, research and a background and passion for clinical nursing. Dr. Shamian is the current President of the CNA and President and CEO of the Victorian Order of Nurses. Throughout her career she has held many formal and informal leadership positions with a focus on nursing and health care. She is passionate about life, nursing, and the health care system. As wives and mothers, both speakers emphasized the need for balance between career and family.

We were inspired by Dr. Rodger’s personal history. From the beginning of her nursing career, Dr. Rodger took the “road less travelled” by studying nursing in English when coming from an exclusive Francophone background in Quebec. From there, it seemed that there was no challenge that was too overwhelming to undertake! Dr. Rodger’s success at Ottawa Hospital with leading nurses in organizational reform is based on a system of networking that enables nurses to nurture each other’s leadership qualities. Bedside nurses take the lead with clinical problem solving, which is encouraged and expected to exist on a collegial basis over the entire spectrum of the caregiving experience. Significantly higher rates of nurse retention at the Ottawa Hospital suggest that nurses who are working within this model are happy to participate. Dr. Rodger’s organizational framework is a departure from the model of “positional leadership” wherein nurses too often are expected to “follow” rather than “lead” in patient care. The success of the nursing care model at Ottawa Hospital is based on identifying the extensive resources that exist among nurses, but which are often invisible and undervalued in organizational structures wherein others dictate nurses’ work and decision making. According to Dr. Rodger, the values of compassion, caring, knowledge and evidence underpin much of nurses’ work and they can be the source of tremendous influence. Courage is needed for nursing leadership. Vision is also important among nurse leaders, in order to draw upon what connects nurses – and as nurse leaders, we need to embrace those values to effect change. Visibility is crucial, so that nurses are seen as integral players across the disciplines. Most innovative, though, is the notion that nurses in clinical practice settings have the ability to participate meaningfully as leaders - chairing committee work and participating in other activities that are most often associated with traditional leadership positions. Dr. Rodger stressed that we need to “grow” our clinical leaders and give all nurses a training ground for leadership. Finally, nurses need to celebrate the depth and breadth of knowledge that our study and experience generates. This knowledge, in turn, will have the potential to increase our realm of influence as nurses.

During discussion with Dr. Shamian, key statements resonated with Rosanne and elicited this reflection: “I heard her words clearly, and my heart quickened. ‘You’re here to be known as a leader.’ Dr. Shamian’s statement was unequivocal as she shared lessons learned about nursing leadership. The conversation continued in a rich, earthy, and evocative yet inspirational way. “The backbone of a PhD is analytical thinking.”  But how often we have experienced tension in trying to apply ourselves in the practice world in practical ways! Questions and judgments were generated like popping corn as I reflected as to whether I am "lead" in patient care. The success of the nursing care model at Ottawa Hospital is based on identifying the extensive resources that exist among nurses, but which are often invisible and undervalued in organizational structures wherein others dictate nurses' work and decision making. According to Dr. Rodger, the values of compassion, caring, knowledge and evidence underpin much of nurses' work and they can be the source of tremendous influence. Courage is needed for nursing leadership. Vision is also important among nurse leaders, in order to draw upon what connects nurses – and as nurse leaders, we need to embrace those values to effect change. Visibility is crucial, so that nurses are seen as integral players across the disciplines. Most innovative, though, is the notion that nurses in clinical practice settings have the ability to participate meaningfully as leaders - chairing committee work and participating in other activities that are most often associated with traditional leadership positions. Dr. Rodger stressed that we need to “grow” our clinical leaders and give all nurses a training ground for leadership. Finally, nurses need to celebrate the depth and breadth of knowledge that our study and experience generates. This knowledge, in turn, will have the potential to increase our realm of influence as nurses.

During discussion with Dr. Shamian, key statements resonated with Rosanne and elicited this reflection: “I heard her words clearly, and my heart quickened. ‘You’re here to be known as a leader.’ Dr. Shamian’s statement was unequivocal as she shared lessons learned about nursing leadership. The conversation continued in a rich, earthy, and evocative yet inspirational way. “The backbone of a PhD is analytical thinking.”  But how often we have experienced tension in trying to apply ourselves in the practice world in practical ways! Questions and judgments were generated like popping corn as I reflected as to whether I am "lead" in patient care. The success of the nursing care model at Ottawa Hospital is based on identifying the extensive resources that exist among nurses, but which are often invisible and undervalued in organizational structures wherein others dictate nurses' work and decision making. According to Dr. Rodger, the values of compassion, caring, knowledge and evidence underpin much of nurses' work and they can be the source of tremendous influence. Courage is needed for nursing leadership. Vision is also important among nurse leaders, in order to draw upon what connects nurses – and as nurse leaders, we need to embrace those values to effect change. Visibility is crucial, so that nurses are seen as integral players across the disciplines. Most innovative, though, is the notion that nurses in clinical practice settings have the ability to participate meaningfully as leaders - chairing committee work and participating in other activities that are most often associated with traditional leadership positions. Dr. Rodger stressed that we need to “grow” our clinical leaders and give all nurses a training ground for leadership. Finally, nurses need to celebrate the depth and breadth of knowledge that our study and experience generates. This knowledge, in turn, will have the potential to increase our realm of influence as nurses.

During discussion with Dr. Shamian, key statements resonated with Rosanne and elicited this reflection: “I heard her words clearly, and my heart quickened. ‘You’re here to be known as a leader.’ Dr. Shamian’s statement was unequivocal as she shared lessons learned about nursing leadership. The conversation continued in a rich, earthy, and evocative yet inspirational way. “The backbone of a PhD is analytical thinking.”  But how often we have experienced tension in trying to apply ourselves in the practice world in practical ways! Questions and judgments were generated like popping corn as I reflected as to whether I am "lead" in patient care. The success of the nursing care model at Ottawa Hospital is based on identifying the extensive resources that exist among nurses, but which are often invisible and undervalued in organizational structures wherein others dictate nurses' work and decision making. According to Dr. Rodger, the values of compassion, caring, knowledge and evidence underpin much of nurses' work and they can be the source of tremendous influence. Courage is needed for nursing leadership. Vision is also important among nurse leaders, in order to draw upon what connects nurses – and as nurse leaders, we need to embrace those values to effect change. Visibility is crucial, so that nurses are seen as integral players across the disciplines. Most innovative, though, is the notion that nurses in clinical practice settings have the ability to participate meaningfully as leaders - chairing committee work and participating in other activities that are most often associated with traditional leadership positions. Dr. Rodger stressed that we need to “grow” our clinical leaders and give all nurses a training ground for leadership. Finally, nurses need to celebrate the depth and breadth of knowledge that our study and experience generates. This knowledge, in turn, will have the potential to increase our realm of influence as nurses.
A Shining Light... continued...

It sounds easy. Challenge, courage, visibility, and vision in leadership are not new ideas, and even though we know these qualities are not easy to achieve, they have the potential to sound deceptively simplistic.

Both Dr. Shamian and Dr. Rodger have held a variety of positions in clinical practice, administration in a variety of health care settings and situations that provided them with a depth and breadth of ongoing knowledge development and experience. Both valued the perspectives they gained from their doctoral studies. For each, the centrality of their valuing knowledge, fortitude, and passion for nursing (that is, their concern for patient care) was the source of their inspiration. By becoming influential leaders, therefore, they found themselves in positions where they could operationalize their passion. Those of us who attended these sessions were inspired by these nursing leaders, who encouraged us to find our own unique light and let it shine brightly so that we too may provide leadership as doctoral students, and in our future roles as nurse leaders.

Joan Humphries and Rosanne Beuthin are PhD students in the UVic School of Nursing.

---

Research Conversation with Carole Estabrooks
by Anastasia Mallidou, BSN, MScN, PhD

Dr. Carole Estabrooks was our Research Conversation guest on March 7th as part of the UVic IdeaFest celebration. Dr. Estabrooks is Professor, Faculty of Nursing, at the University of Alberta and a Canada Research Chair in Knowledge Translation. Last month, Carole was announced as a Tier 1 Canada Research Chair in Knowledge Translation, the first nurse to be so honored. This award is given to researchers acknowledged by their peers as world leaders in their fields. Dr. Estabrooks leads the Knowledge Utilization Studies Program (KUSP) at the University of Alberta http://www.nursing.ualberta.ca/Staff/Faculty/CEstabrooks.aspx and http://www.kusp.ualberta.ca.

Carole drew a large audience, comprised of our own faculty, staff and graduate students as well as guests from across campus. Her presentation focused on her applied health services research program that includes numerous projects, but particularly on a longitudinal study about knowledge translation in residential long term care facilities, called Translating Research in Elder Care (TREC). The goal of the program is to improve care for elderly residents in nursing homes by examining how the organizational environment affects the use of best practices. Carole skillfully integrated her own career trajectory with an informative description of her particular interest in the influence of workplace context on healthcare providers’ behavior. Front-line caregivers in nursing homes mainly consist of unregulated healthcare providers with few opportunities to learn about new knowledge skills and strategies for their routine care practices.

To assist them, Carole and her research team have developed and tested various interventions to increase this population’s use of research findings and thus improve quality of care, resident outcomes, and provider work life experiences.

Carole’s combination of personal and research anecdotes clearly exemplified her passion and commitment to improving the quality of life in the last months and years for the elderly in nursing homes, the majority of whom have dementia and who are among some of our society’s most vulnerable citizens. Carole’s presentation was filled with inspirational strategies and advice generously shared. For example, she advised that for success as an academic “big R” researcher, new doctoral graduates and faculty should 1) focus, focus, focus; 2) do not move from university to university, and 3) publish, publish, publish as soon as possible. Definitely, she offered us much food for thought. Carole’s formula can be fruitful and successful, when someone does loyally follow it. Thank you Carole!

Anastasia Mallidou is an Assistant Professor in the UVic School of Nursing.
Symbols speak eloquently of living-with-dying

by Robbyn Lanning, BFA, MA

For many, living with a life-threatening illness is unimaginable. How does one garner the optimism and endurance needed to continue living while the end of life approaches? To help shed light on the experiences of people living with the uncertainties of serious illness, 32 people diagnosed with cancer, chronic kidney disease or HIV/AIDS joined forces with a group of nurse researchers to share stories and ideas about living with dying.

The Re-stor(y)ing Life Within Life-Threatening Illness research team, led by Dr. Laurene Sheilds, has undertaken an investigation of the experiences of people living with life-threatening illness. Working collaboratively, the team, consisting of Sheilds, Drs. Anita Molzahn (University of Alberta), Anne Bruce and Kelli Stajduhar with doctoral students Kara Schick Makaroff (graduate 2011), Rosanne Beuthin and Sheryl Shermak, amassed data about the lives of people living with incurable disease.

By requesting that project participants identify a symbol emblematic of their experiences living with life-threatening illness, the team integrated the study of representational symbols into the project. As four years passed and the CIHR funded project drew to a close, the Re-stor(y)ing team embarked on a number of initiatives to make its findings available to the project’s participants, health practitioners and the community at large.

As part of this knowledge dissemination initiative, I was invited to collaborate with Re-stor(y)ing team members Bruce and Schick Makaroff to curate an exhibit that would transform the research into a visually cohesive and publicly accessible form. As a result, on April 13, the Symbols of living in-between: Re-stor(y)ing life within life-threatening illness exhibit opened at the Maltwood Prints and Drawings Gallery. The exhibit provides an opportunity for the public to put themselves in the place of a person living with life-threatening illness. Through the sharing of a selection of symbols and stories identified by project participants and interpreted by the researchers, the exhibit bears witness to complex narratives about living with dying that are seldom heard.

The results of the Re-stor(y)ing team’s research will hit close to home for anyone who knows, or has known, a person living with life-threatening disease. My own experiences compelled me to be part of the project. My mother, Eileen, lived an eight-and-a-half-year journey from her diagnosis with stage-four colorectal cancer to her passing at Victoria Hospice. My mother, her family, her friends—we all experienced aspects of living with dying. “You’ll be lucky to have six months,” she was warned. She relished life between battles with chemo, radiation and surgery against perceived odds and was repeatedly told “we don’t know how you are still alive,” and “whatever you are doing, keep it up.”

Sheilds recognizes the value that personal connections with the research bring—each team member has been “touched professionally and personally by life threatening illness… we chose to study these experiences from a research perspective so that we might capture the broad range of experiences that people have.” Sheilds and members of the Re-stor(y)ing team strive to keep “the experiences of our participants in the foreground” and, as such, the exhibit is dedicated to people living with, and those who have succumbed to, life-threatening illness.

The diverse array of stories that viewers witness in the exhibit are testament to the reality that though remarkable, the lives of those living with dying are not uncommon. The exhibit’s intimate and often uplifting look at living with serious illness demonstrates that people are not defined by the ailments with which they are diagnosed. Serving as a powerful reminder of the gravity of living with life-threatening illness, white ribbons have been placed throughout the exhibit adjacent to symbols chosen by research participants who have now passed.

Symbols of living in-between runs until June 4 at the UVic Maltwood Prints and Drawings Gallery in the McPherson Library (room 027). The gallery follows regular library hours (available online at: http://library.uvic.ca). The exhibit is free and open to the public. For more information on the Re-Stor(y)ing Reseach Project, visit: http://www.uvic.ca/hsd/illnessnarratives.

Robbyn Lanning is Coordinator of Research and Scholarship in the School of Nursing and Curator of the “Symbols of living in-between” exhibit.
Health concerns related to substance abuse, injection drug use (IDU) and HIV/AIDS have reached critical levels; nowhere is the situation more urgent than in Canadian prisons (Werb, Kerr, Small, Montaner & Wood, 2008). Despite overwhelming empirical evidence to support harm reduction strategies like needle exchange programs and Methadone Maintenance Programs (MMP) for IDU, research that uses a collaborative and holistic approach is rare. Two studies reported in this paper offer exceptions. The research was done in collaboration with the inmates and the results from one study revealed what incarcerated women identified as their priority areas of concern while in prison, and what the inmates feel is most crucial to their successful return to the community, in the other. These women report that their major concerns are for addictions and IDU management, life skills training, opportunities for family health education, and spirituality. The strategies in this paper incorporated principles of community empowerment to develop training and educational opportunities for the women that focus on their capacities and strengths. Addressing the female inmates’ concerns has the potential to improve their health not only in prisons, but also on their return to communities. Capacity-focused interventions, such as those suggested in this study, necessitate ongoing evaluation, collaboration, and input from the female inmates.

References


Kathleen Harris is a graduate student in the APL-MN program at the UVic School of Nursing and the recipient of the 2012 Sochan Essay Award for Nursing for her essay, “Promoting Health in Incarcerated Women: Community Empowerment Strategies in Action”. Harris’ full essay is available for viewing online at: http://nursing.uvic.ca/research.
**PUBLICATIONS and PRESENTATIONS - FACULTY**


**PUBLICATIONS and PRESENTATIONS - STUDENTS and ALUMNI**


**AWARDS - FACULTY**

- **Lenora Marcellus** has been selected as a scholar in the 2012-2013 Sigma Theta Tau International Nurse Faculty Leadership Academy. Her mentor for this academy is Dr. Maura McPhee in the School of Nursing, UBC. Their proposed project is to develop and implement an academic nursing faculty competency framework. The purpose of the academy is to develop the next generation of nurse faculty so that they can lead the development and implementation of innovative nursing education programs.

- **Lenora Marcellus** is taking part in the 2012 BC Patient Safety and Quality Council Quality Academy. The Quality Academy is a professional development program to build advanced improvement capability in BC. Participants in the program attend 5 residency sessions and work on a quality project within their organization. Lenora will be continuing to work with UVic and Camosun Working Group members on the undergraduate nursing student incident reporting process.