

Nurses are on life-long learning curves, educating us – and others



Since the average age of RNAO members is 47, many of you may have spent early September helping your first-borns pack up for university campuses across Ontario

and beyond, or preparing them for life as a college student closer to home. At the same time, RNAO's growing number of student members were probably putting aside their lighter summer reading and reaching for weightier (and more expensive) publications. And, as you'll find out from reading our cover piece on advanced clinical/practice fellowships, other RNs across Ontario were either putting their fellowship experience to good use or just beginning it. On a personal note, I completed my comprehensive exams for my doctoral in health policy and health education this summer, and am now working on my dissertation, which will focus on the impact of cultural competency training when caring for marginalized clients, focusing on HIV/AIDS.

In one way, there's nothing new about nurses expanding their knowledge base and honing their skills, through formal and informal learning, so they can provide the best care or leadership possible. Nurses do it when they switch areas of specialty, or often when they move from sector to sector. It is part of nursing culture. But what is new, I think, is the increased level of acuity and chronicity in our patients and clients, and the growing possibilities for nurses to practice to their full scope as we change how health care is planned and delivered. Education, training, and critical thinking throughout the span of a nurse's career has never been more necessary, but at the same time, many, if not most, nurses are already facing an overwhelming roster of responsibilities.

So how does the nursing profession respond to this challenge and this opportunity? How do we help ensure that nurses stay on top of the latest developments in policy and practice? How do we make it easier for nurses to find the time, resources, and energy to pursue continuing education? How do we work together – educators, employers, unions, governments, colleges and professional associations – to help make life-long learning accessible to as many nurses as need and want it? How do we make it a challenge, but not a chore? And how do we ensure fair access to all nurses – not just some?

Luckily, we are not starting from scratch. Nurses can look to the deep reservoir of knowledge embedded in the nursing best practice guidelines project, which reinforces the fact that nurses not only access nursing knowledge, they create it. Many employers have adopted one or more of RNAO's guidelines, making it a reality of practice for nurses. The guidelines are also becoming a lived reality for many nursing students as their teachers integrate BPGs into curricula. Nurses can also take advantage of the advanced clinical/practice fellowships, funded by the government of Ontario and administered by RNAO. There is the nursing education initiative, also funded by the province and led by your professional association, that helps cover some of the education and training costs of Ontario RNs. And we have other wonderful resources – workshops, e-learning, and conferences – like those offered at the RNAO Centre for Professional Nursing Excellence. The Centre's leadership on Healthy Work Environment best practice guidelines will also contribute to finding solutions to mak-

ing life-long learning more feasible from a workplace point of view.

All of these resources would be useless without the appetite and passion for learning that registered nurses – educators all – inherently have. At best, what feeds this appetite is a desire to be the best nurse you can, and recognition that that requires ongoing effort – and yes, sometimes education. There are those detractors who see this focus as simply an exercise in padding one's resume or climbing the career ladder. Indeed, there are those outside of nursing who, anxious to curtail costs, dismiss the

desire to pursue more education as “creeping credentialism.” We shouldn't be surprised if this increased emphasis on education meets resistance from some corners. But the facts on patient safety, on increasing patient acuity, and on the standards for practice are clear enough.

I have often used this space to speak to you about how important it is for nurses

to see policy development, political action, and public outreach and advocacy as part of their work. But that is only one piece; we must never forget the primacy of improving our clinical practice, day in, day out (and night too!). Further education and life-long learning helps us do that. It also leads to nurses creating the knowledge to improve the health and quality of life of the people we serve. And when you combine the two – public advocacy and outreach and clinical nursing knowledge – you advance the profession in powerful and profound ways.

Happy learning!

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