

## Education

# What Should Change in Nursing Education over the Next Five Years? Revitalize Education – Agency Partnerships

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The change in nursing education that should occur over the next five years is the wide-scale emergence of strong and meaningful partnerships with key clinical agencies in a nursing school's environment. Nursing schools prepare undergraduate and graduate students for professional and advanced nursing practice and for research careers.

Clinical agencies want well-prepared graduates who strive for state-of-the-art nursing care to work for them. In addition, a clinical agency that identifies itself as a teaching institution or a member of an academic health sciences centre carries a mandate for education and research that should make it a natural partner for a school of nursing.

When I refer to clinical agencies, I mean the full range of healthcare agencies that offer nursing care services. There is no doubt that agencies, whether health units or hospitals, rely heavily on

professional nurses to carry out their mandate for healthcare service to the Canadian public. Educational institutions depend on clinical agencies to welcome and mentor nursing students in their healthcare delivery settings and to facilitate and participate in nursing research.

Both universities and health sciences centres claim a mandate for the generation and transmission of knowledge. In nursing, the structural separation and limited interaction between the academic and service spheres mean that we lack the established and entrenched supports that are available to our colleagues in medical education and medical science. While we do not have the kind of structural integration that academic medicine has in healthcare delivery, we can take steps to strengthen the interaction between academic nursing and nursing service. This kind of

cooperation has been initiated at the national level by the Academy of Chief Executive Nurses (ACEN) and the Canadian Association of Schools of Nursing (CASN) through a discussion paper on nursing research development with the Association of Canadian Academic Healthcare Organizations (ACAHO) (2002). However, action must also take place at the local level, where schools of nursing interface with agencies in their community.

One of the major challenges for nursing education is clinical education: how to ensure excellence, particularly at a time when experienced nurses and faculty are retiring and post-secondary education funding is constrained. We need to explore models of clinical education with our healthcare agencies and discuss how we can together provide clinical learning opportunities for each level of student while maximizing the knowledge, talents and skills of individuals in our organizations. Nursing education also has to move nursing research development to the front of the agenda, something that has been difficult in the past for a number of reasons; but that is changing with increased numbers of doctorally prepared faculty.

There are examples in Canada of how schools of nursing and service agencies have embarked on joint ventures and engaged in agreements that are mutually beneficial. In some cases, however, these agreements have been time limited. We need to consider how to institutionalize and sustain these arrangements, especially during times of budget cutbacks. We need to document and publicize

successful ventures and to replicate them on a wider scale. Examples of cooperative initiatives include

- nurse experts who easily move across the institutional boundaries of an educational institution and service agency through joint positions or secondments;
- jointly established research units;
- support and fundraising for research chairs in nursing;
- shared research facilitation, personnel and space;
- appointments to faculty from agencies and of faculty to agencies;
- jointly sponsored continuing education opportunities and conferences; and
- shared educational equipment and facilities.

A joint endeavour can involve more than two institutions, if there is benefit for all the parties. An educational institution can have a series of partnerships or can become a catalyst for several agencies to come together.

How can we together move the nursing agenda forward? We must carve the time out of our day, days that are filled with service delivery (teaching and nursing care) and budget pressures in both types of institutions. We begin by setting aside time to talk to each other and then developing mutual plans, even if they are initially modest, to advance the nursing education and research mandate of both organizations. Each participant in such discussions must appreciate the political maxim that “where you stand depends on where

you sit.” Each player has to understand the mandate, goals and constraints of the other and consider what goals might be shared and where one can help the other achieve both shared and disparate goals. Each player must consider this joint work a priority. Each must be willing to take a reasonable risk and to make an investment. If such powerful partnerships ensue, we can strengthen the development of nursing practice and education and speed the development of nursing research.

That is what nursing education should do in the next five years.

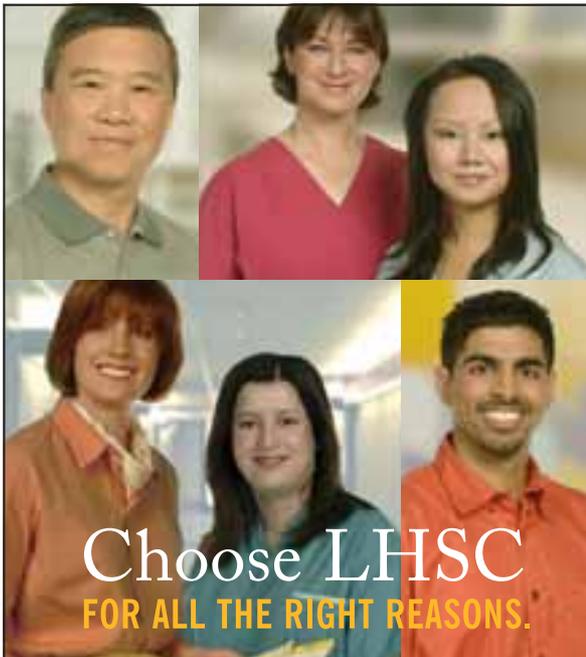
### References

ACEN, ACAHO and CASN. 2002 (June). *Advancing a Nursing Research Strategy in Academic Health Science Centres and Teaching Hospitals*. Discussion paper. Retrieved November 25, 2003. <[http://www.causn.org/research/Advancing\\_Nursing\\_Research\\_Strategy.pdf](http://www.causn.org/research/Advancing_Nursing_Research_Strategy.pdf)>.

### Distribution of Licensed Practical Nurses Varies Widely

According to a new report entitled *Workforce Trends of Licensed Practical Nurses in Canada, 2002*, about 42% of Licensed Practical Nurses (LPNs) worked full-time, with only 16.6% working on a casual basis. These rates also varied around the country: Manitoba had half the average rate of casual employment at 8.0%, while Saskatchewan had more than twice the average, at 38.7%.

Women made up 93.2% of the LPN workforce. Of the 6.8% of LPNs who were male, nearly half worked in Quebec, where the 1,184 males accounted for 8.1% of the LPN workforce. By contrast, males represented only 2.6% of Saskatchewan LPNs. LPN was 44.2 years in 2002; that figure was fairly consistent across the country. (Source: Canadian Institute for Health Information. *Report: Workforce Trends of Licensed Practical Nurses in Canada, 2002*)



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Pictured (l. to r.): Top row – Jerome, Technical Specialist, Lab; Mary Jayne, Medical Radiation Technologist; Minh, X-ray Student. Bottom row – Nancy, Professional Practice Leader Nursing Team Member & Research Associate; Kym, Staff Nurse, Operating Room; Sammu, Pharmacy Resident.