



Navigating Undergraduate Education: Future Proofing the Profession

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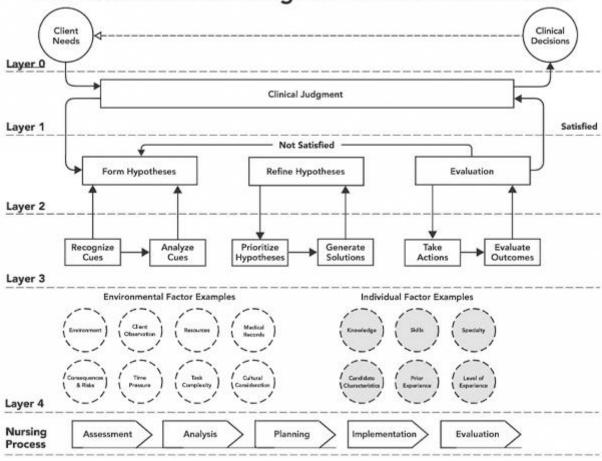
https://www.edmonton.ca/city_government/city_organization/ward-4-councillor.aspx

LEARNING INTENTIONS

- 1. Explain one advantage and one challenge of using a standardized clinical decision-making model to facilitate safe, competent, ethical, and compassionate nursing students.
- 2. Articulate one benefit and drawback of integrating a "person-centred and system awareness" approach in nursing education.
- 3. Describe one component of each of the following: (a) ecological, (b) social, and (c) structural determinants of health and (d) a trauma and violence-informed care lens.
- 4. Respond to an unfolding case study using the Cynefin Sense-Making framework.
- 5. Suggest three strategies faculty could adopt to future proof nursing education.

Clinical Decision-Making Model

The NCSBN Clinical Judgment Measurement Model



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Strengths

- Synthesis
- Novice
- Standardisation

Challenges

- Evidence
- Inflexible
- Dehumanization

Person-Centred

Strengths

- Voice
- Unique
- Capacity building

Challenges

- Inherent power of nurses
- Diversity
- Fractured system

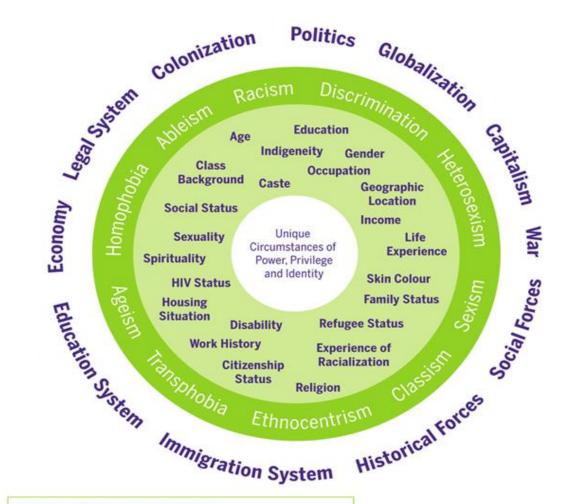


Intersectionality

- Breaking down hierarchies
- Inter-relationships ~ holism
- Experiences and identities (fluid)
- Layering of discriminations = multiple abuse/violence

(Crenshaw, 1989)

Power, Privilege & Oppression



Innermost Circle: unique circumstances

Second Circle: aspects of identity

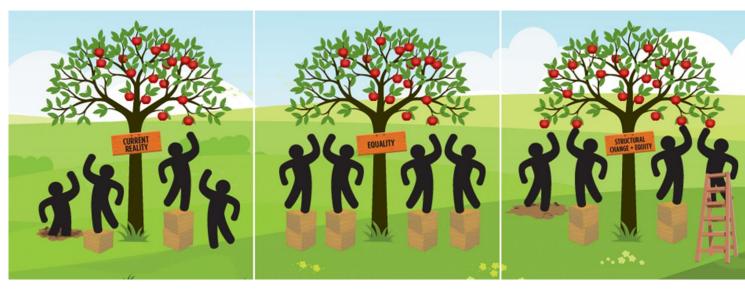
Third Circle: types of discrimination impacting identity

Outermost Circle: larger forces and structures reinforcing exclusion

Note: it is impossible to name every discrimination, identity or structure. These are just examples to help give you a sense of what Intersectionality is.

Graphic adapted from CRIAW/ICREF's Intersectionality Wheel Diagram published in <u>Everyone Belongs</u>. A <u>Toolkit</u> for Applying Intersectionality (2009, p. 6)

System Awareness



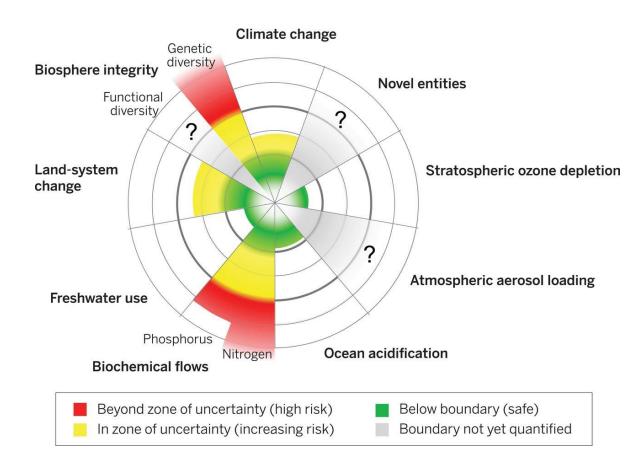
https://equiphealthcare.ca/about/

Strengths

- EDI
- Empowering
- Relational

- Challenges
 - Another layer
 - Paradigm shift
 - Integrated

Ecological Determinants of Health



Urbanisation

Population growth

Socioeconomic

https://www.cpha.ca/sites/default/files/assets/policy/edh-discussion_e.pdf

Structural Determinants of Health

- SDOH
- Invisible
- Power, Privilege & Oppression
- Laws/legislation
- Difficult conversations



Trauma and Violence Informed Care



Paradigm shift from compartmentalising

 Highlights the "isms" influence on health

Relational strength

Cynefin Framework

Sense-making model

Provides process for context

Place of multiple belongings

Complex

the relationship between cause and effect can only be perceived in retrospect

probe – sense - respond

emergent practice

novel practice

no relationship between cause and effect at systems level

act - sense -respond

Chaotic

© Cynefin framework by Dan Snowden

Complicated

the relationship between cause and effect requires analysis or some other form of investigation and/or the application of expert knowledge

sense – analyze - respond good practice

best practice

the relationship between cause and effect is obvious to all

sense – categorize - respond

Simple

Case Study

You are a recent grad working in an ED situated in a rural community, which is close to an Indigenous reserve.

You have just admitted a three-year-old girl with a suspected UTI. She is accompanied by her mother.

She is crying, has a fever of 39.6 C/103 F, is listless, and appears to be in significant discomfort.



Simple Domain

(Best Practices)

What healthcare orders would you anticipate? (Select all that apply)

- A. Urinalysis
- **B.** Blood cultures
- C. Lumbar puncture
- D. IV antibiotics

Infant ≤ 3 months Infants and Children

> 3 months

Investigations:

- Urine: suprapubic aspiration (SPA) or catheter
- Full blood picture (FBP), urea and electrolytes (U&E), creactive protein (CRP), blood cultures
- Lumbar puncture (LP) if ≤ 4 weeks (or unwell)

Unwell

Investigations:

- Urine: SPA or catheter
- FBP, U&E, CRP, blood cultures
- Consider LP

Investigations:

- Urine
- ≤ 6 months: SPA or catheter > 6 months: clean catch (catheter if waiting > 45minutes)

IV Antibiotics

Amoxicillin & Gentamicin

- Refer to Neonatal Medication Protocols (internal WA Health only) for Neonates
- Refer to Amoxicillin Monograph Paediatric (ChAMP)
- Refer to Gentamicin (intravenous)
 Monograph Paediatric Paediatric (Champ)

ADMIT

Under General Paediatric Team

Discharge

- Oral antibiotics cefalexin or trimethoprim with sulfamethoxazole (cotrimoxazole) or amoxicillin/clavulanic acid
- GP Follow up in 48-72 hours to check urine culture and sensitivity – GP letter
- GP to arrange renal ultrasound (US) if indicated
- Refer for PCH outpatient US and General Paediatric Clinic if concerns about follow up

Part 2



https://www.aamc.org/news-insights/electronic-health-records-what-will-it-take-make-them-work

Following your initial assessment and history, you look at her health record.

You note she has had monthly trips to this ED with UTIs over the last year.



your partner in health care

Complicated Domain

(Good Practice)

SIGNS OF URINARY TRACT INFECTION IN CHILDREN



Some common symptoms of URINARY TRACT INFECTION in children include:

- Pain, stinging or burning sensation with urination
- Frequent urination
- Pain in lower abdomen
- Irritability
- Blood in urine
- Foul or strong urine odour
- Poor appetite
- Wetting problems after a child have been toilet trained

Does your child suffer from URINARY TRACT INFECTION?

Consult with our Specialist Pediatrician

Q 04 3529292

Call now to book an appointment

www.unicaredubai.com

Which actions would be relevant in this domain?

- A. Paediatric Consult
- B. Herbal remedies
- C. Department chart review
- D. In-dwelling urinary catheter

Part 3

You overhear other nurses making discriminatory comments about the mother's ethnicity, socioeconomic condition, and single parent status.

The child and her mother are Indigenous. The mother works night shifts for minimum wage.

The mother dropped out of high school when she became pregnant with her daughter. She was disowned by her family of origin and the father is not part of their lives.

They live in subsidized housing and use the food bank to supplement her wages.

Complex Domain

Which strategy would **BEST** fit this domain?

- A. Enforcing a zero tolerance policy.
- B. Reporting incompetent nurses' to the manager.
- C. Creating a forum for discussing current practices in the ER.
- D. Optional educational in-services on cultural safety and humility.

(Emergent Practice)



Final Information

The paediatrician notes significant scarring of the child's vaginal walls. Further interdisciplinary teams are consulted. A social worker and a child therapist work with the young girl and discover ongoing rape by the boyfriend.

When questioned the mother states she relies on paid caregivers when not in a relationship. Her current boyfriend (of one year) has offered to care for her daughter. She readily accepts the offer as she does not have to pay for the care and trusts him.

When provided the findings from the healthcare professionals the mother is shocked and then becomes inconsolable repeating, "What have I done?"

Chaos Domain

(novel practices)



List the actions in order.

- A. Responding to the fever and implementing healthcare orders.
- B. Engaging with Indigenous Elders to provide guidance on programming and practices.
- C. Ensuring all nurses have education on Best-Practice Screening tools (i.e., ACE adverse childhood events; health literacy).
- D. Supporting the mother through the admission and following investigation.

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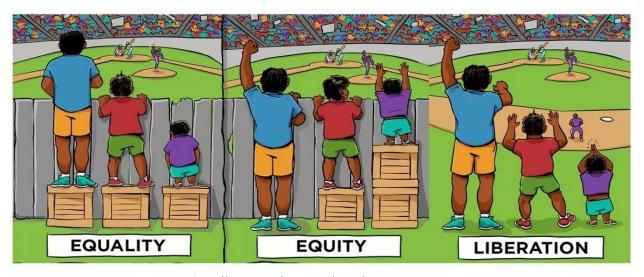
Future Proofing Nursing Education

- Professional Mandate
- KSAA
- Disruption of dominant narratives
- Creating brave spaces for the unknown and for relearning
- Allyship



Don't just tell a different version of the same story.

Change The Story!



https://twitter.com/ttuserenity/status/772868510544388096

Strategies

- Sigma Circle Communities of Interest
 https://www.sigmanursing.org/connect-engage/thecircle
- Sigma local Chapter and other chapters in your region
- Other Organizations
 - WHO https://www.who.int/activities/tackling-structural-racism-and-ethnicity-based-discrimination-in-health
- READ, WATCH and INQUIRE

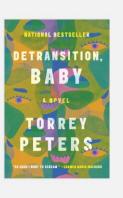
https://www.nfb.ca/

https://www.youtube.com/c/SoftWhiteUnderbelly/videos

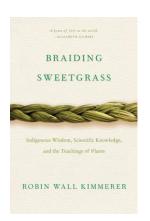
Overdue Reckoning on Racism in Nursing

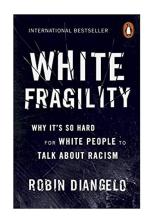
https://nursemanifest.com/ongoing-overdue-reckoning-on-racism-in-nursing/







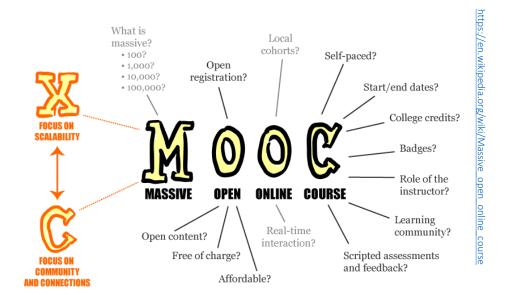








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Equip for Health

https://equiphealthcare.ca/online-courses/

Future Learn

https://www.futurelearn.com/info/blog/what-is-a-mooc-futurelearn

MOOC.org

https://www.mooc.org/

The Platinum Rule

Book by Michael O'Connor and Tony Alessandra





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Resources

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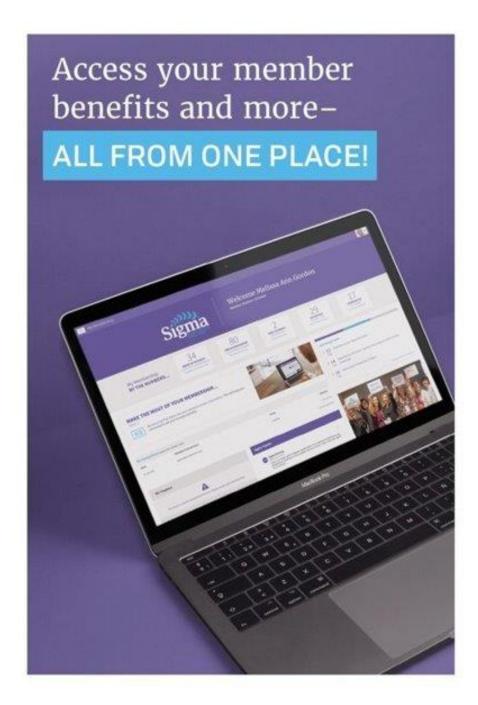
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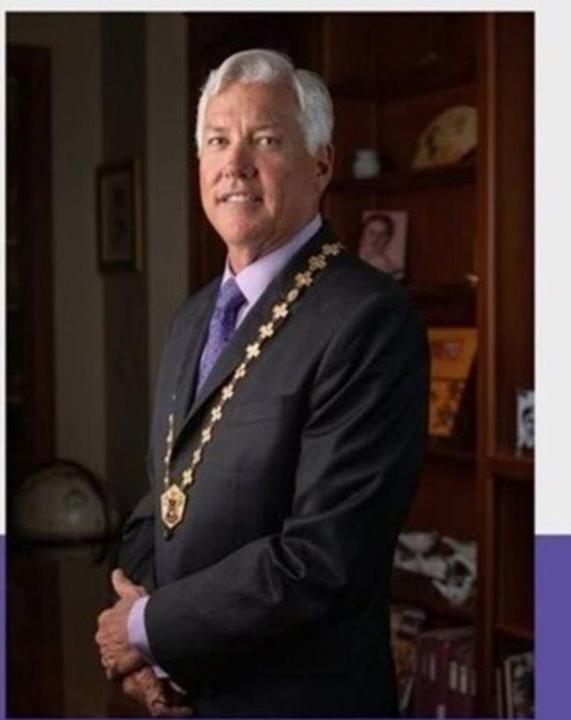
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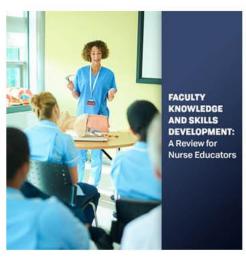
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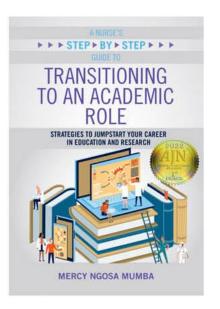


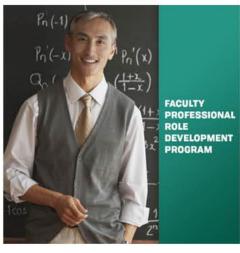


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Faculty Professional Role Development -Online Course