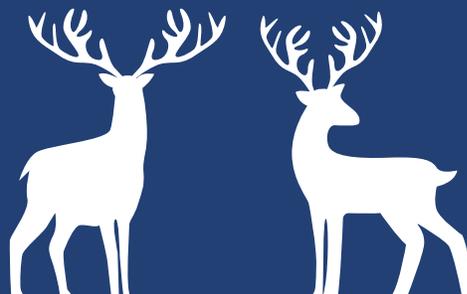
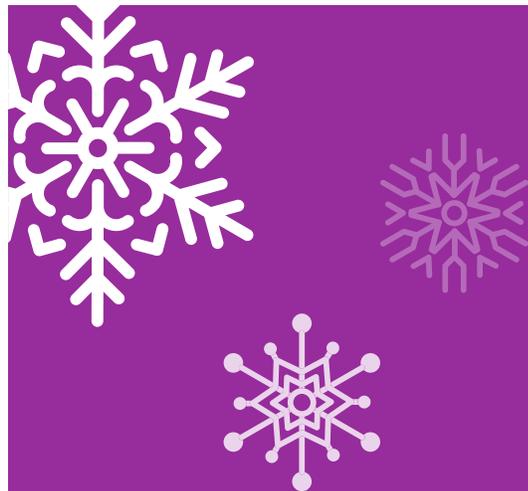


Nursing Policy Secretariat  
British Columbia Ministry of Health

DECEMBER 2022  
NPS NEWS



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## MESSAGE FROM NURSING POLICY SECRETARIAT EXECUTIVE

December is a time of year where we take stock of the year that has passed, reflect on our mutual accomplishments, and look forward to the year ahead as an opportunity to build on our progress in support of health-care assistants, nurses, midwives and the overall health system.

Health-care providers continue to answer the call to service under the challenging circumstances of the ongoing COVID-19 pandemic, toxic drug supply crisis, health human resource shortages and the severe weather events of the past year. The impact of this sustained, heightened response has been significant for the health workforce. As a result, there has been a growing acknowledgement of the need to focus the same care and attention in support of the health and well-being of our workforce as we do for our patients. Nurses such as Alyssa Spence in our [Spotlight](#) have signalled the importance of building strong teams to support both health-care provider resilience as well as improve care delivery for British Columbians.

“Teams across the health sector have become stronger both as a result of a greater emphasis on teamwork and focus on the people in the team. I have also learned that being a team member involves a willingness to always learn, teach and provide a welcoming environment to support other team members not only in care delivery, but to lift each other up. In the end, stronger teams mean better care for British Columbians.”

- Alyssa Spence, Nurse

The Ministry of Health’s [release of the Provincial Health Human Resource Strategy](#) on September 29, 2022 was a milestone moment this past year. Implementation of actions within the strategy over the next five years will be an intensive collective effort that will benefit all health-care providers and help to build a better health-care system for everyone in B.C. Many of the initiatives outlined in this newsletter align with the goals of the strategy. Read on to learn about the four cornerstones and 70 actions in this important provincial strategy.

Other work of central importance and continued momentum is the ongoing commitment to address systemic racism in the health-care system through implementation of the 24 recommendations in the 2020 report, [In Plain Sight: Addressing Indigenous-specific racism and discrimination in B.C. health care](#). To mark the second anniversary of the report, a [snapshot of progress](#) made on the recommendations in the first year has been released. A key area of progress has been the development of a [Cultural Safety and Humility organizational standard](#) as sponsored by the First Nations Health Authority and led by a B.C. Indigenous Technical Committee in partnership with the Health Standards Organization. The standard, released on June 13, 2022, is the first of its kind in Canada and is meant to act as a guide for best practice to enable organizations to address Indigenous-specific racism and build a culturally safe health-care environment.



Read more about what Alyssa and other providers in our [Spotlight](#) have to say about the importance of teamwork, building resilience and applying lessons from the pandemic.



**Zak Matieschyn**  
NP(F), MN, BScN, Executive Director, Nursing Policy Secretariat, Ministry of Health

## Message from nursing policy secretariat executive (continued)

The BC College of Nurses and Midwives (BCCNM) is also actively on working to progress cultural safety and humility and to disrupt anti-Indigenous racism. One of their key accomplishments this year was the release of the [Cultural Safety, Cultural Humility and Anti-racism practice standard](#), which came into effect February 25, 2022 along with dedicated resources to support nurses and midwives in understanding and applying this new standard. Read on to learn more about the BCCNM practice standard and available resources, in addition to the other ways BCCNM is working to address anti-Indigenous racism in the health care system.

Given health human resource shortages, a strong focus this past year continues to be actions that build the capacity of our health workforce. Government has provided \$96 million over three years to expand health education programs all across B.C. For nursing, this includes adding 602 seats (spanning all nursing designations) at 17 post-secondary institutions. In this NPS News issue, we also cover other successful collaborative initiatives to help build health system capacity such as furthering the Health Career Access Program to enable people without health sector work experience to become health-care assistants; working to help streamline the registration process for internationally educated nurses; advancing Bachelor of Science Nursing practice education and transition supports for new grads; and training of registered nurses and registered psychiatric nurses to deliver opioid agonist therapy in response to the toxic drug crisis, to name a few.

I also wanted to take this opportunity to mention [Health Care Assistant Day](#), which was proclaimed on October 18, 2022. I want to recognize all the health-care assistants who work hard every day to provide compassionate and quality care that enriches the lives of patients and families across our province. We value you as part of our nursing family! Read about Joe in our [Spotlight](#), a hard-working, dedicated health-care assistant who is a bright light in the health-care system.

Lastly, extending my sincere appreciation to all of you in our nursing family and midwives for your continued dedication to your chosen career path in health-care, and for your commitment to working together to uplift, learn, collaborate and innovate as we work on building a system that works for all providers and British Columbians. Wishing you every joy this holiday season and time for rest and rejuvenation with family and friends.

With sincere appreciation,  
Zak Matieschyn, Executive Director and the NPS Team



**Kerry Morrison**  
RN BSN EMBA, Director,  
Nursing Policy Secretariat,  
Ministry of Health



**Melissa Murdock**  
MA, Director, Health Sector  
Workforce and Beneficiary  
Services Division, Ministry of  
Health



# PROVINCIAL HEALTH HUMAN RESOURCE STRATEGY

- In 2020, the B.C. [Health Minister's Mandate Letter](#) set out the expectation to make progress on implementing a comprehensive health-care human resources (HHR) strategy. The minister released the [Provincial HHR Strategy](#) publicly on September 29, 2022.
- This strategy outlines four cornerstones, which are designed to support a healthy and productive workforce and a better health-care system for everyone in B.C. over the next five years. The four cornerstones and objectives are:



- **Retain:** Foster healthy, safe and inspired workplaces by supporting mental health and wellness, leadership development and incentivizing workers in high-need areas.
  - **Redesign:** Modernize the health system by expanding and enhancing team-based care and optimizing professions, redesigning workflows and adopting latest innovation and technology.
  - **Recruit:** Attract and onboard workers by reducing barriers for international health-care professionals, supporting comprehensive onboarding and promoting health-care careers to young people.
  - **Train:** Create accessible career pathways by expanding education seats for new and existing employees.
- There are 70 actions embedded within the strategy, which directly support the objectives of the cornerstones. The actions are designed to provide additional workers for the health-care system, increase workforce engagement, remove barriers to productivity, increase diversity and inclusivity, and create new economic opportunities across the province.
  - Equity considerations and alignment to the recommendations of In Plain Sight are built into the strategy which recognizes the imperative to advance anti-Indigenous racism and reconciliation and apply critical lenses to the implementation and sustainable delivery of each of the 70 actions.
  - Of the 70 actions, 47 are relevant to the work of the NPS and align with the recommendations outlined in the [NPS's Priority Recommendations report](#). The actions will continue to build upon work in progress and will be led or co-led by NPS under a collaborative governance model on a prioritized basis.
  - To effectively implement the actions outlined in the strategy, the Ministry of Health has established a new Provincial Health Human Resources Coordination Centre (PHHRCC) with membership from the ministry, regional health authorities, the Provincial Health Services Authority, the Health Employers Association of British Columbia, and the First Nations Health Authority. PHHRCC will govern and oversee the broad implementation of the strategy.
  - As the strategy moves into implementation, the ministry will consult with collaborative tables, other key ministries and partners to ensure the strategy remains aligned with government's broader initiatives.

## REGISTERED NURSE AND REGISTERED PSYCHIATRIC NURSE PRESCRIBING OF OPIOID AGONIST THERAPY



March 2022 marks a year since the first registered nurse prescribing of opioid agonist therapy (OAT) continues to expand across B.C. Nurse prescribing was enabled in September 2020 through a Provincial Health Officer order, permitting an expanded scope of practice for registered nurses (RNs) and registered psychiatric nurses (RPNs) to prescribe specific medications to manage or reduce the effects of substance use, including oral OAT medications. This is a key initiative undertaken by the Ministry of Mental Health and Addictions in partnership with the Ministry of Health, BC College of Nurses and Midwives (BCCNM), BC Centre for Substance Use (BCCSU), and health authorities in response to the toxic drug crisis.

The BCCSU's provincial RN/RPN prescribing training and education pathway began with a buprenorphine/naloxone stream and then expanded to offer a new stream of training for limited scope prescribing of methadone and slow-release oral morphine. As of October 2022, 199 RNs and RPNs from all health authorities have enrolled in training and 96 have fully completed their training. From these fully trained nurses, 62 have completed the buprenorphine/naloxone stream and 34 have completed the new expanded OAT stream.



Amanda Lavigne, BScPN,  
Substance Use Clinical Nurse  
Specialist, Interior Health

“Interior Health nurse prescribers have been looking forward to the expansion of their scope to include the titration and continuation of methadone and slow release oral morphine. Nurse prescribers began applying their new scope as early as February 2022 and have since really appreciated the flexibility and access to care this scope expansion provides the people they work with. Since writing the first Buprenorphine/ Naloxone prescription by a nurse prescriber from the community of Vernon back in March 2021, Interior Health nurse prescribers have written over 1300 prescriptions for OAT across 12 communities in our region. I continue to be incredibly proud to be part of this provincial nursing initiative and lead a community of practice of dedicated and passionate RN’s and RPN’s who support people with an opioid use disorder in their community.”

## Registered nurse and registered psychiatric nurse prescribing of opioid agonist therapy (continued)

As of October 1, 2022, the BCCSU has consolidated the two training streams to offer a single OAT stream of nurse prescriber training, based on feedback from nurse prescribers, OAT preceptors, and health authority clinical addiction leadership to streamline the education pathway. Upskilling remains available to those who have completed the buprenorphine/naloxone stream to date.

In the month of July 2022, 139 patients filled OAT prescriptions written by 23 RN or RPN prescribers. B.C. is the first province in the country to introduce this initiative and continues to make progress in implementation. Health authorities are working to expand this ground-breaking initiative and improve access to OAT across the province.

“Nurses are one of the most trusted professions in health care, increasing the scope of RN/RPNs to include assessing, monitoring, and prescribing OAT medications for patients with opioid use disorder, just makes sense. Provincewide, B.C. nurses are making a real difference in peoples’ lives during this toxic drug crisis.”



Tracey Day, Clinical Director, Overdose Emergency Response Centre, Ministry of Mental Health and Addictions

### Learn more with these resources:

- BCNNM: [Prescribing for Opioid Use Disorder](#)
- BCCDC: [Harm Reduction Clinical Resources](#)
- B.C. Government: [Service Delivery Framework: RN and RPN Prescribing as a Provincial Overdose Response Initiative](#)



# NURSES AND NURSE PRACTITIONERS OF BRITISH COLUMBIA: A CALL TO ACTION FOR B.C. NURSES



The health needs of the population are becoming more complex with an increase in the chronic disease conditions and continued growth in our aging population. The ongoing COVID-19 pandemic, toxic drug crisis and chronic health workforce shortages continue to add to the complexity of care and strain on our health-care system. Delivery of culturally safe, inclusive and comprehensive patient-centered health care is challenging in this context, and also due to the diversity of publicly funded health authorities and private organizations spanning acute care and in community care settings across urban and rural/remote geographies. The demands on our health system and nurses have never been greater.

As nurses, you understand these challenges – the complexity of patient and population health needs, how health care is delivered, the systemic pressures that trickle down from policy makers to point-of-care staff, and most importantly, what needs to change across British Columbia. You have diverse perspectives, essential knowledge, skills and expertise in all areas of health care, along with the opportunity to bring forward this wisdom to engage in the collaborative leadership practices that are essential to support health-care transformation at a time when the health system and British Columbians need nurses the most.

Every nurse in this province, whether a licensed practical nurse, nurse practitioner, registered nurse or registered psychiatric nurse, holds a unique body of scientific knowledge and experience that can be applied at all levels of decision-making to contribute to change on a systemic level. Whether you are a point-of-care provider, educator, researcher or leader, the importance of being actively involved and using your voice to shape the future of the profession — and the next iteration of health care in B.C. — cannot be stressed enough.

As the association that represents all nursing designations, we call on all nurses in B.C.: be bold in your leadership and brave in the solutions you put forward no matter where you practice or what your title might be. Compensation and increasing nursing workforce numbers are only one part of the solution for health-care system challenges. New approaches to systemic challenges that include strategies for retaining staff, alternative approaches to care delivery, as well as a broader paradigm shift that empowers nurses to provide their expertise at all levels of decision-making is needed.

For the sake of patients, families and communities, health-care providers, and the broader health system, it's vital that nursing leads, from bedside to boardroom and everywhere in between. Know your association is behind you, ready to champion your voice every step of the way. Contact us at: [info@nnpbc.com](mailto:info@nnpbc.com).

# BC COLLEGE OF NURSES AND MIDWIVES: OUR CULTURAL SAFETY AND HUMILITY JOURNEY



Symbol of Knowledge: Raven's Beak  
Artist: Bert Azak

B.C.'s health regulators have been on a journey of reconciliation since signing the [Declaration of Commitment to Cultural Safety & Humility](#) in 2017. The release in November 2020 of the findings from an [independent investigation](#) into the extent of anti-Indigenous racism in the health-care system underscored the urgency for everyone working in the system to act. It also highlighted the sad reality that some health-care providers continue to perpetuate Indigenous-specific racism, resulting in harm, neglect, misdiagnosis and even death of Indigenous clients.

In 2021, BCCNM published [Constructive Disruption to Indigenous-Specific Racism Amongst B.C. Nurses and Midwives](#), our commitment to enacting the recommendations put forth in the [In Plain Sight](#) report's findings and laying out a roadmap for BCCNM to follow as we play our role in making the health-care system culturally safe. BCCNM recently provided a [one-year update](#) on our progress, and we invite you to [visit our website](#) to learn more about this work.

## A new practice standard

In 2020, BCCNM began work in collaboration with the College of Physicians and Surgeons of BC (CPSBC) on a new practice standard to address Indigenous cultural safety and humility and anti-racism. To do this we collaborated and engaged extensively with Indigenous health partners, Indigenous Knowledge Keepers, Indigenous nurses and midwives, and Indigenous clients throughout the health-care system along with health authority and academic partners.

The [Cultural Safety, Cultural Humility and Anti-Racism Practice Standard](#) came into effect February 25, 2022. This new practice standard sets out the expectation for nurses, midwives and physicians to provide culturally safe, anti-racist care, to address these inequities and create a more equitable and fair health-care system for Indigenous people. It also clearly communicates B.C.'s health professional regulators' zero tolerance for Indigenous-specific racism in practice. We are pleased to report that 11 other B.C. health regulators in October 2022 also adopted this standard.

## BCCNM learning resources

We have developed dedicated resources to support nurses and midwives in understanding and applying this new standard:

- A [video series](#) developed in conjunction with CPSBC
- A [companion guide](#) to the Cultural Safety, Cultural Humility and Anti-Racism Practice Standard

We have also curated an extensive list, which is regularly updated, of third-party [cultural safety and humility learning resources](#) including readings, videos, courses and reports.

While it is important progress, the new practice standard is just one step forward on our journey towards dismantling Indigenous-specific racism in health-care. We look forward to working with our Indigenous partners, and B.C.'s nurses and midwives, toward eliminating anti-Indigenous racism in our health-care system.

Questions and  
suggestions?  
Email  
[practice@bccnm.ca](mailto:practice@bccnm.ca)

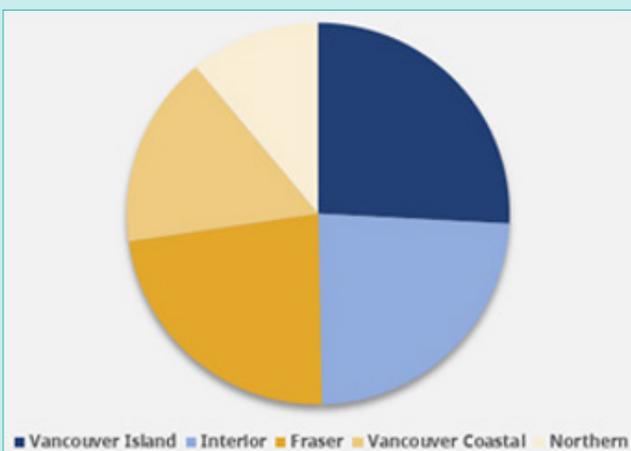
# HEALTH CAREER ACCESS PROGRAM: UPDATE



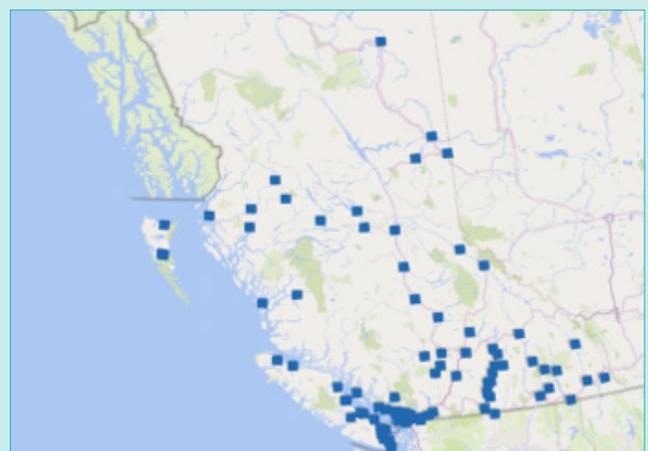
The Health Career Access Program (HCAP) continues to celebrate the successful hiring of participants: almost 4,500 participants to date. This innovative program supports people without prior health-care education to become health-care support workers (HCSWs) while receiving paid employer sponsored funding and support to complete the health care assistant (HCA) education and training program. HCAP addresses the increased need for additional staff in long-term care and assisted living sites and home support, while providing a path to enable them to become fully qualified and registered HCAs.

The Ministry of Health has been working with the Ministry of Post-Secondary Education and Future Skills, regional health authorities, post-secondary partners as well as public and private employers to support the hiring and training process for HCAP. See the below snapshot of hires across the province.

HCAP also supports Indigenous people (including First Nations, Métis, Inuit and Urban Indigenous) and the commitment to Indigenous self-governance. This is done through recruitment of community health workers in Indigenous communities and by looking at opportunities to expand the accessibility of the program for Indigenous people.



**Regional Distribution by Health Authority**  
Since the launch of the provincial expression of interest process in September 2020, more than 4,000 HCSWs have been hired in both the public and private long-term care and assisted living sectors, across 110 communities and all regional health authorities.



**HCAP site locations**  
HCAP has been successful through strong partnerships, allowing for the creation of sites in many Northern, Interior, Island, and Lower Mainland regions. Each of the blue dots on the map represent one HCAP site, representing over 300 facilities throughout B.C.

# REVISING HEALTH CARE ASSISTANT, PRACTICAL NURSING AND ACCESS TO PRACTICAL NURSING EDUCATION: UPDATE



In early 2022, the Ministry of Post-Secondary Education and Future Skills commenced a review of the health care assistant (HCA), practical nursing (PN) and access to practical nursing (APN) curricula with [BCcampus](#) and provided project management support. A major curriculum revision is scheduled to happen every five years to ensure that the curricula remain in alignment with the standards of practice and competencies as determined by the [British Columbia HCA Core Competency Profile](#) (for the HCA curriculum) and the BCCNM (for the PN and APN curricula).

## HCA curriculum revisions

In April 2022, a gap analysis survey was sent to over 380 educators, administrators, employers and professionals within the HCA sector. The survey asked participants to identify gaps in skills, knowledge and values of early career HCAs that could be addressed in the education program. Of the 266 responses, 93 provided qualitative responses that were used to guide revision recommendations. The steering committee provided further documents and feedback from the sector that was used to complete the [Proposed Changes to the HCA Provincial Curriculum Summary Report](#). A contracted subject matter expert and instructional designer have revised the curriculum based on these collected recommendations and the draft curriculum is currently in the first round of review with the steering committee.

## PN and APN curricula revisions

Two subject matter experts and an instructional designer have been contracted to work on the PN and APN curricula revisions. They will conduct consultations with key stakeholders throughout the sector in preparation for writing the Proposed Changes to the PN and APN Provincial Curriculum Summary Report.

The revision work began with a review and update of the PN Competency Map to ensure it is reflective of the changes to entry level competencies and the scope and standards of practice for licensed practical nurses (LPNs) as determined by the BCCNM. The updated competency map is currently in review with educators who sit on the steering committee.

It is anticipated that the current HCA (2015), PN (2017), and APN (2017) Provincial Curricula will be removed from [Shareable Online Learning Resources \(SOL\\*R\)](#) and the revised 2023 curricula with an accompanying revisions manual published in pressbooks by the end of summer 2023.



# BACHELOR OF SCIENCE IN NURSING TRANSFORMATIVE PRACTICE EDUCATION AND TRANSITION MODEL PROJECT: YEAR IN REVIEW

The NPS in partnership with the Ministry of Post-Secondary Education and Future Skills and the Nursing Education Planning Council continues to advance the Bachelor of Science in Nursing (BSN) transformative practice education and transition model project.

This work is linked to the Provincial Health Human Resource Strategy's Action 61:

- The Ministry of Health will collaborate with the Ministry of Post-Secondary Education and Future Skills, post-secondary institutions & health authorities to integrate high-demand specialty nursing learning pathways into the BSN Program.

## Project goal

Ensure an educated, competent and motivated new graduate workforce to effectively meet population health and health service needs.

## Objectives

- Incorporate specialty nursing education learning pathways into the final year and/or final practicum of the BSN program.
- Renew B.C.'s New Graduation Transition Program (NGTP).
- Enhance alignment of entry-to-practice education outcomes with population health needs and health workforce (industry) needs.
- Improve new graduate retention by enhancing job readiness.
- Enhance recruitment and career trajectory pathways for nursing students.

## Benefits of learning pathways delivered during the BSN program training:

### BSN nursing programs

- Provides more benefits to students without more cost.
- Creates access to non traditional practicums.
- Supports educators to keep practice skills updated.
- Strengthens partnerships between education and practice.

### Students

- Creates opportunities to earn and learn (employed student nurse program).
- Promotes job readiness & reduces transition shock.
- Reduces future financial costs, as students graduate with a BSN degree and a specialty qualification.
- Facilitates career pathways.

### Health authorities

- Reduces training costs, allowing health authorities to train more nurses in specialty.
- Enhances earlier recruitment; results in new specialty nurses.
- Reduces orientation costs.
- Builds network capacity (operations, professional practice, education) to deliver specialty learning pathways.

# Bachelor of Science in Nursing Transformative Practice Education and Transition Model Project: Year in Review

(continued)

## What this means for B.C.

- BSN new graduates are able to deliver specialty services upon graduation (post graduation for longer learning pathways). This supports nursing retention in specialty areas and builds health system capacity to better meet health human resources (HHR) needs in specialty areas.

Read the progress summary below for how the learning pathways were developed.

## BSN perioperative student learning pathway



### ADDITIONAL STRATEGIC LINKAGES

- Perioperative Learning Pathway - [A Commitment to Surgical Renewal in B.C.](#) May 7, 2022.



### PERIOPERATIVE LEARNING PATHWAY FUNDING

- 9 BSN programs received one time funding to plan and deliver BSN perioperative learning pathways.
- 5 health authorities received enhanced funding to train BSN students in the perioperative specialty.



### PERIOPERATIVE LEARNING PATHWAY RESULTS

- BSN NGs entered their career of choice: 21 BSN students completed the perioperative learning pathway (May 2022).
- HAs and PSIs are continuing to grow this learning pathway: 4 HAs increased the number of BSN students (for January 2023).



### GOOD GOVERNANCE

- NPS struck a ~monthly Perioperative Task Group (May 2022).
- NPS in collaboration with HA and PSI partners is:
  - Capturing 9 partner model learnings to inform the provincial evaluation.
  - Reporting progress on expansion of the perioperative learning pathway.



### NEXT STEPS PERIOPERATIVE LEARNING PATHWAYS

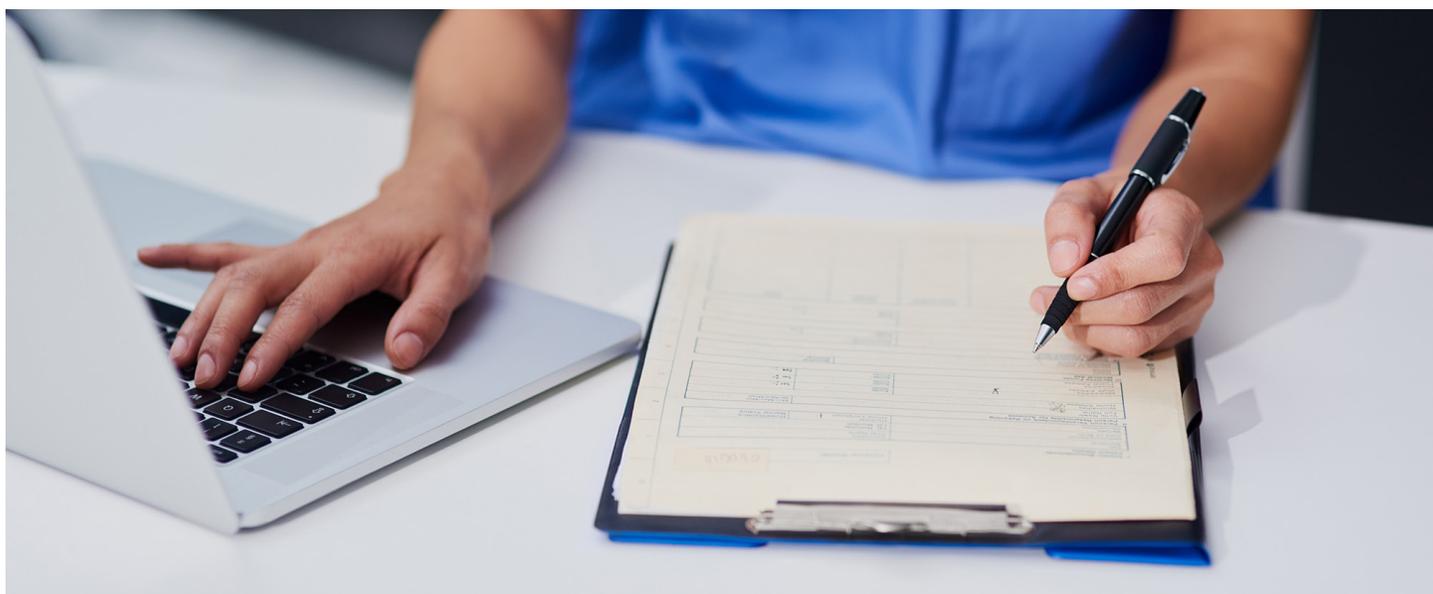
- NPS will continue to monitor progress, promote partnerships, and capture learnings.



### NEXT STEPS FOR THE BSN MODEL PROJECT

- NPS is developing a provincial principle-based learning pathway framework to promote a consistent approach.
- NPS is undertaking a learning pathway evaluation (Nov-Mar 2023) with post-secondary institutions and health authorities.
- NPS continues to engage all partners – Learning Pathway Framework working group.
- NPS continues to advance the development of new learning pathways such as primary care.

# LEARNING PATHWAYS: WORK INTEGRATED LEARNING GRANT UPDATE



Learning pathways are funded through a Work Integrated Learning (WIL) Grant from the Ministry of Post-Secondary Education and Future Skills. NPS administers the WIL grant and works with partners to develop learning pathways that integrate education with practical application in the workplace.

Learning pathway	NPS partnerships	Additional linkages and results
BSN Intensive Care Unit pilot	BC Institute of Technology (BCIT) BSN program and Providence health-care partner	Stronger B.C. – more training opportunities, BCIT begins 3rd cohort
Oncology	University of Fraser Valley and BC Cancer Agency	Premier’s statement on 10 year cancer plan Design hybrid LP and train
Emergency	University of BC Okanagan (UBCO) and Interior Health (enhances UBCO role)	Strengthen BSN learner supports & knowledge translation activities
Rural development/enhancement	University of Northern BC and Northern Health	Redesign (enhance curriculum), recruit and train
Trauma Burns Unit	BCIT and Vancouver Coastal	Design, deliver and train - 2023

# RESEARCH INFLUENCING NURSING PRACTICE: ERIN BRYANT SPEAKS TO HER MASTERS IN NURSING THESIS



## **Why were you interested to undertake your master's research in this area?**

Upon graduating and becoming a new graduate nurse (NGN), I transitioned almost immediately into the operating room. In my personal experience as a new graduate nurse in specialty, I recall hearing comments that NGNs do not belong in specialty areas, which fueled my desire to complete research in this area. My research explored the NGN experience of completing an emergency department (ED) educational practice pathway from undergraduate student to three months post-pathway.

The study findings indicate that new graduate nurses who participated in Interior Health's (IH's) ED practice pathway experienced enculturation (the process by which an individual learns the traditional content of a culture and assimilates its practices and values) into the ED, a reduction in transition shock (defined in the literature as the most immediate, acute and dramatic stage in the process of professional role adaptation for the new graduate) and an accelerated clinical progression.

## **How did your research change your practice as a nurse leader?**

Interior Health's practice pathways have been developed in collaboration with UBC Okanagan (UBCO), BCBCIT specialty nursing, and Thompson Rivers University (TRU). In my role at IH as Manager, Specialty Education, I coordinate the Bachelor of Science in Nursing (BSN) practice pathways, which enables Interior Health to integrate research findings into the educational approaches of practice pathways. Findings have also been used to create improvements such as formalizing employed student nurse orientation specific to the specialty area.

## **What are some future research considerations?**

I asked my education partners who were members of my thesis examining committee to comment.

Dr. Judy Duchscher (TRU, Associate Professor) shares, "it is reasonable to assume that intense and extended exposure of senior students and new graduates to clinical areas through pathway preparation would be consistent with a reduction in several of the professional role new graduate transition shock elements. However, more research is needed to explore NGN's decision making and clinical judgement capability in situations of high clinical risk to accurately guide the support NGNs need in their onboarding". Dr. Kathy Rush identifies, "prospective study of future student cohorts across the pathway components and over the first year of NGN transition would allow in-depth insights into the contribution of each pathway component in development of ED competencies and the impact of the pathway on new graduate transition".

The study findings indicate that NGNs who participated in Interior Health's ED practice pathway experienced enculturation (process by which an individual learns the traditional content of a culture and assimilates its practices and values) into the ED, a reduction in transition shock, and an accelerated clinical progression.

# GASTROINTESTINAL ENDOSCOPY NURSING STANDARDS PROJECT: NEW PROVINCIAL TRAINING PROGRAM TO LAUNCH

The purpose of the Gastrointestinal (GI) Endoscopy Nursing Standards Project is to implement a provincial approach to advanced training and standards for GI endoscopy nursing in ambulatory care settings so that people in British Columbia have access to timely, quality and consistent GI endoscopy nursing services regardless of where they live in B.C.

This project builds on the successes of Interior Health's pilot project and will help to support the ongoing development and sustainability of the GI endoscopy nursing workforce. By having provincial consistency in advanced evidence-informed training across GI endoscopy (ambulatory care) and perioperative practice settings, this project also helps to improve nursing workforce recruitment and retention, and supports improved mobility across these practice settings and between health authorities.



**Sarah Dares, BSN, RN,** Interior Health, Regional Knowledge Coordinator, Perioperative Specialty Education - TCS

“There are numerous benefits of having an Ambulatory Surgery Centre (ASC) program. It standardizes clinical skills and practices, creates confidence in the staff, and ultimately impacts safe and quality care to the patients we serve. ASC specialty programs are highly valuable and essential in improving and advancing the future of our health care system.”

This exciting initiative aligns with Ministry of Health and health authority strategic priorities as detailed in the [Provincial Health Human Resource Strategy](#), the [B.C. Surgical Renewal Plan](#) and health authority service plans, which prioritize building capacity to deliver timely access to improved quality of GI endoscopy procedures.

## Project Governance

The provincial GI Endoscopy Nursing Working Group (GIENWG) was formed in February 2021 to address the need for standardization of GI endoscopy nursing practice, identified by the provincial GI Endoscopy Advisory Committee. GIENWG membership includes the ministry and health authority leaders, program and unit managers, nurse educators and front-line nurses supporting endoscopy services. GIENWG analyzed current GI endoscopy training programs available and best practice standards to recommend one GI endoscopy nursing training program, inclusive of both registered nurses (RNs) and licensed practical nurses (LPNs), that could be deployed equitably and sustainably across the province.

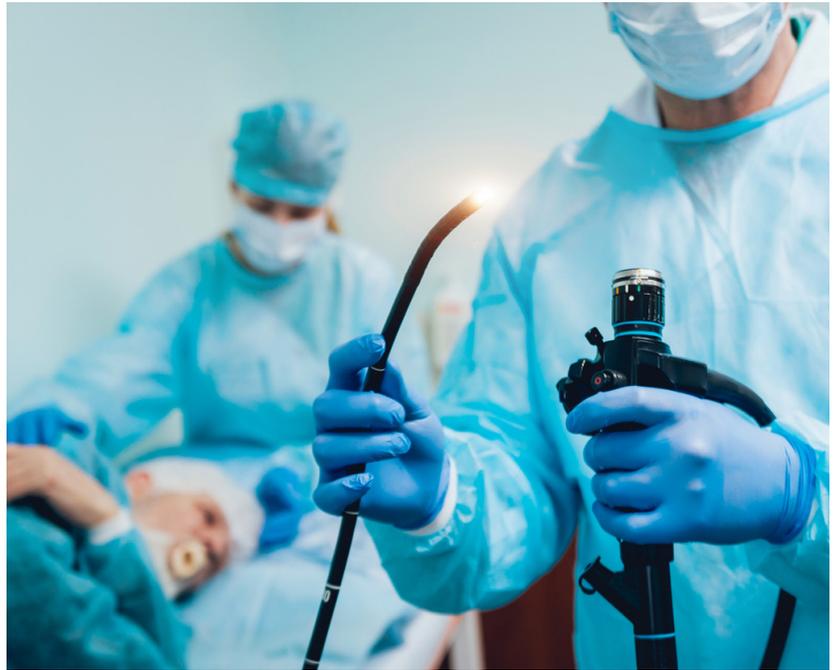
In September 2022, the Association of Peri-Operative Nurses (AORN) and the ASC Program was approved as the provincial standard GI endoscopy nursing training program for new RN and LPN hires working in ambulatory care practice settings. The AORN ASC aligns with the provincial standard perioperative nursing training program provided by AORN; therefore, promoting consistent and safe patient care across all endoscopy settings; both perioperative and ambulatory care where GI endoscopy is performed. The theory component of the program has an additional focus on patient flow within ambulatory care practice settings and all required readings and videos are specific to endoscopy skills and GI pathophysiology. The ASC Program has a hybrid-delivery model with online theory learning, a skills lab and practicum completed within health authority facilities by specialty nurse educators.

# Gastrointestinal Endoscopy Nursing Standards Project: New Provincial Training Program to Launch (continued)

In addition to health authority and ministry stakeholders, GIENWG engaged the following organizations to support their work:

- British Columbia College of Nurses & Midwives
- BC Nurses' Union
- Health Employers Association of BC
- Canadian Nurses Association

In addition, the AORN ASC was successfully trialed within Interior Health over the past two years, with just under 20 RN and LPN graduates. As GI endoscopy services are in high demand, this is an option for LPNs wanting to use their full scope of practice and advance their skills and knowledge in GI endoscopy.



## Next Steps: Phase 2

Surgical Services (Laicy Ball, Manager-GI Endoscopy) and the Nursing Policy Secretariat (Carolyn Solomon, Manager) within the ministry have engaged the Provincial Nursing and Allied Health Council to inform the GI Endoscopy Nursing Standards Project; Phase Two (Implementation), which commenced in early October 2022. Funding is being provided by the ministry to support the hiring and training of new GI endoscopy nurses, including creating new positions within health authorities for nurse educators to deliver the skills lab and practicum components of the program. Each health authority will develop their own implementation plan and timeline.

Specialty training programs for GI endoscopy nurses were previously cost-prohibitive to offer on a wide-scale basis, not all were available to LPNs, and significant previous nursing experience was required prior to enrolment which made it difficult for health authorities to hire nurses in this practice setting. The new standard training program removes these financial and logistical barriers, and will better meet the need for timely and sustainable hospital-based training required to support the GI endoscopy needs of British Columbians.

## INTERNATIONALLY EDUCATED AND RETURN TO PRACTICE NURSES GAIN FINANCIAL SUPPORT



We are all aware of the pressure placed on nurses and all health-care providers, largely as a result of increased workload due to health workforce shortages across the province. With an increased anticipated need for more nurses due to retirements and attrition, along with increasing health-care needs of an aging B.C. population, the need for more nurses will not likely subside any time soon.

As one way to meet the increasing demand for nurses in B.C., the Province [announced](#) on April 19, 2022 that approximately \$9 million in bursaries would be available to Internationally Educated Nurses (IENs) who wish to work in British Columbia. This support comes in the way of bursaries to offset costs associated with completing the nursing application process, competency assessment process, and educational upgrading required to practice as a nurse in B.C.

The BCCNM has also redesigned their IEN application process as a single joint application for multiple nursing designations. This simplified process also allows an IEN to be assessed for competencies in three health-care designations (health-care assistant, LPN and RN) at once.

To understand the impact of this redesigned process, let's look at an example.

Marika is an IEN who was trained and worked in a health-care setting outside of Canada. The health-care system where she emigrated from is a bit different than the system we have in B.C. In her country of origin, there is no distinction between types of nurses and there are no HCAs. When she came to B.C, she had to go through a competency assessment process to determine whether, and how, her skills matched with B.C. nursing competencies.

## Internationally Educated and Return to Practice Nurses Gain Financial Support (continued)

Under this new triple-track process, in addition to being assessed against the RN competencies, Marika is also being assessed against the LPN and HCA competencies. The results from the assessment showed that she didn't meet the requirements to work immediately as an RN; however, it showed that she met the competencies of an LPN. Marika was therefore approved to write the REx-PN (Regulatory Exam-Practical Nurse) and start working as LPN. At the same time she was provided with an overview of the training required to meet the RN competencies and 'upskill' if she wanted to in the future.

Overall, this new triple-track process will help to increase the chance of an IEN being able to join the workforce more quickly in the role to which they are best suited, while being given information on the additional training needed to upgrade and work at a higher level.

This work also supports the key goals of the [Provincial Health Workforce Strategy](#), "to optimize the health system, expand training and further improve recruitment and retention." The provincial bursaries for IENs fall within this strategy as does the expansion of these bursaries to support nurses who are interested in returning to practice after a prolonged absence and require a competency assessment (and potentially educational upgrading) to re-instate their practicing registration. By reducing financial barriers, the Province is making it easier to welcome back our former colleagues and support the growing needs of B.C.'s health-care system.

BCCNM and the Province are committed to continue working on streamlining the registration process for internationally educated nurses even further as well as establishing processes and supports to facilitate the integration of IENs into the workforce, in collaboration with B.C. health authorities and other health employers. The focused effort from these inter-related initiatives aim to fill existing vacancies in the health workforce, reduce workload of existing nurses and better service the care needs of patients and populations.



## SPOTLIGHT

We asked a few exemplary health-care providers representing HCAs, midwifery and nursing a few rapid focused questions to learn about them, get their perspectives on what teamwork has meant to them during times of challenge, how they stay healthy and build their resiliency.



The Trinity Care Centre in Penticton where Joe works as a health-care assistant.

**Joe is a health-care assistant** at Trinity Care Centre in Penticton. His current and former managers would like to applaud Joe for his high level of dedication, teamwork, and going above and beyond the call of duty to help other staff and support the residents in his care. Joe was deployed with the emergency response team at least five times during 2020-2022 to support the pandemic response.

### 1. Tell me about your role and where you work. What gives you satisfaction in the work that you do?

**Joe:** I am a health-care assistant at Trinity Care Centre, a long-term care facility in Penticton. The most satisfaction in the work I do is treating the residents and staff the way I would want to be treated.

**Joe's manager:** I see Joe get satisfaction from doing his best to be of service to residents so that they receive a high quality of care and live their best lives. Joe puts himself in their shoes.

### 2. The last few years have been challenging times for people working in health care. What have you learned about teamwork and how to work well together?

**Joe:** Teamwork is dream work.

**Joe's manager:** Joe takes to heart that providing quality care to residents in long-term care takes a committed and dedicated team that work together and support each other.

### 3. Many health-care providers tell us that working during the pandemic has been very difficult, and they're feeling tired and stressed. What do you do to stay physically and mentally healthy while working during difficult times?

**Joe:** I purposely focus on being physically and mentally prepared to work under challenging circumstances. By positively stressing my body and mind through working out, meditation, Jiu Jitsu, I'm better able to manage job related stresses. Stress becomes more of a familiar companion than an enemy to be avoided.

### 4. What do you think an HCA's biggest contribution is to the health-care team?

**Joe:** To be the change you want to see. Our influence as a change agent





## Parveen Sangha

*Nurse Practitioner Councillor and President Elect of the Nurse Practitioner Council at NNPBC*

### 1. What have you learned about the meaning of “team” and how to work together effectively during extraordinary times like we’ve seen the last few years?

Like many of my nurse practitioner (NP) colleagues, I am proud to care for patients as part of a team in both my health authority and primary care positions. I have worked with the Vancouver Coastal Health Medical Assistance in Death team for over five years. Working with a diverse group of allied health-care colleagues, we are passionate about assessing and providing medically assisted death in Vancouver. I worked as a Family

Nurse Practitioner as part of the Survivorship and Primary Care team at the BC Cancer Agency from 2017-2019 and this again reinforced that multidisciplinary team-based care can produce dramatic clinical improvement. In January 2020, I started my independent primary care practice at Seymour Health Centre. I have a diverse panel of over 800 patients, and again it would be impossible to provide timely and compassionate care without daily collaboration with my primary care peers and specialist colleagues. Although we rapidly adopted a hybrid approach during the pandemic, both in-person and virtual team interactions will remain crucial as we navigate the next five years in British Columbia.

### 2. How do you foster your own resilience and well-being during challenging times, and what strategies would you recommend to other health-care providers to boost their resilience?

I thrive on meaningful collaboration, and I derive tremendous strength from both my colleagues and patients. To that end, I am actively involved in training University of British Columbia NP students as well as mentoring new primary care NPs. I try to adhere to two guiding principles in both my health authority and primary care positions: exemplary patient care as well as continually advocating for NPs to be recognized as key members of all health-care teams in B.C. I am proud to work with both the Nurses and Nurse Practitioners of BC (NNPBC) NP Council and the NP Gala Committee to host an inaugural NP networking event that took place at the Royal Vancouver Yacht Club on November 12, 2022. We hope that both the didactic sessions as well as the dinner and social activities fostered collaboration and mentorship for all NPs in B.C. The next five years will be transformative for both our patients and our profession.

### 3. How do you think we can apply the lessons learned from COVID-19 to make things better for health care into the future?

I truly believe the changes in health-care delivery we have witnessed over the last two years are only the beginning of an ongoing paradigm shift. There is a tremendous opportunity to improve patient care, implement better systems for health-care delivery, improve access for marginalized populations, and reinforce the evolving and dynamic role of health-care providers post-pandemic. As President Elect of the NP Council at NNPBC, I believe my role is to actively listen to all stakeholders and advocate for NPs to be recognized as key members of all health-care teams in B.C. The pandemic exposed multiple deficiencies in our current system; however, I remain optimistic that the new infrastructure, policies and procedures we create together will be substantially better for both patients and providers in B.C.

## Alyssa Spence

*Nurse, Chilliwack General Hospital, NUS*



### 1. What have you learned about the meaning of “team” and how to work together effectively during extraordinary times like we’ve seen the last few years?

In my years of nursing there has always been an emphasis on teamwork. However, I believe that the pandemic was a catalyst for the evolution and growth of teams, and as a result has changed how teamwork has been put into action. There is a greater acknowledgement of our interdependence across disciplines and our need to rely on each other not only for expertise and advice for the treatment and care of our patients, but for emotional and psychosocial support as well. Teams across the health sector have become stronger both as a result of a greater emphasis on teamwork and focus on the people in the team. I have also learned that being a team member involves a willingness to always learn, teach and provide a welcoming environment to support other team members not only in care delivery, but to lift each other up. Even in the face of a stressful situation, if mutual appreciation, encouragement and support is provided; the strength of the team will grow. In the end, stronger teams mean better care for British Columbians.

### 2. How do you foster your own resilience and well-being during challenging times, and what strategies would you recommend to other nurses or health-care providers to boost their resilience?

Resilience is built over time and in the face of challenges. The pandemic has highlighted many aspects of the health-care system that have both required and inspired resilience in ourselves as providers and in our communities. I have found keeping lines of communication open within the team and contributing to a positive work environment help drive resilience. Taking care of oneself is also required; we must be healthy in body, mind and spirit to dedicate ourselves to the work of caring for others. This includes prioritizing ourselves and loved ones; taking time to rest and find quiet; exercising; and maintaining a well balanced diet. Something I have learned from working in multiple different areas is the importance of maintaining a positive, fun workplace. Even though professionalism is required, laughter and joy are a healing forces not only for ourselves but our patients. This helps improve morale and strengthen the team. Being intentional in arranging activities, encouraging collaboration, celebrating the little things and supporting each other in the hard times are keys to supporting resilience.

### 3. How do you think we can apply the lessons learned from COVID-19 to make things better for health care into the future?

The COVID-19 pandemic has provided a lot for humankind to think about. As the pandemic and our knowledge and experience have evolved, we have had to learn and adapt. In the past, humanity has faced challenges and pandemics that challenged our pre-existing knowledge and required initiative, innovation and a unified response. During the COVID-19 pandemic, we were faced again with the same challenges, although this time we had communication and technology that helped us to respond in a more timely manner and on a global scale. As a united front the world was able to collaborate in finding treatments and vaccines. Now with communication and technology again at our fingertips, there have been issues raised and rightfully so – our need for more health-care providers, care facilities and community support services. The magnitude of need is large and will take time to address. With communication, technology and improved collaboration, we can learn from our global partners and create change for the better.

## Tanya Momtazian

Midwife, Apple Tree Maternity in Nelson

1. What have you learned about the meaning of “team” and how to work together effectively during extraordinary times like we’ve seen these last few years?

Maternity care has always been a team sport, and that has been ever more apparent throughout the pandemic. Our maternity team at Kootenay Lake Hospital (nurses, midwives, family physicians and specialists) just underwent team coaching with a professional facilitator. It was such an important process to discuss the values we hold as a team, how we want to communicate with each other and how to deal with conflict. Although we already had a high-functioning team, it was helpful to have such explicit conversations as a way of bringing us closer together and reminding us of why we do what we do - for the families!



2. How do you foster your own resilience and well-being during challenging times, and what strategies would you recommend to other midwives or health-care providers to boost their resilience?

Resilience is built over time and in the face of challenges. The pandemic has highlighted many aspects of the health-care system that have both required and inspired resilience. I have the privilege of a supportive team and I have been able to get a locum to provide coverage to take some extended time off with my family. Now being able to travel and visit other places has provided me with a great reminder that, despite our challenges with the current health-care system, how lucky we are to live and work in B.C. and Canada.

3. How do you think we can apply the lessons learned from COVID-19 to make things better for health care into the future?

I don't think we will ever go back to primary health-care with a lone family physician and their medical office assistant. COVID taught us that health-care providers are also human and need support from each other in order to care for the people we serve. There will always be a small proportion of the population who has significant mistrust of the health system and the scientific evidence that it is built on. Finding ways of continuing to respect people's choices and world view is an important step moving forward.

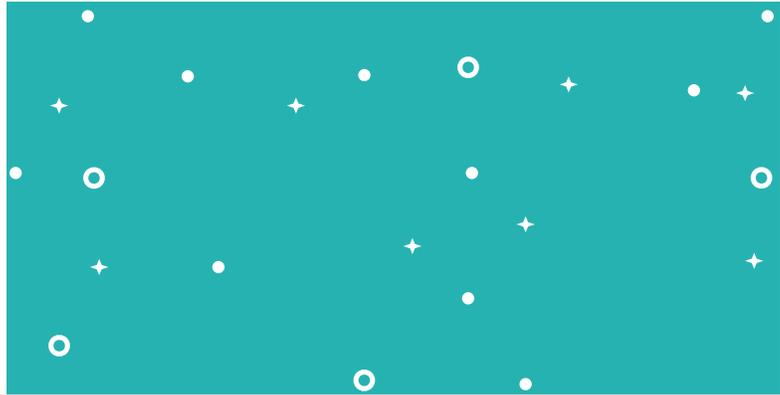
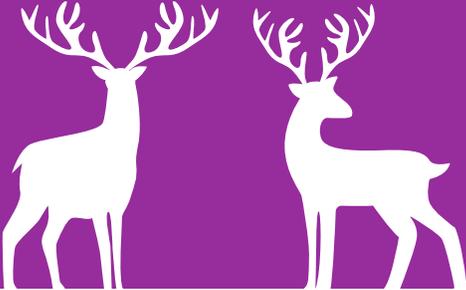


# Nursing Policy Secretariat

## British Columbia Ministry of Health

For questions regarding the activities of the Nursing Policy Secretariat at the Ministry of Health, please contact: [nursingpolicysecretariat@gov.bc.ca](mailto:nursingpolicysecretariat@gov.bc.ca)

Thank you



Ministry of Health