



National Nursing Education Summit

Summary report



Canadian Association of Schools of Nursing
Association canadienne des écoles de sciences infirmières



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Table of contents

Overview and summary	1
Context: What is nursing being called on to do?	4
Domains of action	5
Strengthen foundational learning	5
Continue to foster registered nurses' development as leaders and change agents	6
Create a dynamic set of practice learning options	6
Develop capacity to improve care where there is the greatest need	7
Enablers	8
Conclusion	10
Appendices	
A: Summit objectives	11
B: Agenda	12
C: List of participants	13



OVERVIEW AND SUMMARY

Working in health care means working in a constantly shifting, ever more complex world. As our understanding of how best to contribute to the health of Canadians increases, as our health-care system evolves, as the diversity of our society grows, and as new knowledge and innovations emerge, nursing is continuously transforming. Nurses are care providers, leaders, patient and health-system navigators, counsellors, coordinators, innovators, researchers, teachers and change agents, often all in the same day. They inform policy and policy-makers in the interest of the health of Canadians. What these roles mean today, however, will be different a year from now, and may be nearly unrecognizable 10 years from now. Nurses are called upon to practise in increasingly diverse and innovative ways and settings, and they also play a profound role in influencing and leading change to create a sustainable health-care system that serves all Canadians equitably.

To explore the education needs of the changing context for nursing, a national nursing education summit was held on October 31 and November 1, 2013. The summit brought together a group of nurse educators, regulators, practitioners and students from across Canada who are leading voices for system change, as well as leaders from other health professions with experience in transforming medical, pharmacy and physiotherapy education. Participants shared their visions for the future of nursing education. With overwhelming unity, the group agreed that nursing education must continue to influence the evolution of nursing in Canada and to create an adaptable community of clinically strong registered nurses (RNs) who are also system thinkers prepared to be lifelong learners and leaders. CASN, CNA and other institutions have already discussed many of the ideas raised at the summit, and many of the actions proposed at the summit are already being implemented through the work of these institutions; however, this was a unique opportunity to consolidate and create a visionary portrait of a Canada-wide strategy. The vision created in this summit has been developed to build on today's strengths and provides a platform for creating a national education strategy to transform nursing and nursing education in Canada.

The foundation of this vision is a comprehensive understanding of the next generation of RNs in Canada:

The next generation of RNs will continue to be skilled, confident, knowledgeable, compassionate providers of care who will use their unique knowledge and relationships with individuals and communities to actively promote health, provide care/service, as well as influence and lead system change to promote a sustainable, thriving health-care environment.

RNs will be flexible system leaders and risk takers, who will partner and collaborate with patients, families, communities and colleagues to create the best care and innovation. They will help people find the right care at the right time and will be stewards of health-care resources. They will recognize their environment as continuously changing and will be prepared to actively adapt and engage with others.

RNs will be lifelong learners with the flexibility needed to practise in ever-changing contexts and the ability to translate evidence into practice. Through nursing, the health of Canadians and the strength of the health-care environment will be continuously renewed.

To enable the roles of RNs to continue to evolve, nursing education needs to prepare new RNs who are skilled, evidence-driven practitioners, with foundational strengths in leadership, systems thinking and active learning. The Canadian nursing education system must also offer a comprehensive set of specialist, professional development and continuous learning options that enable RNs to continually renew and strengthen their leadership, research and practice capacities for the duration of their careers.

The platform for a national nursing education strategy includes four domains of action:

1. *Strengthen foundational learning*: continue to develop foundational knowledge, skills and attitudes that will enable students in RN programs to become flexible, safe practitioners, lifelong learners and innovators able to provide care in changing health-care environments.
2. *Continue to foster RNs' development as leaders and change agents*: build a capacity for leadership in nursing students that will grow as they enter the workforce and practise the profession by fostering the development of critical qualities of change agents.
3. *Create a dynamic set of practice learning options*: develop practice learning options in partnership with the service sector to bridge new RNs from a solid generalist education to a specialized, continually learning workforce.
4. *Develop capacity to improve care where there is the greatest need*: develop RNs' capacity to work with the most complex, the most vulnerable and the most underserved populations, to strengthen the health of Canadians and the sustainability of the health-care system.

Underpinning these domains of action are five enablers, which inform and are infused into all of the actions:

- learning that mirrors desired practice: participatory, collaborative, adaptable, culturally sensitive
- partnerships and collaborations
- interprofessional education and care
- engagement and advocacy
- patient safety

In the next sections, the changing context for nursing is described in detail, and the core elements of the national nursing education strategy are described.

The following chart summarizes the national nursing education strategy in a succinct vision that guides focused actions.

Vision for the next generation of RNs				
RNs influence and lead change for a sustainable, thriving health-care environment. They provide evidence-based care, actively promote health, especially with the most vulnerable, and are stewards of health-care and health-system resources, all with the goal of meeting the public’s health-care needs. They are compassionate, flexible system leaders, risk takers, and partners with patients, families, communities and colleagues. They are lifelong learners and recognize and adapt to changing needs in the environment. Through nursing, the health of Canadians and the strength of the health-care environment are continuously renewed.				
Four domains of action				
1. Strengthen foundational learning				
2. Continue to foster RNs’ development as leaders and change agents				
3. Create a dynamic set of practice learning options				
4. Develop capacity to improve care where there is the greatest need				
Enablers				
Learning that mirrors desired practice	Partnerships and collaborations	Interprofessional education and care	Engagement and advocacy	Patient safety

CONTEXT: WHAT IS NURSING BEING CALLED ON TO DO?

Health care in Canada is rapidly evolving, and Canadians are facing an unprecedented set of challenges in creating a sustainable health-care system. Acuity and intensity of care are increasing. Canadians are living longer, often with multiple, complex chronic conditions. It is becoming clear that a small number of patients with highly complex needs use the vast majority of health resources; studies indicate, for example, that five per cent of the population uses 84 per cent of the health-care budget.¹ RNs are uniquely positioned and have the necessary skill set to care for and improve the health of these populations. They are knowledgeable, skilled and responsive to the changing demographics (i.e., aging, multi-cultural issues).

Nursing care outside the acute care hospital is becoming increasingly important, with shortened lengths of hospital stays, an increase in ambulatory surgery² and a 55 per cent increase between 2008 and 2011 in the number of Canadians receiving home care.³ Nurses play an essential part in increasing access to care for Canadians, both in evolving roles — for example, as prescribers of some medications in some jurisdictions — and in taking on new responsibilities. Nurses are increasingly leaders of system change and innovation, both through their roles as clinicians and through formal leadership roles.

As the system evolves, care has grown more sophisticated, with an ever-stronger focus on nurses as generators and translators of research and knowledge into care. The rapid evolution of technology adds to the complexity of the health-care environment. Technology supports care and enhances learning. New graduates must enter the workforce with highly sophisticated competencies to monitor and manage the treatment of physiologically and/or psychologically unstable and/or complex patients, to titrate therapeutic regimens and medications on the basis of broad guidelines and to manage multiple complex technologies and therapeutic approaches in both administering and monitoring care. In parallel with changes in acute care settings, nursing in long-term care and community settings has grown, with continuing innovation in sites for care delivery, such as street health teams, family health teams and complex care clinics. Nursing is constantly evolving across the continuum of settings, sectors, ages and stages.

To provide the best care in a complex environment, nurses and other health-care providers are now expected to work collaboratively in interprofessional teams, to partner with patients and families and to manage and contribute to clinical information systems in support of evidence-based practice. Nursing is becoming increasingly sophisticated and complex.

RNs must be educated to provide safe, evidence-based care and well-defined clinical interventions, while also developing the foundational capacity to continue learning in both everyday practice and formal settings, to understand and contribute to improving and sustaining the health-care system, and to recognize their ongoing role as change agents and leaders. RNs need a system lens that will enable them to identify and respond to the areas of care where nursing can most effectively improve the health of Canadians and make the best use of resources. At the same time, there is a limit to what can be developed through pre-registration nursing education. Partnerships between practice and academia need to be established to provide a flexible, robust set of opportunities for ongoing learning. These should include what it means to be a self-regulated professional, and should enable nurses to develop as specialists, leaders and change agents.

¹ Browne, G., Birch, S., & Thabane, L. (2012). *Better care: An analysis of nursing and healthcare system outcomes*. Ottawa: Canadian Health Services Research Foundation. <http://www.cfhi-fcass.ca/sf-docs/default-source/commissioned-research-reports/Browne-BetterCare-EN.pdf?sfvrsn=0>

² Canadian Institute for Health Information. (2005). *Hospital trends in Canada - results of a project to create a historical series of statistical and financial data for Canadian hospitals over twenty-seven years*. Ottawa: Author. <https://secure.cihi.ca/estore/productSeries.htm?pc=PCC277>

³ Canadian Healthcare Association. (2013). *Portraits of home care in Canada 2013*. Ottawa: Author. <http://www.cdnhomecare.ca/media.php?mid=3394>

DOMAINS OF ACTION

To provide the education that will support and reinforce the skills, practices and orientation to the world that the health-care system needs from the next generation of RNs, the platform for a national nursing education strategy outlines actions in four domains:

1. Strengthen foundational learning
2. Continue to foster RNs' development as leaders and change agents
3. Create a dynamic set of practice learning options
4. Develop capacity to improve care where there is the greatest need

Initial objectives and possible actions in each domain are described below.

Domain 1: Strengthen foundational learning

Objectives:

- New RNs will enter practice with the foundational relational abilities, the systems thinking, the scientific knowledge, and the skills to support lifelong learning, the ability to provide nursing care in complex, changing environments, and the leadership skills to innovate and influence practice.
- They will understand their scope of practice and be able to work effectively in teams and manage conflict.
- Nursing education programs will enable learners to develop emotional intelligence and self-awareness, an understanding of cultural, social and organizational contexts, an orientation toward safe, person-centred care, and the ability to create partnerships with patients and families to achieve optimal outcomes.
- Graduates will enter the workforce understanding the impact of physical, institutional and socio-cultural systems on health and will have a solid base of foundational scientific and psycho-social knowledge allowing them to enact nursing roles in diverse and changing contexts. They will have a foundational understanding of the role of RNs as leaders and as global and local citizens, and will have knowledge of the Canadian health-care system in relation to other systems.
- Graduating RNs will be able to identify their learning needs and learning objectives and will conduct ongoing reflection and self-assessments as they practise their profession.

Possible actions:

- Educators and other stakeholders identify and delineate the core foundational knowledge and skills that RNs need to learn in pre-licensure education programs to support their effective functioning in multiple changing contexts. They also optimize new learning opportunities in response to new challenges and demands.

- Education programs introduce professional development to students when they first enter a pre-licensure program, and encourage continued reflection on transition to professional practice throughout the program.

Domain 2: Continue to foster RNs' development as leaders and change agents

Objectives:

- Pre-licensure learners will have opportunities to develop a capacity to act as leaders, change agents and partners in system transformation that will grow progressively when they enter the profession and as they gain experience as practitioners.
- Education programs for RNs will foster learners' capacity to assess, design and lead change that improves health for Canadians and the sustainability of the health-care system.
- Graduating RNs will be able to identify the need for innovation or change and will have the skills to collaborate with providers, patients and families, communities and other stakeholders in influencing such change.
- In practice, RNs will continue to build on the foundational leadership skills that they developed in their pre-licensure programs, through ongoing professional development and their work as preceptors, educators, clinical leaders and system innovators.

Possible actions:

- Educators and other stakeholders develop strategies to provide opportunities for learner exposure to system change initiatives during their undergraduate nursing programs.
- Education and practice environments create an even stronger reflexive connection to identify opportunities for and orientation toward system innovation and increase the partnerships between educators and clinicians in academic environments.

Domain 3: Create a dynamic set of practice learning options

Objectives:

- A robust framework will provide a set of feasible practice learning options, creating an effective bridge from a generalist education to a specialized, continually learning workforce, and will ensure that new RNs are supported in deepening and broadening their expertise in practice settings.
- A system of practice learning will allow new graduates to consolidate entry-to-practice competencies and deepen their knowledge and skills in a given area of nursing. The system will support the transition from education to practice, setting up graduates to be competent in core skills while building their lifelong learning orientation.

Possible actions:

- Education, practice and regulatory bodies review the expectations around the transition from entry-to-practice to full independence and explore the value and feasibility of different transitional learning modalities, including such options as nursing residency programs in key nursing specialties and extended preceptorships/mentorships.
- Education, practice and regulatory bodies explore the type of framework needed and possible options (e.g., orientation programs, mentorships, residency programs).
- Initial “pilot” options are developed and implemented in designated areas of nursing.

Domain 4: Develop capacity to improve care where there is the greatest need

Objectives:

- RNs will graduate with a capacity to identify and work in new or underserved areas where they will have the greatest impact on strengthening the health of Canadians and the sustainability of the health-care system.
- Nursing education and practice will be informed by a perspective that focuses on the most vulnerable, underserved or complex populations, where nursing interventions, including prevention and health promotion, will make the greatest difference to health and the use of system resources.
- Students will be progressively educated within a service-learning framework to develop tacit knowledge and experience working with those who need the greatest care, so that learning ultimately changes practices. Graduates will advocate for the creation of policies, programs and roles targeted at serving the underserved in a way that makes the biggest economic impact and improves health outcomes.

Possible actions:

- Education, practice and regulatory bodies continuously engage in environmental scans of the nursing needs of the population to ensure that graduates have developed the necessary entry-to-practice competencies.
- Education programs provide students with opportunities to learn about approaches that will have the biggest impact. These might include, nursing outreach in high-risk communities or new nurse-led interprofessional teams to respond to the needs of high-risk populations.

ENABLERS

There are five enablers to all domains of action that need to underpin the design and implementation of change, the pedagogy of developing RNs, and what they are actually learning. These five threads run through all actions in this strategy:

1. Learning that mirrors desired practice
2. Partnerships and collaborations
3. Interprofessional education and care
4. Engagement and advocacy
5. Patient safety

1. Learning that mirrors desired practice

As the expectations for nursing become more scientifically, technologically, relationally and systematically infused, it is critical that educational experiences replicate how nurses will work together in practice environments. In a context of diversity and global citizenship, curricula need to be oriented toward outcome competencies, providing strong fundamentals in the science of care, while at the same time preparing learners for

- a culture of partnerships with patients and families;
- collaborations with colleagues and other stakeholders; and
- reflection and self-awareness.

Nursing education should be structured to instill in students the capabilities they will need in practice, such as critical thinking, self-reflection, self-regulation, interprofessional collaboration, capacity for partnering and community awareness.

2. Partnerships and collaborations

Health-care environments are increasingly understood as complex adaptive systems, where issues must be approached from multiple perspectives. All health-care professionals will be called upon to collaborate and partner in almost every context, from interprofessional clinical teams, to person-centred care, to research, to initiatives to lead system change. Nursing education must contribute to the embedding of partnership and collaboration as a core value in all health-care and educational contexts; the recognition of patients/clients/families as partners is the most important element of this value. Collaborations between education and practice environments should demonstrate and reinforce this core value. These may include possibilities such as joint academic and clinical appointments that allow practice and education to continually inform each other.

3. Interprofessional and intraprofessional education and care

Interprofessional and intraprofessional collaboration is increasingly recognized as essential for effective health care delivery in the practice environment. There is widespread acknowledgement that health-care providers who simultaneously draw on their unique discipline perspective and the collective wisdom of the team provide the best care. As evidence continues to deepen our understanding that collaborative care contributes to better patient outcomes, education needs to provide learning opportunities that foster the valuing of perspectives from all contributors, and that develop competencies to work within intra and interprofessional teams.

4. Engagement and advocacy

The evolution of nursing and nursing education are mutually informing and reinforcing. In the vision for the next generation of RNs, nurses have an important role to play in creating innovative solutions to the health challenges facing Canadians. Developing skills in engagement and advocacy will be a critical part of ensuring that nursing voices are influential, valued and sought out. Effective engagement approaches are in turn an absolutely necessary part of achieving the changes to education and practice outlined in the strategy.

5. Patient safety

Nurses have a professional and ethical imperative to create the safest possible care and environments for patients, by preventing or minimizing any adverse events or incidents. Ensuring patient safety is a complex issue involving nurses, the interprofessional team, the health-care organization and the health-care system, and it must be an underpinning of all nursing education.

CONCLUSION

The health-care system is continuously evolving in response to complex health-care needs of Canadians. A national nursing education summit was held to reflect on the current context of nursing in Canada, and to identify priorities for the next generation of RNs. The summit resulted in a national nursing education strategy for the next generation of RNs in Canada, which is comprised of a vision, four domains of action and five enablers.

APPENDIX A

Summit objectives

Overarching goal:

Engage a core community to begin to explore and mobilize around the high-level question, *how can nursing education most effectively prepare nurses to work in and shape the health system of the future?*

Objectives:

- Convene key nurse leaders and organizations to determine key educational outcomes for a fully interprofessional, team-focused, and patient/family-focused nursing curriculum.
- Lay the groundwork for the development of a pan-Canadian framework for nursing education that is aligned with the evolving health-care system and health-care needs of Canadians.

Summit deliverables:

- Articulate how the health-care system is evolving and the implications of this evolution for nursing practice and education.
- Craft a vision for a pan-Canadian framework for nursing education: what difference do we want to make?
- Identify core elements of a pan-Canadian framework for the next generation of nursing education.
- Begin to articulate implications for regulation and accreditation.
- Create a collective plan for action to bring the framework to life.
- Identify a core community of change agents who will champion this work.
- Identify key next steps.

APPENDIX B

Agenda

October 31, 2013 (6:00–9:00 p.m.)

Speakers and dinner:

Welcome, introductions and expectations

The context for change

The evolution of the health-care system and the implications of this evolution for nursing: How does nursing education need to move with the health-care system?

- *Speaker:* Gina Browne, PhD, Reg.N. (followed by short table conversations)

November 1, 2013 (8:00 a.m.–4:30 p.m.)

7:30–8:00 Breakfast and registration

8:00–8:15 Welcome, hopes and introductions

8:15–10:00 Panel discussion: Insights into health education transformation

Insights from other disciplines about how they responded to the same drivers for change

Panelists:

- Jay Rosenfield, MD, MEd, FRCPC, Vice-dean medicine, University of Toronto
- Chantal Pharand, BPharm, PharmD, BCPS, Vice-dean pharmacy, Université de Montréal
- Sharon Switzer-McIntyre, BPE, BScPT, MEd, PhD, Vice-chair education, Department of Physical Therapy, University of Toronto

10:00–10:15 Break

10:15–11:00 The role of nurses in the changing system

Short presentations of educator, regulator and practice perspectives, followed by synthesis of themes at tables

Presenters:

- Cynthia Baker, RN, PhD, CASN executive director
- Janet Anderson RN, BScN, Med, and Paula Prendergast, MN, RN, Canadian Council of Registered Nurse Regulators
- Rachel Bard, RN, M.A.Ed, CNA chief executive officer

11:00–12:15 Creating a vision for the next generation of nursing education

Small group work: What do we foresee as the next generation of nursing and nursing education/research? What do we need to integrate into education that would move us to the next level? What could a pan-Canadian framework encompass? What outcomes would we want? What difference do we want to make?

Full group: distilling vision and identifying desired areas of change

12:15–1:00 Lunch and networking

1:00–2:30 World café: Three desired areas of change

2:30–2:45 Break

2:45–3:45 Beginning to build the framework

Identify core elements and high-level objectives for a pan-Canadian framework for nursing education; create objectives in small groups

3:45–4:15 Mobilizing the framework: Next steps and collective commitments

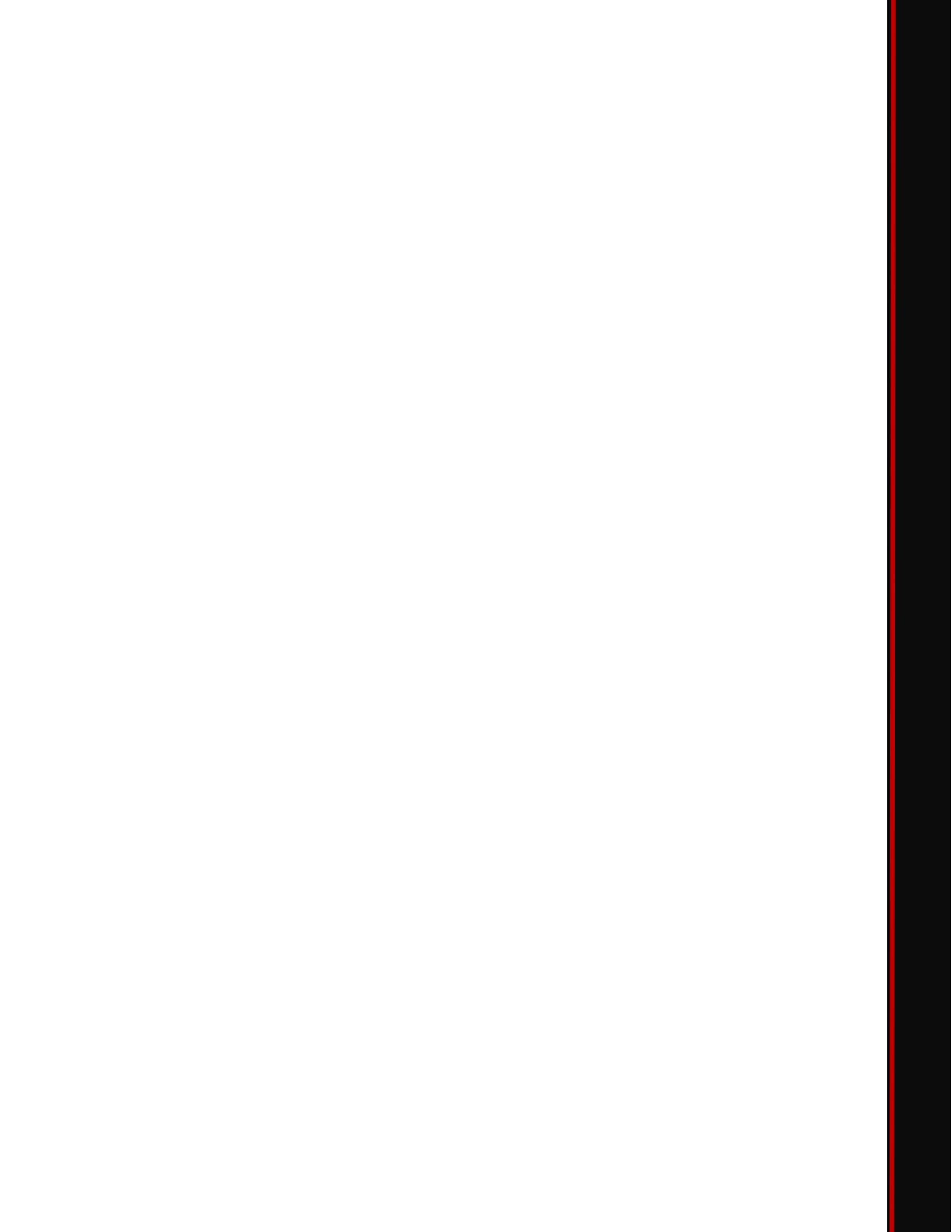
4:15–4:30 Closing and wrap-up

APPENDIX C

List of participants

First Name	Last Name	Organization
Janet	Anderson	Canadian Council of Registered Nurse Regulators
Cynthia	Baker	Canadian Association of Schools of Nursing
Rachel	Bard	Canadian Nurses Association
Catherine	Baxter	Red River College
Céline	Benoit	Trent University
Hope	Bilinski	University of Saskatchewan
Stephen	Bishop	Camosun College
Hazel	Booth	Yukon Government
Gina	Browne	McMaster University
Suzanne	Campbell	University of British Columbia
Monique	Cormier-Daigle	Réseau de santé Vitalité
Cate	Creede	The Potential Group
Kristine	Crosby	Canadian Association of Schools of Nursing
Cindy	Cruikshank	Nova Scotia Department of Health and Wellness
Clémence	Dallaire	Université Laval
Maggie	Danko	Stollery Children's Hospital and Canadian Nursing Students' Association
Susan	Drouin	McGill University Health Centre and McGill University
Kaysi	Eastlick Kushner	University of Alberta
Linda	Ferguson	Canadian Association of Schools of Nursing
Norma	Freeman	Canadian Nurses Association
Francine	Girard	Université de Montréal
Pierre	Godbout	Université de Moncton
Esther	Green	Cancer Care Ontario
Mary Ellen	Gurnham	Capital District Health Authority
Alexandra	Harris	University of Toronto
Fjola	Hart Wasekeesikaw	Aboriginal Nurses Association of Canada
Dave	Holmes	University of Ottawa
Sherri	Huckstep	VON Canada
Victoria	Jerome	Saskatchewan Ministry of Health
Laurianne	Jodouin	Health Canada
Leah	Jorgensen	Canadian Association of Schools of Nursing
Murray	Krock	St. Michael's Hospital
Kimberley	Lamarche	Athabasca University
Kathleen	MacMillan	Dalhousie University
Marie	Martin	Kwanlin Dun Health Centre
Patricia	McGarr	Canadian Nurses Association
Barbara	Mildon	Canadian Nurses Association
Josephine	Muxlow	Health Canada – First Nations and Inuit Health Branch
Sarah	Painter	St. Boniface Hospital
Linda	Patrick	University of Windsor
Jacinthe	Pepin	Université de Montréal

First Name	Last Name	Organization
Chantal	Pharand	Université de Montréal
Paula	Prendergast	Canadian Council of Registered Nurse Regulators
Catherine	Pugnaire Gros	Douglas Mental Health University Institute and McGill University
Jay	Rosenfield	University of Toronto
Lia	Sanzone	McGill University
Linda	Silas	Canadian Federation of Nurses Unions
Marlene	Smadu	Regina Qu'Appelle Health Region
Karen	Spalding	Ryerson University
Sharon	Switzer-McIntyre	University of Toronto
Dianne	Tapp	University of Calgary
Catherine	Tompkins	McMaster University
Anne Marie	Tracey	Memorial University
Elise	Van Schaik	Government of Nunavut
Sandi	Vanderzee	Covenant Health
Sanja	Visekruna	Canadian Association of Schools of Nursing
Hannah	Waxer	Lakehead University
June	Webber	Canadian Nurses Association
Doreen	Westera	Memorial University
Molly	Westland	Fleming College





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