Greetings on the conclusion of the academic year 2017!

This semester bring with it so much to celebrate, for the 2017/18 academic year has concluded. The embodiment of Hope and Possibility for the 2016 cohort entering their second year of studies was witnessed within your practice narratives to acknowledge the art of the possible. This scholarly thread was also seen within our graduating cohort, who have Challenged the System in their cumulating performances and are now ready to engage in the complex and challenging health care system within their future nursing careers.

Congratulations to our graduating cohort of 50 learners as we wish you all the best in your commitment to lifelong learning within the nursing profession.

Baiba Zarins - Program Manager
IN THE NEWS...

ANNOUNCEMENTS

• James Barlen (Year II – Semester VI) learner was the successful recipient of the UHN 2017 Sopman Humanitarian Award. Archie Sopman, in recognition of the humanitarian care given to his wife by a student nurse, established this award, named after the late Belle Sopman. Velta Vikmanis, Program and Artistic Manger for the Dotsa Bitove Wellness Academy and Krysia Theriault, Adjunct Professor faculty, submitted nomination letters in support of James’s accomplishments within his SPP experiential practicum journey. Thirteen nursing students from various academic institutions were nominated at UHN but James was the successful recipient!

• In celebration of nursing week in May of each year, the annual Toronto Star Nightingale Awards celebrate the accomplishments of nominated nurses within Ontario. These nominees are celebrated through acknowledgement by their patients, clients or colleagues. This year’s celebrated honorees include Petula van Roon, who works at Acclaim Health, who is an NU SPP graduate of the 2011 (inaugural) cohort! Further details of this award and other acknowledged nurses is located within the web link below: https://www.thestar.com/life/travel/2017/05/08/nightingale-award-attracts-156-nominees.html

CONGRATULATIONS, PETRULA!

• Congratulations to Allen Yu and Carolyn Wong, who submitted an abstract “Factors influencing patients with heart failure to participate in advance care planning” which has been accepted for poster presentation at the 6th International Conference on Advance Care Planning and End of Life Care taking place from September 6-9, 2017 in Banff, Alberta, Canada. Appreciation is extended to their faculty mentor, Katalin Pere, for her assistance and support of this initiative.

• Please be sure you submit all of your required documentation for year two of studies directly to nursing@nipissingu.ca. Please visit the NU:SPP website for the annual renewal clearance forms package. Please keep all print originals, as NU aims to file documents in e-format only.


HSP-NET UPDATES-REQUESTS FOR CV’S AND LEARNING OBJECTIVES

As a program we are still investigating the option of extending HSP-Net access to our learners in order to expedite placement detail tracking and most importantly, for you to obtain any additional information notifications (e.g.: requests for scheduling, orientation documents) directly from the system. Stay tuned for more details, should this option become a reality within the 2017/18 academic year.

FACULTY ACHIEVEMENTS

• Krysia Theriault successfully participated and completed a UHN sponsored Emerging Leaders professional development course. The highly competitive program is designed for those who wish to enhance current performance and prepare for future leadership roles. The program includes three full day workshops, several learning labs, an action learning project, and opportunities to network with senior leadership.

• Louela Manankil-Rankin received a second AMS Fellowship focused on Relational Practice to continue in her interest in this meaningful field of research.

• Congratulations of Ping Zou, who recently received a Sigma Theta Tau International Research Grant in support of her ongoing research interests and accomplishments.

• Other research projects underway to assess components within the SPP with internal and external stakeholders include:
  - Collaboration amongst Faculty, Preceptor and Student in the teaching and learning of nursing: A Narrative Inquiry Study (Louela Manankil-Rankin, Stephanie Chu, Nicole LeBlanc, Neelam Walji) – Focused on HSC
  - Practice Readiness Concept Analysis – Collaboration amongst Nipissing University, Thomson River University, Brock University, and Conestoga College)
  - Stakeholder Analysis of Practice Readiness – Collaboration amongst UHN, Community partners, Nipissing University, Thomson River University, Brock University, Lakehead University, and Conestoga College)
  - Understanding Preceptor Experience at UHN (Katalin Pere – PI in collaboration with Krysia Theriault, Baiba Zarins, and Louela Manankil-Rankin)
  - Assessing Practice Readiness of School of Nursing Programs using Casey-Fink Readiness for Practice Survey (Louela Manankil-Rankin, Karey McCullough, Baiba Zarins, Wenda Caswell, and Vivian Papaiz)
CONGRATULATIONS GRADUATING CLASS OF 2017!

PRECEPTOR APPRECIATION POTLUCK

Learners of the scholar practitioner program
Club Creator: Rebekah Lindensmith  
Club Members: Simone McCarthy, Anthony Le Fuentes, Poonam Sidhu, Stephanie Kemke, Alla Pak, Victoria Maich, Rania Naser, Stefanie Ojeda, and Cathy Tran  
Faculty Advisors: Ping Zou  

The aim of the SPP Research and Nursing Theory (RANT) club is to discuss research and research ideas. The club will focus on how to better understand the research process, apply nursing theories to clinical practice and program outline, synthesize research papers, and hold a seminar on applying to graduate nursing programs. The goal of the club is to perform literature reviews and create material to present at workshops/conferences as well as during seminars for SPP co-learners. Every member of the club has obtained their TCPS 2 certificate. The TCPS2 "Life of the Researcher" certificate outlines what we can/cannot do as researchers. This is an exciting and innovative club and we are all excited to be apart of it.
THE IMPORTANCE OF RELATIONAL CARING

BY RANIA NASEF

WHAT IS RELATIONAL CARING?

Relational caring is an ongoing process that focuses on providing care with possibility of moving beyond assumptions and preconceptions made about other people. It is an ongoing process of building a person's capacity to support their growth, development, well-being, and to nurture the relationships made with people. Relational practice helps to determine the development of therapeutic relationship with clients and their family. Relational caring focuses on the interpersonal level of the relationship with the client and parting away from the ideologies and norms implemented of the larger health care context.

Key Principles

- Relational caring is a process of professional partnership.
- Compassionate relationships are at the core of relational caring.
- Through relationships human beings learn and grow.
- Relational practice can avoid unnecessary stress for the clients and decreases risk for harm.

Relational caring involves:
- Connection
- Interdependence
- Collectivity and collaboration

Knowing Otherwise

Is an expression to see difference as a new perception instead of something to be changed or fixed. We should approach one another with humble curiosity, and non-judgments so they can reveal who they really are.

Think about it...

It is human nature to live and exist relationally, would it not be as important to consider relational care if we are to promote health to our clients?

Examples of Ways to Nurture Relational Caring:

- Through Voice and Spoken Language
  - Simplify language used and tasks; have a gentle/calm voice; listen carefully; be attuned to words used.
  - Through Body Language
  - Be attuned to what your body language might be communicating; recognize your clients' body language and how they might be expressing themselves; be at eye level; show affection
- Being Present with Others
  - Believe that person is "still there" and continues to have the abilities to be in relationship; communicate in meaningful ways; respect your client; experience their reality; be emotionally present which involves being responsive and sharing of emotions (ex. Joy, fear, vulnerability); be attuned to any factors that the client might be experiencing whether it is with their bodies or the broader social and physical environments.
- Through Reciprocity
  - Build relationships based on compassion, respect, and trust; be responsive; assist individual to make their own decisions; get to know the individual's life and share aspects of your life with them; provide meaningful interactions and experiences so they feel valued; be in a partnership and collaborative decision-making and problem solving with the individual.

Reflect On: Think of a time when you were experiencing an engaging meaningful relationship. What helps you to be in relationship with others? Think of a time when you were not connected in relationship. What got in the way?

In order to provide relational caring one must inquire into clients' lived experience and health care needs in a respectful and reflective approach. It is a skilled mechanism of respectful, compassionate, and authentically interested inquiry. In order to practice relationally, nurses or other health care professionals should involve the engaged clients' active concerns; be able to share and acknowledge the differences; trust clients and understand uncertainty; have the courage to question and step out predominant values and assumptions shaping one's practice; and be able to help clients transform their health experience.
My stethoscope became a wand, something that contained magical and wondrous powers. It was scary and exciting and cold to touch all at the same time. I would listen to the strength of the child's hearts, knees, toes and teddies. The child became my partner in crime. We would both work together to solve the mystery of their diagnosis. I did not speak down to the child, though our height difference may have tried to persuade me to do so, and the child and family did not exclude me from being viewed as a member of their inner circle. We worked together like two peas in a pod, Mickey and Minnie Mouse or the Power Rangers. I learned more about Yo-Gabba-Gabba than I did about the pathophysiology of streptococcus aerus. And that was OK with me. I had fun! I looked forward to going to placement every shift.

I left feeling as though I earned my tiredness. I slept like a baby in a crib when I would get home. I will always remember how exciting it was to see the look on a child’s face who was well enough to be discharged home. The child would appear as though they had conquered the fiery dragon when they could go home surrounded by loved people and dolls. Although the hospital was a mystical castle, it was not home.

Paediatric nursing is not for everyone, but I hope I have the opportunity to be a paediatric nurse in the near future. If not, I aim to provide care to the adult population with the same curiosity, hope, excitement, teamwork and happiness.

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My father was a well-known architect in my city. He started his profession as an architect after graduating university at the age of 19. When he retired, I asked him to describe his greatest achievement from his 41 years of professional practice. His response surprised me: “Whatever I design, I make every family a window, large or small”. His answer reminded me of a story where my father fought with the CEO of a big company. The CEO wanted a large suite facing south. This design could cause some of the small suites to go without windows. My father fought vigorously and persistently. As the chief architect, he refused to sign. Finally, he won. He designed a building where everyone had a window.

When I immigrated to Canada, I saw a lot of Chinese seniors with language barriers, low income, inability to drive, isolation and limited access to health care. Canada is a beautiful and positive country; thus, I believed everyone should have a “window” to access to their health care needs. I chose to take action by volunteering in a church. I did very simple things, such as teaching the ABC's, how to use the TTC, and translation, among other useful tips. After I became a nurse, I received invitations to offer presentations in community centers related to diet, exercise and chronic illness prevention. When I pursued my PhD at the University of Toronto, it was no surprise that I chose to do something for my community. For my PhD project, I designed a dietary intervention for senior Chinese immigrants for blood pressure control. In addition, from 2014 to 2015, my research assistants and I provided blood pressure screening for 618 Chinese seniors.

In order to get everyone a window, it was evident that I could not work alone; there was way too much work to do by myself. I needed a team. In the summer of 2016, I led a health care professional team, including a registered nurse, registered practical nurse, nurse practitioner, dietitian, social worker, and immigrant settlement worker, to deliver health care seminars for Chinese seniors. The contents of the seminars covered cardiovascular disease prevention, diet instructions, physical exercise, diabetes control, pain management, etc. As a team, we reached around 300 Chinese seniors living in the community. Presenters, audiences and community leaders diligently worked together, supported each other, and recognized each other’s contributions. We all knew that the purpose of this event was to open a window for everyone.

Everyone should have a window. This is not a technological question but a philosophical concern. As a nurse, we might have the opportunity and ability to open up a window for someone at some point or another. When the time comes, stand up and open the window for him, for her, for families, for the community, for our society, for the world. Let sunshine into everyone’s hearts through a window, small or large.
“SUMMER” BREAK READING LIST

BY CHRISTINE WHYTE

In the moments between catching up with friends, preparing for next semester and #selfcare, I hand selected some books that may interest the student nurse, faculty or healthcare professional. Enjoy!

1. When the Body Says No: the Cost of Hidden Stress (2003), Dr. Gabor Mate- I’ve talked about this book a few times and would highly recommend it. Dr. Mate is a compelling writer, who presents evidence-based arguments linking the mind-body connection to our health. Why it matters to a nurse: Dr. Mate gives us the tool of the “7 A’s of Healing” that may help guide conversations in practice with clients. It also illustrates the importance of looking at the client as a whole, treating all elements of the person.

2. Attached: The New Science of Adult Attachment and How it Can Help You Find- and Keep- Love (2012), Amir Levine and Rachel Heller- This book offers a fun and easy to understand approach to looking at relationship patterns and dynamics. Separating people into one of three categories: Anxious, Avoidant or Secure, Heller and Levine provide a scientific reasoning for behavior in relationships. Why it matters to a nurse: The theory presented is based on research first looking at dynamic between children and their parents. It may help a nurse in her personal relationships, in the pediatric environment or in conversations with clients.

3. My Stroke of Insight (2006), Jill Bolte Taylor- Written by a Harvard educated neuroanatomist, this book tells the narrative of Dr. Bolt Taylor’s own experience of a stroke. She recognizes each stage of the event recounts it in detail for the reader. Why it matters to a nurse: Bolte Taylor recounts her experience, sometimes detailing what she desired from the medical staff opposing what she actually received. It will give the reader a new perspective to help treat clients.

4. In Search of Memory: The Emergence of a New Science of Mind (2006), Eric R. Kandel- Nobel Winner Eric R. Kandel’s half autobiography, half history of the science of mind, is a powerful narrative of how he started his life in Nazi-occupied Austria to becoming a trailblazer in neuroscience, starting with experimenting on a giant sea snail. Why it matters to a nurse: A little science, a little narrative, a lot of inspiration.

5. A Walk in the Woods (2002), Bill Bryson- Bryson tells the story of his 2000 mile hike through the Appalachian Trail. Why it matters to a nurse: Bryson descriptions are hilarious and the details of his journey will make you laugh-out-loud. #Selfcare

SUMMER BREAK READING LIST

INGREDIENTS
2 large, ripe avocados, cubed
3 tablespoons dark chocolate cocoa powder
½ cup dark chocolate, melted
¼ cup almond milk
2 tablespoons maple syrup
1 teaspoon vanilla extract
Pinch of salt

PREPARATION
1. Add the avocados to a blender or food processor, along with the cocoa powder, melted chocolate, almond milk, maple syrup, vanilla extract and salt.
2. Blend until smooth, scraping down sides as necessary.
3. Serve immediately, or chilled.
4. Enjoy!

*Found on Buzzfeed
To nurse is to awaken to dawn and dusk; quiet;
To tame one’s inner turmoil;
remember and reflect,
focus and foresee.

To nurse is to hear the bedside story;
To plan one’s priorities;
list and prepare,
judge and adjust.

To nurse is to hear the medical scramble;
To relate each organ with another;
assess and analyze,
perceive and be present.

To nurse is to apply therapeutic solutions;
To employ knowledge, skill, judgment;
watch and study,
read and perform.

To nurse is to protect the vulnerable;
To use power for justice;
promote and represent,
respect and contend.

To nurse is to see the person fully;
To connect mind, body, spirit;
distresses and environment,
delights and events.

To nurse is to engage the mind fully;
To connect logic, systems and art;
diseases and experiences,
dosages and emotions.

To nurse is to feel one’s emotions;
To listen to one’s narrative;
empathize and understand.

To nurse is to see what is unseen;
To look beyond the surface;
seek and discover,
hope and inspire.

To nurse is to partake in another’s healing;
To influence another’s story;
comfort and care,
encourage and empower.