

CELEBRATING DIFFERENCE

Indigenous and Intercultural Diversity In Nursing Education



Atlantic Region - Canadian Association of Schools of Nursing
Research Conference (ARCASN2018)

CAPE BRETON
UNIVERSITY

11-13th OCTOBER 2018

TABLE OF CONTENTS

Welcome!	2
Theme and Objectives	3
Sponsors	4-5
Map of Campus	6
Organising Committee	7
Keynote Speaker Profiles	8-9
General Program	10
Concurrent Session Program	11- 12
Poster Presentations	13
Abstracts	14-40

Pjila'dik! Welcome! Bienvenue! Merhba!

On behalf of the organising committee I welcome you to Cape Breton University. I would like to begin by acknowledging that we are having this conference in Mi'kma'ki, the ancestral and unceded territory of the Mi'kmaq People. This territory is covered by the "Treaties of Peace and Friendship" which Mi'kmaq Wəlastəkwiyik (Maliseet), and Passamaquoddy Peoples first signed with the British Crown in 1726. The treaties did not deal with surrender of lands and resources but in fact recognized Mi'kmaq and Wəlastəkwiyik (Maliseet) title and established the rules for what was to be an ongoing relationship between nations.

This solemn agreement, that set out the rights and mutual obligations for the British crown and first nations, was signed with the overarching intention that when people work together and have positive regard for one another, there will be benefits for both parties. What could be a more intercultural approach than that? A community where there is a deep understanding and respect for both nations, and which is focused on learning from one another and growing together?

This conference could not have happened at a better time in nursing education -at a time when universities are indigenizing education and internationalizing their campus. As the classroom landscape changes, we as nurse educators are expected to embrace these changes, to nurture diversity in the classroom, and become more versed in indigenous and intercultural pedagogy.

We hope that this conference will help to make this transition a bit easier for all of us. We are privileged to have Stephen Augustine, Associate Vice-President of Indigenous Affairs and Unama'ki College at CBU, and Kathy Snow a professor at CBU who specialises in indigenous education, who kindly offered to spearhead a workshop on how to integrate talking circles in the classroom. We are also pleased that during this conference there is an array of oral/poster presentations related to indigenous and intercultural education from many of you who are present here today. We hope that through this conference we develop different ways of knowing that will help us to diversify and become more inclusive in our teaching, and that will also help us to live better with one another in this globally interconnected and diverse world.

We hope you will enjoy the conference, and we thank you for your participation.



Odette Griscti

Conference Organiser.

Indigenous and Intercultural diversity in Nursing Education

The Objectives of this conference are:

1. To increase awareness about culturally diverse student learning needs in undergraduate studies
2. To review pedagogical approaches to teaching culturally diverse groups.
3. To apply pedagogical approaches that ensure undergraduate nursing students develop culturally competent skills for practice.
4. To meet educational requirements for a culturally diverse nursing curriculum.
5. To promote the delivery of culturally congruent nursing education to students belonging to a diverse culture

Exhibitor and Sponsors

Silver Award Sponsor



Life & Death
Matters

Website: <https://www.lifeanddeathmatters.ca/>

Bronze Award Sponsors



Wolters Kluwer

<https://wolterskluwer.com/>

 **NELSON**
EDUCATION

<http://www.nelson.com/>



ELSEVIER

<https://www.elsevier.com/>

 **safeMedicate**

<https://www.safemedicate.com/>

CBU SPONSORS



Stephen Augustine
Associate Vice-President
Indigenous Affairs and
Unama'ki College at CBU



Carolin Kreber –
Dean, School of
Professional
Studies

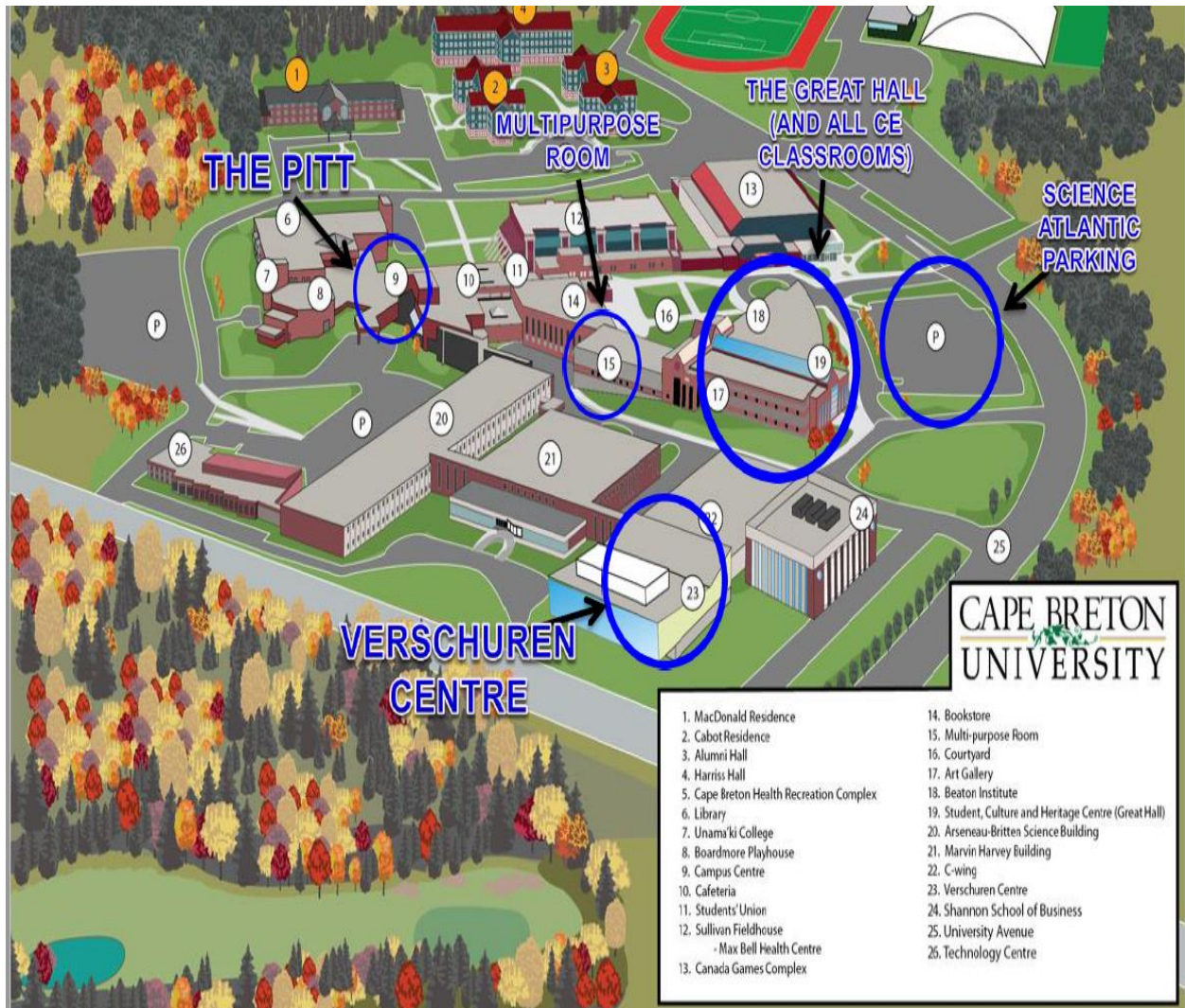


Tanya Brann – Barrett
Dean, Research Office

Acknowledgments

- **Angela MacDonald:** Nurse Practice Educator, Nursing, School of Professional Studies
- **Evelyn Kennedy:** Associate Professor, Nursing, School of Professional Studies
- **Lee Singleton:** Academic Life Coordinator Nursing, School of Professional Studies
- **Nicole MacDougall:** Office of Research and Graduate Studies
- **Janet MacPherson:** Research & Project Financial Assistant, Finance Office
- **Alana MacQueen/Jenna Dunlop:** Conference Services, Facilities Management
- **Hal Philips, Matthew Keogh, Braydon Hooper:** Help Desk Computer Services CBU
- **Lenore Parsley/Stephanie White/Gail Jones/Jacqueline Cote:** Communications Manager –Marketing & Communications
- **Lisa Patterson:** Video Production Coordinator Marketing & Communications
- **Yvonne Lejeune:** Print Shop

Campus Map



CAPE BRETON

U N I V E R S I T Y

Organising Committee



Conference Organiser

Odette Griscti
Associate Professor



Abstract Reviewers

Cyndee MacPhee
Associate Professor

Accommodations/Transportation/Social Activity Organizers



Belinda Andrea
Nurse Practice Educator



Emily MacLoed
Assistant Professor



Abstract Management

Lee Singleton
Academic Life - Coordinator



Abstract Reviewers

Barb Jamieson
Assistant Professor



Jill MacMullen
Nurse Practice Educator

Sponsors/Exhibitors/Registration



Barb Jamieson
Assistant Professor

Keynote Speaker

Stephen J. Augustine

Hereditary Chief Mi'kmaq Grand Council, Associate Vice-President Indigenous Affairs & Unama'ki College,



Currently Stephen Augustine is the Associate Vice-President Indigenous Affairs and Unama'ki College at Cape Breton University (CBU). Until July 2016 Stephen Augustine was Dean of Unama'ki College and Aboriginal Learning at CBU. Previously (1996-2013) he was the Curator of Ethnology for Eastern Maritimes, Ethnology Services Division of the Canadian Museum of Civilization, in Gatineau/Ottawa. He holds a Masters degree in Canadian Studies from Carleton University (Ottawa) focusing on traditional knowledge curriculum development in the context of the education system. He obtained a B.A in Anthropology and Political Science from St Thomas University (N.B) in 1986.

Over the years, Mr. Augustine has shared his expertise in research and traditional knowledge with many organizations, including government departments, the Assembly of First Nations, and various Aboriginal communities across Canada. He is part of an advisory panel on biodiversity issues and has worked extensively with the United Nations programs on development and the environment. He has taught sessional courses in Canadian Studies at Carleton University for ten years (course: Aboriginal Peoples and the Knowledge Economy) and recently has taught in Mi'kmaq Studies (courses: Mi'kmaq Traditional Knowledge, Mi'kmaq Oral History, Mi'kmaq Knowledge Economy, and Learning from the Knowledge Keepers of Mi'kma'ki). He has been invited as guest speaker at national and international conferences. He has published papers, been recorded for radio programs and various video programs on traditional knowledge, Maritimes history and treaties, and storytelling. He has organized cross-cultural workshops and made presentations to a wide variety of institutions (U.N., federal and provincial departments, universities, museums, UNESCO and The Vatican). His book on the CMC collections (Mi'kmaq & Maliseet Cultural Ancestral Material, Mercury Series, CMC, 2005) has proven a valuable resource for academic researchers and educators alike.

He has been accredited as an expert witness in various court cases, involving Aboriginal access to resources in the Maritimes, being recognized for his knowledge both of oral history and ethno-history, and of the treaties in the region. He has recently been named the recipient of the 2009 National Aboriginal Achievement Award for Culture, Heritage and Spirituality and the 2009 New Brunswick Lieutenant-Governor's Dialogue Award. He has also been named (fall 2008) member of the Sectoral Commission for Culture, Communication and Information for the Canadian Commission for UNESCO. He has been Elder Advisor to the Federal Court of Canada Judges, the Truth and Reconciliation Commission and the Human Rights Commission of Canada. In his role as a hereditary Chief on the Mi'kmaq Grand Council and by Elders' training since an early age, Stephen J. Augustine has a thorough command of traditional practices, his language and the history of his people.

Keynote Speaker

Kathy Snow

Assistant Professor, Education and CBU Teaching & Learning Chair in Open, Online & Blended Education



Kathy came to CBU in a circuitous route, having grown up in Nunavut, lived in various provinces in Canada and also having spent more than 10 years working internationally in countries such as Oman, Germany and Ghana. Living as an “uninvited” guest in so many different cultures has given Kathy a unique perspective on approaching culturally relevant education from the outsider position. Her research focuses on two key areas, student success and persistence as well as accessibility of quality education. Her most recent publications include technology supports for Indigenous students, indigenous teacher resilience and capacity building as well as ethical community driven research approaches. For her graduate thesis entitled: Examining Indigenous Students Persistence in a Hybrid Pre-Nursing Transitions Environment, she received the Graduate Student Research Award (2016) from the Canadian University Continuing Education Association.

General Conference Program

Date/Time	Activity	Location
THURSDAY, OCTOBER 11		
1900-2100	Welcome wine and cheese	Flavors 19 (Golf Course)
FRIDAY, OCTOBER 12		
0730-0830	Registration and Breakfast	Multipurpose Room
0830-0900	Introductions	
0900-1000	Prayer, A Mi’Kmaq Welcome	
1000-1030	Coffee Break, Poster / Book exhibition	
1030-1100	Keynote Speakers: Talking Circles	
1100-1200	Workshop	Set up in Credit Union Room, guests take lunch back to the Multipurpose Room
12.00- 13.00	Buffet Lunch	
1300-1600	Concurrent sessions A, B and C	Multipurpose Room CE313 CE312
17.30 – 23.00	Social Event (Optional)	
SATURDAY, OCTOBER 13		
0800-0830	Breakfast	Multipurpose Room will be divided in Sect A and Sect B
0830-1025	Concurrent sessions A and B	
1025-1100	Coffee Break, Poster / Book exhibition	
1100-1225	Final Presentations	Multipurpose Room
1225-1300	Closing Remarks	

Concurrent Session Program

Friday October 14th AFTERNOON (1400-1555)

Concurrent Session A:

Time	Presenter	Title	Campus	Location
1330-1355	WHITTY-ROGERS, Joanne ALEX, Marion MACDONALD, Cathy	Health research and practice with Indigenous people: Respectful partnerships	STFX	Multipurpose Room
1400-1425	HARTIGAN ROGERS, Jackie	Being brave enough to be humble: Building cultural competence in nursing students and ourselves	Dal	
1430-1455	MOORES, Pam NEWTON, Rebecca READ, Trudy	Learning, doing and being in the community: Relational practice in Indigenous and culturally diverse clinical placements	WRSON	
1500-1525	HURLEY (SAMMS), Erica	From student to faculty: a Mi'kmaq women's reflections of reconciliation through Indigenizing of nursing curriculum	WRSON	
1530-1555	ROBBINS, Tristan	The benefits of undergraduate student participation in Indigenous research	UNB	

Concurrent Session B:

Time	Presenter	Title	Campus	Location
1330-1355	HODGINS, Marilyn	Uncovering differences in the patterns of coping exhibited by patients and family caregivers during transition from hospital to home	UNB	CE 311
1400-1425	MOODY, Elaine	Preparing nurses to work with the growing aging population: Supporting curriculum development using the CASN Gerontological Care Competencies	Dal	
1430-1455	HOUK, Shauna LACKIE, Kelly STILLWELL, Peter	Breaking bad news learned through interprofessional simulation		
1500-1525	MCISAAC, Corrine	Surgical site infection: How patients can improve their outcomes	CBU	
1530-1555	KUHNKE, Janet	Spiritual and psychosocial issues related to individuals living with diabetic foot ulcers: A qualitative meta-synthesis	CBU	

Concurrent Session C:

Time	Presenter	Title	Campus	Location
1330-1355	MANZER, Dana	Culturally competent care of LGBT patients: The NP experience	UNB	CE 312
1400-14.25	SNOW, Nicole	Living nursing's values: Using reflection to enhance the cultural competence of nursing students	MUN	
1430-1455	MACINTYRE, Janet	The Narrative Circle Model: An interpretive framework for nursing education and research	UPEI	
1500-1525	CROSBY, Kristine FURLONG, Karen BAKER, Christine	Open access digital health modules for nursing education in Canada	CASN	
1530-1555	COBBETT, Shelley	CASPer®: Admission screening tool culturally sensitive?	Dal	

Saturday October 15th MORNING (0830-1025)

Concurrent Session A:

Time	Presenter	Title	Campus	Location
0830-0855	BAKER, Cynthia	Canadian examination for baccalaureate nursing	CASN	Multipurpose Room: Sect 1
0900-0925	HARRISON, Suzanne	Creation of an interactive e-module to help nursing students increase their knowledge, understanding and application of the Medical and Nursing terminology; Results of an ARCASN Education Grant	UNB	
0930-0955	WEAVER, Kathryn	Moral distress of nurse educators	UNB	
1000-1025	BOND, Siobhan BAKER, Cynthia	Who will educate the next generation of nurses?	CASN	

Concurrent Session B:

Time	Presenter	Title	Campus	Location
0830-0855	ROY, Lilla BALCOM, Sarah	Utilizing case studies to level conceptual content in a Canadian cultural context	CBU	Multipurpose Room: Sect 2
0900-0925	HANCOCK, Peggy MILLEY, Rebecca	Flipping the classroom: The “why”, “how”, and “what” next? Experiences and lessons learned	WRSON	
0930-0955	RICKARDS, Tracey	Flipping the narrative: Creating and online learning module of Indigenous life to increase nursing students’ cultural awareness of difference	UNB Fredericton	
1000-1025	MACLEOD, Emily	Key predictors of self-rated health and use of health services among various ethnic groups of undergraduate students in Maritime Canada: A secondary analysis	CBU	

Saturday October 15th AFTER COFFEE BREAK (11-1225)

Time	Presenter	Title	Campus	Location
1100-1125	DUBE, Anik CLAIR, Lacey BEATON, Ann	Cultural competency in Indigenous youth-related mental healthcare	U Moncton	Multipurpose Room
1130-1155	KENNEDY, Daphne COLBOURNE, Peggy SPARKES, Carolyn HURLEY, Erica LAMSWOOD, Jennifer NEWTON, Rebecca HULL, Corrine WHEELER, Beverly	Community engagement of nursing students with “The Healers of Tomorrow Program”: Celebrating Indigenous diversity in nursing education	WRSON	
1200-1225	RAHAMAN, Zaida	Strengthening cultural diversity awareness in undergraduate nursing studies: Building capacity in understanding Indigenous research paradigms	MUN-SON	
1230-1300	Concluding remarks and door prizes			

Poster Presentations

Posters		
Presenter	Title	Campus
KUHNKE, Janet	Exploring reflexivity in qualitative meta-synthesis: A doctoral learner's experience	CBU
KUHNKE, Janet	Spiritual and psychosocial issues related to individuals living with diabetic foot ulcers: A qualitative meta-synthesis	CBU
KUHNKE, Janet ROY, Lilla BALCOM, Sarah	Matters of change: Department members' experience transitioning to a new curriculum	CBU
KUHNKE, Janet WALSH, Audrey DEVOE, Ashley	Research proposal: Exploring individual's perspectives on foot care and footwear while living with diabetes mellitus: A qualitative descriptive approach	CBU
MCISAAC, Corrine	Pearls from a multidisciplinary wound infection guideline	CBU
READ, Trudy NEWTON, Rebecca MOORES, Pam	Experiential learning and connecting to community: A collage of culturally diverse clinical placements in rural Newfoundland and Labrador	WRSON
ROY, Lilla BALCOM, Sarah	Utilizing case studies to level conceptual content in a Canadian cultural context	CBU

Oral Presentations: Friday, 12th October 2018

Authors: WHITTY-ROGERS, Joanne, ALEX, Marion, MACDONALD, Cathy

Affiliation: St. Francis Xavier University

Health research and practice with Indigenous people: Respectful partnerships

World cultures are comprised of two forms -- individualist and collectivist. The dominant form of culture in western Europe and North America is the individualist form. However, most of the world's cultures, including Indigenous cultures, are collectivist, where loyalty to community and relationality outweighs individualism. In a shared world, we need dialogue between and among cultures if we are to achieve harmony and understanding. The health state of Canada's Indigenous people is considerably lower than that of non-Indigenous Canadians. Health inequities are associated with low income and lack of accessible and culturally safe health care. A complex web of socioeconomic, cultural, historical, and political factors affects health. Partnerships grounded in respect in working with Indigenous communities can begin to address health inequities. A Two-Eyed Seeing approach serves as a guide to respectful partnerships by bringing people with different ways of knowing together. Using illustrative stories and findings from our respective practice and research in Mi'kmaw and Inuit communities, and informed by the Truth and Reconciliation Committee of Canada report, this paper is a philosophical discussion of the importance of respectful and trustworthy relationships between Indigenous and non-Indigenous people.

Author: HARTIGAN ROGERS, Jackie

Affiliation: Dalhousie University

Being brave enough to be humble: Building cultural competence in nursing students and ourselves

Cultural and linguistic diversity can lead to inequities and disparities within healthcare and can place the physical, emotional, spiritual and social safety of persons at risk (Almutairi, Adlan & Nasim, 2017). Within nursing education, the ultimate goal would be recognition of the creation of culturally competent learning environments which translate into future generations of nurses performing person-centred nursing care within a diverse world. Engaging in diversity and inclusion conversations with nursing students are essential; however facilitating these discussions is not always easy (Gomez, 2017). Nursing faculty can set the stage for facilitating difficult dialogues within the classroom and online environments through the creation of a supportive culture.

This presentation will share how a middle-aged, white, female, mono-linguistic nurse educator from a privileged background, bravely yet humbly, facilitates discussions with nursing students related to diversity and inclusion. Examples of interactive activities that were applied in classroom and online teaching environments will be shared including feedback on what worked well, areas for improvement and future strategies.

Authors: MOORES, Pam; NEWTON, Rebecca; READ, Trudy

Affiliation: WRSON

Learning, doing and being in the community: Relational practice in Indigenous and culturally diverse clinical placements

At Western Regional School of Nursing, which is part of a collaborative program of Memorial University in Newfoundland and Labrador (NL), students are immersed in relational practice in community health nursing courses. Students practice in a variety of settings by collaborating with clients to assist them to identify strengths, mobilize resources, and achieve optimum functioning through health promotion, illness and injury prevention, and where applicable, maintenance, restoration, and palliation.

The main focus of this presentation is to link the theoretical components of relational practice and culture, and to provide exemplars of application from classroom and clinical settings. Culture is understood to be from a relational and contextual perspective (Hartrick Doane, & Varcoe, 2015). Nursing students actively engage with community members and are supported by faculty and preceptors to see clients as individuals, to have a sense of humility and to learn to become comfortable with not being the 'expert' nurse, but rather, engaging in self-reflection as learners (Association of Registered Nurses of NL, 2013; Clarence, 2018; College of Nurses of Ontario, 2014; Hartrick Doane, & Varcoe, 2015).

Some examples of the context of practice include clinical placements at the Aboriginal Student Centre and the International Student Services at a local university; an Aboriginal Women's Association, and community practicum placements among diverse communities and cultures, both in and beyond the province. The presenters will discuss Indigenous and culturally diverse experiences, relational practice and how these concepts are brought to life through a community health nursing lens.

Association of Registered Nurses of Newfoundland and Labrador. (2013). Competencies in the Context of Entry-Level Registered Nurse Practice 2013-18. Retrieved from https://www.arannl.ca/sites/default/files/RD_Competencies_in_the_Context_of_Entry_Level_Registered_Nurse_Practice.pdf

Clarence, D. (2018). Love and boundaries in relational practice. Canadian Nurse. Retrieved from <https://www.canadian-nurse.com/articles/issues/2018/january-february-2018/love-and-boundaries-in-relational-practice>

College of Nurses of Ontario. (2014). Competencies for entry-level Registered Nurse practice. Retrieved from https://www.cno.org/globalassets/docs/reg/41037_entry_topracitice_final.pdf

Hartrick Doane, G., & Varcoe, C.(2015). How to nurse? Relational inquiry with individuals and families in changing health and health care contexts. Philadelphia, PA: Lippincott, Williams, & Wilkins.

Author: HURLEY (SAMMS), Erica

Affiliation: WRSON

From student to faculty: a Mi'kmaq women's reflections of reconciliation through Indigenizing of nursing curriculum

Introduction/Background

Nursing education has a responsibility to Indigenous people in response to the 94 Calls to Action (2015) and the United Nations Declaration on the Rights of Indigenous Peoples (2007). To move towards true reconciliation Nurse Educators, need to move away from one lecture within a course discussing Indigenous people but rather move towards integrating Indigenous content, including knowledge and ways of knowing, throughout the curriculum (Pidgeon, 2016). A shift away from talking solely about the statistics related to health and to the inclusion of context, such as pre and post-colonial history relating to the health of Indigenous people (Minore et al., 2013). The Bachelor of Nursing Program Collaborative (BN), Memorial University of Newfoundland, is currently under curriculum revision and Indigenization of the curriculum was identified as of being of high importance.

Methods

As a Nurse Educator, who is Mi'kmaq, I presented to faculty on various topics (history, health, traditional knowledge, Indigenization, etc) highlighting the significance of Indigenization of nursing education, taking a leadership role for Indigenizing nursing curricula.

Results

Faculty provided positive feedback on the presentations and panel discussion. This knowledge translation has sparked a dialogue and the move forward to Indigenize nursing curricula. The BN collaborative program through curriculum revision is working towards a program that will have positive impacts for faculty, staff, students and their clients in relation to Indigenization, both Indigenous and non-Indigenous.

Discussion

There is a need for continued education within Faculty regarding the history of Indigenous People and how to put reconciliation into action within Nursing Schools across Canada.

(References available on request)

Author: ROBBINS, Tristan

Affiliation: UNB

The benefits of undergraduate student participation in Indigenous research

Background:

Indigenous research can greatly benefit undergraduate students. Undergraduate research can help students in their nursing careers by allowing them to gain an earlier and deeper understanding of Indigenous culture and research. It can also benefit present and future clients by creating culturally competent nursing staff and a culturally safe space for individuals to heal using traditional cultural practices and medicine.

Purpose:

This presentation will examine the experiences of three first-year nursing students and one second-year nursing student who participated in conducting research alongside Indigenous communities and a faculty member through three different projects.

Approach:

The first project focused on homelessness affecting urban Indigenous families with the goal of improving services to those communities. The second project is conducted in partnership with the Aboriginal Head Start program (through Under One Sky) in Fredericton, New Brunswick to examine the benefits to participating families. The third project partnered with the Aboriginal Head Start program, once again is to examine the benefits of a program by the name of Take it Outside. This program allows families to spend time together outside while learning in nature and participating in traditional cultural activities.

Results:

We recognize that the opportunity to assist in research as undergraduate students, especially community driven and Indigenous research, is a special and important opportunity. We hope to share the benefits and challenges of our unique experiences as undergraduate students immersed in Indigenous research while completing our studies and starting our careers.

Author: HODGINS, Marilyn

Affiliation: UNB St. John

Uncovering differences in the patterns of coping exhibited by patients and family caregivers during transition from hospital to home

BACKGROUND: Many patients and their families view the prospect of hospital discharge and of assuming responsibility for ongoing care needs with trepidation. Difficulties encountered during the early post-discharge period increase the risk for adverse events, dissatisfaction, poorer health outcomes, and unplanned re-entry into acute care system.

PURPOSE: To examine feasibility of a longitudinal investigation of patient and family caregiver experiences during hospital discharge and the early post-discharge period.

APPROACH: Participant recruitment was conducted on inpatient medical and surgical units. Demographic information plus measures of readmission risk and perceived readiness for discharge were collected prior to discharge. Post-discharge coping and the use of healthcare and supportive services (planned and unplanned) were measured on the first day post-discharge, end of week 1, and during weeks 3 and 5.

RESULTS: Forty-five participants were recruited with 93% retention ($n = 42$). Participants ranged in age from 38 to 98 years ($Mdn = 69$), 57% were female, 50% lived in rural area, 60% were planned admissions, and 80% were surgical. Findings suggest many viewed hospital discharge as stressful. Considerable variability was observed in participants' scores for Post-Discharge Coping and not all exhibited improvement over time. Four patterns of coping were identified and labelled: Steady Improvement; Initial Shock; Bumpy Road; and Gradual Decline. During follow-up period, four were readmitted to hospital and another two had an unplanned emergency department visit.

CONCLUSION: Project highlights value of pilot work. A clearer understanding of factors associated with transition success, or its failure, is required for development of targeted interventions.

Author: MOODY, Elaine

Affiliation: Dal

Preparing nurses to work with the growing aging population: Supporting curriculum development using the CASN Gerontological Care Competencies

Background: CASN recently released Entry-to-Practice Gerontological Care Competencies for Baccalaureate Programs in Nursing, a set of competencies intended to provide direction for curriculum development and support nurse educators. To advance nursing education at Dalhousie School of Nursing, we underwent a process of mapping the competencies to the undergraduate curriculum.

Purpose: The aim of this presentation is to describe the mapping process and discuss key lessons.

Approach: The curriculum was mapped through analysis of key documents including the School Manual, semester maps, and course syllabi. The competency indicators were organized into their key concepts and sub-concepts, and each document was examined for which sub-concepts were included. After document analysis, we consulted with stakeholders at the school to identify any curriculum components that were missed, to elicit feedback, and to validate findings.

Results: After initial document review, over 86% of sub-concepts were found in the syllabi and term maps, and through further consultation several more sub-concepts were found in course material. Ultimately, we identified courses where the missing concepts could be incorporated and developed a plan for amendments to the course syllabi to ensure all competencies were addressed.

Conclusions: The competency mapping process has highlighted important gaps in the curriculum, and has provided guidance on the potential development of an undergraduate gerontological nursing elective. The process can be used by other schools or with other CASN competency guidelines to improve the education of nurses, and the care of older people and their families.

Authors: HOUK, Shauna, LACKIE, Kelly, STILLWELL, Peter

Affiliation:

Breaking bad news learned through interprofessional simulation

BACKGROUND

Breaking bad news (BBN) can have a lasting impact on patients, families, caregivers, and health care professionals (HCPs). Nurses and physicians do not feel adequately prepared nor confident in their roles when BBN. Research has identified that HCPs with little or no preparation for BBN experience distress, which is linked to emotional exhaustion and burnout. Health curricula related to BBN is extremely limited, resulting in fear and negative outcomes. Evidence supports that HCPs knowledgeable in BBN techniques improves patient and family satisfaction and health outcomes.

PURPOSE

An interprofessional education offering that provides opportunity for nursing students and medical residents to collaboratively learn about each other's roles when BBN. **APPROACH** Using the SPIKES model and an IP framework in the simulation, nursing students and medical residents were paired and placed in teams of four. Each pair interacted with standardized patients in three scripted scenarios: terminal cancer diagnosis, pediatric drowning, and suicide death. Simulations included pre-and post-interactive reflection plus an evaluation of the experience. The post-session debriefs provided opportunity for reflection prior to large group debriefing by IP facilitators.

RESULTS

Thirty-two learners participated. Post-simulation students indicated they felt better prepared to interact effectively with patients/families and each other when BBN. Students reported a shift in understanding each other's roles and contributions to BBN.

CONCLUSION

Increased knowledge and confidence among nursing and medical resident learners related to understanding other's roles in BBN. Communication styles, preparing a strategy and knowledge gaps in dealing with areas of discomfort were deemed important.

Author: MCISAAC, Corrine

Affiliation: CBU

Surgical site infection: How patients can improve their outcomes

Background: Post-discharge surveillance (PDS) involves following a patient for 30 days after hospital discharge to ascertain whether a surgical site infection (SSI) has developed. At present, most SSI surveillance is done in the acute-care setting, and hospital infection control programs do not always include a standardized methodology for post-discharge follow-up, thereby resulting in underreported rates of SSIs.

Although most post-discharge surveillance studies indicate that SSI rates increase when post-discharge surveillance is conducted, the lack of a standardized approach to post-discharge data collection continues to limit understanding of the rate of SSIs in the post-acute and home care areas.

Objectives: The objectives of this study are to (1) To examine the feasibility of implementing the web-based how2trak® SSI data collection tool and (2) to determine paired nurse assessor concordance

Methods: A feasibility study of the how2trak® SSI data collection tool including assessing concordance between paired nurse assessors, a focus group discussion looking at the feasibility of the tool as well as the calculation of a post discharge SSI rate were carried out.

Results: Good concordance, above .80 in most instances, between nurse assessors was demonstrated using the how2trak tool, the tool was found to be feasible for data collection.

Conclusion: The how2trak tool with the embedded CDC guidelines was found to be a feasible data collection tool for nurses in the Calea Clinics, it provided a standardized methodology for assessing surgical incisions for potential SSI and it was easy to evaluate progression or regression at the incision site using the tool.

Author: KUHNKE, Janet

Affiliation: CBU

Spiritual and psychosocial issues related to individuals living with diabetic foot ulcers: A qualitative meta-synthesis

For individuals living with foot complications and ulcerations related to type 1 and 2 diabetes mellitus, living in fear is a common experience. Individuals experience physiological changes (ulcers, infection), psychological stress (anxiety, depressive symptoms, and depression), employment changes, and alterations to spirituality.

This purpose of this qualitative metasynthesis was to explore the individual's spiritual and psychosocial issues while living with an open foot ulcer, or ulcer reoccurrence. Eighteen (n=18) qualitative studies met the criteria and described the participants' experiences while living with active (open wound) were included in the metasynthesis. Studies were critiqued using the Joanna Briggs Institute (2014) Critical Appraisal Checklist. Reflexivity activities were conducted as part of the quality elements. Two-Eyed Seeing guiding principles were used to frame and guide the study literature review, synthesis, analysis, and discussion.

Themes arising from the data included 1) spirituality as part of a wound healing framework; 2) feeling respected by health care professionals; 3) being left to sit on the sidelines of life including the concept of time; and 4) employment changes and loss of self. Clinically, significant improvements can be made to health care models and team used to deliver wholistic diabetic foot ulcer care. These models should include spirituality, mental health, employment supports; these need to be founded on mutual respect and trust.

Author: MANZER, Dana

Affiliation: UNB

Culturally competent care of LGBT patients: The NP experience

Background

Nurse practitioners (NPs) provide holistic care including health promotion and disease prevention to diverse populations across the life span. Cultural competence is a key component of a quality NP practice environment. NPs who are culturally competent can enrich patient care, reduce health disparities, and improve health outcomes. Research that examines NP practice as it relates to the culturally competent care of lesbian, gay, bisexual, and transgender (LGBT) patients is lacking in the literature.

Approach

An exploratory qualitative descriptive design was used. Data was collected via semi-structured interviews with a convenience sample of 22 NPs from NB, NS and PEI. Inductive analysis was used to identify, analyze, and report themes within the data. Brief measures of quantitative demographic data were also collected.

Results

Several key findings emerged from this study. Outside of sexual health, LGBT patients were not seen as a distinct cultural group with specific health needs. NP participants were unclear about the definition or principles of cultural competence, and most NPs were not using a model of cultural competence to guide their NP practice. Instead, NPs utilized strategies that primarily revolved around the development and maintenance of the therapeutic nurse - patient relationship through openness, awareness, tolerance, lack of judgment, and acceptance.

Conclusion

Cultural competence is an integral component of nursing practice, yet many NPs are not integrating cultural competence in their interactions with LGBT patients. These findings have implications for patient outcomes, as well as education, practice, and research.

Author: SNOW, Nicole

Affiliation: MUN

Living nursing's values: Using reflection to enhance the cultural competence of nursing students

Reflection is integral for nurses to become skilled, safe, and knowledgeable practitioners. In Canada, the Canadian Nurses' Association's Code of Ethics (2017) exemplifies the importance of reflection for practice. A small group of faculty from a School of Nursing in eastern Canada explored how this commitment was evident in their undergraduate nursing program.

In this presentation, we will discuss the personal and professional learnings of faculty involved in developing a Reflection Teaching Learning Strategy and how the learnings can be applied to assist students in providing culturally safe care to indigenous peoples. Faculty worked from a place that acknowledged the importance of reflection and its apparent absence from the forefront of clinical [experiential] learning. Reflective activities were blurred with self-evaluation requirements, and students considered their reflective work as being open for grading and criticism. There was little space or guidance for students to closely and safely examine their reactions, assumptions, and biases to the many challenging situations they encountered in clinical practice. We believe nurse educators can contribute more effectively to culturally safe, competent care by incorporating an appropriate balance of affective learning opportunities, which are maximized through reflection, and cognitive learning, which is based primarily on scientific, quantitative evidence. While both domains are critical in nursing education, affective learning provides the foundation for nursing students' development as culturally safe and competent professional nurses. Currently in the evaluation phase, this project has been of valuable in illustrating how students' educational experiences shape their personal and professional embodiment of nursing values.

Author: MACINTYRE, Janet

Affiliation: UPEI

The Narrative Circle Model: An interpretive framework for nursing education and research

Background: A research study entitled “Newly-Graduated Baccalaureate Registered Nurses, the 21st Century Health Care Environment and Mapping the Landscape for Curricular Change” explored the perceptions of newly graduated registered nurses (NGRNs). During the research process, a model for nursing education and research was revealed and subsequently developed as an interpretative framework.

Purpose: Qualitative narrative inquiry research explored the perceptions of newly graduated registered nurses and shaped the creation of the Narrative Circle Model for Nursing Education and Research (NCMNER). The presentation will explain how the model represents the cyclic yet reciprocal relationship among education, research, and practice using narratives.

Description: The NCMNER provides a unique perspective by illustrating knowledge gained from narratives of NGRNs using narrative inquiry research methodology to influence nursing education and practice. Ultimately, the model will illustrate the significant implications of education and research in advancing the future of nursing with educational, social, and political change.

Conclusion: Concepts from the NCMNER provided an interpretative framework for the major findings of the research; specifically, narratives used in educational curriculum, narratives from research methodology, and hence the relationships between narratives in education and research.

Authors: CROSBY, Kristine, FURLONG, Karen, BAKER, Christine

Affiliation: CASN

Open access digital health modules for nursing education in Canada

Digital health technologies are changing how nursing care is delivered and how clients manage their health. It is increasingly important that nurses have competencies that enable them to use digital health technologies in support of their nursing practice. In recognition of this continuing shift the Canadian Association of Schools of Nursing (CASN) has undertaken several initiatives, with funding from Canada Health Infoway, to support nursing faculty in teaching digital health.

CASN's past work has included the creation of competencies that identify what knowledge, skills, and attitudes in nursing informatics should be developed upon completion of an undergraduate program, and the creation of resources that support digital health teaching and learning opportunities. Recognizing that digital health tools and systems are ever-evolving, CASN's current initiative aims to update not only the existing content but also the form of delivery from documents to interactive online modules.

A committee of experts in digital health and nursing education has been formed to guide CASN in the creation of a series of online modules. Content developers have been procured to review existing materials and developing online learning activities that will highlight the intersection of technology use and the nurse-client relationship.

CASN anticipates that these online modules can help bolster digital health competence in nursing faculty and students by providing essential competency-related information, including interactive quizzes and case studies to assess different levels of knowledge. As the modules will be open access, CASN is hopeful there will be wide uptake amongst faculty, students, and nurses in practice.

Author: COBBETT, Shelley

Affiliation: Dal

CASPer®: Admission screening tool culturally sensitive?

Traditionally, the School of Nursing based admission on high school average grade or grade point average as well as an interview, personal statement or reference letters, all of which have less than reliable predictive validity of success related to their subjective and biased nature (Finch, Wilson, Symonds, & Floyd-Tune, 2014). Traditional assessment tools demonstrate strong psychometrics but show group differences among diverse groups (Juster et al., 2018). Over the last decade, professional schools have seen a shift to an increased emphasis on personal and professional characteristics for optimal student success- enter CASPer®.

CASPer® (Computer-Based Assessment for Sampling Personal Characteristics), is an admissions test developed at McMaster University by researchers Dr. Harold Reiter and Dr. Kelly Dore. It is used by nursing, medical and other health professional schools in North America as an admission screening tool to evaluate key personal and professional characteristics, for example, professionalism, ethics, communication and empathy. This online test is composed of 12 sections with each section containing either a video-based scenario, or a word-based scenario and three probing questions. All three questions must be answered in 5 minutes. There is an optional 15-minute break after the first six scenarios.

This presentation will describe how one School of Nursing is using the CASPer® admission screening test, provide an example of a video-based and a word-based scenario, and describe ways in which we assessed for cultural sensitivity during our inaugural year of use.

References:

Finch, M., Wilson, D., Symonds, K., & Floyd-Tune, K. (2014). Being interviewed for admission to a BSN program: A qualitative study. *Advances in Nursing*, [Online article] Art. #310143. doi.org/10.1155/2014/310143

Juster, F., Baum, R., Zou, C., Risucci, D., Ly, A., Reiter, H., ... Dore, K. (2018). Addressing the diversity-validity dilemma using situational judgment tests. *Academic Medicine*. [In press].

Author: BAKER, Cynthia

Affiliation: CASN

Canadian examination for baccalaureate nursing

Background: In May 2017, CASN's Board of Directors made the decision to develop a voluntary, bilingual national certification examination for graduates of baccalaureate programs of nursing in Canada in support of its mandate to promote high quality nursing. This exam, titled the Canadian Examination for Baccalaureate Nursing (CEBN), will provide national recognition of the high-level of achievement of Canadian nursing schools and their students. Success on this exam demonstrates graduate's readiness to pursue Master's level education, and the acquisition of the nursing knowledge and entry-level competencies required in Canadian health care.

Purpose: The purpose of the presentation is to describe the exam development process, the exam blueprint, the plans for delivering the CEBN at secure testing sites across the country, and the translation process.

Approach: The description of the CEBN will include the organizational structure guiding the exam development, the stakeholder input into the process, the rigorous exam development methodology used, the active engagement of Francophones in the process, and the multi-step translation process that will ensure the exam is equivalent in both English and French. The state-of-the-art software for computer-based bilingual testing that allows candidates to toggle from French to English will also be discussed. Results The plans for pilot testing the exam at secure testing sites across Canada beginning January 2019, and the launch of the CEBN in the late fall of 2019 will be outlined.

Conclusion: The value of the CEBN for nursing graduates and for the quality of nursing education in Canada will be considered.

Author: HARRISON, Suzanne

Affiliation: UNB

Creation of an interactive e-module to help nursing students increase their knowledge, understanding and application of the Medical and Nursing terminology; Results of an ARCASN Education Grant

Relevance of the interactive e-module and its contribution to nursing knowledge:

Developing writing skills is an essential part of nursing practice because it enhances critical thinking (Naber and Wyatt, 2014) and contributes to academic success (Gopee and Deane, 2013; Naidoo, 2013). As academic skills increase, so can the success rates on a national licensure exam such as NCLEX (Bickes and Schim, 2010; Luthy et Peterson, Lassetter and Callister, 2009). Since NCLEX's arrival in Canada in 2015, the lack of francophone preparatory material and questions regarding its translation have resulted in much lower success rates. Successful exam writing requires the ability to understand each question of the exam. Knowledge of medical and nursing terminology is essential, but anecdotal evidence at our school shows that some students lack this knowledge. Method SIMPLE is an interactive tool created by our school to assist students with several aspects of writing papers and preparing for oral presentations during their nursing program.

Objectives, outcomes and method for creating the e-module:

The main objective of the project is to increase students' knowledge, understanding, and application of common medical and nursing terminology. ARCASN Education Award money helped create an interactive e-module that was added to section "L" of Method SIMPLE (L = Language used). By participating in the presentation, participants will not only learn more about Method SIMPLE, but also discover the new e-module, how it works and what it has to offer students. We will also share how we plan to evaluate its effectiveness after we roll it out in the fall of 2018.

Bickes, J.T., & Schim, S.M. (2010). Righting writing: strategies for improving nursing student papers. *International Journal of Nursing Education and Scholarship*, 7(1), 1–11.

Gopee, N., & Deane, M. (2013). Strategies for successful academic writing: institutional and non-institutional support for students. *Nurse Education Today*, 33, 1624–1631.

Luthy, K.E., Peterson, N.E., Lassetter, J.H., & Callister, L.C. (2009). Successfully incorporating writing across the curriculum with advanced writing in nursing. *Journal of Nursing Education*, 48(1), 54–59.

Naber, J., & Wyatt, T.H. (2014). The effect of reflective writing intervention on the critical thinking skills and disposition of baccalaureate nursing students. *Nurse Education Today*, 34, 67–72.

Naidoo, R.K. (2013). Understanding the processes of writing papers reflectively. *Nurse Researcher*, 20(6), 33–39.

Author: WEAVER, Kathryn

Affiliation: UNB

Moral distress of nurse educators

Background: The literature concerning ethics in nursing education reports what ethical issues and content ought to be included in the curricula. Absent from this literature is explication of the spectrum of ethical issues that occur within education settings and that contribute to moral distress among nurse educators.

Purpose: There was a need to understand nurse educators' experiences with ethical issues. The study was expected to contribute to knowledge of ethical sensitivity (ES)—a leadership attribute based in self-awareness, foresight, knowledge of codes for ethical conduct, experience, and courage which together enable intelligent and compassionate decision-making amid situational uncertainty.

Approach: Qualitative interviews with 24 New Brunswick nurse educators explored the development of their ES. These interviews were read several times and compared to understand content, context, insights, and meaning-making strategies. Recurring and unique elements were fashioned into a collective narrative representing the nurse educators' experiences.

Results: Nurse educators base their commitment to students on caring relationships that foster growth and lifelong learning. When these relationships are challenged by limitations in professional preparation and/or overriding institutional decisions, nurse educators experience divided loyalties. They strive to gain deeper awareness of the situation via an integrated process of (re)interpreting vulnerability cues, justifying the appropriate action to take, and reflexivity.

Conclusion: Working through the issue, nurse educators gain clinical wisdom and strengthened resilience to carry forward to new situations. Such outcomes help them transcend morally distressing situations that otherwise obstruct their enactment of ethical responsibilities to those they serve.

Authors: BOND, Siobhan, BAKER, Cynthia

Affiliation: CASN

Who will educate the next generation of nurses?

Background:

The Canadian Association of Schools of Nursing (CASN) conducts an annual national survey of nursing students and faculty to support health human resource planning in Canada.

The survey is the only longitudinal data source on the number, age, and qualification of nursing faculty, number and types of nursing programs being offered across the country, as well as number of admissions and graduations of students by program type.

Results:

The results are used to project trends related to the supply and demand of new nurses. Recent analyses of survey data from 2015-2016 indicate a widespread nursing faculty shortage is looming.

The results of the 2015-2016 survey supported a trend that has been emerging over the last five years. The admissions to programs for registered nurses have remained high and relative stable across Canada, whereas the admissions to doctoral programs, the requirement for faculty positions, has not increased in proportion to the projected retirements of current faculty.

Conclusions:

The data showed there were significant faculty shortages across Canada. Moreover, given doctoral graduate projections derived from the data, it is becoming clear that Canada will soon face a severe shortage of senior faculty. Recent increases in doctoral programs are insufficient and may affect the supply of qualified Registered Nurses graduating from degree programs who are eligible to enter clinical practice. It may also affect the progress of the profession resulting from less research and scholarly activities.

Authors: ROY, Lilla; BALCOM, Sarah

Affiliation: CBU

Utilizing case studies to level conceptual content in a Canadian cultural context

Background. Canadian nurses are required to be culturally competent in the provision of care for an increasingly diverse patient population. Integrating cultural content into undergraduate nursing curricula has shown evidence of improved self-reported competence of student nurses. A variety of approaches has been used to integrate cultural content into curricula, including the approach of case studies and ‘neighborhoods’.

Purpose. To systematically integrate leveled conceptual content and Canadian-specific cultural contexts into the theory component of a concept-based curriculum through the use of case studies.

Approach. A case study manual was piloted as a single reference manual for all courses of a single semester of an undergraduate nursing program. Critical thinking questions were used as the primary method for leveling conceptual content and integrating cultural content. Conceptual content was leveled following Bloom’s taxonomy of learning, with ‘lower’ levels of learning (e.g. remembering) at concept introduction, and ‘higher’ levels of learning (e.g. applying) with concept review. Canadian cultural contexts were chosen based on professional experience of the professor.

Results. Two case studies using the concepts of “gas exchange” and “interpersonal violence” are presented mapping the concept category, macro concept, concept, exemplars, leveling, and cultural content.

Conclusion. The use of a case study manual was perceived to improve communication between students and course professors, between course professors, and to improve the intentional leveling and integration of conceptual and cultural components into the curriculum. This approach is an example of how conceptual leveling and Canadian cultural context could be implemented in a concept based curriculum

Author: HANCOCK, Peggy, MILLEY, Rebecca

Affiliation: WRSON

**Title: Flipping the classroom: The “why”, “how”, and “what” next?
Experiences and lessons learned**

Nurse Educators are responsible for preparing the next generation of registered nurses. To keep up with best practices in andragogy, student-centered learning, and concept-based instruction, there is need for nursing faculty to implement effective methods of educating primarily-millennial baccalaureate nursing students.

The purpose of this presentation is to share experiences in implementing the flipped classroom model in undergraduate courses. The flipped classroom is one in which content is learned prior to class; class time is then used to apply content. Flipped learning approaches are generally well-received by students and have been shown to help students acquire deeper learning (O'Flaherty, Phillips, Karanicolas, Snelling, & Winning, 2015; McLean, Attardi, Faden, & Goldszmidt, 2016). The presenters, who teach nursing pathophysiology nursing and mathematics respectively, have both used similar approaches to flipping their classrooms. Both created short videos for their students to watch prior to class for the purpose of creating more time for active learning in class.

The rationale for choosing the 'flipped' educational approach will be presented. There will be discussion of faculty experiences, resources involved, and logistics of how the flipped classroom was implemented. Valuable lessons which were learned throughout the process will be shared. The value of collaboration among faculty from different disciplines will be highlighted.

References

O'Flaherty, J., Phillips, C., Karanicolas, S., Snelling, C., & Winning, C. (2015). The use of flipped classrooms in higher education: A scoping review. *The Internet and Higher Education*, 25, 85-95.

McLean, S., Attardi, S., Faden, L., Goldszmidt, M. (2016). Flipped classrooms and student learning: Not just surface gains. *Advances in physiology education*, 40(1), 47-55.

Author: RICKARDS, Tracey

Affiliation: UNB Fredericton

Title: Flipping the narrative: Creating an online learning module of Indigenous life to increase nursing students' cultural awareness of difference

The need for culturally safe practitioners has never been more important. To address this need we created an online facilitated module which provides nursing student with a beginning understanding of health and the ways in which social, economic and cultural determinants of health shape communities and individual's beliefs attitudes and experiences. It helps the students to gain knowledge and understanding that they will need to provide culturally safe care to Indigenous people. The online module is designed to increase knowledge, enhance self-awareness through the use of a video guided tour of the Mushuau Innu people of Northern Labrador. This interactive journey includes an examination of the culture of nomadic people on their journey into colonization. The students hear firsthand accounts from the Mushuau Innu people of the affects this journey has had on their culture, language, and health. The students see through a time line of historical events what lead to social disparities and inequities. The assignment includes an examination of cultural stereotyping and its consequences as well as the long-term effects of colonization. Working in groups, students participate in on-line discussions, and self-reflection as part of their learning. The presentation will include clips of the videos as well as an exploration of the D2L Brightspace platform where the assignment is situated.

Author: MACLEOD, Emily

Affiliation: CBU

Key predictors of self-rated health and use of health services among various ethnic groups of undergraduate students in Maritime Canada: A secondary analysis

Background: Although an abundance of research exists on the racial/ethnic disparities in health and healthcare, there remains a paucity of studies examining key predictors of self-rated health and health service use among undergraduate students from various ethnic groups in Canada.

Purpose: To examine which determinants of health are key predictors for higher rating of self-rated health and use of health services among groups of Caucasian, African, Indigenous, Asian, Other, Middle Eastern, and Multiracial undergraduate students at eight universities located in the Maritime Provinces.

Methods: Using the social ecological model as the framework for understanding the factors that produce and maintain health, multiple regression analyses were performed on data collected during the 2012 Maritime Undergraduate Student Sexual Health Services Survey (N = 10, 512) to examine the health and health service use of various ethnic groups of undergraduate students (n = 10, 344).

Results: Results of the multiple regression analyses found perceived social support, depression risk, and sexual victimization to be significant predictors of student's self-rated health. In addition, year of study, living alone, and living with parent(s) were found to be the most common statistically significant predictors of health service use among students.

Conclusion: It is hopeful that these findings will add to the existing body of knowledge as well as support the further development of inclusive health promotion strategies that target the distinct health needs of this culturally diverse population.

Author: DUBE, Anik, CLAIR, Lacey, BEATON, Ann

Affiliation: U Moncton

Cultural competency in Indigenous youth-related mental healthcare

Background: Statistics have shown that Indigenous youth in Canada report higher prevalence of mental health disorders and higher suicide attempts than non-Indigenous youth (Dezetter et al., 2017). Findings further indicate that Indigenous youth are more likely to seek care among non-medical health providers and non-professional support such as family and friends (Dezetter et al., 2017). Health professionals should question how Indigenous youth draw upon their unique experiences and cultural knowledge to meet their mental health needs. This is important to ensure that Indigenous youth have access to culturally responsive mental healthcare (Chandler & Lalonde, 2008). This paradox calls for the need to examine how mental health is framed through an Indigenous lens.

Purpose: The present study describes how Indigenous youth from a New Brunswick First Nation community draw upon their experiences and cultural knowledge to access mental healthcare.

Approach: Using a community mapping approach, six youth participants were asked to draw or doodle their different pathways to mental healthcare. The research team undertook a thematic analysis to three levels of abstraction, with results presented to the larger Indigenous team for validation.

Results: Youth shared both the rewards and challenges they had to overcome while seeking the necessary help. All youth spoke about their cultural connection and how they turn to their cultural traditions and practices for mental health healing. The overarching themes identified an imperfect and somewhat challenging journey to reap positive mental health outcomes for First Nation youth.

Conclusion: This study highlights the need to build an Indigenous youth-centered culturally competent mental healthcare platform for youth struggling with mental health challenges.

References:

- Chandler, M.J., & Lalonde, C.E. (2008). Cultural continuity as a moderator of suicide risk among Canada's First Nations. In Kirmayer, L. & Vlaskakis, G. (Eds.). *Healing traditions: The mental health of Aboriginal peoples in Canada* (pp. 221-248). University of British Columbia Press.
- Dezetter, A., et Beaton, A.M, et Bourque, J. (2017). Portrait of the mental health and use of care of Aboriginal and non-Aboriginal youth in Canada. 16th Congress of the International Federation of Psychiatric Epidemiology. Melbourne, Australia.

Author: RAHAMAN, Zaida

Affiliation: MUN-SON

Strengthening cultural diversity awareness in undergraduate nursing studies: Building capacity in understanding Indigenous research paradigms

In 2015, the Truth and Reconciliation Commission [TRC] of Canada released its report on Calls to Action. Specifically, there were seven Calls to Action in Health with a call for Canadian nursing schools to include Indigenous health content delivery within their programs to help strengthen skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism (TRC, 2015).

Nursing schools across Canada have been searching for new ways to incorporate cultural competency into the curriculum (Arnold, Appleby, & Heaton, 2008). However, this is still fairly new ground within Canadian nursing scholarship and practice. Indigenous educators are advocating for working towards ‘Decolonizing our practices [and] Indigenizing our teaching’ (Pete, Schneider, & O’Reilly, 2013, p. 99). Additionally, Stansfield and Browne (2013) offered that the quality of nursing education and ultimately nursing care can be enhanced when nurses reflect on and expand the range of knowledge sources that are drawn upon in classroom contexts. Moreover, students can benefit from learning about Indigenous research paradigms, and how to incorporate Indigenous knowledge within culturally and community specific contexts into practice. In working towards advancing this effort, there is a need to incorporate Indigenous methodology in research courses within undergraduate nursing studies. In turn, this can help nursing students to be culturally aware of diverse learning needs in undergraduate studies for their populations of care. In honoring the TRC’s Recommendations, inclusion of Indigenous ways of knowing can help graduating nurses to gain confidence in providing culturally-safe care to Indigenous populations with respect, reflexivity, and dignity.

References:

Arnold, O., Appleby, L., & Heaton, L. (2008). Incorporating cultural safety in nursing education. *Nursing BC*, 40(2), 14-17.

Pete, S., Schneider, B., & O’Reilly, K. (2013). Decolonizing Our Practice - Indigenizing Our Teaching. *First Nations Perspectives*, 5(1), 99-115.

Stansfield, D., & Browne, A. J. (2013). The Relevance of Indigenous Knowledge for Nursing Curriculum. *International Journal of Nursing Education Scholarship*, 10(1).

Truth and Reconciliation Commission of Canada [TRC]. (2015). *Calls to Action*. Author: TRC, Winnipeg, MB.

Author: Daphne Kennedy, Peggy Colbourne, Erica Hurley, Jennifer Lamswood, Rebecca Newton, and Corrine Hull, Beverly Wheeler

Affiliation: Western Regional School of Nursing, Memorial

Community Engagement of Nursing Students with “The Healers of Tomorrow Program”: Celebrating Indigenous Diversity in Nursing Education

Background: In August 2017, Memorial University of Newfoundland (MUN) facilitated “The Healers of Tomorrow Program”, at Grenfell Campus and Western Regional School of Nursing (WRSON) as part of the Aboriginal Health Initiative through the MUN Faculty of Medicine. The program, funded largely by the International Grenfell Association, was developed in collaboration with several provincial Aboriginal communities including the Innu Nation of Labrador, Nunatsiavut and NunatuKavut, and the Qalipu First Nation.

Purpose: The purpose was to educate Indigenous youth about careers in healthcare. Twenty-two youth came from rural and remote areas of Newfoundland, Labrador, and Nunavut. Some of the youth had prior university experience; however, few had previous exposure to the role and scope of practice of Registered Nurses (RN).

Approach: Students and faculty from WRSON provided sessions outlining the RN role and scope of practice, educational requirements, and the experiences of the students. The students coordinated experiential learning activities to enhance understanding of the types of teaching and learning experiences at WRSON. The activities included the use of both low- and high-fidelity simulation in the nursing skills laboratory.

Results: Feedback from the youth participants was overwhelmingly positive. The youth expressed appreciation for the opportunity to learn about the profession of nursing directly from students. The students enjoyed engaging with the Indigenous youth, and reflected upon the ability of the nurse to provide culturally competent care.

Conclusion: Nursing faculties should develop programs to reach Indigenous youth. These programs should include nursing students throughout development, implementation, and evaluation.