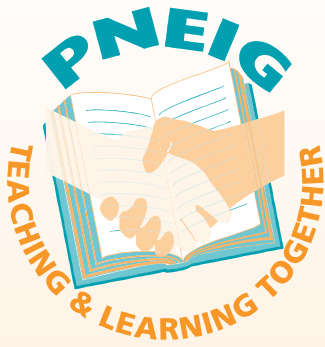


# Fall 2005

Volume 1, Issue 1

# the PNEIG CONNECTION

Provincial Nurse Educator Interest Group  
An interest group of the Registered Nurses Association of Ontario



## PRESIDENT'S MESSAGE

Dear PNEIG Member:

This is my inaugural address to the membership of PNEIG as your incoming President for the term 2005 through April 2007 and I'm thrilled to be addressing you in our newly established Newsletter. I trust you will find this Newsletter informative and beneficial to you.

As President, I hope to be able to continue upon the work that had begun with Anne Simonds and was further built upon by Ann Brokenshire, currently remaining on the Executive in the position of Past President. Both these ladies contributed much time to revitalize our Interest Group and my focus will be to continue on the path they have started.

The following activities have been identified as strategic plans for the upcoming 2005-2006 year and are in the process of being undertaken by your Executive:

- Establishment and planning for a newsletter to be distributed a minimum of 3 times per year (the success is now in your hands!)

- Review and revitalize the current Website
- Setting up details of administration for the IG in collaboration with First Stage Inc. (which includes review of By-Laws, establishment of central financial accountability and monitoring, production and distribution of correspondence with members – includes Newsletter)
- Planning for two Retreats / Workshops: early Fall & mid-Spring
- Development of relevant resolutions for April 2006 AGM
- Develop and plan for Educational event (workshop / conference)
- Develop and distribute a member survey
- Create a process to bring forth ideas from members
- Reconnect with lapsed members, bring on new members

As you can see, we have a full agenda ahead of us for this coming year. We welcome the memberships' input and support. If there is an area of interest to you, please contact me or a member of your Executive (contact information is included in this Newsletter) and let us know where your interest lies and where you might like to be further involved. Many hands make the work lighter. Please thoughtfully consider how you might contribute your expertise to the growth and vitality of your Interest Group.

Professionally yours,  
Marianne Cochrane  
President PNEIG

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## BUILDING EFFECTIVE RELATIONSHIPS IN THE COMMUNITY OF NURSE EDUCATORS

*Submitted by Beverley Tezak*

A workshop was held at the AGM to examine the relationships between nursing educators in clinical and academic settings. Collectively we have a tremendous amount of knowledge and experience to share and the AGM was an opportunity to find ways to build these relationships to enhance the experience of both nursing staff and nursing students. The questions asked were:

'What factors influence the nature of the relationship between clinical educators in hospital and academia when they 'meet'?',

*and*

'Besides the fact that they are working with professional nurses and nursing students respectively, how are the roles of the nurse educators similar/different?'

There are many factors that influence the relationship of clinical and academic nurse educators. They can be grouped into four categories:

**Perceptions of credibility** (more time to get to know student VS educator, physician perception of students, and assumptions of knowledge base)

**Organizational culture** (academia as "visitor, reporting relationship, consistency of environment, value placed on student placements, formalized orientation to organization, and hierarchy within both organizations)

**Theory VS reality** (perceptions of risk/security, perceived power, incongruence of theory, policy and practice, trust between instructor and preceptor nurse, time and communication)

**Expectations** (conflicting responsibilities for both parties, and that expectations are too high for students)

As a collaborative group we identified the differences between our roles. The differences include both have generational issues, one is focused on curriculum and the other on unit needs, the depth and breadth of relationship time with staff/students is varied, the focus on mentorship/ preceptorship is

from a different angle, the requirement towards performance appraisals and union issues, and the expectations of student preparation is implicit but perception is that there is a lack of skills. Other differences include the varied ways of student reporting, academia are teaching students new nursing information (blank slate) vs. clinical educator are teaching to build on previous knowledge, and finally there are corporate restrictions on what academic educators can/can't do in the clinical setting. The main responsibility is to the different target groups i.e. nursing students vs. nurses in practice. The workplace is also different as the hospital educators educate in the clinical setting whereas academic educators tend to work from home offices as well as educational institution offices. Although clinical educators may be involved in research academic educators are all expected to engage in scholarly activities i.e. research for accreditation.

The similarities were also identified and included that both are teacher/adult educators/knowledge brokers, both expect the other to know everything, both are strong advocates, both wish to maximize resources, and both design curriculum. In addition, both are well versed in giving feedback and evaluation, both use innovative strategies to develop students/staff, both are positive and both work towards succession planning.

### What can we do to bridge the gap?

Some recommendations are to initialize a first meeting, which will allow the clinical educator to better understand the strengths and challenges of the academic educator and vice versa. In addition to establishing a communication strategy between them the scopes of responsibility can be exchanged. The preparation time of academic educator in the clinical setting can be formalized, as currently it is non-existent as at times the academic educator is hired right before clinical experience. Clinical settings may have corporate rules and role scripts that restrict collaboration; however the educators empower themselves and welcome academic educators and provide generous assistance

whenever/wherever possible. Another problem is the casualization of academic educators, resulting in lack of continuity into the clinical setting for academic educators.

## RESOLUTION ON NURSING STUDENT ABUSE, AN UPDATE

*Submitted by: Patricia Patterson*

In 2004 the membership at the AGM unanimously passed this resolution: ***BE IT RESOLVED that RNAO strike a committee to study nursing student abuse and develop an action plan to address this issue*** (nursing student abuse). Most of you will recall the resolution and many of you collaborated on behalf of PNEIG with members of NSO to produce it. The Steering Committee on Nursing Student Abuse was formed from the student and graduate membership of RNAO to implement the resolution. Elisabeth Jenson RN, and Amy Labadie 4th year nursing student are the co-chairs. The committee has been busy. One thing we have done is create a sub-committee to produce a workshop, designed “*to empower nursing students and registered nurses, create healthier learning environments...*” (2004, Committee Mission Statement). We are planning to offer this workshop to members of PNEIG in the hope that participants will become agents for implementing the workshop in their own localities.

Naming the concern has been a contentious issue. Those who assisted in producing the resolution and contributed to discussion both before and at the AGM, will recall the efforts to consider other names for the problem. We did not change the name of the steering committee so that it would be recognized as part of the resolution, but we thought carefully about the name of the workshop. Since most incidents described were disconfirming communications that both show and produce a lack of positive regard, discussion led us to the conviction that the behavioural transaction and the culture in which it exists is unhealthy for everyone involved, including our clients. In allowing such behaviour and cultures we have lost something of which we are all about.

We believe that this profession has the will and the power to mend what is broken within. Our workshop: “*Restoring the Nursing Spirit Through Healing the Learning Environment*” is one strategy for doing that. We expect to offer this workshop in the spring of 2006. In the meantime our committee would be eager to hear your thoughts on the topic, the workshop, and the notion of becoming an agent.

Please email me at [ppatterson@fanshawec.on.ca](mailto:ppatterson@fanshawec.on.ca)

## MORE OF A VOICE

*Submitted by: Janice Elliott  
([jjelliott@fanshawec.ca](mailto:jjelliott@fanshawec.ca))*

On behalf of the Political Action/Policy Committee PNEIG

At the PNEIG AGM in April, members were asked for input about wishes and realistic goals for PNEIG. From a policy and political action perspective, members suggested development of a series of policy statements and guidelines on education issues, and to increase political activity with PNEIG having “more of a voice.” The political action/policy committee of PNEIG would like to hear more of the members’ voices and invite members to be involved in developing policy and engage in political action.

One area where we can start is to develop resolutions for the next RNAO AGM in 2006. Suggested topics for resolution development include the casualization of nurse educators employed by colleges and universities working in clinical settings, the workload of the preceptor with new staff and students and the acknowledgment and protection of the role of the nurse educator working in clinical settings. If there are other areas you would like to see PNEIG working on, let us know. The political action/policy committee would be happy to collaborate with members interested in policy development and political action.

Together we can have a strong voice.

## REPORT ON THE RNAO NURSING EDUCATION COMMITTEE

Submitted by Judy Britnell,

It is my pleasure to submit an up-date regarding the activities of the Nursing Education Committee for the 2004/2005 year. The committee members for 2004/05 included Audrey Danaher, Irene Koutsoukis, Ann Brokenshire, Heather Whittle, Liz Erwin, Sue Coffey, Michael Garreau, and Sarah Westerbaan. The purpose of our committee is to identify and monitor educational initiatives and/or trends ... and to make recommendations to the RNAO Board. The committee is represented at the COUPN/CAATS meeting held twice a year and consulted by other groups for input e.g., the RNAO committee studying student nurse abuse and more recently a request to play a part in RNAO's action plan on diversity. Over the course of the year, in six teleconference meetings, we have discussed many key issues that are critical to nursing education. For example:

- The quality and quantity of clinical placements for nursing students and the provision of high quality preceptors for students
- The concern that nursing student applications are decreasing in the College sector
- The link between the public perception of limited full time work in nursing and reduced nursing student applications to nursing programs
- The lack of financial support for nurses studying at the PhD level in other than nursing in correlation to the increased need for nursing faculty
- The lack of government financial incentives (e.g., tuition reimbursement for service) for nursing students

The issues are many and complex. RNAO's involvement in nursing education issues requires adherence to our mission and ends and recognition of the many players in the education field. One of the nursing education initiatives in the coming year is to develop a statement on excellence in nursing education. We hope that such a statement can demonstrate RNAO's commitment to and advocacy for excellence in nursing practice through education.

If you would like to be a member of the ad hoc committee developing this statement please contact me directly by emailing [britnell@ryerson.ca](mailto:britnell@ryerson.ca).

Thanks to our outgoing members Ann Brokenshire, Michael Garreau, and Sarah Westerbaan and welcome new members Marianne Cochrane, and James Chu. A special thanks to Audrey Danaher for all of her contributions to our work.

## WHAT DOES NURSING MEAN TO ME?

Attendees to the AGM were asked for their thoughts on what nursing means to them. The following are the responses to the question above. Thank you to each respondent who provided his or her wisdom and thoughts on our amazing profession.

- 
- Art
  - Science
  - Caring
  - Life-long learning
  - Relational
  - Knowledge of various kinds, types
- 
- I am replying in a concrete way to this question; not defining nursing but saying what it means to me – it means living the golden rule – I quote Reik V, *“Nursing is not something I do, it is something I am. It is my passion”*
- 
- Caring for others to foster improved health status, physical, psychological and spiritual, assisting people to end of life in as positive was as possible
  - Caring support to individuals (groups, populations etc.) to reach this optimum level of health (what ever that means to the person)
- 
- Creativity
  - Meaningful
  - Grounded – reality
  - Problem-solving
  - Life saving

- Life changing
- A constant and evolving challenge of making wise judgments fostering human comfort and safety.
- Providing expertise to assure environment that supports the above.
- Humanistic and scientific caring
- Advocacy for the provider and the recipient of nursing care
- After nursing for over 25 years I find that I am not able to separate myself from the nurse.
- Nurse is about looking at the whole considering the goals of the whole and determining ways of helping the whole meet the goals.
- Caring, compassionate, advocate, teacher, learner, supporter, communicator, knowledge broker
- Helping people live to their optimal ability through sharing in their lived experience, sharing our knowledge, and expertise and resources to empower and assist clients to improved holistic health
- Education, competency, compassion, professional practice, serving the public. "Nursing with heart, hands and mind"
- An excellent opportunity to peruse a profession with many challenging and diverse faces. The beauty of nursing is the numbers of areas to explore and its many levels ranging from the patient and family to politics and policy
- Helping others, teaching other and learning from others
- Mentoring, making a 'difference' to someone's life
- Caring (valuing clients' needs)
- A big part of my identity
- Caring for clients, whoever they are based on their self identified needs
- Nursing is a profession where I can care for people who are in need of someone. It is a

relationship where a person is open and willing to help someone who needs a helping hand.

- Caring, communicating relationships reflection, application, accountability, sharing, growing
- Provide quality professional services to clients, i.e. including patients and family being an advocate and leader in the healthcare environment. (Political influences)
- Nursing means caring for clients in various signs of the health and illness continuum within a therapeutic nurse culture relationship to achieve the cultures health and illness goals
- Helping others to reach their full potential for themselves however they might define it for themselves
- Caring for individuals, families or groups through therapeutic relationships with focus on communication, nutrition, specific needs and energy. It includes networking and health promotion
- I care. I am here to help but not to do it all. Offering the best that I can
- Caring, helping, supporting encouraging, being knowledgeable, being there for the client student and helping them achieve their best, boosting their confidence and self-esteem
- Opportunity to be a part of others lives and assist them through transitions by providing encouragement and support and education.



## WHAT DOES PNEIG MEAN TO ME?

Once the attendees to the AGM finished their responses to what nursing means to them they were then asked for their thoughts on what PNEIG means to them. The following are their responses. Thank you to each respondent who provided his or her wisdom and thoughts on our amazing profession.

### What PNEIG means to me:

- A network of educators from a variety of settings who meet for mutual understanding and professional growth
- A big untapped potential.
- We educators could move mountains.
- We are restricted by our volunteer nature (each member has 1,000,000 claims) distance and money and time.
- We could do anything
- Networking
- Social capital building
- New knowledge integration
- Diversity of insight, experience and expertise
- Collaboration with others as PNEIG members
- A focus on education for educators for potential new and experienced nurses.
- A network of nurse educators who influence their profession
- Networking
- Rejuvenating/renewal
- Application/support
- Voice
- Hope – promising future
- Support group for educators
- Exchange agent (to share info)
- Networking opportunity
- Leader re: educator
- PNEIG provides a forum to link between academia and clinical educators in order to promote education across the health care system. PNEIG allows recipients an opportunity to influence the shape of nursing in the future through education
- Engagement in the philosophical practice scope of promoting quality education for nursing students and novice to expert practitioners
- Collegiality
- In service education
- Communication
- An opportunity to have a voice in an organization who has both the power and opportunity to raise awareness to take action re: issues which challenge our roles as clinical and academic educators
- Communicating with other educators/networking
- Keeping up to date/what's new
- Access to workshop/scholarship opportunities
- Fun stuff!
- Having a supportive professional body of nurse educators who provide an identity to my role as a nurse educator
- A voice for nurse educators
- Networking with others
- Sharing success strategize
- Connected across the province
- Provide a supportive environment to nurse educators, not only address issues at the work place as well as a way to enhance professional development
- Networking with others in the same 'field' to increase my knowledge and personally grow as a nurse, educator and human being
- Be with people of like mind
- A network for all nursing educators from any setting academia or a treatment facility
- An interest group to discuss issues surrounding nursing education to provide feedback to RNAO

re: needed directions in preparing nurses and for nurses ongoing education

- A networking worthwhile organization to help me be a more effective professional
- This is a group of educators that have an interest in improving/enhancing nurses ability to support the learning
- Ability to share common concerns, network with other educators, develop professionally and provide recommendations
- Support
- Don't really know, as this is my first meeting and my first time at an RNAO meeting.
- Have been in the province now 2 weeks after living in BC for 2 yrs.
- Networking
- Learning from others
- Understanding organization/groups
- Knowledge of nursing issues at large
- Resource group to discuss and learn about issues around education and students issues.
- Group who seeks to give educators point of view to issues of all kinds in RNAO

The next newsletter will include AGM attendees' suggestions regarding strategic planning and dreaming of what our interest group could achieve over the next couple of years. The Executive will be reviewing the suggestions during a fall strategic planning session.

## **PNEIG SCHOLARSHIP AWARD WINNERS**

*Submitted by Marianne Cochrane*

The Executive had a difficult decision to make in 2005 as seven applicants applied for the PNEIG scholarships through the Registered Nurses Foundation of Ontario. A decision was made to

support three PNEIG members for a total of \$2,000.00 each. The winners had the opportunity to attend the RNFOO award gala and be recognized for their achievements in higher education. The awards were to allow the applicants to The winners are:



**NANCY LADA** - Nancy is pursuing a Master of Science in Nursing degree at the University of Ottawa. Nancy has contributed to nursing education by participation on the RNAO Best Practice Guidelines Education Implementation Project, as well as other clinically relevant nursing education initiatives. Nancy's long-term goal is to pursue a Nurse Educator role in an academic or clinical setting.



**LYNN McEWEN** - Lynn is completing a Master of Nursing at the University of Windsor. Lynn "is respected as a leader amongst her peer group of Nurse Educators and gives of her time and talents generously to further nursing education." Lynn's long-term goal is to pursue doctoral studies and "to become a leader to help 'those thinking, those entering, those working and those who choose' a nursing career."



**BEVERLEY TEZAK** - Beverley is pursuing her Master of Health Science (Health Administration) at the University of Toronto. This graduate degree builds upon her Master of Arts (Adult Education) thesis entitled, Nurse Expert to Nurse Educator: Leadership Qualities Required for Transition. Beverley is described as having "a positive attitude, a dedication to excellence in nursing practice and a zest for quality in health care" and her long-term career goal is "to continue to advance nursing within all levels of health care, utilizing research initiatives to promote best practice."

## PNEIG BOARD OF DIRECTORS

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### MAL Education

Judy Britnell - [britnell@acs.ryerson.ca](mailto:britnell@acs.ryerson.ca)

### Student Liaison from NSO

Sandra Brookes

## GETTING TO KNOW YOUR EXECUTIVE

Hi Everyone,

I would like to introduce myself as the Eastern Regional Rep. My name is Susan Sproul and I am a nursing faculty member in the Collaborative Nursing Program, Durham College / University of Ontario Institute of Technology. Please feel free to e-mail me at [Susan.Sproul@durhamc.on.ca](mailto:Susan.Sproul@durhamc.on.ca) if I can help you in anyway in terms of questions / concerns you may have regarding the Eastern Region. — Susan

.....

Hello members of the Western Region!

My name is Patricia Patterson and at our annual meeting I took over as representative for your region from Jo Ann Dale who kindly offered to step down so that I could come aboard. I am passionate about my work, and I believe in nurse power.

Besides the wish to serve and the interest I bring to this position, I have lots of experience and energy. Right now I am teaching in the UWO-Fanshawe Collaborative BScN program. I just finished my thirtieth year as a nurse educator at Fanshawe College. I must say I am proud of it. I have been a member of RNAO since I was a student and am active in the Middlesex/Elgin Chapter. I also belong to the Mental Health Nurses Interest Group. Psyche/Mental Health has always been my main interest and specialty. When people ask me if I consider myself more as a nurse or a teacher, it makes me think. But I don't have to answer such questions, and neither do you! Most nurse educators are both, through and through. Please keep me posted on your local news and especially workshops or educational opportunities that are open to guests. Also, please get in touch if you would like me to take an issue to the executive of PNIG, help with a resolution or any business or concern for which you think I might be of assistance. I am looking forward to meeting you and representing the western region on the executive of PNEIG.

— Patricia

## ANNOUNCEMENTS

At the annual PNEIG at the RNAO AGM, a fall meeting was proposed. We are proposing a Friday evening get-together and all day Saturday sessions during a weekend in October or November. Let me know what you think as soon as possible by email or phone. The challenges and joys of teaching multicultural students/staff produced lots of lively discussion in April and are being considered as a focus for the meeting but other ideas are certainly welcome. If you favor another topic, please forward possible speakers' names and contact info. to me, Diane King, as well as your ideas. If I don't hear affirmatively from at least 40 members (and possibly guests from your school or workplace), the meeting will not go forward.

Let's have some fun together and learn to further appreciate the richness of personal resources in our Interest Group. — Diane King (705) 740-9008, [roddi@nexicom.net](mailto:roddi@nexicom.net) or [dking@flemingc.on.ca](mailto:dking@flemingc.on.ca)