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Teaching

As an academic nurse, my research, practice, and teaching are inextricably linked and my teaching philosophy is guided by this reality. Nursing is a practice discipline that encompasses empirical and experiential learning. It is the study of human health and illness processes and as such, is a relational practice and science. Nursing is dynamic since health care knowledge is continually being generated. It is also situational to individual patients and their environments. Excellent nurses engage in life-long learning and most nursing knowledge only begins in the classroom.

As a teacher, my approach is to engage learners in a reflective and evidence-based approach to learning. The intent is to provide tools for the essential proactive, life-long learning required within our discipline. The pedagogy encompasses the tenets of adult learning, where, as mentor, the role is to understand the goal the learner is striving to reach, and then to guide the journey. My philosophy stems from my first experiences as teacher where, in professional practice departments, I served as a mentor with registered nurses and other practitioners. The thrust of my educational endeavours has been to apply the knowledge from available research and evidence to clinical practice, and to facilitate the uptake of knowledge by clinicians, students and patients. As an educator and researcher, my goal is to understand, develop and promote methods to achieve this with clinicians and student clinicians so that they, in turn, may assist patients to achieve the best possible health outcomes through 'best' practice.

Research

My research covers a spectrum of complex populations, including chronic wounds, stroke, heart failure, chronic obstructive pulmonary disease, and diabetes. The research program with complex health populations has a dual focus: continuity of care and evidence-based practice. Complex populations are groups characterized by multiple health challenges with one or more chronic conditions often requiring care in more than one health sector. The constellation of complexity, along with the number and type sector and condition transitions, puts these individuals at high risk for discontinuity. Care continuity involves 3 major inter-sectoral components, namely care activities, linkages and the balance of caregiving between individuals/families and professional providers. Evidence-based practice is an area of knowledge translation and currently a key health services focus. My research has been aimed at advancing and operationalizing this concept in health care settings, with a particular focus on nursing practice. Themes of continuity and knowledge translation are intertwined. Knowledge translation at the point of care directs care processes to ensure consistency based on 'best' practice. Organization of clinical care, along with a supporting health service delivery model based on evidence, is ultimately an intervention for continuity. It drives reorganization by providing a common script for

"what ought to be done".

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