

# TouchPOINTS

UBC

School of  
Nursing

PUTTING SCHOLARSHIP INTO PRACTICE

## The Scholarship of Application

Dr. Sally Thorne



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The UBC School of Nursing subscribes to the comprehensive definition of professional scholarship adopted by the Canadian Association of Schools of Nursing (CASN).<sup>1</sup> Although certain forms of nursing scholarship, such as research, seem self-evident, the scholarly element of such activities as teaching and application is often less visible. One form of professional scholarship that we are very proud of within the School is referred to as the "scholarship of application." This involves the advancement of clinical knowledge within the discipline through the engagement of educators and practitioners in expert practice initiatives—such things as developing practice standards, creating clinical demonstration projects and initiating changes within service delivery models.

Among the many faculty who work closely with their clinical partners and model the scholarship of application is Paula Tognazzini who works closely with multiple partners in Vancouver Coastal Health and the Vancouver

School Board, involving UBC undergraduate students in screening efforts to detect depression in children and youth and in creating strategies for health education, referral, follow-up and suicide prevention. *continued on page 4*



*November 17th and 18th marked the first Aboriginal Health Nursing Preceptorship Program Conference held at the First Nations House of Learning (FNHL) at UBC. Eleven nurses from across BC gathered with representatives from the Institute for Aboriginal Health (IAH), FNHL, the Musqueam Band, the College of Health Disciplines and the School of Nursing to discuss the role of preceptors in the community, the*

*expertise of Aboriginal health nurses and to discuss ways of bridging the gap between theory and practice. Among the participants were Eduardo Jovel, Director of the IAH, Paula Tognazzini, MSN, RN, Instructor, School of Nursing and Rose Point, Musqueam Elder at left; and School of Nursing faculty Elsie Tan, MSN, RN, Instructor and Marg Osborne, PhD, MEd, RN, Lecturer at right.*

# Raising the Bar

## A Covenant for the Future of Health Care

In his response to the Throne Speech on October 6, 2004, Prime Minister Paul Martin announced the formation of a new Canadian Academy of Health Sciences. This Academy would join the Canadian Academy of Engineering and the Royal Society of Canada in constituting the Canadian Academies of Science. "The new Academies of Science will be a source of expert advice on scientific aspects of important domestic and international issues, and will give our country a prestigious voice among the choir of international science groups," said Martin.

Almost a year later, the inaugural meeting of the newly formed Canadian Academy of Health Science (CAHS) was held in Vancouver on September 21–22, 2005. On that historic occasion, the Honourable Ujjal Dosanjh, Federal Minister of Health, inducted 175 Canadian health science leaders into the academy as fellows. Included in this number were 12 nurse scientists, three of whom are members of the faculty of the UBC School of Nursing: Dr. Joy Johnson, Dr. Joan Bottorff (now Dean of Health Sciences at UBC Okanagan) and Dr. Sally Thorne.

Operating independently of government and industry, CAHS will generate timely, informed and strategic assessment on urgent health care issues; develop sound and informed

public policy related to these issues; and survey global health-related events to enhance Canada's state of readiness for the future. Made up of members of a wide range of health science disciplines, including medicine, pharmacy, dentistry, rehabilitation sciences and nursing, it will become a singular organization capable of representing the broad diversity of health sciences on these matters of strategic policy important to the people of Canada. "We believe it has the ability to address key policy issues from a unique and neutral ground," says Dr. Paul Armstrong, CAHS President, "free of the advocacy agendas that characterize many existing advisory groups."

"I am excited about the fact that the CAHS includes the full breadth of the health sciences in the academy," says Dr. Joy Johnson, Professor and Associate Director of Graduate Programs & Research at the UBC School of Nursing. "Currently there are many issues facing the health care system. Among these issues are the increasing health disparities, waiting lists for health services and the place of stem cell research. The CAHS will offer a credible and expert assessment of these types of issues."

"I see CAHS as an opportunity for the health science research community to expand its current capacity to advise national policy on matters that are complex and require expert analysis, synthesis and interpretation," says Dr. Sally Thorne, Director of the UBC School of Nursing. "As members of the academy, we will have the opportunity to work with our senior nurse researcher colleagues from other provinces and diverse interdisciplinary health science teams to assess the available knowledge that can be brought to bear on resolving some of the more complex and challenging problems facing the Canadian health care system, including issues of equity, ethics, resource allocation and public policy."

Fellows elected to the Academy are nationally and internationally recognized by their peers for their contributions to the promotion of the health sciences. They must demonstrate leadership, creativity, distinct competencies and a commitment to advance the scholarship of health sciences. According to its mandate, "Election to fellowship in the Academy is considered one of the highest honours for individuals in the Canadian health sciences community and carries with it a covenant to serve the Academy and the future well being of the health sciences irrespective of the fellow's specific discipline." The UBC School of Nursing is privileged to play such a prominent role in bringing the voice of nursing into this unique opportunity to serve Canada.



Photo: Friends of Canadian Institutes of Health Research

*Dr. Paul Armstrong, CAHS President and the Honourable Ujjal Dosanjh, Federal Minister of Health at the Canadian Academy of Health Sciences reception dinner.*



*Newly inducted fellows into the Canadian Academy of Health Sciences, Drs. Joan Bottorff, Joy Johnson and Sally Thorne celebrate the future of health care in Canada at the reception dinner September 21st.*

# New Faces in Research

## Patricia Rodney

Nurse ethicist Dr. Patricia (Paddy) Rodney, PhD, RN, joined the School of Nursing to take up a position as Associate Professor on October 1, 2005.

“There is an overarching search for social justice in all of my work,” says Paddy. Fascinated with ethical questions from the outset of her nursing career in the late 1970s, Paddy watched the development of technology in coronary care. She noticed that, although there was excitement about the prospects of technological advances, rarely were people asking such questions as whether it was for the right reasons. In her master’s program at UBC, Paddy studied the perspective of critical care nurses on extending the dying of patients. “That experience deepened my interest in ethical practice, philosophy and theory in nursing, methodologies and qualitative research.” One of the first two doctoral students in nursing at

the UBC School of Nursing, Paddy went on to study the ethical practice of nurses who confronted moral challenges on acute medical units.

Over several years as a faculty member at the University of Victoria, Paddy has retained a passion for issues of ethical inquiry. Her current research involves her in a broad range of challenges such as the moral climate for nursing practice, end-of-life decision-making, cross-cultural ethics, and the creation of an ethical framework for health policy across Canada. Now supported with national funding, Paddy’s current research poses such questions as: “What supports good practice?” and “What makes for better experiences for families and patients?” One of Paddy’s recent end-of-life decision-making projects has resulted in a DVD, produced in conjunction with the Canadian Bioethics Society, entitled “Giving Bad News.” “If you’re going to do it well,” says Paddy, “it’s not just a matter of what you do, but what you need to know as



*New faculty, Paddy Rodney in her meeting alcove.*

a care provider.” Paddy is excited to be back at UBC to continue her development as a researcher and educator. “I’m always looking for ways to engage in the topic of fostering ethical practice in any course I teach, whether it be starting into a subject inductively with nursing students or co-teaching courses through the College of Health Disciplines.” The School is thrilled to have her nationally prominent ethics leadership an embedded part of our community, and welcomes her “back home.”

## Victoria Smye

Dr. Victoria (Vicki) Smye, PhD, RN, a researcher in the field of social justice and access to mental health and addictions services for Aboriginal peoples, joined the School as Assistant Professor on September 1, 2005. Vicki’s trajectory toward becoming focussed in these fields grew out of a psychology class in women’s issues during her undergraduate studies. This early learning experience led her to a study focus in the area of eating disorders during her

master’s work. It was during this time that she developed an interest in critical feminist approaches to women’s health. After briefly working as a manager in the area of HIV/AIDS in public health, Vicki had an opportunity to work as the clinical nurse specialist in mental health in the Eating Disorder Clinic at St. Paul’s Hospital, “and I never looked back,” says Vicki. Eventually, as Provincial Nursing Coordinator, Eating Disorders, Vicki began to see the problem of access to health care on a much larger scale. “Help and resources were limited,” she says, “and those that existed were fragmented.”

During her doctoral program in nursing at UBC, Vicki deepened her interest in issues of access to mental health and addictions services by studying in the area of Aboriginal mental health. As part of her learning, she recalls excellent mentorship from Aboriginal colleagues and from her supervisory committee, led by Dr. Joan Anderson. “Dr. Anderson introduced me to the idea of cultural safety,” says Vicki, “and how it might be used to improve access to services across ethnically diverse populations and Aboriginal peoples, how we educate our nurses and deliver services.”

Now part of a Canadian Institutes of Health Research net team grant initiative sponsored by UBC’s Colleen Varcoe and colleagues from the University of New Brunswick and the University of Western Ontario, Vicki will be expanding her research to include the mental health effects of long term intimate partner violence for Aboriginal women. Holding a new investigator award as part of that project will allow her to develop a more comprehensive program of research that ensures an even greater impact in ensuring that the Aboriginal people of British Columbia have access to appropriate mental health and addictions services. Having expanded her research and practice expertise into a love of teaching at the University of Victoria, Vicki now finds UBC a comfortable and supportive environment in which to grow as a teacher and scholar. Her unique passion for practice and for the greater social good of disadvantaged persons will enrich the School immeasurably.



*Vicki at home with Wreckless, the newest member of her socially diverse hobby-farm family.*

# Development

## Happy Birthday, Miss Nightingale

This coming May and June, Vancouver will play host to a series of rather remarkable events honouring the history and tradition of nursing. From May 14–16, nurse educators from around the world will gather here for the first Nurse Education International Conference. Brought to Vancouver by a dynamic international group of nursing education leaders including Dr. Wendy Hall, Associate Professor in the UBC School of Nursing, this conference will take up the theme of “Developing Collaborative Practice in Health and Social Care Education.” Among the events planned

### **Florence, the Lady with the Lamp**

Written by Timothy Sullivan  
Directed by Nancy Hermiston  
Conducted by Richard Epp

Friday, May 12, 2006 at 7:30 pm  
Saturday, May 13, 2006 at 3:00 pm

UBC Old Auditorium  
(across from the School of Music)

Tickets \$15  
Call 604-822-0328 for information

within the program, School of Nursing Director Dr. Sally Thorne will deliver a keynote address on key issues facing nursing education for the 21st century.

From June 8–10, the History of Nursing Conference, cosponsored by the Canadian Association for the History of Nursing and the BC History of Nursing Professional Practice Group, will convene in one of our own local historic nursing sites—St. Paul’s Hospital. For this conference, the theme “Frontline Nurse: Historical Milestones” will be reflected in such activities as a costume parade, the designation of nursing residences as historical sites, and an opening night address on four centuries of nursing.

In addition to these two important conferences, the Vancouver nursing community will have the opportunity to take part in a singular and spectacular event honouring the founder of our modern profession, Miss Florence Nightingale. The opera “Florence, the Lady with the Lamp” will be performed by the UBC Opera Ensemble under the direction of Nancy Hermiston on May 12, Miss Nightingale’s 185th birthday. This unusual opera was written by Timothy Sullivan, an internationally renowned composer known for his haunting and lyrical melodies. It has been performed only once previously, in 1992 in Ontario.



*Kaven Holland, Martin Johnson, Carol Haigh from the University of Salford, UK, working on the Nurse Education International Conference planning with Sally Thorne and Wendy Hall from UBC.*

In perhaps an unprecedented partnership between the UBC School of Music, the School of Nursing, and the BC History of Nursing Group, a number of current and former nursing faculty have been actively engaged in planning for this historic occasion. We sincerely hope that it will delight both opera lovers and nursing history aficionados, including the students who will have an opportunity to take part in hosting the event. Because the costs of mounting an opera are significant, we are pleased to support an open appeal for contributions large or small. The School will also serve as a source of information for how you can obtain tickets for the event of the season!

Continued from page 1

These are just a few of the many ways that UBC nursing faculty are actively engaged in the scholarship of application, making sure that new knowledge is translated into the practice setting, and that our clinical partners are supported in their efforts to attain best practices. One more way of Putting *Scholarship into Practice!*

<sup>1</sup> Boyer, E. (1990). *Scholarship Reconsidered: Priorities of the Professoriate*. Princeton, NJ: The Carnegie Foundation for the Advancement of Teaching.

# The Scholarship of Application

Through various executive positions on the Heart and Stroke Foundation of Canada, Carol Jillings has played an active role in cardiovascular health promotion at a national policy level. Marg Osborne has also been intimately involved in shaping practice standards for mental health nursing through her involvement with the Canadian Federation of Mental Health Nurses. Among her many practice partnership activities, Maura MacPhee works closely with colleagues in nursing leadership at Vancouver Coastal Health on initiatives related to the complex challenge of patient

safety. Angela Henderson has for many years worked with teams at Providence Health and Vancouver General Hospital to implement systems of assessment for domestic violence. Gloria Joachim has been working closely with a team of colleagues to build a model family practice clinic in which interprofessional practice and education are integrated in such a manner as to model excellence in service delivery for the future. And JoAnn Perry has been engaging multiple clinical partners in long term care around the province to develop model practices related to communication with older adults with dementia.

# Undergraduate Profile

## Living the Nursing Role

Joan Pham, BSN '05, says she is a people-centred person. “I always knew I wanted to work with people,” but she couldn’t decide between teacher, nurse or doctor. “I had these flat ideas of what a nurse is—a white uniform. But then I discovered there was so much more.”

Currently working full-time at Vancouver General Hospital (on T4, an acute care medicine unit), Joan is living the breadth of nursing. Although some things are similar between work and school—the learning, the supportive environment and being able to ask questions—many things are different. “As undergrads, we discuss different topics like health care impacts and the environment individually,” says Joan. “But at the hospital it all comes at you at once. I’m starting to make my own decisions now, on all levels, as opposed to seeking the guidance of an instructor.”

Recently Joan was awarded the Nursing Undergraduate Society (NUS) Leadership Award for the fall graduating class. A student must be nominated by his or her peers to be eligible for this award. “It was a lovely surprise,” says Joan who was the NUS president during her senior year. “In that role I wanted to create an environment for nursing students to build our communication with each other and apply what we were learning to different community groups.” Joan stresses that she would not have been able to put her time into leadership pursuits and her studies had it not been for the generous support of scholarships and awards along the way.

“Oftentimes people are less able to volunteer because they need to make money to survive,” says Joan. “It’s not because they are less talented, it’s because they need to eat.”

Joan also took on a complex leadership role with the Community Health Initiative by University Students (CHIUS). In 1998, medical students from UBC did a research project on health care services in the Downtown Eastside. They uncovered three needs: greater access to evening and weekend health care; health care services geared specifically to the needs of women; and friendly conversation with active listening. Now there is a student-run clinic open five days a week with guidance from a physician and nurse. There are five areas in which students can help: social activities in the waiting area, discipline-specific clinical activities, interprofessional activities, special programming activities and student leadership administration. There are currently over 400 CHIUS volunteers, representing nursing, medicine, social work, pharmacy, dentistry, physiotherapy, occupational therapy, dietetics and audiology.

Joan served as co-chair with a medical student, taking the leadership for nursing and nine other faculties and served as liaison with department heads within those faculties and Vancouver Coastal Health. “We worked in an interprofessional setting with each other to help ease the disconnect,” says Joan. “Students worked with each other as students. We learned our various roles and resources, so this communication is established in our profession when we get there.”

These leadership roles have added to the knowledge Joan learned in class. “I have a better understanding of the social determinants of health,” she says. “Health is directly related to income, to having social support. I now have a wider perspective and appreciate health as a collaboration, not only among disciplines but also with the patient.” In her new role as professional nurse, Joan tries to partner with her patients to find out how she can help make the recovery work best for them.

When asked what memories she will take with her into her future nursing career, Joan doesn’t hesitate to share her appreciation of how much growing she and her colleagues did together. She can also remember putting on the white uniform for the first time, looking in the mirror and thinking, “Look at me, I’m going to be a nurse!”

With new graduates like Joan, eager to apply the knowledge they’ve learned in their basic education and enthusiastic about taking on future leadership roles to further excellence in health care, British Columbian nursing has a very bright future.

*Joan Pham and Marg Osborne, PhD, MEd, RN, Lecturer, School of Nursing.*



# Graduate Profile

## Wrestling with Matters of the Spirit

Last fall Barbara Pesut, PhD, RN, defended the UBC School of Nursing's first doctoral dissertation based on philosophical research. Currently Associate Professor and Nursing Department Chair at Trinity Western University School of Nursing, Barb chose to do her graduate work at the UBC School of Nursing for three reasons: "faculty, faculty, faculty." "The scholars at UBC are international stars, and excellent mentors," says Barb. "You become the environment you surround yourself with. Therefore, if I surround myself with good scholars, I can become one."

As a teenager, Barb was convinced of the profound importance of the spiritual aspect of life, and believes her reverence for that dimension has always been a part of her. From her early nursing career, she recalls an interest in

how this dimension of human experience blended with nursing practice. However, in the 70s and early 80s, she encountered a palpable silence within the discipline with regard to the role of spirituality in health care. "I could sense from nurses and patients this was an area of importance with regards to how they coped, but there wasn't a lot of dialogue." More recently, Barb has seen a resurgence in North American society of searching for something—perhaps as a reaction to extreme scientific enquiry. "We need to listen to patients," Barb says, "some of them are saying 'this is important to me and you need to include this in my health care.'"

Barb's doctoral dissertation research, entitled, "A Philosophic Analysis of the Spiritual in Nursing Literature," was co-supervised by Dr. Joy Johnson and Dr. Sally Thorne. In it, she differentiates between "spirituality" and "the spiritual." "I talk in terms of 'the spiritual' because it implies that this is a reality independent of what you or I may believe." She recognizes a set of characteristic assumptions that tend to be held by the nursing authors who write in this field. "The fundamental challenge of this kind of work is being aware of one's personal ideas of reality," says Barb. Some may argue that the origin of the spiritual is human, others will argue divine, but with their own definition of divine. "I wanted to step back and take a philosophic and problematic approach to the subject. I combined the tools of three philosophic categories, theism, monotheism and humanism, and used those tools to critically reread what was happening in nursing literature. With this format you can

distance yourself from the issue and take a look at problems in a way that is easier to understand."

As one embarks on such original scholarship, it is inevitable that questions and issues will arise that had not initially been imagined. "There is the whole issue of the changing nature of spirituality in Canada and the fact that nursing is a public profession. We hold the public's trust and therefore nurses are embedded in Canadian society." Barb recognized that Canadian society today is moving toward a postmodern approach of the spiritual, with individuals feeling authentic to self as opposed to a higher power or an institution. For her, philosophical inquiry became a powerful way to deconstruct the ideas and assumptions underlying nursing's complex relationship to the spiritual, and to argue for the limits that nursing must articulate with regard to its disciplinary competence to assess or intervene within the spiritual domain.

On the basis of this research, Barb would like to see a space created in health care in which patients can feel comfortable talking about the spiritual. "We need to be careful we don't start creating a professional discussion that doesn't accurately represent a patient's needs and views," she says. "Much of the literature today talks of the spiritual being universal, but there are some patients who don't know what the spiritual means and there are others who may disagree with the meaning created."

Barb feels grateful for the opportunity to have done her graduate studies at the UBC School of Nursing. "The School made difficult decisions on what was required to be a scholar in this environment and I came out of UBC extremely well-prepared." For Barb, the future in this area of study holds limitless possibilities. "We need to get theorists from the various categories around a table to tease out the similarities and differences." Next September, Barb plans to host a symposium of some of nursing's most prominent spirituality scholars at a conference in Switzerland to create such a dialogue. "We are not going to erase any distinctions," she says, "but we are going to find the common ground."



*"In a nutshell, my work refuted the idea that there is one generic understanding of the spiritual that everyone would agree to," says Barb Pesut PhD '05.*

# Clinical Practice Innovation

## A “Joint” Initiative to Improve Health Care

“I’ve always liked it,” says Valerie Macdonald, MSN, ONC, RN, Clinical Nurse Specialist and the new Director for the BC Arthroplasty Collaborative, of her work in orthopaedic nursing. “I’m very interested in frail and older patients and there are a lot in ortho. They don’t have a voice, they need strong advocacy and if we’re not knowledgeable and systematic in how we address their needs, they can fail.”

Hence the birth of the Model of Accountable Care (MAC) which guides teams to predict, prevent and manage the problems of orthopaedic patients. In 2002, the Vancouver General Hospital (VGH) interdisciplinary orthopaedic team started to look at ways of shortening length of hospital stays (LOS) and improving patient care. The team, made up of orthopaedic surgeons, occupational therapists, nurses, physiotherapists, social workers, and hospital- and community-based clinicians, found that the delay in recovery for some patients was based on predictable and preventable problems. MAC was developed and the program of care was redesigned to identify, prevent, detect and minimize risk factors that delay recovery, and to actively engage patients in their surgery preparation and their post-surgery rehabilitation. The project was named the Rapid Recovery Program (RRP) for hip and knee replacement patients.

“The idea came about,” says Valerie, “at a time when there was a shortfall of funds in the system. I was concerned cuts would be made that would impact the patients—these patients had acute and complex needs that needed to be expressed.” Valerie and the team set about

asking questions like, “What are the core issues of the patient population? What delays may impede their recovery?” And instead of waiting for cuts, the team took a proactive approach by having, for example, early detection programs and management practices in place.

“It was challenging getting people on board,” says Valerie. “The system in place at VGH was as good as or better than other hospitals and the perception was ‘we’re doing well so why fix something that’s not broken.’” The team focused on pre-op education. Other hospitals were already doing this, including Richmond and Lion’s Gate, but the existing education focused on what a patient could expect the team to do to them. The RRP team focused on the patients as active partners in preparing themselves and their home supports for surgery and recovery. “This is what you can do to prevent complications,” says Valerie. “Eating foods high in iron in the months before surgery may reduce anaemia and possibly avoid a transfusion after surgery, and getting in shape will enable you to move around more easily to prevent blood clots after surgery. It’s about building the patient’s capacity.”

“LOS was shortened by one full day at VGH,” says Valerie, “and that site is a national benchmark.” The VGH team has presented their work nationally and internationally and the RRP approach has now spread across the region to Lion’s Gate Hospital and Richmond Hospital where they have further improved their programs based on this approach.

Next steps are to build on the best practices identified and take it out to the rest of the province, to teach methodologies in quality improvement, and to continue empowering patients and site teams with the BC Hip and Knee Arthroplasty Collaborative. Comprised of orthopaedic surgeons, physiotherapists, nurses, occupational therapists and quality improvement experts, members of this interprofessional team build on their distinct skills and perspectives to advance the scope and possibilities of orthopaedic surgery care.



*The original Rapid Recovery Team: Adele Melnyk, Nancy Cho, Sharon Parent, Valerie MacDonald. In the back row Anne Lydon, Tony Hallam, Brendan Tompkins, Laurie Leith. Missing are Nelson Greidanus, Bas Masri and Catherine Backman.*

Valerie learned many valuable lessons through the RRP process, including how hard it can be at times to persist with something you believe in. “It’s powerful to make the outcomes visible,” she says. “We created a proactive model, understanding the issues of our patients, and we designed systems to prevent problems and help patients recover more smoothly.”

UBC nursing students learn about Valerie’s programs and methods when she makes presentations to their classes in her capacity as an adjunct professor. Valerie tries to impart some of the lessons she has learned. “By the very nature of our profession,” she says, “we have to be collaborative in our approach. You learn that from the get-go.” She talks of the future as a time of great opportunity. “We know about patient care and families because we’re there 24/7. While other disciplines focus on specific components, nurses look at everything. It is imperative for nurses to be leaders because we offer the big view.”

As director of the new collaborative, Valerie offers her profession not only her years of UBC academic and clinical experience, but also the leadership lessons she has learned through the RRP—persisting in a complex project to realize a vision, using knowledge to empower patients and building teams infused with trust and enthusiasm. On that basis, there are no limitations and even the wildest dreams become attainable.

# Teaching Excellence

## Teaching from the Heart

Each year the Canadian Association of Schools of Nursing (CASN) presents the Award for Excellence in Nursing Education to a teacher in a Canadian school of nursing. This year's recipient is Marion Clauson, MSN, PNC (C), RN, Senior Instructor, Associate Director for Undergraduate Programs. The award was presented to Marion at the CASN annual meeting in Montreal in November. "It's a very humbling experience. I'm overwhelmed," says Marion, who has been teaching for over 30 years. "I know many people who are excellent teachers."

Among the criteria for consideration for the CASN Award of Excellence are a commitment to mentorship of students and colleagues, and the ability to introduce innovation in education activities. Not only does Marion teach undergraduate students, coordinate and support the



*CASN Excellence in Nursing Education award recipient, Marion Clauson.*

teaching development of her colleagues and facilitate the development of a cadre of clinical instructors, she also teaches students at the master's level, especially those with an interest in nursing education. "I facilitate and mentor their development as teachers," she says, "and I try to instill some of the passion I have for teaching."

A continual review of curriculum and programs is another part of Marion's everyday focus. "There is a constant search for the best and most creative ways to facilitate best teaching practices." For example, Marion was part of the team that introduced the UBC School of Nursing's innovative advanced standing baccalaureate program. "It's about finding ways to provide what students need in practice and in theory in order to bring nursing alive for them."

Although every teacher fulfills a basic set of requirements in order to teach a course, all good teachers develop their own teaching style and enact a set of personal principles in order to feel satisfied with a job well done. Marion's teaching strategies include structured debates and collaborative learning activities. "I like to engage students in interactive learning," says Marion. "They need opportunities to solve problems or to offer input around an issue together so the findings they come up with in their content area are based on collective wisdom, not individual." Marion also enjoys using creative questioning and critical thinking strategies to encourage analysis well beyond the textbook content and the literature. "I really like to help students develop curiosity, a spirit of inquiry. They can build on that to decipher their readings."

Even though teachers aspire to help students to think, to connect theory and practice and to

enjoy the process of learning, Marion knows she's really hit home when students don't really want the course to end. "I have a real appreciation for my role as teacher when I can walk away from a course knowing the class took on a life of its own—that the collective energy of learning made it more than I'd planned it to be." Marion talks about teaching coming from the heart, caring about teaching and not taking it lightly. "If you're not vulnerable as a teacher, you're not appreciating the vulnerability of the learners," she says. "It's a journey together."

Marion credits her desire for a teaching career to the "abundance of excellent mentors and role models" she encountered during her undergraduate and graduate studies at the UBC School of Nursing. Now, she is creating that same vision for the next generation of nurse educators. According to a colleague, "Marion Clauson's record attests to an outstanding leadership contribution to the educational mission of the nursing profession and reflects a sustained demonstration of excellence within nursing educational scholarship. She is recognized by students, colleagues and professional practice leaders alike as an excellent educator, scholar and leader." The School of Nursing is proud to have one of its own honoured by the Canadian nursing education community.

## Touchpoints

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