

COMMUNIQUÉ

UVic School of Nursing - Research and Scholarship Publication

FALL 2016

A SPECIAL 40TH ANNIVERSARY ISSUE



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WELCOME LETTER

In this issue we are invited to look back and reflect on the impressive contributions of the University of Victoria School of Nursing faculty, staff, and students: an innovative curriculum, nursing ethics, health promotion, community/public health nursing, education in nursing, gerontological nursing, and palliative care to mention a few.

This 40th Anniversary Edition of the Communique is filled with historical photos, artifacts, stories, and snippets that invite us to reflect on where we have been, where we are going, and what this means to us as an educational nursing community. As it should be, our students figure large in the story of the UVic School of Nursing, from the mid-seventies when nurses on Vancouver Island lobbied the government for a School of Nursing at the University of Victoria to now when our graduates are breaking new ground in important roles in health care such as assuming positions as NP's in rural and remote settings.

I hope that in reading this issue you will be touched, moved, inspired, and/or energized, and that you will feel pride in what has been accomplished at the University of Victoria, School of Nursing, through the amazing work of faculty, staff, and students. May the next decade see us drawing deeply on our creativity, collegiality, and plain hard work to lay the ground for an exciting next half century at our School of Nursing.

Please enjoy what we have prepared for you in this issue!

Sincerely,



Lynne Young, RN, PhD
Professor
University of Victoria, School of Nursing



In honour of the 40th Anniversary of the School of Nursing and in recognition of recommendations from the Truth & Reconciliation Commission, a scholarship has been set up for a deserving Indigenous Undergraduate Nursing Student.

For information on how you can contribute to this scholarship, please contact:

Lynne Milnes, Development and External Relations Officer
250-472-5031 | lmilnes@uvic.ca

Your generous support is always appreciated and so necessary.

EARLY YEARS: THE DEVELOPMENT OF THE COLLABORATIVE NURSING PROGRAM OF BC

Marcia Hills, RN, BScN, MA, PhD

As the University of Victoria School of Nursing celebrates its 40 year anniversary, it is timely to step back and reflect upon our school's formative development years.

In 1989, the synchronicity of three events lead to the creation of the innovative and transformative Collaborative Nursing Program of British Columbia (CNPBC). A "Curriculum Revolution" (1989) was occurring mostly in the USA. Nurse educator leaders were attempting to overcome two challenges: Nursing's tormented ambivalent relationship with medicine; and Nursing's 40 year endorsement of a Tylerian behavioral model of education (1949). Secondly, Health Promotion was on the Canadian government policy agenda and the CNPBC Steering Committee saw the opportunity to connect health promotion and nursing. And thirdly and coincidentally, an initiative was underway in British Columbia to create better access to post-secondary education by having universities mentor several community colleges to become degree granting.

Although the provincial government's intention was to create better access to higher education, the CNPBC Steering Committee seized the opportunity to create a shared vision of a generic 4 year baccalaureate program that would have the same curriculum delivered on four campuses geographically distributed throughout the province with Camosun College and the University of Victoria establishing a permanent collaboration.

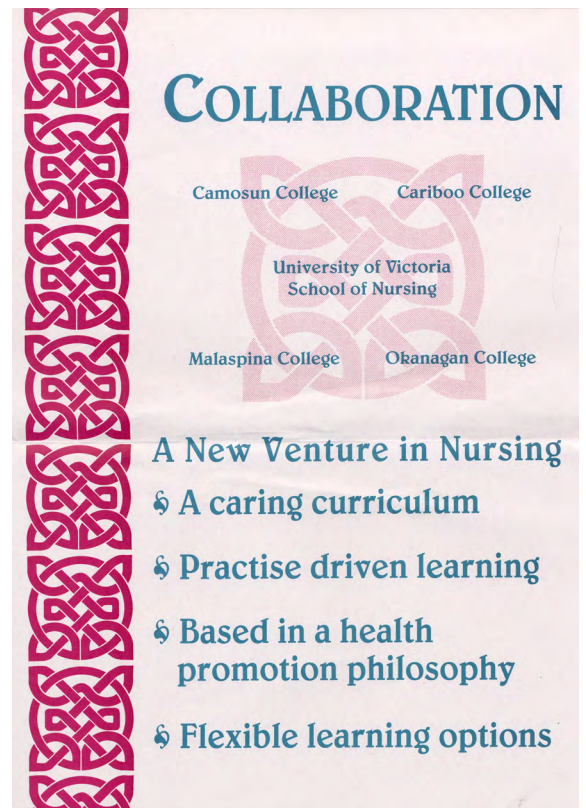
The curriculum created by the 13 person CNPBC Curriculum Committee included the following innovations:

- truly embracing nursing knowledge rather than medical knowledge as a base from which to practice;
- recognizing Nursing's domain of practice as being different but complementary to Medicine's with a focus on caring rather than curing;
- developing a science of people that focuses on their experiences of health and healing; recognizing human and relational aspects of self and Nursing as being primary with skills being secondary;
- and, understanding caring as the theoretical, ethical and philosophical foundation of nursing.

In addition, following the redefining of curriculum as, "those transactions and interactions that take place between teachers and students and students and students, with the intent that learning take place" (Bevis & Watson, 1989, p.72), the CNPBC embraced an emancipatory relational pedagogy that viewed teachers and students as being in a mutual inquiry process of learning.

Similarly, the Committee looked to Freire's teachings that combining a relational caring perspective with an emancipatory one aligns the teacher and the student and together they engage with information to be learned (Freire 1972; Hills & Watson, 2011). This is very different than the Tylerian behaviorist "banking" concept in which the teacher is seen as the transmitter of information and the student is perceived as the passive recipient of information which is to be regurgitated on the teacher's demand. With that perspective, the committee members agreed that if we wanted "to graduate nurses who embrace caring as their moral compass that guides all their actions and who are independent thinkers with confidence in their ability to make clinical judgments, we must educate them within a truly emancipatory relational pedagogy" (Hills & Watson, 2011, p. 55).

This curriculum became an inspiration for many other nursing programs in Canada and the United States with many adopting or adapting it for their own purposes. Since its inception, our curriculum has undergone many iterations and developments including adding and changing partners, making curriculum changes, and having faculty leave or join the program. Nevertheless, it remains germane in this 21st century.



40 ANNIVERSARY OF THE SCHOOL OF NURSING: NATIONAL NURSING WEEK 2016 AWARDS

By Janet Storch, RN, BScN, MHSA, PhD, DSc (Hon Ryerson), LLD (Hon UWO), Professor Emeritus UVic School of Nursing |
edited by Margaret Scaia

I was asked to speak about the UVIC School of Nursing's historical contributions to the evolution of Nursing Education and Practice.

In this presentation I will focus on three areas in relation to this topic:

- Explaining ourselves to others
- Advantages and challenges faced by the school over time
- Contributions we can claim about the school

Explaining ourselves to others

The year 1976 marked the first year of operation of the School. When consideration was being given to opening a School of Nursing at UVIC, I found there was a need to explain nursing itself. I needed to explain to the press, and to the university, that nurses are "not junior doctors"; "that apprenticeship dated models are not adequate or desirable" and "that nursing is not only nurturance because there is a science of nursing."

Some years later, In the Spring of 1997, the SON prepared for and received RNABC School approval for the first time under the new "Caring Curriculum" model based on the work of Em Bevis and Jean Watson. Before that approval came, there was a special meeting of the whole faculty called along with the RNABC Approvals committee in Vancouver, to explain why our curriculum was strong and appropriate for school approval. Then, at the Canadian Association of Schools of Nursing (CASN) Accreditation site visit (that included 10 collage partners including UVIC), the accreditors suspended their disbelief until they read our documents and interviewed many faculty and students who "explained ourselves to them" in a most favourable light.

Advantages and challenges faced by the school over time

One real advantage of the establishment of the School of Nursing at UVic, in my view, was the absence of a Faculty of Medicine on campus. In my experience on two other campuses, nursing programs were plagued by the anxieties of medical schools about what nurses were planning to teach, and often mandating that they be part of the teaching of nurses. In fact, when an issue arose about UVIC perhaps needing a Faculty of Medicine, a fairly stiff memo arrived at the Director's office from President Petch to state that a Faculty of Medicine could have potential dangers for the University of Victoria. He noted that medical schools are typically independent of the University, they enjoy a large budget, cost per student exceeds any other program, and both education and research are typically in the hands of physicians and surgeons. Further, he explained, the subservience of nurses, social workers, etc. is facilitated by the way these students are trained

There were also challenges for the school. As the number of students applying to UVIC from colleges to complete their BSN increased (in large part due to the entry to practice change in 2000) sufficient space at UVIC and a desire to save hundreds of students from moving to Victoria or commuting from the Lower Mainland, led the SON at UVIC to start a campus in Vancouver. Between 1995 and 2007 the SON operated a Satellite Campus at Langara College. At that campus we benefited from UBC's newly minted PhD graduates. Those new Doc's included Rosalie Starzomski, Paddy Rodney, Lynne Young, Colleen Varcoe, and Vicki Smye. These pioneers had some terrific challenges and they did an amazing job. The whole operation would not have been possible without the strong administrative support from Pat Blonde, Diana Walton, Gail Allison, and others. I suggest that the dedication of faculty and staff at the Langara campus changed the lives of many nurses who might otherwise not have been able to obtain a BSN, and has made a substantial difference to BC's need for baccalaureate graduates in those years.

Contributions we can claim about the school

The first director of the UVic SON was Dr. Isabel MacRae who planted the seeds for distributed learning when she noted that it was time to move from curriculum research to delivery of software in nursing education that could be used country-wide. By 1980, the UVic SON had developed its first credit nursing course using print, interactive cable, TV, and telephone to reach students across BC. By April 1985, Elaine Gallagher, member of the Extension Committee, estimated that the number of distance nursing students registered was approximately 800.

Another visionary leader who made a significant contribution to nursing education nationally, was Dorothy Kergin whose reputation and leadership was likely the spark that encouraged a visit from the Director of the National Health Research and Development Program (NHRDP) to talk about research funding. By 1984, faculty members held national grants: Carolyn Attridge held a grant from SSHRC, Isobel Dawson a grant from NHRDP, Marilyn Jackson, a grant from Multiple Sclerosis, and Elaine Gallagher a grant to explore teleconferencing for Distance Education. Both Dorothy Kergin and Jesse Mantle were funded to focus their research on aging

The model of collaboration with college partners and nursing courses made available at rural satellite learning centres was central to providing access to nursing education outside major urban centres. For example, in the summer of 1984, courses were offered off site to nurses in Prince George and in 1985 in Kelowna and Nanaimo. These were courses in “teaching and learning”, “nursing administration” and “nursing theory”. This outreach and collaboration established a new benchmark in Canadian nursing education history.

UVIC, SON’s leadership in the curriculum revolution of the 1980s and 1990s was also expressed through the adoption and development of the “caring curriculum” in the late 1980s. This was a unique contribution to Canadian nursing which only a smaller nursing school could have achieved. The SON was really the pilot project that others came to emulate. Based upon the work of curriculum visionaries Em Bevis and Jean Watson, faculty like Marcia Hills, Gweneth Doane and Liz Lindsay spear-headed the adoption of this new curriculum model and did the developmental work to make the curriculum a desirable choice for so many other nursing programs across Canada.

Our Graduate programs have subsequently been built from the undergraduate curriculum with a strong philosophical base emphasizing ethics and critical theory. This work has formed the foundation for 5 graduate programs including a PhD program based on a ‘philosophical model that attends to coherence among and between ontological, epistemological, ethical, and practical dimensions’ – a program designed to change practice.

Clinical practice has always been a major part of course work, despite terrific difficulties at times in gaining sufficient access to practice sites. The development of the Nurse Practitioner program underscored the importance of practice as did the faculty member’s research undertakings focused on chronic illness, street involved people, youth, women, aging, harm reduction, illness prevention and health promotion, ethics and more.

In conclusion, I would argue that the UVic SON is unique in its national contribution to nursing education. A review of how the school was established, the advantages and challenges of those who worked from a vision of change, and the contributions of faculty, staff and students, has served to make this contribution more visible and accessible to historians of nursing education and to those seeking to appreciate the legacy that launched and maintains the integrity of its graduate and undergraduate programs today.

Congratulations to Dr. Olga Petrovskaya!

At the end of September, the School of Nursing’s Olga Petrovskaya successfully defended her doctoral dissertation entitled “The Matrices of (Un)Intelligibility: Postmodern and Post-Structural Influences in Nursing—A Descriptive Comparison of American and Selected Non-American Literature from the Late 1980s to 2015.” Olga expresses her gratitude to her supervisory committee—Drs. M. E. Purkis, A. Bruce, and S. Ross (English)—as well as to her colleagues who attended the defense (or extended their support in other ways).



FROM THE ARCHIVES: MEMORIES OF THE SCHOOL

I was a 30 year member of the faculty of Nursing (retired as a Full Professor in 2010). I joined the school when there were only 7 faculty in 1980 and most have now deceased.

We only offered the post RN BSN program, and only on campus. The focus had been on Gerontologic Nursing prior to that but was beginning to be broader to include all ages. We were located in the Sedgwick Building, had no computers, and each of us arranged our own clinical placements. Dorothy and I both smoked in our offices, in meetings and even during classes. Times were sure different!! I have a yearbook from 1984. I don't know if any others were ever produced. We held great social functions with Social Work, Child Care and Public Admin where the faculty performed skits portraying our impressions of each other. They were a hoot!!

—Elaine Gallagher, RN, PhD



Laurel and her family on convocation day

In June 2005, I graduated from the University of Victoria with a Bachelor of Science Degree in Nursing. Walking across the stage to receive my diploma was one of the proudest moments of my life. My degree in nursing has given me a life and a career that I couldn't have imagined prior to embarking on that four-year journey.

I was 41 when I entered nursing school. I was a single parent with four little boys, 11 years and younger. I was on welfare and we lived in subsidized housing. Prior to having children, I was a geologist. I received a Bachelor of Science degree from the University of British Columbia in 1983. However, life as a geologist was not conducive to raising children as a single parent, so I was determined to secure a career that would allow me to do so.

I funded my schooling with student loans. I persevered each year because I had too much to lose financially if I didn't. Nursing school was tough, the academic bar was high and the practicums were arduous. There were endless papers and exams. At times it felt like the journey would never end.

Through hard work come rewards. I worked hard. I graduated with honours and I embarked on a career that I love. I am now financially secure and my boys are thriving as fine young men. For anyone who is second guessing a career in nursing, just tighten the seat belt and take the ride. It's a great one.

—Laurel Dunkley, Class of 2005, BSN

FROM THE ARCHIVES: NEWSPAPER CLIPPINGS

VICTORIAN, March 31st, 1976

Nurses slam Socreds

The Registered Nurses Association of B.C. has decried the tiny budget allocation for the University of Victoria school of nursing, an amount so small it will force students to use "pencil stubs and both sides of the paper".

The school, slated to open its doors in September after waiting for the moment since 1966, has been granted \$70,000 by the Social Credit government, enough to accept just 30 students, and only half of what is actually needed.

The tight budget means 50 per cent of the UVic students now fully qualified to take the course will be shut out.

"If we are to do a good job, we must be able to hire the best qualified personnel," said nursing director Dr. Isabel MacRae. "The money is at an

absolute minimum."

Although the school was planned for in 1966, MacRae said one thing after another managed to inhibit it from opening. Then, in 1975, she was hired to run the program.

But still the opening was delayed when the faculty of law was given the green light, forcing both nursing and the school of social welfare into the financial background.

"We need \$150,000 to do a good job," said MacRae. "We feel like poor cousins to the UBC faculty."

And well they may. The expansion of the UBC medical school will cost \$50 million. As MacRae points out, that figure, put in the bank, would generate enough interest in one month to fund both nursing and social welfare for two years.

The hopefuls for the UVic school are already registered nurses who are seeking bachelor of science degrees and who are then eligible to go on to a masters program. The masters is a plan of the future at UVic. Students must now go to Seattle, UBC or McGill to achieve that level.

"The nurses on this island have been disenfranchised," said MacRae. "The student population has risen here in 10 years to 7,000 from about 3,400 but no offering has been made for nursing."

The RNABC has urged the government to raise its allotment for the school. It noted 20 per cent of the province's nurses live on Vancouver Island, making UVic an ideal place to better themselves.

UNIVERSITY OF VICTORIA

Volume 7, Number 2, Jan. 16, 1981

Four-year nursing program gets nod

A new four-year program leading to a Bachelor of Science in Nursing degree has been approved by the UVic Senate.

The program will begin in the 1982-83 academic year if approval is received from the Board of Governors and the Universities Council of British Columbia (UCBC). The program is planned to start with 50 students and expand to 85.

The goal of the new program is to prepare competent nurse practitioners for beginning positions in health care institutions and agencies in B.C., "with emphasis on community nursing, acute and extended care nursing and the needs of the elderly and those suffering long-term chronic conditions."

The program is also designed to prepare its graduates for further studies and research at the master's and Ph.D. level.

"The proposed program is directed toward alleviating the present and predicted shortage in the province for registered nurses, particularly those who have

the ability to promote health and prevent illness as well as care for the ill and infirm," explains Dr. Dorothy Kergin, the School of Nursing's director.

The emphasis on health promotion, is a shift in the health care field as a whole.

"The health professions and the general public are becoming more aware of problems that are specifically related to health promotion and the development of health lifestyles. Community nursing plays an important role here," says Dr. Carol Attridge, chairman of the school's curriculum committee.

Health promotion is particularly important for older people, she adds, noting the increasing proportion of older people in the general population. As well, people over 65 tend to have greater needs for hospitalization and health care generally.

"Victoria is about where the rest of Canada will be in the year 2000 in terms of over-65 population," adds Kergin. "It's rather important to minister to the needs of the community we teach in."

The present two-year program, leading to a Bachelor of Science degree for those students who are already registered nurses, will continue, says Attridge. The new program will also provide an alternative to two-year R.N. courses at the college level. At present, applications for four-year nursing programs exceed the available places.

One feature of the new four-year program is a summertime work practicum



Kergin, left, and Attridge plan new curriculum

required between the third and fourth year. Fully a third of the overall program will be carried out in clinical settings.

"This means practicing in real health care situations including hospitals and community health care agencies," says Attridge.

Graduates of the program will also be

better prepared for entrance to higher degree programs Kergin adds.

"Grad programs provide an avenue for specialization and much more opportunity for those with degrees to move into middle management positions in hospitals and senior nursing positions in the community."

the Ring

Nurse School Cash Needed Quickly—RNs

The Registered Nurses Association of B.C. is urging the provincial government to commit funds for a school of nursing at the University of Victoria — and the university is assuming it will.

But for eight years now the school for advanced training of registered nurses has suffered from a congenital ailment — no money.

In a statement to government and university, the RNABC says a province-wide shortage of nurses with higher education cannot be met by the only existing school at the University of British Columbia.

"No matter how much money is spent on buildings and equipment, or how many technological advances are introduced, the standard of health care in British Columbia will not improve unless the individual delivering that care possesses the necessary knowledge and skills," says the RNABC brief.

Nurses provide 65 per cent of the health care work force but are not being prepared in sufficient numbers to provide more than basic nursing care.

The association says that 20 per cent of the province's 17,500 registered nurses live on Vancouver Island and the planned nursing school at UVic "will provide them with the opportunity to obtain advanced preparation — if the school receives the necessary support of the university and the provincial government."

Joseph Cunliffe, chairman of UVic's board of governors, said Tuesday that while the

university does not have any assurance of a budget for the school from the province, it is assuming it will get funds and planning on that basis.

The nursing school was first launched in the fall of 1968 but folded before the academic year was out because money from the province was not forthcoming.

It was scheduled to open again last fall but the opening has been delayed another year for lack of funds. A director has already been hired and there have been over 500 inquiries.

www.monday.com

Monday

MAGAZINE

WHO WANTS TO BE FLORENCE NIGHTINGALE?

B.C.'s hiring 1,000 nurses. Unfortunately, that won't prevent an impending crisis in our hospitals.

Jubilee Hospital nurse
Chris Leacock

by Alicia Priest

New plan to ease nurse shortage

Steps to ease the nurse shortage have been taken by the University of Victoria in co-operation with Camosun College.

Nursing school director Dorothy Kergin said for a two-year trial, UVic will accept 1987 diploma nursing graduates from Camosun entering the third year of the university's four-year bachelor of science program in nursing.

She said the undertaking is aimed at easing the nursing shortage in B.C., particularly a scarcity of specialist nurses.

UVic, Camosun work together

Until now, UVic has accepted for its BSN program only nurses who had two years of work experience following registered nurse qualification.

Next year candidates will need only endorsement by two referees able to attest to their academic ability and clinical competence, in addition to

their RN, provided they have completed hospital apprenticeship under an RN's direction.

Kergin said about 25 openings will be available for on-campus instruction, but there will be no limit to applicants enrolling in UVic off-campus programs such as carried by the Knowledge Network.

In January, having been first in North America to offer a credit nursing course remotely, UVic becomes the first offering a complete nursing degree by satellite.

Times Colonist, October 1986

DOROTHY KERGIN ENDOWMENT FUND: 2016 RECIPIENT

Erin Donald



"#palliativecare and mental health share philosophies; should collaborate"
@ErinEDonald #palcarecongress

I used my Dorothy Kergin Endowment Fund award for registration and part of travel to the 2016 International Congress on Palliative Care in Montreal, Canada.



At the conference I represented the University of Victoria School of Nursing by presenting the findings of my scoping review for palliative care for persons with severe persistent mental illness. The presentation was met with many questions and comments and conversation followed. I attended other sessions at the conference including a special research forum on methodology and two sessions on the Compassionate Communities movement. In the research methodology forum I learned about the role and steps of collaborative and participatory evaluation. I also learned about a proposed palliative-modified intention to treat analysis to resolve high data loss from disease-related (non-intervention related) death in palliative intervention studies.

In the discussion after this presentation some interesting points were brought up with concern about this method. It was fascinating to hear the different perspectives.

I also attended two sessions on Compassionate Communities and the movement to ground the principles of palliative care into the public sphere. I learned about interventions using volunteer navigators for the elderly with chronic life-limiting disease, and community gardens that provide space for reflection and engagement for those facing loss.

It's important to look at ways communities can be empowered to care for those with chronic life-limiting illness, and to support bereaved friends and family members. It's too easy to forget that health services, especially specialized health services, aren't always the answer.

While I attended many other sessions, one that stood out was the University of Victoria's Dr. Kelli Stajduhar presenting on her ethnographic study of palliative care for structurally vulnerable persons. Members of this population experience more barriers to care than many of us can imagine, and just day to day survival often overtakes the ability to engage with health care services to receive basic care and symptom control. At this conference I also had the opportunity to meet colleagues from across the country and around the globe. This conference was a positive experience that allowed me to further my learning, and to represent the University of Victoria in disseminating my research findings. I am grateful for the support of this endowment fund, which made my participation in this conference possible.

THE MIXED METHODS CLUB

By Marcy Antonio

The Mixed Methods Club began a little over four years ago when a group of doctoral and post-doctoral nursing students wanted to delve more into the methodological underpinnings of mixed method research (MMR). Since this time our group has steadily grown and expanded to include other disciplines within the Faculty of Human and Social Development. With one of our founding members, Dr. Kara Schick-Makaroff, now at the University of Alberta we also have others begin to join in from Edmonton.

The group meets once a month in-person or through [Skype](#). We often begin the meeting updating each other with the current progress on our individual studies before delving into an article focused on MMR. Our discussions include examining the philosophical foundations of MMR, as well as the practical challenges in conducting this emerging approach.

We welcome students, alumni, and faculty who are interested in MMR to join us.
Our next meeting is scheduled for **November 8, 2016 from 12:30-1:30 pm PST**.

For more information about our upcoming meetings or to learn more about the club, please feel free to contact:
Marcy Antonio, MPH
Interdisciplinary Doctoral Student - Nursing and Health Informatics
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Thanks to Dr. Kara Schick-Makaroff for her assistance in providing me with the background information for this article

What great news to hear a special Communique is coming out to celebrate the 40th anniversary of the SON! I am an alumna from 1984. I want to say that my BSN at UVIC prepared me very well for my nursing career that unfolded and led me to do a Masters in Nursing from UVIC as well (Policy and Practice in Healthcare and Social Services). With that degree I worked in the BC MoH developing self-care policy and end-of-life care policy. I also had the privilege of presenting Dr. Dorothy Kergin with her retirement gift from the SON at her special retirement dinner. What great memories! Best of all: my daughter Bethany James-Groom is now a 4th year BSN student and I am deeply honoured to have her carrying on the tradition of nursing in our family. She marks the 4th generation of RNs and I am so very proud of her choice and calling to be a nurse.

— Pauline James Curtis (formerly James-Groom), Class of '84 BSN and Class of '97 MN



JOANNA BRIGGS AT THE UNIVERSITY OF VICTORIA: FOUNDATIONS AND THE FUTURE

Lynne Young, PhD, RN



Nurses -Royal Adelaide Hospital 1900 with signatures

“Mrs Joanna Briggs who was married to the Hospital Dispenser (pharmacist) was fulfilling the role of nurse. . . . In 1849 the Colonial Surgeon recommended that the role of Mrs Briggs be changed to Matron to establish more authority over the female patients, bedding and domestic work.”

The Joanna Briggs Institute (JBI) is an international organization that was launched in 1996. The Mission of JBI in the words of its founder Prof. Alan Pearson is to “. . . provide you with the best available evidence to inform your clinical decision-making at the point of care”. JBI reaches across the globe from Australia to North and South America, Europe, Africa, and Asia. Joanna Briggs, after whom the Institute was named, was the first ‘matron’ of the Royal Adelaide Hospital in Adelaide, Australia. Although JBI was established by Royal Adelaide Hospital as an affiliated institute of the University of Adelaide, it is now a School within the Faculty of Health Sciences at the University of Adelaide. While JBI originally focused on nursing, the focus has expanded to encompass professionals and researchers with a wide range of health care interests.

Currently there are over 70 JBI centres - either Centres of Excellence or Affiliate Centres - operating around the world. In Canada, there is one JBI Centre of Excellence at Queen’s University School of Nursing, Queen’s Collaboration for Health Care Quality Centre (QJBC) and 4 newly minted JBI Affiliate Centres, including **JBI Centre for Evidence informed Nursing and Health Care (CeINHC) at the University of Victoria**. The JBI Centres in North America come together as a community-of-practice within an organization entitled Implementation Science and Synthesis of North America Network (ISSNA). JBI is a sister organization to the international Cochrane Collaboration. Whereas Cochrane researchers primarily examine and synthesize quantitative evidence on effectiveness, JBI researchers address practice-related questions by synthesizing not only quantitative evidence but also qualitative and mixed methods evidence. In September 2017, JBI, Cochrane, and 3 other such groups - the Guidelines International Network, The Campbell Collaboration, and the International Society for Evidence-based Health Care - will meet in Cape Town, South Africa for the first Global Evidence Synthesis Summit to share ideas and findings in support of evidence-informed decision-making to improve the quality of health care worldwide.

Sources

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5. <http://www.healthmuseumsa.org.au/histories/nursing-uniforms-of-royal-adelaide-hospital-1890-to-1990/>

THE GREAT DEBATE: TO CoCoPop or NOT...

Karen MacKinnon, RN, MScN, PhD

Setting the stage: The “JBI Database of Systematic Reviews and Implementation Reports has and will continue to see an exponential rise in the diversity of reviews published that follow the different methodological approaches available. Regardless of the type of review undertaken, however, once a topic has been identified, a specific, answerable question needs to be developed. Formulation of a review question is step one in the systematic review process; the question puts the review process in motion, provides the foundation for the development of the search strategy and forms the basis for the inclusion and exclusion criteria.” Dr. Cindy Stern, Senior Research Fellow, Evidence Transfer, The Joanna Briggs Institute published in JBI Database of Systematic Reviews & Implementation Reports 2015;13(9) 1 – 2.

As a result two teams were developed to present the arguments for and against the use of a long list of pre-structured mnemonics for JBI reviews. The debate represented a history within JBI international conferences of using humor to explore issues in depth and to keep conference attendees awake after lunch. Dr. Kim Sears (Queens) moderated the session with the “for” side ably represented by Dr. Marilyn Macdonald (Dalhousie) and Dr. Rosemary Wilson (Queens). Taking up the “nay” position was Dr. Karen MacKinnon (U Victoria) and Dr. Lisa Keeping-Burke (UNB) who were declared the winning team by audience applause. Although “you really had to be there” to appreciate the thought provoking philosophical arguments presented, Karen would like to present the winning strategy, a song created and performed by the “nay” team.



Queen's JBI Conference of the Americas, Sept 29 to Oct. 1 in Kingston Ontario.

A, B, C, D, E, F, G...

That's far too many acronyms for me...

Q, R, S... (Time to rest...) T U V...

W, X... (extra work that is)...

Y & Zee (Why did we start down this path?

In Canada we say Zed not Zee eh !!!)

Now I know JBIs A, B, Cs...

(faster) PICOs, PEO, PAO, PIRD, COCOPOPS &

(slower & sing) PCC!

The esteemed prize: a bobblehead of Professor Alan Pearson, the founder of the Joanna Briggs Institute in Adelaide Australia.

Follow the Alan bobblehead's travels on twitter by seaching
#whereisjbian

A TIMELINE OF OUR LEADERSHIP

1980-88

Dr. Dorothy Kergin



1975-79

Dr. Isabel McRae

1988-92

Dr. Carolyn Attridge

PRESENT

CELEBRATING 40 YEARS OF VITAL IMPACT IN NURSING EDUCATION, PRACTICE AND RESEARCH



Submitted by Susan Duncan, BSN, MScN, PhD
Director

"Knowledge is a social memory, a connection to the past; and it is social hope, an investment in the future. The ability to create knowledge and put it to use is the adaptive characteristic of humans. It is how we reproduce ourselves as social beings and how we change – how we keep our feet on the ground and our heads in the clouds." (Menand, 2010, p. 13)

It is my privilege to join this dynamic School of Nursing as its Director in its 40th year. In this relatively short period of time, the School is recognized for a remarkable legacy of contributions to nursing education, research, practice and health. In particular, the school is a leader in collaborating with others in many different organizations and approaches to realize its vision for nursing, and for research that is relevant and accessible to those who need it. This issue of the Communique is an opportunity to celebrate significant accomplishments and mark a point in time to consider ways in which the UVic SON will evolve to meet society's needs for nurses and nursing knowledge in this new millennium. The School embarks on a new phase with its valued partners in nursing education and scholarship – Aurora College in Northwest Territories, College of the Rockies, Selkirk College and Camosun College in British Columbia.

Recently, faculty, students and partners participated in World Cafes to develop a clear vision of where the school will DARE to go in the next decade. The Commission on Truth and Reconciliation Calls to Action provides an opportunity to enrich pedagogy and relationships while learning and valuing Indigenous knowledges for health. Faculty affirm the vision of the school as an exemplar of the UVic Edge - where students experience dynamic learning, in extraordinarily rich practice and community settings, and work with others for vital impact on health. Faculty researchers participate with students and the public in socially engaging ways including social media innovation and community events.

1992-96

Dr. Anita Molzahn



2001-05

Dr. Mary Ellen Purkis

**followed by two interim directors, Dr. Marjorie MacDonald and Dr. Jane Milliken*



1996-2001

Dr. Jan Storch



2007-15

Dr. Noreen Frisch



Faculty teaching and research address areas identified as relevant today and for decades to come - palliative care, pain management, aging, indigenous health and knowledge, public health, care delivery models, pedagogy, simulation and inter-professional practice, housing and homelessness, substance use and harm reduction – to name a few. Recently, faculty achieved the designation of a Joanna Briggs affiliate institute where teams synthesize and disseminate research findings for application to relevant and pressing nursing practice and health system problems. Another team of researchers has identified competencies required of researchers at various stages of their career development. This research competency pathway is gathering international interest and is accessible to all.

Educating nurses will continue to be a most pressing need including the development of new teachers - nurses who are highly relational and skilled in the acquisition and use of a variety of forms of knowledge to inform care, health systems, and advocacy for conditions of health. Faculty will continue to lead innovations in nursing curricula including research informed pedagogy to prepare students with knowledge and skill for practice in specialized points of care, complex health systems, and develop primary and community care systems. These students will push the boundaries of how technology can be harnessed to produce knowledge for health impact.

Needless to say, the future of nursing research lies with our students. Faculty inspire research interests among undergraduate students by mentoring them as research team members, securing JCURAs, and sharing current research findings to better inform people and communities about the health issues that matter to them. Most important, faculty model collaborative relationships in their approach to research, approaches critical to ensuring that findings are off the shelf and making a difference to lives of people who need them.

The preparation of graduate students is key to ensuring that society will benefit from nursing knowledge in the future. At UVic, Masters students are prepared for advanced practice including NP roles and to lead nursing practice in future care delivery models. A dual Master of Nursing and / Health Information Science program, uniquely the first of its kind, prepares graduates to advance health information systems that reflect authentic needs for care and knowledge syntheses.

12 students entered the PhD Nursing program this year. Their presence inspires all of us as they bring their practice expertise and research interests. These interests mark the future of the perinatal health of refugees, extending the Nurse Practitioner role, cultural sensitivity and the role of Indigenous knowledge in health, gender variance and social justice, caregivers' experiences with medically assisted dying, cultural safety in nursing education, immigrant health, dementia care and primary care of seniors in their communities. Students learning and insights will spur innovations in how researchers approach their questions. Faculty working with students and communities will sustain the school's vital impact on health for the next 40 years.

40th ANNIVERSARY STUDENT ESSAY COMPETITION

Congratulations to Riley Reel, the recipient of the \$250 40th Anniversary Student Essay Competition.

APPLICABILITY OF THE CANADIAN NURSES ASSOCIATION CODE OF ETHICS: THE IMPORTANCE OF THEORETICAL DIVERSITY AND FREQUENT REVISIONS

Riley Reel, School of Nursing BSN student



Although Registered Nurses (RNs) join the profession for an infinite number of reasons, the essence of all nurses' practice is their unremitting ambition to protect the patients they care for (Canadian Nurses Association (CNA), 2007). A comprehensive document that aligns with this intention is essential for the nursing profession. The Canadian Nurses Association (CNA) strives to articulate the ethical values of Canadian RNs through the provision of an explicit Code of Ethics (CNA, 2008a). The code is developed and approved by nurses to facilitate continued compatibility with nurses' values. Additionally, it is necessary for the code to evolve as the values of RNs, and the values of Canadian society, progress. For this to occur, the CNA must implement frequent revisions so the code reflects the issues and trends that currently plague or define society and healthcare. Since 1980, the CNA has fulfilled this expectation through their commitment to revise the code approximately every five years (CNA, 2008b). This has resulted in seven revisions since the code's inauguration in 1954 (CNA, 2008a). Revisions of the code are supported by theoretical frameworks, which assist in preserving the code's relevancy to practice. Recent adaptations of the code utilize ethical theories that recognize

innate morality and relational complexities, such as virtue ethics, relational ethics, and feminist ethics (Burkhardt, Nathaniel, & Walton, 2013). The CNA Code of Ethics for RNs has maintained its applicability because nurses are capable of developing and reviewing the code, theoretical frameworks are utilized to guide adaptations, and periodic revisions take place in order to incorporate evolving societal trends, issues, and values (CNA, 2008a; CNA, 2008b).

"By Nurses, For Nurses"

The CNA (2008a) claims that the Code of Ethics is developed "by nurses for nurses" and it is not necessary to look far in order to detect the truth in this statement (p. 30). Many members of the CNA Board of Directors are Registered Nurses, some of whom have past experience working as staff nurses (CNA, 2016). This relevant expertise demonstrates the Board of Directors' exceeding competence to develop appropriate ethical frameworks for nurses. As a result, the CNA authenticates their assertion that the Code of Ethics is developed and reviewed by nurses, which supports the code's relevance and applicability to practice.

Ethical Theories Throughout the Code of Ethics' Revisions

In 1954, the CNA adopted the International Council of Nurses' code, which thoroughly embraced a deontological framework (CNA, 2008a). Deontology is a theory of ethics that employs a rationalist view to conclude that each act is inherently right or wrong, despite external factors (Burkhardt, Nathaniel, & Walton, 2013). Many professions adopt this rule-based structure, but the CNA recognized that it could limit nurses' ability to develop their own ethical sensitivity (Meulenbergs, Verpeet, Schotsmans, & Gastmans, 2004). As a result, in 1980, the CNA developed its own code of ethics that minimized use of deontology, and instead, amalgamated numerous philosophies to support the development of the "caring code" (CNA, 2008a; Storch, 2007). This progressive code incorporated values of respect for human life and emphasized caring through compassion, commitment, confidence, competence, and conscience (Storch, 2007). Since the inception of the 1980 Code of Ethics, the CNA has prioritized virtue ethics, relational ethics, and feminist ethics and all have become increasingly predominant with each revision.

Virtue Ethics

Virtue ethics acknowledges the innate morality within all individuals (Burkhardt, Nathaniel, & Walton, 2013). When the CNA embraced the theoretical framework of virtue ethics, deontology was no longer applicable because of the contradiction between these two theories. Instead of supplying stringent regulations, as is common in deontology, virtue ethics recognizes nurses' inherent moral standards. This shifts the focus from the morality of the act itself to, instead, emphasize the integrity of the individual that commits the act. This perspective promotes respect for nurses as virtuous and ethical professionals (Burkhardt, Nathaniel, & Walton, 2013).

The contemporary virtues in this theory include "honesty, compassion, caring, conscientiousness, responsibility, integrity, discernment, trustworthiness, and prudence" (Burkhardt, Nathaniel, & Walton, 2013, p. 37). These virtues thoroughly permeate the 2008 Code of Ethics; a clear example is evident within the ethical responsibility that states, "nurses engage in compassionate care...through their efforts to understand and care about others' healthcare needs" (CNA, 2008a, p. 8). This ethical responsibility provides guidance to nurses, but is not a deontological, rule-based structure because the elucidation distinctly respects nurses' capability of providing compassionate care in the manner they see fit. Additionally, this ethical responsibility demonstrably fulfills one of the cardinal virtues, compassion. Therefore, it is apparent that the CNA utilizes the theory of virtue ethics to develop a more holistic code.



Relational Ethics

Relational ethics is embodied in the Code of Ethics as this philosophy acknowledges the relationships between individuals involved in ethical dilemmas. Relational ethics emphasizes the necessity of mutual respect for persons, which is expressed through conscious striving for connection and authenticity in all relationships. For nurses specifically, relational ethics promotes the provision of holistic care through intentional insight of patients' subjective experiences and by incorporating empirical knowledge (Burkhardt, Nathaniel, & Walton, 2013). Relational ethics is emphasized in all aspects of the code. For example, the CNA states, "nurses build trustworthy relationships as the foundation of meaningful communication, recognizing that building these relationships involves a conscious effort" (CNA, 2008a, p. 8). This description exemplifies how relational ethics is used as a guiding framework to support the Code of Ethics.

Feminist Ethics

Feminist ethics emphasizes the importance of recognizing how relationships are impacted by power imbalances (Burkhardt, Nathaniel, & Walton, 2013). The incorporation of feminist ethics may be one of the most significant adaptations to the code. This change has been prompted by the change of women's role in society (Esterhuizen, 2006). The 1954 code stated, "the nurse is under an obligation to carry out physician's orders intelligently and loyally" (Storch, 2007, p. 31). This perception of nurses' primary responsibilities has transformed drastically and the Code of Ethics has evolved appropriately. This is evident as the current code states, "nurses question and intervene to address unsafe, non-compassionate, unethical, or incompetent practice or conditions" (CNA, 2008a, p. 9). This responsibility has the potential to improve patient care and safety and reflects the modern role of nurses as autonomous professionals. Through utilizing feminist ethics to support development of the code, the CNA corroborates its ability to adapt the code to reflect the current values of society. As a result, the applicability of the code is maintained.

Applicability of the CNA Code of Ethics for Registered Nurses

Applicability of the Code of Ethics is supported through the systematic manner in which it is developed and reviewed. This includes the establishment and appraisal of the code by RNs, periodic revisions, and the integration of theoretical frameworks to preserve the high ethical integrity of the code. Additionally, the importance of the Code of Ethics is undeniable because it provides guidance for ethical decision-making and promotes necessary self-reflection and evaluation (Storch, 2007). Unfortunately, the current Code of Ethics is still not used within practice to its full potential. In fact, nurse ethicist, Storch (2007) explains that, despite the code's seemingly applicable nature, nurses still do not refer to it in practice and some nurses do not even know it exists. This awareness may change in future generations, as the code now specifies that nurses, as well as educational institutions, are responsible for ensuring that nursing students are well-informed of the code (CNA, 2008a). A subsidiary benefit to frequent revisions is that this action draws attention to the code and promotes nurses' interest. Unfortunately, this has not been sufficient (Storch, 2007).

Conclusion

The Code of Ethics demonstrates that it is a foundation for ethical practice, developed "by nurses, for nurses" (CNA, 2008a, p. 30). The CNA incorporates current societal values and issues through frequent revisions in order to maintain the code's pertinence to nursing practice. The code utilizes diverse theoretical frameworks to support its relevance and its compatibility with the values of nurses and Canadian society as a whole. Because nurses still underutilize the code, it is crucial that the CNA continues to prioritize improving the code's practicality in future revisions.

Society and healthcare progress at a nearly inconceivable rate, so it is essential for the CNA to continually assess for changes in trends and issues. For example, the increasing prevalence of social media is a societal trend that currently defines Canadian society (CNA, 2012). Consequently, in the next revision, guidance for nurses in relation to social media will be necessary to continue to support nurses' ethical practice. Additionally, diversity in the needs of patients and the complexity of the healthcare system continues to increase. Limited resources, increased nursing shortages, and excessive workload are issues that nurses now struggle with on a daily basis (Anonymous, 2008). Nurses would benefit from additional support to identify appropriate ethical responsibilities and endeavors to manage these situations. In conclusion, the CNA Code of Ethics demonstrates its theoretical diversity and practical application for practice. However, because of the new emerging trends and issues in healthcare and Canadian society, a new revision is essential for nurses to continue to be supported in practice.

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SUCCESSES | PUBLICATIONS and PRESENTATIONS

Bruce, A., Beuthin, R., Sheilds, L., Molzahn, A., Schick-Makaroff, K. (2016). Narrative research evolving: Evolving through narrative research, *International Journal of Qualitative Methods* 15(1), 1-6 doi:10.1177/1609406916659292

Bruce, A. & Poag, B. (2016) *Contemplative Pedagogy and Nursing Education*. In I. Ivtzan & T. Lomas (Eds.), *Mindfulness in Positive Psychology: The Science of Meditation and Wellbeing*, (pp. 175-192). London: Routledge Taylor & Francis Publishers

Antonio, M., Doiron, J. and Sheilds, L. (2016). Security or Collaboration? How to balance both in a qualitative research study. *Qualitative Methods Conference*. Glasgow, Scotland. May 4, 2016

Koning, C., Young, L., & Bruce, A. (2016). Mind the Gap: Women and Acute Myocardial Infarctions — An Integrated Review of Literature. *Canadian Journal of Cardiovascular Nursing*, 26(3), 8–14.

Jan Andre Grauman, Adjunct Assistant Professor in the School of Nursing, is the Associate Author of:

- Le, T., & Bhushan, V. (2017). *First Aid for the USMLE Step 1 2017*. New York: McGraw-Hill Medical. Forthcoming
- Le, T., & Bhushan, V. (2016). *First Aid for the USMLE Step 1 2016*. New York: McGraw-Hill Medical.

Marcellus, L. & Poag, E. (2016). Adding to our practice toolkit: Using the ACTS script to address stigmatizing peer behaviors in the context of maternal substance use. *Neonatal Network*, 35(5), 327-332. (Note: Betty is one of our recent MN graduates and currently is a sessional faculty at both UVIC and Camosun)

Marcellus, L. & MacKinnon, K. (2016). Using an informed advocacy approach to advance the practice of family-centered care. *Journal of Perinatal and Neonatal Nursing*, 30(3), 240-242.

Marcellus, L. (2016). Supporting families at Sheway and beyond: Self, recovery, family and home. A three year longitudinal study of early parenting experiences. Victoria, BC: University of Victoria.

Marcellus, L. (2016). Guest editorial: Introduction to special issue on Neonatal Abstinence Syndrome. *Neonatal Network*, 35(5), 266-267.

Marcellus, L. National Association of Neonatal Nurses Annual Conference, Palm Springs, CA. October 26-30. Preconference: *Just Say Yes to Improvement! A Workshop Focused on Evidence-Based Practices to Improve Outcomes for Infants and Families Affected by Neonatal Abstinence Syndrome*. With Drs. S. Patrick, B. Whalen, and M. Buus-Franck from the Vermont Oxford Collaborative.

19th Annual Advanced Practice Neonatal Forum, Washington, DC. June 1-3, 2016. Supporting women with substance use disorders: Strategies for the NICU team. **Marcellus, L.**

19th Annual Advanced Practice Neonatal Forum, Washington, DC. June 1-3, 2016. Research and innovations in clinical practice symposium: A national survey of nursing care of infants with prenatal substance exposure in Canadian NICUs. **Marcellus, L.**

19th Annual Advanced Practice Neonatal Forum, Washington, DC. June 1-3, 2016. A national survey of nursing care of infants with prenatal substance exposure in Canadian NICUs. **Marcellus, L., Loutit, T., & Cross, S.** Poster.

Council of International Neonatal Nurses Annual Conference, Vancouver, BC. August 14-17, 2016. A national survey of nursing care of infants with prenatal substance exposure in Canadian NICUs. **Marcellus, L., Loutit, T., & Cross, S.** Poster. (Note: Tara Loutit was one of our MN students, this was part of her thesis).

Rocker, C. & Eastman, M. (2016). Pediatric Anesthesia: A Quantitative Retrospective Study of Clinical Outcomes. *International Association of Risk Management in Medicine. Journal of Medical Safety*.

Green, M., Jackman, K., **Rounds, K.** (2016, September). Queering Nursing Research. Workshop presented at the Gay and Lesbian Medical Association Nursing Summit in St. Louis, MO.

SUCCESSES | FUNDING

MCFD. \$10,000. A rapid evidence assessment of best practice literature on the care of infants with prenatal substance exposure in foster care. 2016-2017. **Marcellus, L.**

"Simulation Interprofessional Educator Pathway Program" PI: **Maureen Ryan** (U Vic) & Darin Abbey (CICSL_Island Health). (2016-2017). Co-investigators: MacDonald, A (CICSL); Bydens, S (UBC-IMP); Diamond, C (Island Health) Sawchuk, D (Island Health). Island Health Collaborative Grant: \$10,000.00.

"Safe Patient Handover Communication Curriculum: Implementing a Method for Operationalizing Good Handover Practices Amongst Interprofessional Student Teams in an Emergency-Based Patient Care Simulation" (2015-2017). PI: **Maureen Ryan** (U Vic). Co investigators: Farrell, B (UBC Medicine); MacDonald, A (Island Health-Center for Interprofessional Clinical Simulation Learning). UBC Medicine \$43,500.00.

"Instilling simulation pedagogy through the BSN Curriculum". (2016-2017). PI: **Maureen Ryan** (U Vic). Co investigators: Young, L. (UVic); Abbey, D. (CICSL); Converse, Mary (U Vic) Dompierre, K. (Camosun College); Hebrig, S. (Camosun College); McDonald, C (Camosun). Learning Teaching Center U Vic ICCR Grant \$5500.00

SUCCESSES | AWARDS

Barbara Fox was awarded a Teaching Stream Faculty Scholarship for September 2016 for her work toward a co-presentation with **Laurie Barnhardt** of an OSCE Workshop at the ICN APN/NP (International Council of Nurses Advance Practice Nursing/ Nurse Practitioner) Conference in Hong Kong in September 2016

Laura Monchak a 4th year BSN student has recently received the CNSA Excellence Award as well as the ARNBC SNAP funding to attend the CNA board meeting. <http://cnsa.ca/congratulations-2016-cnsa-awards-recipients/>

Maureen Ryan was awarded a 2016 Teaching Stream-Faculty Scholarship Award, Learning Teaching Center University of Victoria

Kelli Stajduhar was awarded the 2016 CASN Award for Excellence in Research.

Michelle Zivanovich, RN, CNeph(C) has been nominated for the 2016 Health Professionals Excellence in Practice Awards Within the Category of Individual Leadership. Michelle is a post-diploma student.

CREDITS

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