



The lighthouse school

From day one, U of T was educating
nurses of the future

By Dean Sioban Nelson, RN PhD
Illustration by Gérard Dubois

The Lawrence S. Bloomberg Faculty of Nursing at the University of Toronto began life as an experiment in nursing and public health education in 1933. It set out to develop a new kind of program to produce a new kind of nurse—a nurse who was highly educated and capable of leading in a rapidly changing environment.

Here's the historical context: In 1920, Canada was barely recovering from the double devastation of WWI and the Spanish Influenza pandemic. As public health awareness grew in importance, so too did a better understanding of the important role appropriately educated nurses could play in transforming the health of the nation. Policy attention was not only focused on infectious disease, the necessary sanitation reforms and education of the public, but it was also concerned with the care of women and babies, and the need to implement strategies to decrease infant mortality.

At this time, nurses' education was overwhelmingly in the hospital schools, where the students provided the core workforce. A few programs were springing up around the country that provided a ladder to a university qualification in collaboration with the hospital sector. For Edith Kathleen Russell, founder of the Department of Public Health Nursing within the School of Hygiene at the University of Toronto, this didn't go nearly far enough. She believed nursing needed to be based entirely in the university (like other professional programs), and that students needed more clinical education and experience than the hospitals could provide. She felt they needed to be educated in hospital nursing (as it was called then) and public health training. This was what the country needed and this is what she set out to establish—a new model of education for a new kind of health-care system.

It was also a new kind of program with a new approach to knowledge. It was a program that prided itself on its close affiliation with colleagues in medicine and with its strong training in the sciences. Russell believed it was for would-be leaders. In 1923 the Goldmark Report on nursing in the United States found nurse-training schools bore no resemblance to educational institutions, and most nursing schools took women who had not completed high school. In stark contrast, U of T set a very high bar. With strong support from the Rockefeller Foundation in the USA, the nursing program at Toronto rapidly became a "Lighthouse School," a school that was internationally recognized, innovative and of high quality, was illuminating the way for the new generation of programs, and was educating nurses of the future.

Ninety years later, the same challenges exist. Our classrooms of today are really rooms full of the nurses of 2020, 2030, 2040! What are the best ways to prepare nurses of the future? What are the best ways to prepare them for today? The Lawrence S. Bloomberg Faculty of Nursing is approaching these questions very seriously and strategically, focusing on our strengths in research, in graduate education, and in the development of new roles for practice. We are moving quickly with developments in simulation, experimenting with various forms of technology to enhance clinical learning at a distance, not so that people can practice clinically at a distance (though that may happen from time to time), but so that when our students get to the practice setting they are not building basic skills, but putting all the skills they have practised together in the pressured and sometimes overwhelming world of frontline care.

In the case of advanced practice nurses (APNs), most especially with our nurse practitioner programs, one common theme across highly diverse roles and careers has been the ability of APNs in the acute sector to develop roles in a way that is responsive to changing service and patient needs. Highly experienced, highly educated, APNs have been enormously effective in bringing changes to service provision patterns, bridging patients with chronic conditions into specialist services, and following up with patients in the community. Given

the great need to bring improvements in services to those with chronic illness and complex needs, these are the kind of interventions that we need in spades. In fact one of the most exciting innovations has involved recent changes to the extended class (EC) by the College of Nurses of Ontario. What were formerly known as acute care nurse practitioners, and now NP-Adult and NP-Child have now been added to NP-Primary Health Care as designations of nurses with extended scope of practice. This means that, for the first time, the province will have a broad framework of regulated nurse practitioners to take up the myriad roles across the health-care system providing high quality accessible care. This is in fact what graduates of our advanced practice and nurse practitioner programs have been doing for more than a decade but under the new regulatory framework the real capacity of the adult and pediatric nurse practitioners can finally be fully explored.

At the same time, our longstanding nurse practitioner program has produced nurses who have been making a major contribution to health care in Ontario and beyond in pain care, cancer care, pediatrics and cardiac nursing. Working in state-of-the-art transplant units, in palliative care units, or with troubled adolescents in mental health clinics, these NPs are able to bring the many points of the health-care system together for patients and their families. Often at the interface between specialist services and primary health care, adult and pediatric NPs provide a much needed access point for patients with complex conditions, chronic illnesses and multiple service needs. As the health-care system grapples with the challenge of rising costs, overstretched specialist services, overburdened emergency rooms and access challenges in primary health care, the regulation of NPs adult and pediatric is long overdue. Helping the system create a sustainable model of service delivery where Canada's health outcomes can be among the best in the world is a goal that requires the involvement of all the professions in building the health-care teams of the future.

One such instance of the team of future is in the field of anaesthesia. Developments in team care in anaesthesia have a recent history in Ontario. The first innovation was with the introduction of the role of anaesthesia assistant (AA). These AAs are basically respiratory therapists and nurses who undergo additional training at a number of college sites in the province at the Mitchener Institute in Toronto. They support anaesthesiologists in developing efficiencies in the model of care delivery thereby increasing the availability of anaesthesia services to the community. A further development is the NP-Anaesthesia, a new role for nurse practitioners. Newly launched this fall, the program was developed in close collaboration with the Department of Anaesthesia in the Faculty of Medicine at the University of Toronto.

Throughout the world, there are new roles that are emerging in response to major shifts in the health of the population and in the workforce available to provide the necessary services. Shifts such as the steep (and continuing) increase in chronic illness, poor access to primary health care, and increased wait times for surgery due to insufficient anaesthesia services available. In all these areas it is our advanced practice nurses and nurse practitioners that have a key role to play.

I come back to Kathleen Russell. She had a vision for nursing that was shaped by the influenza pandemic, by the failure of the hospital sector to provide the opportunities for nursing to develop as a profession, and by the very great role she was convinced that nursing could play in transforming health around the world. Despite the fact the School is now the Lawrence S. Bloomberg Faculty of Nursing, and that about 97 percent of our undergraduate students come into our program with at least one (and sometimes two) degrees, our mission to the profession and to the health-care system to be a "lighthouse" for innovation and leadership remains unchanged. ††