

IMPROVING SLEEP
IN FAMILIES
p. 3

USING
TECHNOLOGY
TO HELP YOUTH
MANAGE PAIN
p. 6

THE CHALLENGE
OF ADOLESCENTS
p. 8

WHAT YOUR
CLASSMATES
ARE UP TO
p. 23

Pulse

UNIVERSITY OF TORONTO NURSING

SPRING/SUMMER 2015

CARING
for KIDS



BLOOMBERG
LAWRENCE S. BLOOMBERG
FACULTY OF NURSING
UNIVERSITY OF TORONTO

“The Class of 5T5 Award took away my financial stress and allowed me to focus on my program.”

NATASHA KASSAM

2014 recipient of the Class of 5T5 Award
Pursuing her Master of Nursing-Nurse Practitioner degree

In 1998, Class of 5T5 alumni Sheila Shaw and Ann Russell approached their former classmates to create a student award that would honour the close relationship their class enjoyed, while supporting nursing students. Thanks to this award, Natasha has been able to fully immerse herself in the academic and clinical aspects of her program. Her MN degree (NP Field) will allow her to realize her dream of working with people from “cradle to grave,” focusing on health promotion, illness prevention and rehabilitation in a community setting.

By contributing to a Class Award, you are honouring a tradition of supporting dedicated nurses such as Natasha, creating a class legacy and encouraging today’s students to do likewise.

To find out more, contact

jasvir.nijjar@utoronto.ca
416-978-5708
give.utoronto.ca



BOUNDLESS



pulse

SPRING/SUMMER 2015
VOLUME 8/NUMBER 1

Pulse is published twice a year for alumni and friends of the Lawrence S. Bloomberg Faculty of Nursing, University of Toronto.

PUBLISHER

Dean Linda Johnston,
PhD, FEANS, FAAN

EDITOR

Susan Pedwell

CONTRIBUTING EDITOR

Dave Ross

DESIGN & PRODUCTION

Gil Martinez, RGD
for BigGuyStudio.ca

Moving? Please report your change of address to the Alumni Relations Office or address.update@utoronto.ca

ALUMNI RELATIONS OFFICE

U of T Nursing
155 College St., Suite 217
Toronto, ON M5T 1P8

T 416.946.7097 F 416.978.8222

E alumni.nursing@utoronto.ca

W www.bloomberg.nursing.utoronto.ca

U of T Nursing respects your privacy. It does not rent, trade or sell its mailing list.

© COPYRIGHT 2015
ISSN 1923-3302



BLOOMBERG
LAWRENCE S. BLOOMBERG
FACULTY OF NURSING
UNIVERSITY OF TORONTO

ENVIRONMENTAL PRINTING – IT'S MORE THAN RECYCLED PAPER.™



zerofootprint™



bullfrogpowered™

Printing is bullfrogpowered



WARREN'S
WATERLESS PRINTING INC.

Contents



13

FEATURES

SLEEP BABY SLEEP	3
Infant sleep and parental sleep are inextricably linked	
"THERE'S AN APP FOR THAT"	6
Innovative uses of technology help youth manage pain	
YOUR CLIENT HAS ARRIVED	8
If you're caring for adolescents, here's how to look beyond the attitude	
THE POWER OF GIVING	11
The 2014 donor list	
"MY LIFE WAS NURSING"	13
Alumna Jerry Gerow was a trailblazer for advanced practice roles	
by ALAN CHRISTIE	

DEPARTMENTS

DEAN'S MESSAGE	2
CONTINUING PROFESSIONAL DEVELOPMENT	16
OPINION	17
Margo Pritchard, our Distinguished Visiting Professor, calls for research integrity	
SPOTLIGHT ON LEARNING	18
There's an urgent need for NP preceptors	
NOTABLE NURSES	20
CLASS NOTES	23
IN MEMORIAM	26
TIME TRAVEL	28
Peek inside the little black bag of a mid-20th century nurse	

COVER PHOTO: EVANKAFKA. ILLUSTRATIONS: ADOLINARIAS



3

MAY WE EMAIL YOU THE NEXT ISSUE?

Go green! You can receive *Pulse* electronically by emailing your request along with your full name to alumni.nursing@utoronto.ca.

Dean's Message

Exchanging knowledge with health care professionals around the world

Being the dean of Bloomberg Nursing is as challenging as I thought it would be, but it's also very enjoyable. Since assuming the role 10 months ago, I've had incredible support from faculty and staff, and more broadly from across the university and even beyond our borders.

In fact, I've concluded that U of T has no borders. Rather than being an ivory tower of academic elitism that's disconnected from everyday concerns, U of T has cultivated relationships around the globe to help solve very real problems. So has Bloomberg Nursing. We benefit from international scholars visiting us, and we go out to share what we know. We've flung our door wide open.

Margo Pritchard has come from Australia to drive new research under the umbrella of mother and child health. Our Frances Bloomberg International Visiting Professor is sharing her expertise in running clinical trials with vulnerable populations; in particular, sick babies and their families. There's a corollary between some of Dr. Pritchard's research and my own, which focuses on the emotional and social burdens of families with sick babies, and providing them with appropriate services.

In March, Professor Dame Jill Macleod Clark from the U.K. spoke to our faculty about measuring research excellence by examining a research study's societal, political, economic and health impact.

In April, once again I was a visiting professor at Suzhou University, a top-ranking university in China with a large school of nursing. I lectured on advances in maternal and child health research, and started conversations about the potential for faculty and student exchanges.

Then in May, I spoke at the Security Forces Hospital Research Symposium in Riyadh, the capital of Saudi Arabia. I presented on the partnership between academic and clinical institutions in the delivery of nursing education, drawing on the incredible relationship U of T Nursing has with the 13 hospitals affiliated with the Toronto Academic Health Science Network (TAHSN).

But sometimes you don't need to go anywhere to find what you're looking for. What you need can be right in front of you. *Pulse* offers you a way to remain engaged in the Faculty's scholarly activities and learn about continuing professional development opportunities. Our Centre for Professional Development is unique in offering contemporary programs, and its increasing delivery of content online widens participation and accessibility for lifelong learning.

I hope you walked through Bloomberg Nursing's front door to join in our Spring Reunion celebrations. If I didn't have the opportunity to meet you then, I look forward to seeing you at other Faculty events.



LINDA JOHNSTON, PhD, FEANS, FAAN

IMPROVING SLEEP
IN FAMILIES

Infant sleep and
parental sleep are
inextricably linked

Sleep Baby Sleep

YOUR DAY ISN'T STARTING well. This morning you couldn't find your car keys. You ransacked your home trying to locate them only to discover them jingling in your pocket. Then on the way to work, you remembered you left your lunch box on the kitchen counter.





Drs. Robyn Stremler (left) and Efrosini Papaconstantinou each wearing a different style of actigraph, a watch-like device that measures sleep

PHOTO: STEPHEN UHRANEV

How many hours did you sleep last night?

Oh. Your child woke you up at midnight. Again?

“Sleep is critically important for families,” says Robyn Stremler, a Bloomberg Nursing associate professor who researches how to improve sleep and health outcomes in infants, children and parents, through pregnancy and beyond. “Not getting enough sleep has multiple effects on physical well-being, emotional resilience and cognitive performance.”

NAME THAT SLEEP DEPRIVATION

ADULTS NEED TO SLEEP SEVEN TO NINE hours a night. Any night you get less than six hours of shuteye you suffer *acute sleep deprivation*. “You start to see changes – not only in increased daytime sleepiness, but your mood and decision-making abilities decline,” says Stremler, PhD 2003.

WHY DON'T YOU JUST GO HOME?

[^]
not

When you see exhausted parents attempting to sleep in their child's hospital room, you may want to encourage them to head home for a good night's sleep. But in the first formal research study to examine the sleep of parents of hospitalized children, Associate Professor Robyn Stremler found that parents sleep better when they're close to their child. “The parents who slept at home or in a hotel woke more times per night than those who slept in a hospital lounge or waiting room,” she concluded.

Stremler believes parental sleep in hospitals needs more attention. “These parents are expected to understand and retain complex information about their child's diagnosis, prognosis and progress. Sleep is important for their ability to cope with the illness, support their child,

If you have several nights with less than six hours of sleep, you enter the realm of *chronic sleep deprivation*, which compromises your immune function, making you susceptible to colds and the flu. Worse yet, over the long term it can affect your cardiovascular, metabolic and mental health.

EXPECTING SLUMBER

WHEN STREMLER WAS A POSTPARTUM nurse at the Jewish General Hospital in Montreal, she was struck by how many women arriving to give birth were sleep deprived. “Sleep complaints are common in pregnancy, especially in the third trimester,” she says. “Health care providers haven’t been able to offer any real solutions, they just shrug their shoulders because losing sleep in pregnancy is such an expected event.”

Dr. Stremler is bent on changing that. As part of her Sleep Tyme

participate in decision-making and maintain relationships.”

Children’s sleep in hospitals is also of concern. For her doctoral dissertation, one of Stremler’s students, Efrosini Papaconstantinou, developed an innovative program to improve the sleep of paediatric patients during hospitalization and once discharged home. Papaconstantinou’s “Relax to Sleep” intervention included a discussion and booklet on sleep, and a relaxation breathing exercise for the child.

Compared to the control group, the children who had the intervention averaged 50 more minutes of night-time sleep while in the hospital. And after being discharged, they had less sleep disturbance. “The hospital environment is not conducive to sleep, and yet sleep is vitally important for recovery,” says Papaconstantinou, PhD 2014.

Study, she surveyed 498 women before and after giving birth to examine the psychological and lifestyle factors contributing to sleep loss in pregnancy. She also wanted to substantiate evidence that sleep problems during pregnancy may increase a woman’s risk of preeclampsia, C-section and depression, as well as affect the health of her unborn child.

PRECIOUS BABY, PRECIOUS SLEEP

CARING FOR AN INFANT WHOSE SLEEP isn’t consolidated at night means new parents have acute if not chronic sleep deprivation. In an investigation of 246 new mothers, Stremler studied how infant sleep location affects maternal sleep. By asking the women to wear an actigraph, a watch-like device that measures sleep, Stremler calculated how the mother slept when the infant slept with the parents, in a separate bed in the parents’ room or in a separate room.

While many parents believe they’ll get more sleep if they just take their baby to bed with them, Stremler found the opposite: “With the baby in bed, the mothers had more awakenings and shorter stretches of sleep, which may prevent them from entering deeper, more restorative sleep. Restorative sleep requires at least 90 minutes of uninterrupted sleep.

“Around the world, some families rock their babies to sleep and value not letting them sleep alone,” she continues. “Other families want to work toward their child falling asleep independently.

“I see a trend toward parents using sleep training methods to get infants to fall asleep on their own too early. While you can try to gently shape your baby’s sleep by putting him or her down drowsy but awake in the



CATCHING ENOUGH ZZZZZZZs?

To enjoy a better night’s sleep, Robyn Stremler offers her top-two tips.

1. **Dim the lights.** Light blunts the production of melatonin, the “sleep hormone,” so in the hour before bed avoid bright overhead lights as well as the light from TV screens and electronic devices.
2. **Wind down.** To transition from your busy day, set aside time to read or to perform a relaxation technique, such as deep breathing.

first few months, most health care professionals agree you shouldn’t try to implement a sleep-training regimen before six months.”

CHILD OF MINE

NEWBORNS AREN’T THE ONLY ONES interrupting a family’s sleep. “Children with a neurodevelopmental disorder or chronic illness are more likely to have sleep problems,” says Stremler. “And adolescents don’t sleep as much as they should. Studies show that 60 per cent don’t get the nine hours a night they need.

“My biggest piece of advice for families is to make sleep a priority. Children model their parents.” But if the kids are modelling Mom, there could be a problem. An American study found that women put sleep near the bottom of their list of priorities, far below their children, other family members, leisure time and career.

Even Stremler – a sleep proponent – occasionally doesn’t get the seven to nine hours of sleep a night she knows she needs. “Last night, I went grocery shopping after putting my kids to bed so I only got six hours of sleep,” she admits. “Getting enough sleep is tough.”

“There’s an app for that”

SEEING HOW FASCINATED HER own children were with electronic devices such as smartphones, Jennifer Stinson wondered if the technology could teach adolescents with chronic diseases how to optimally control their symptoms.

“If adolescents with painful chronic health conditions could learn how to better manage their pain, they might be able to reduce pain throughout their lifetime and have fewer limitations,” said the Bloomberg Nursing associate professor (status).

Dr. Stinson went on to develop e-health (Internet-based) programs and m-health (mobile-phone) apps that she hopes more physicians and nurses will prescribe to their patients. The health care providers in the Chronic Pain Program at the Hospital for Sick Children, where Stinson practises one day a week, are already writing prescriptions for her app.

MAKE IT A GAME

STINSON’S PAIN SQUAD APP INVITES adolescents with cancer to join a fantasy police unit that hunts down pain. Twice a day, police headquarters sends an alert to their smartphones to tell them it’s time for their pain-recording mission, which they fulfil by completing a questionnaire on their pain intensity, duration, location and impact. They also record how medications and psychological strategies affected their pain.

While undergoing radiation and chemotherapy, patients can be too tired to even hold a pen, let alone write a description of their pain. But an amazing 85 per cent of the

youth in Stinson’s study found Pain Squad so compelling that twice a day for two weeks they turned to their phones to record their pain experiences.

To encourage this level of compliance, Stinson asked the development company to build a reward system into the app. As users complete the questionnaires they collect points, allowing them to work their way up the ranks from Rookie to Silver Star.

Then, Stinson invited the casts of Canada’s top police dramas – “Rookie Blue” and “Flashpoint” – to be part of Pain Squad. The videos that Stinson’s team filmed are interspersed throughout the app, inspiring kids to put pain in its place. “Your squad is still fighting,” says famed actor Enrico Colantoni in one clip. “We couldn’t have done it without you. Way to go.”

From their smartphones, the youth can email a report to their doctor or nurse, or print it to take to their next appointment. “The app facilitates communication,” says Stinson, a clinician scientist in Child Health Evaluative Sciences at SickKids.

UNDER DEVELOPMENT

NOW STINSON IS MODIFYING THE APP for teens with juvenile idiopathic arthritis and those with chronic pain. She’s also developing Pain Squad+, which will help teens with cancer not only track their pain but help them manage it by providing advice in real time.

And this Spring, Stinson carried a two-foot-tall robot into SickKids. The robot can hold your hand and speak, and is named Medi – short for Medicine and Engineering Designing Intelligence. Cute and cheerful, Medi

has an uncanny way of captivating a child’s attention.

Dr. Tanya Beran, a researcher at Alberta Children’s Hospital in Calgary, tested Medi with children getting a flu vaccination. “They barely noticed they were having a needle,” she reports, adding that Medi reduced the pain from the needle by half in four- to nine-year-olds.

Beran is developing software for Stinson’s study that will examine Medi’s effect on children undergoing a needle to access a subcutaneous port. In the study of 20 children aged four to nine, the robot will dance to distract half of them from the needle. For the other children, Medi will talk them through the procedure using evidence-based distraction strategies, starting off by saying, “I’m here to help you today. The nurse will wipe down your skin. Why don’t we take a deep breath now?”

At the end of each intervention, Medi will raise his robotic arm and say: “Give me a high-five!”

CONGRATS JEN!

Jennifer Stinson, MSc 9T2, PhD 2006, has become the inaugural SickKids Mary Jo Haddad Chair in Child Health Research.

The hospital created the chair in honour of Haddad, a nurse and the former president and CEO of SickKids. The chair supports an outstanding nurse scientist in developing a research program in child health at the hospital.

“The chair allows me to continue to look at how technology can help kids with chronic disease manage their pain,” says Stinson, “That’s my passion.”



The Pain Squad app is a hit with Sarah Jenkins, 18, a patient in the Chronic Pain Program at the Hospital for Sick Children. Jennifer Stinson (left) developed the app to help adolescents better manage their pain.

Sarah of Uxbridge, Ontario, was thrilled when the cast of “Rookie Blue” popped up on the app. A fan of the TV show and especially Missy Peregrym, Sarah says the app is “the best!” It also helps her get on top of her pain.

Jennifer Stinson is studying how Medi (below) can help kids through a painful medical procedure



PHOTO: ROBERT TETERUCK, THE HOSPITAL FOR SICK CHILDREN

Your client has arrived

How to look beyond the attitude

CATHERINE MASER DIDN'T WANT to work with adolescents. She was quite content providing nursing care in the emergency department at the Hospital for Sick Children. "I thought adolescents would be too challenging, and I didn't understand the population," says Maser, MN 2007. "But I kept getting assigned to youth when I started practising in the general paediatric ward, I guess because of my hairstyle and piercings."

Fast forward 28 years, and today Maser is an award-winning nurse practitioner in the hospital's Division of Adolescent Medicine. She wouldn't think of working with any other age group. "Adolescent care is incredibly rewarding," she says. But like many other health care providers, Maser found that providing care to adolescents wasn't as intuitive as, say, caring for cuddly babies. Maser had to learn how to best communicate with patients who have one foot in adulthood and one foot still in childhood.

Barriers to effective practice, she says, include buying into negative stereotypes of teenagers as irresponsible party-goers, and the tendency



to talk down to them or over them to their parents. “Rapport building is 80 per cent of what I do,” says Maser, the team lead of SickKids’ Inter-professional Team for Youth (SITY), which handles 1,200 patient visits a year. “You’ve got to be authentic. If you’re not being yourself, adolescents will smell the insincerity. If you’re cool, be cool. If you’re a geek, be a geek.”

WORDS FROM THE WISE

AS A U OF T NURSING LECTURER, Maser challenges students to develop an understanding of the relationship between a youth’s health and his or her socioeconomic context. She helps them explore how social class, gender, migration, race/ethnicity, ability/disability and sexual orientation come together to affect the ability of an adolescent to access adequate health care.

Last year, Maser was appointed co-ordinator of Bloomberg’s Nurse Practitioner Program, Paediatric Emphasis. In this role, she ensures that education about the psychosocial issues that young people face is incorporated into all streams of the nurse practitioner curricula.

“You have to ask adolescents about sex as early as when they’re 14 or 15,” she instructs. “You could ask, ‘Do you have any romance in your life?’ Be careful not to make an assumption about heterosexuality. Instead ask, ‘Would you date a guy, a girl or both?’”

MY LOVE LIFE

IF A TEEN’S PARENTS EXPRESS HORROR at a health care provider asking their child about his or her sexual orientation, Maser explains that one of her reasons for asking is to identify the youth’s risk of suicide. Lesbian, gay and bisexual youth have about a 28

per cent risk of attempting suicide, compared to four per cent of heterosexual youth. “It’s imperative that adolescents know it’s OK to speak about sexuality in the context of health care,” Maser says.

At an age when they want to fit in by being just like their peers, an adolescent’s sexual identity can make him or her feel different. Without models of healthy same-sex relationships, youth can feel isolated, ashamed and terrified that their sexuality will be discovered. If they do “come out,” they could become a victim of bullying (including cyber bullying) at school, increasing their risk of academic failure or school avoidance.

“A huge stressor for gay adolescents is a lack of support from parents and other family members,” says Maser, adding that lesbian, gay, bisexual and transgender (LGBT) youth are more likely than heterosexual youth to be harassed at home, kicked out and forced to live on the streets.

“Above all, be nonjudgmental when you work with adolescents,” says Maser. “Think of how many nonjudgmental adults there are in an adolescent’s life – very few, if not none. So when you meet with adolescents, you need to let them drive the bus.”

GENDER INDEPENDENCE

IN A WEBINAR ON LGBT HEALTH FOR students studying to be NPs, Maser spoke on the unique challenges of transgender youth. “For this population, adolescence and especially puberty is the most distressing time,” says Maser. “They face multiple psychosocial problems, including family and peer harassment, if not rejection.” A study of transgender 16- to 24-year-olds in Ontario found that 50 per cent had seriously considered suicide.

In 2013, Maser helped initiate the Transgender Youth Clinic at SickKids to meet the medical needs of the population. To address some of their psychosocial needs, Maser and her colleagues worked with community providers in 2014 to start a peer support group for 13- to 15-year-olds attending the SickKids clinic. To recognize this accomplishment, Planned Parenthood Toronto gave Maser and team the Service Provider of the Year Award.

HARDWIRED FOR WHAT?

AT SITY, MASER MEETS WITH YOUTH who have a variety of concerns, including anxiety, social phobia and chronic illness. Other adolescents arrive overwhelmed with information and opportunities, but without the tools to navigate the landscape of possibilities. Some try to self-

medicate their angst with alcohol or other drugs, which concerns Maser. “The worst time to use substances is in adolescence because they’re developing neural pathways which make them extremely susceptible to substance misuse and addiction,” she says. “The brain doesn’t fully develop until you’re 24.”

Maser goes on to explain that the brain develops from the back to the front. “The front of the brain is the reasoning part – the part that asks, ‘What happens if ...’ – and it isn’t fully functioning. In youth, the amygdala in the brain stem is often what’s firing. The brain stem is reactive. It’s about impulses,

emotions, being spontaneous and taking risks. Since the dawn of time, high-risk behaviour has been a normal part of adolescence. But with support and accurate information, most adolescents can learn to navigate the complexities of the world and be healthy and successful.” *~*

A RITE OF PASSAGE GOING FROM PAEDIATRIC TO ADULT CARE CAN BE A PERILOUS JOURNEY

Most paediatric health care programs end when the patient turns 18. “This rigid demarcation is often dictated by funding and program settings, not necessarily by what’s best for the patient,” says Kristin Cleverley, a Bloomberg Assistant Professor and the Centre for Addiction and Mental Health Chair in Mental Health Nursing Research. “We need to consider aligning services with the developmental stage of the patients.”

Dr. Cleverley points out that 18-year-olds can be at totally different stages of development. “Some might be living at home with their parents, while others may

have already been out on their own, living independently.

“There’s a tremendous amount of change as youth transition to adulthood,” continues Cleverley. “Youth are moving from high school to postsecondary education and/or work, and from living with their parents to living on their own.”

Developmental milestones that indicate adolescents with a medical and/or mental health condition may be ready for adult care include their ability to describe their condition and articulate their health care needs. “In paediatrics, the care is usually driven by the parents, but in

adult care the patient is in charge of making appointments, attending them and speaking up if something’s not quite right.”

READY OR NOT

Of particular concern is the transitioning of adolescents with a mental health condition, such as depression and/or anxiety. “Research has demonstrated that about 50 per cent of youth accessing mental health services drop out during the transition from paediatric to adult mental health care,” says Cleverley. “Those who don’t make the transition tend to resurface later, often when they’re in crisis.”

While research has highlighted best practices in transitioning youth from paediatric to adult health services, the recommendations have yet to be broadly adopted across the health care system. As well, there is scant evidence about how the transition from paediatric to adult mental health services affects the mental health and functioning of youth.

This Fall, however, Cleverley will start a longitudinal research study that will start to fill in these knowledge gaps. “Right now, there are so many opportunities for youth to disengage from care,” she says. “We need to better understand how the transition

between two very different health care models impacts the mental health and functioning of these youth. This will allow us to develop more effective and timely interventions and models of care.”

Cleverley emphasizes that most adolescents – regardless of their diagnosis – will require support to continue accessing health care. “When you’re 18, one of your goals is to be independent, to stand on your own two feet,” she explains. “But if you have a chronic physical or mental disorder, you likely need to have a stronger dependence on your family and on health care providers.”

STEP BY STEP

“Nurses are some of the best health care providers to ensure optimal transitions,” says Cleverley. “Nurses should start engaging their patient in transition early in adolescence. And they need to engage the family in these discussions, particularly if they’ve been the ones who have been advocating for the youth.

“As nurses, we need to be as equally knowledgeable and aware of the developmental stages and needs of our patients as we are on their physical care needs. We must advocate for our clients to experience transitions that are purposeful and planned while engaging the youth and their family in the process.”

PHOTO: JEFF KIRK



Kristin Cleverley

“We make a living
by what we get,
but we make a life
by what we give.”

– Winston Churchill

The **POWER** of **GIVING**

WHEN YOU HELP EDUCATE A NURSE, YOU HELP change the world. At Bloomberg Nursing, we're preparing students to improve the lives of individuals, families and communities, both in Canada and around the world.

On behalf of each and every student, a heartfelt thanks to the following alumni and Faculty friends who gave to U of T Nursing between January 1 and December 31, 2014.

If you would like to make a donation, please email alumni.nursing@utoronto.ca or phone 416-946-7097.

\$100 to \$499

Rosemary Ann *and* John Q. Adam
Leila Akkari
Joanne E. Andrews
Joan C. Arnott
Catherine Arpin
Donald Arpin
Peter J. Arpin
Richard V. Avery
Margaret J. Barbour
Melanie J. Barnes
Betty June Barrons
Marianne E. Beardsall
Lynda M. Betkowski

Margaret M. Blastorah
Susan E. Blue
Michelle T. Bott
Marilyn J. Bowers
Angela Ella Cooper
Brathwaite
Marilyn J. Brewer
M. Elaine Atkinson
Broderick
Lorna Bunston
Mary E. Bursey
Eileen D. Butson
P. A. M. Chittley
Elizabeth Cordeau

\$10,000 to \$25,000

Jerry Gerow

\$5,000 to \$9,999

Amar Dhotar
Devinder Singh Dhotar
Dr. Herman Dhotar *and*
Ms. Ravina Dhotar

Susan E. Grimshaw-Levesque
Peter Quail
Robert A. Quail
Mary Redekopp

\$1,000 to \$4,999

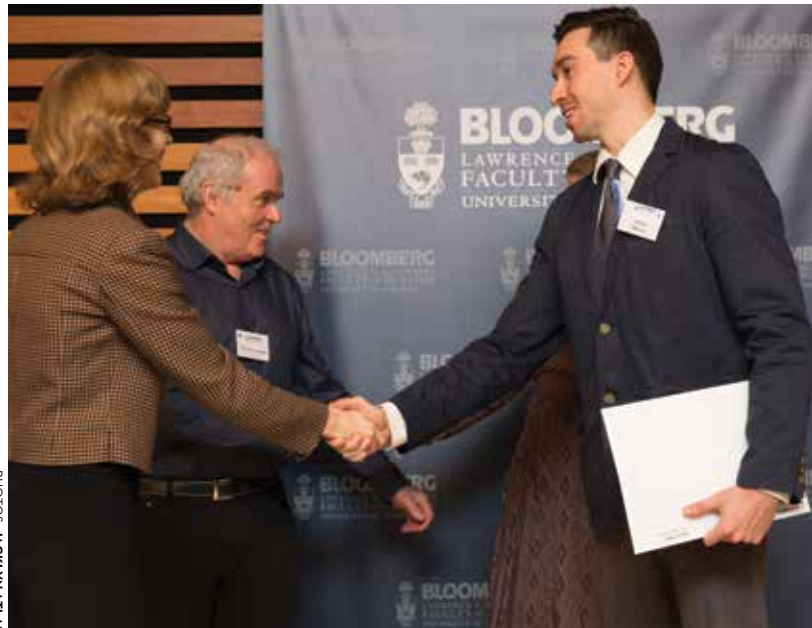
Karen Breen-Reid
Joy D. Calkin
Donald A. Dickson
Federation of Chinese
Canadian Professionals
Jane E. Graydon
Ruth Alexandra
Kipka-Lemole

Gayda M. Patterson
Nora Post
Dorothy Pringle
John Roy *and* Catherine
Inez Edith Wilson
Cynthia Struthers

\$500 to \$999

Peter Douglas
Hope Hillary Edwards
Heather Grant
Clare E. Jacques-Shields
Susan J. Kirkland
Margaret F. Munro

Lynn Nagle
Sioban M. Nelson
Sandra D. Smith
Barbara Ann Walker
Lenore I. Walters



PHOTOS: JACQUYN ATLAS

At the Student Awards Ceremony, **Rosemarie McClean** and **Tom Scanlan** (left) congratulate this year's recipient of the Clare Scanlan Scholarship, **James Marcus**. The Scanlan Family established the undergraduate scholarship in 2003 to honour the memory of their mother, who was a nurse. "We've been impressed with every award recipient we've met," said Tom.



Naomi Thulien (left) and **Erin Patterson** are among the graduate students whose studies are made possible by the generous support of donors who have funded scholarships. These PhD students are developing the analytical and research skills necessary to expand the knowledge needed to improve nursing and health care systems.

Beverley R. Coulson
Christine Lynn Covell
Nellie Cracknell
Geraldine R. Craddock
Patricia Anne Daines
Shirley M. Davey
Barbara L. Davies
Judith E. Dey
Carol Di Bon
Leola B. English
Lil Farley
Jennifer Ferguson
Barbara A. Fergusson
Frances Mary Flint
Patricia Ford
M. Elizabeth Fornasier
Cheryl H. Gibson
Isabell Gilbank
Susan Gremell
Sarah Frances Gross
Jeanne C. Halet-Syms
Janet M. Hardy
H. Jane Harlock
P. Gail Harrod
Ruth J. Hart
Beverley A. Henry
Carol A. Holmes
Janet R. Jakubowicz
Audrey M. Johnson
Lillie Johnson
Olga Jovkovic
William P. Kauppinen
Carrie Ku
Olga Lee
Charlene Ellen Marie Lester
Elisheva Lightstone
Margaret S. Little
Marilyn J. Lundy
Mary McAllister

Claire McDerment
Kathy McGilton
Mary Patricia McKenna
Eileen Millar
Helen T. Millar
Ruth I. Millar
Ann E. Miller
Jean E. Morrison
Sonia Mae Mulligan
M. Margaret Munro
Margaret J. Murnaghan
Brenda I. O'Connor
Susan A. T. Olijnyk
Mhairi P. Oliver
M. Joan Packota
Ann Elizabeth Page
Pauline Jacqueline Palmer
Catherine J. Park
Irene Pergentile
Isobel M. Petrie
Diana K. Phayre
Eveline Catherine Porter
C. Marie Price
Brenda E. Reid
Joy A. Richards
Margaret Risk
Jacqueline P. Robarts
M. Barbara Rooke
Rhoda D. Ross
Catherine Rousell
Janet Patricia Rush
Larry Scanlan
Gayle Mitchell Shantz
Laura Joyce Shore
Beverley Simpson
Jennifer Margaret Skelly
Shirley E. Smith
Nicolette Maxime
Sparkhall-Slovitt

Bethanne Speece
Anne Cathryn Stephens
H. Faye Stephenson
Irma Strantz
Carolyn J. Swindall
Margaret E. Tupling
Elizabeth Tutton
Carolanne G. Vair
Ellen D. Van Der Veen

Penelope Vernon
Sandra J. Vizel
Karin C. von Schilling
Stephanie A. Von Schilling
Peggy White
H. Kathleen R.
White-Williams
Susan Patricia Whyte
Lee Ann M Wiseman
Lucy S. Woodliffe

THANK YOU TO OUR ADDITIONAL SUPPORTERS

Ashley Alliett
Grace Marie Badillo
Jean-Marie Bagshaw
Vimy Lynne Barnard
Alice Baumgart
Georgina Beal
Anne E. J. Beckwith
Elizabeth J. H. Beldfell
Shirley I. Bennett
Janice E. Benson
Aileen Matilda Blowes
Martina Boyd
Susan K. Boyd
Shana Rose Brandes
Helen I. Brink
Emma M. Browne
John H. Butler
Dawn E. Cantle
M. Joan Cantle
Delma B. Capton
A. Chambers
Jillian Chandler
Connie Lap Shan Cheung
Kathleen I. Clarke
Donna Clarke-McMullen
Helen E. Clayton
Jean M. Cline

John Clipsham
Nancy J. Compton
Dovina Constance
Linda G. Da Costa
Allison Mae Dalby
Helen Dick
Judith A. Dickson
Bruna Di Monte
Joanne B. Donald
Alyssa Douglas
Anne E. Duffey
Lynda M. Duncliffe
Shirley Eastabrook
Kimberley Anne English
Jo-Ann Michelle Exaltacion
Doreen E. Frederick
Agnes L. Gelb
Annette V. Giza
Gabriella L. Golea
Angie J. Gorassi
Larysa Gorlova
Evelyn A. Graham
Ruth E. Haig
Patricia M. Hay
Deborah Lynne Holtom
Maureen T. R. Honan
Sharon Yasmin Hoosein

TWO NEW STUDENT AWARDS

Shirley Tripp and **Nicolas Kordellas** have created an endowment for Bloomberg Nursing undergraduate students. Shirley's mother, Velma E. Martin Tripp, graduated from U of T Nursing in the mid-1940s. Her work with children inspired Shirley to join the nursing profession, too.

Students will be selected for the Kordellas-Tripp Foundation Nursing Award based on demonstrated financial need and a personal statement outlining their views on how society should function to honour humanist values.

The **Dhotar Family** has established the Baljinder Dhotar Scholarship to help undergraduate students who have a proven financial need and specific interest in providing palliative care nursing.

Louise Hughes
 Isabelle B. Hume
 Karen E. Hunter
 Margaret Janack
 Patricia Marie Kahle
 Margita Kanbergs
 Jane D. Keary
 Joyce E. Kinslow
 Anne R. Krieger
 Dorothy M. Lambeth
 Nora M. Lanning
 Donna M. Lowry
 Carlene R. MacDonald
 Judith L. MacKay
 Grazina M. S. Matukas
 Diane E. McLeod
 Lilian P. R. McMeekan
 Wendy E. McPherson
 Katharine H. Miller
 Janis Lynn Mitts
 Jane Moser
 Wendy Ann Mouldsdale
 Rosemary A. Munn
 Rosalie Nepom
 Louise Nicksy
 Ruth I. O'Donnell
 Louise Okawara
 Beverley Edith Parker
 Barbara Payton
 Catherine L. Petch
 Jeannette Pitre
 A. Marion Pope
 Rosemary M. Powers
 M. Joyce Relyea
 Kathryn Robideau
 Julia M. Rosa
 Mary Runde
 Karen J. Rutherford
 Roslyn Savage
 P. Diane Scott
 Juliana A. Sherbot
 Mary Sirotnik
 Madeline C. Smillie
 Kathleen Smith
 Jennifer L. Stevens
 Judith Knowlton Strang
 Patricia Strauss
 Alma M. Swetman
 Sarah Louisa Thornley
 Nancy Truscott
 Anna V. Tumchewics
 Elizabeth A. Walker
 Laura A. Wenstrom
 Lena J. White
 Karen A. Whiting
 Melvin L. Whiting
 Nigel Wildcat
 Patricia G. Wilson
 Sarah K. Worrell
 Patricia A. Yuill

If you have a question
 regarding this list,
 please call 416-946-7097



Alumna
 Jerry Gerow
 was a trailblazer
 for advanced
 practice roles
 by ALAN CHRISTIE

“My LIFE was NURSING”

JHORA GEROW WAS ONLY EIGHT when she boldly and assuredly told her mother she was going to be a nurse. She had also considered being a missionary, but when a friend of her mother’s said she “would be a good meal for an animal” she changed her mind. Choosing to become a nurse was a great decision for the thousands of Canadians who have benefited from her compassionate nursing care.

At her apartment in a Yonge Street, Toronto, retirement home, Gerow, now 95, reflected on her career, which started in 1941 when she graduated as an RN from Belleville General Hospital.

On one shelf in her apartment sits her Lifetime Achievement Award from the Nurse Practitioners’ Association of Ontario; on a side table is a proclamation from Queen Elizabeth II for the Queen’s Diamond Jubilee Medal, which she cherishes. But even more important to Gerow is helping others succeed in the profession.

Regarding her recent gift to the Lawrence S. Bloomberg Faculty of Nursing, she simply says, “My life was nursing.” Her generous donation will help support nurses who want to further their studies and become nurse practitioners (NPs).

A NURSING SISTER

GEROW JOINED THE ROYAL CANADIAN Air Force in 1943 and was assigned to the Trenton, Ontario, base where thousands of airmen were stationed. An officer in the mess couldn't remember "Thora" and said, "I am just going to call you Jerry." The name stuck.

She often jokes that she joined the Air Force to see the world but ended up nine miles from her family home in Belleville. But she did travel during her service, including a year in Goose Bay, Labrador, at the RCAF base. As one of only seven female officers, Jerry was in demand on the dance floor, and she says she still suffers sore feet as a result.

ADVANCING NURSING

AFTER THE WAR, GEROW ENROLLED AT U of T Nursing. To cover her room and board while furthering her education, she helped take care of a family with young children. In 1947, she graduated with a diploma in public health nursing.

Later, she returned to U of T, and the same family, to work toward her diploma in public health nursing, administration and supervision, which she completed in '51.

In the 1970s, she attended U of T Nursing once again, this time to prepare to be a nurse practitioner. As an NP, Gerow accepted a position with Student Health Services at what is now Ryerson University.

Before long, advocating for NPs to take leadership roles in the health care system had become Gerow's life calling. She helped found the Nurse Practitioners' Association of Ontario (NPAO) and was its membership secretary from 1985 to 2005.

In 2004, she celebrated her 85th birthday with news that NPAO was going to award a


\$1,500 scholarship annually in her name. Then in 2005, it honoured Gerow with its Lifetime Achievement Award.

THE SPICE OF LIFE

DURING HER CAREER, GEROW PRACTISED in a variety of settings, including at the Hospital for Sick Children, providing health services for student nurses; with the Victorian Order of Nurses; and co-ordinating health services for adults with developmental challenges, first in Aurora and then in Whitby. Even after "retiring," she served 10 years as a night charge nurse at a Salvation Army retirement home in Toronto.

Jerry Gerow hasn't stopped advocating for nursing. She worked quietly to rename the clinic in her retirement home from "medical centre" to "health service," explaining that the former puts the emphasis on doctors but

nurses do most of the work. She succeeded in getting the name changed.

She also succeeded in helping thousands of patients and in encouraging young people who want to join the nursing profession. "It makes me happy to help people," she says. 



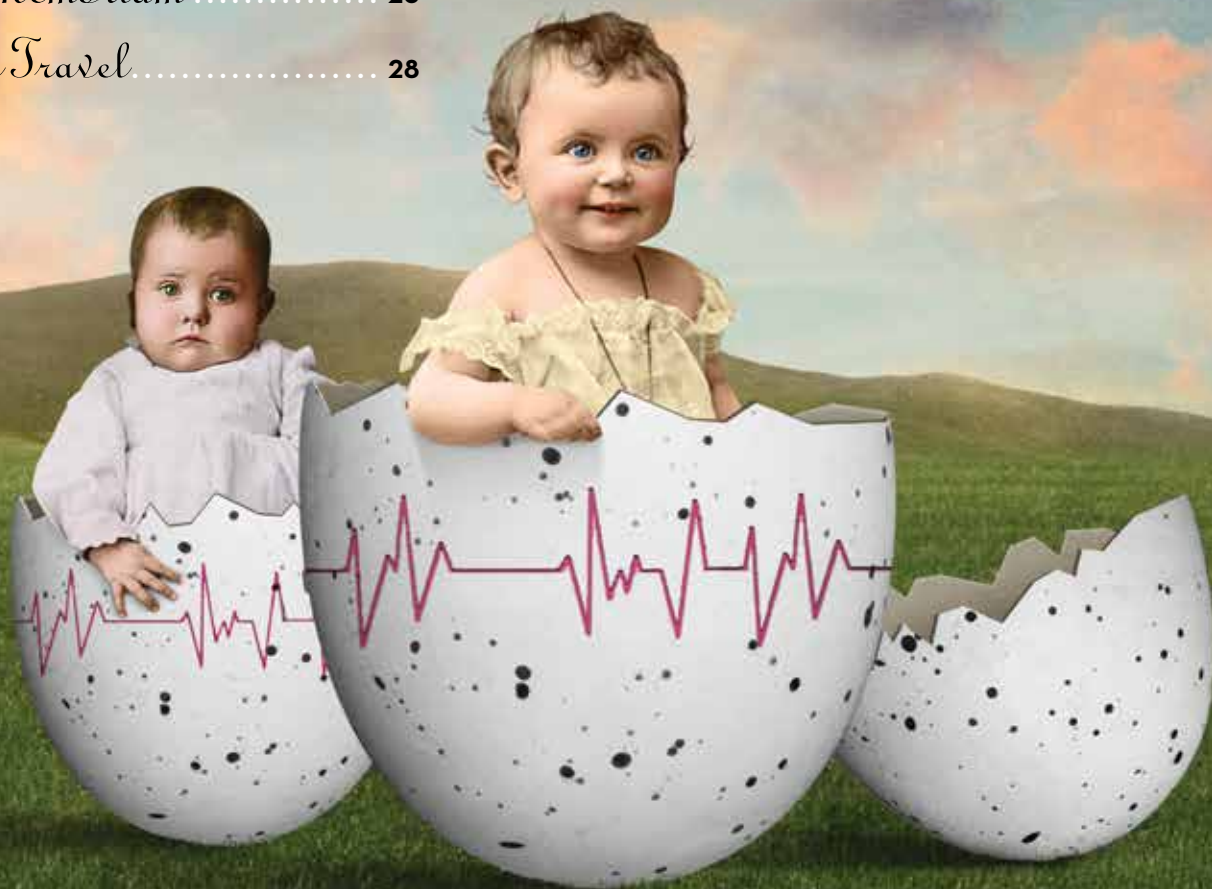
PICTURED above is Miss Jerry Gerow, the third permanent nurse lately appointed to the South Peel branch of the V.O.N.



Jerry Gerow's first time in RCAF uniform (left), photographed outside her family home in Belleville. For part of her service, she was stationed in Labrador (top).

VITAL SIGNS

<i>Continuing Professional Development</i>	16
<i>Opinion</i>	17
<i>Spotlight on Learning</i>	18
<i>Notable Nurses</i>	20
<i>Class Notes</i>	23
<i>In Memoriam</i>	26
<i>Time Travel</i>	28



Continuing Professional Development

Bloomberg Nursing's Centre for Professional Development is offering the following courses and workshops in August and through the Fall.

**AUG
12/13**

PREPARING TO WRITE THE NCLEX

The National Council Licensure Examination (NCLEX) is the new national entry-to-practice exam in Canada. By reviewing selected areas of nursing practice, this intensive two-day preparation course is designed to help the participants build confidence. Those who enrol will benefit from learning how to answer the various types of exam questions as well as successful test-taking strategies.

TO LEARN MORE AND REGISTER:

www.bloomberg.nursing.utoronto.ca/pd

**AUG
12/13**

PREPARING TO WRITE THE NP-PRIMARY HEALTH CARE EXAM

In this intensive course, learn how to successfully write the Canadian Nurse Practitioner Examination (CNPE) to register as a Nurse Practitioner-Primary Health Care in Ontario. Experienced NPs lead the two-day course and address exam-preparation approaches and skills. As well, they review content in the key CNPE areas, such as health promotion, health assessment and diagnosis, and therapeutic management.

TO LEARN MORE AND REGISTER:

www.bloomberg.nursing.utoronto.ca/pd

**AUG
24/25**

PREPARING TO WRITE THE NP-PAEDIATRIC EXAM

This two-day course helps prepare applicants to write the PNCB Pediatric Nurse Practitioner Primary Care Certification Examination to qualify as a Nurse Practitioner-Paediatric in Ontario. A faculty of paediatric NPs instruct in exam-preparation approaches and cover key exam areas, including clinical management and assessment, and the foundations of paediatric NP practice.

TO LEARN MORE AND REGISTER:

www.bloomberg.nursing.utoronto.ca/pd

**SEPT
11/12**

PREPARING TO WRITE THE NP-ADULT EXAM

This two-day course prepares you to write the Adult-Gerontology Primary Care Nurse Practitioner Certification Examination to qualify as a Nurse Practitioner-Adult in Ontario. A faculty of experienced NPs provide exam-preparation approaches and skills. The course includes a review of key

areas, including health promotion, health history and assessment, clinical management, pharmacologic therapy and professional practice issues. The course includes a special focus on relevant information related to the care of the elderly and frail elderly.

TO LEARN MORE AND REGISTER:

www.bloomberg.nursing.utoronto.ca/pd

**OCT
28/29/
30**

WORKSHOP: PAIN INTERPROFESSIONAL CURRICULUM DESIGN

This unique interactive workshop is an opportunity for academic faculty and others creating an interprofessional pain curriculum for students in the health care professions to understand and apply the essential strategies and components in the curriculum's design, implementation, evaluation and sustainability. This workshop is sponsored by the University of Toronto Centre for the Study of Pain in association with the Centre for Interprofessional Education.

TO LEARN MORE AND REGISTER:

www.bloomberg.nursing.utoronto.ca/pd

**NOV
7**

HEALTH ASSESSMENT ACROSS THE LIFESPAN

This one-day course provides a health-assessment refresher for practising RNs, NPs and students preparing for the NP role. Using a systems approach, the course includes a head-to-toe assessment. Participants have the opportunity to practise focused health assessments in the Faculty's Nursing Simulation Laboratory.

TO LEARN MORE AND REGISTER:

www.bloomberg.nursing.utoronto.ca/pd



ILLUSTRATION: DOREMI/SHUTTERSTOCK

HOW RELIABLE IS THE EVIDENCE FROM CLINICAL TRIALS?

Our Distinguished Visiting Professor calls for research integrity

by MARGO PRITCHARD

THE RESPONSIBILITY OF NEONATAL nurse researchers, such as myself, is to ensure the scientific integrity of our clinical trials. If health care providers are to improve outcomes, researchers across the health sciences need to improve and evolve their methodologies. Too often, trials are undermined by poor scientific evidence. In fact, a report in the *Lancet* suggested that research design and publication bias exists in up to 85 per cent of clinical trials because study methodology is too often neglected or poorly implemented.

These poorly designed trials contribute to costly mistakes. Of the trillions of dollars spent on health care, the World Health Organization (WHO) estimates that 20 to 40 per cent is wasted through health care inefficiency, including the inefficient use of treatment interventions. In my area of study, neonatal care, poorly researched and used health care interventions are implicated in an estimated 70 per cent of avoidable neonatal deaths and 40 per cent of stillbirths worldwide.

While more than 90 per cent of neonatal research deals with neonatal care in high-income countries, most of the burden of avoidable neonatal deaths is carried by low-income countries. Redressing this imbalance



EXTENDING OUR REACH

Our Frances Bloomberg International Visiting Professor is the principal perinatal clinical researcher-trialist at Women's and Newborn Services in the Royal Brisbane Women's Hospital at the University of Queensland Centre for Clinical Research in Australia.

The purpose of Dr. Margo Pritchard's professorship was to enhance the international relevance of U of T Nursing's research activity in perinatal health and well-being, and to explore the potential for multi-site collaborations.

During her four visits, Pritchard consulted with Bloomberg Nursing faculty members and graduate students. In May, she contributed to the course Evidence-Based Tools for Developmental-Behavioural Screening and Surveillance in Children that was offered through our Centre for Professional Development. Pritchard also spoke on working in the global context as a PhD-prepared nurse at Bloomberg's Doctoral Research Symposium.

In addition, Pritchard engaged in several events in the larger Toronto nursing community. At the end of March, for example, she was the keynote speaker at the Hospital for Sick Children's Research Day.

has been slow, particularly in terms of the paucity of publicly funded research on disease burden and treatment evaluation in general.

EFFICACY AND EFFECTIVENESS

THE PRIMARY GOAL OF CLINICAL TRIALS is to provide evidence on the efficacy and effectiveness of health care interventions. When a health care provider considers recommending an intervention, an important, fundamental component of his or her decision-making process is the scientific evidence. In fact, it's the cornerstone of delivering evidence-based care. But how reliable is the evidence on which clinicians rely?

Trial registry is inching us closer to reliable evidence. Trial registration, which is available through the WHO

International Clinical Trials Registry Platform (apps.who.int/trialsearch) as well as other platforms, requires the researcher to provide standardized methodological information. The open-access prospective registration has been a significant move toward improving trial integrity and quantification of trial research.


It is now mandatory to have WHO-endorsed trial registration to publish in International Committee of Medical Journal Editors journals, and it's a requirement for government research funding in several countries including Australia, where my research is based. Although the WHO platform is gaining momentum and providing a greater level of trial transparency, its impact on all aspects of trial integrity has not yet been evaluated.

COMBINING EFFORTS

RESEARCH NETWORKS AND SYSTEMATIC reviews are other important vehicles for ensuring scientific integrity in today's environment. Large research collaborations add efficiencies and integrity to clinical trial research. Through greater collaboration, researchers can broaden the range of quality intervention options available in clinical practice.

Theoretically, it is well recognized that clinical trials of health care interventions should be designed and reported in the context of a systematic review of related studies. However, clinical trials remain poorly correlated with published systematic reviews. In addition, Cochrane reviews, compared with the large number of non-Cochrane reviews, are reported to be significantly less biased and of greater quality. Although most searches on the Cochrane database are for nondrug interventions, the most common reviews are for pharmaceuticals, accounting for 63 per cent of all trials. Educational, physical and behavioural reviews account individually for only two to three per cent of all reviews.

The same trend is seen in the Cochrane Neonatal Group. The trend, though, is different in other well-used, evidence-based portals. Searching for reviews of effectiveness in neonates in The Joanna Briggs Institute, a source of nursing-based systematic reviews, reveals 22 entries of which only five are drug related. A search in PEDro, the Physiotherapy Evidence Base database, reveals 28 entries, most of which are Cochrane reviews.

There is still much to learn about providing optimal neonatal care. Neonatal nurse researchers are well placed to continue exploring neglected fields of neonatal health care that clinical trials could address. But as we push forward, we must remember our responsibility to put scientific integrity at the forefront. 

Spotlight on Learning

"I TRY TO DO MY PART"

Gillian Thompson
has been a preceptor
for 10 years

THERE'S A HIGH LEVEL of trauma within the population I work with," says Gillian Thompson, an NP with the Hospital for Sick Children's Young Families Program, which provides care to parents who are 12 to 19 years old, and their babies. "I meet the mothers while they're pregnant, and then work with their babies from birth until they're two years old, also attending to the teen moms' mental and physical health."

Thompson, MN 2003, believes that being a preceptor has helped her grow as a nurse practitioner. "The students are constantly updating me, showing me a new website or textbook, or the latest app. And students will question you and present you with a research article that shows a different viewpoint from your own.

Being a preceptor is a way to continually challenge yourself."

A TEAM EFFORT

THOMPSON PRACTISES THREE days a week and precepts all three days, sharing the precepting responsibilities with another NP in her office. As part of a collaborative team, Thompson arranges for the student to spend time with the team's social worker, physician, nurse and public health nurse. She also ensures that the student has the opportunity to observe the infant psychiatrist who supports the team by assessing the mother-child attachment and identifying particular risk factors such as mental health issues.

Thompson has found that being a preceptor can, but does not necessarily, add extra hours to her already busy day. In fact, the students occasionally





ILLUSTRATION: EMILY COOPER

save her time by helping her with patient care or by taking on specific tasks. Pointing to a Canadian Paediatric Society article on otitis medias that's thumbtacked to her bulletin board, Thompson says, "I might ask the student to research if it's CPS's current guideline. Students can contribute to the practice."

AN EXEMPLARY ROLE MODEL

FOR INSPIRATION, THOMPSON recalls a preceptor she had while studying at U of T Nursing: Pam Green, an NP in the neonatal followup clinic at SickKids. "She provided a safe learning environment; I worked alongside her in assessing infant development.

"I'm still in contact with Pam," continues the Bloomberg adjunct faculty member. "Your students become your colleagues,

so precepting makes your network larger."

Before accepting a new student, Thompson meets with the student. "There are official and non-official learning objectives," she explains. "I ask the students what their own objectives are and see if we can meet them."

Once a student is in the placement, Thompson starts off by asking the student to shadow her. Then the student progresses to practising alongside her, working toward increasing autonomy.

A key part of precepting a student studying to be an NP is defining the parameters of the role and the NP's role on an interprofessional team, says Thompson. "I help students in the transition from being an excellent RN to being a novice NP and eventually an awesome NP." *~*

CAN YOU BE A PRECEPTOR? THERE'S AN URGENT NEED FOR NP PRECEPTORS

"We're always seeking knowledgeable preceptors for the nurse practitioner program," says Katherine Trip, U of T Nursing's graduate placement co-ordinator.

Enrolment in our Master and Post Master of Nursing - NP programs have been steadily rising, with close to 100 nurses enrolling in the Fall. Each NP student requires a total of 800 hours of practicum experience over two years and won't be able to graduate unless these hours are completed under the guidance of preceptors.

"Preceptors are invaluable in helping students put theory to practice," says Assistant Professor Trip. "Most people enjoy being a preceptor, and many comment on how satisfying it is to see the students develop.

"People shy away from the role, though, because they think being a preceptor will take too much time, but research demonstrates that it takes about the same amount of time to care for patients with a student as it does without. As a preceptor, you talk and demonstrate what you're doing and why. You demonstrate the competencies involved in clinical practice, and ask the learner to demonstrate those competencies back to you. The structure of your work takes on a different rhythm."

WHAT IT TAKES

To precept a learner in the NP stream you need to be either an NP or a physician. If you're not a master's-prepared NP, you can be a preceptor to students in the first year of the master's program. Students with an MD preceptor must have an NP adviser, who is expected to communicate with the learner at least once a week and facilitate his or her understanding of the NP role.

"Ideally, a preceptor is someone who likes to teach and continue learning," says Trip, MN 2005. To be a preceptor for a learner preparing for the NP role, you must be willing to:

- share personal experiences and knowledge;
- regularly meet with the student to provide feedback on his or her assessment, clinical decision-making, therapeutic planning, communication and documentation skills; and
- submit a student assessment by completing the Faculty's online Learner Evaluation Checklist.

THE SUPPORT YOU NEED

As a preceptor, you receive a package of useful information, and you can apply for the title of "Bloomberg Nursing adjunct faculty member." Once a year, you will be invited to a day-long program at the Faculty to learn more about precepting. If you have a question, help is just an email message away.

You can be a preceptor for one day a week or up to three days a week. You could be a preceptor for one term or all three semesters.

Learn more at <http://uoft.me/NP Preceptor>
To become an NP preceptor, email Kathy Trip at MNPlacements@utoronto.ca and/or apply for an adjunct appointment at <http://uoft.me/nursingadjunctappointment>

Notable Nurses

OUR HIGH-TECH TEACHER

FOR HER OUTSTANDING LEADERSHIP in advancing the use of health information communications technology, Assistant Professor **Lynn Nagle** received the 2014 Clinician Leadership Award from Canada's Association for Health Informatics (COACH).

As the founding president of the Canadian Nursing Informatics Association, Dr. Nagle, MScN 8T8, is known nationally and internationally for her pioneering leadership in nursing informatics, which integrates nursing science, computer science and information science to manage and communicate information and knowledge in nursing practice.

Nursing informatics first caught Nagle's eye when she was working toward her master's at U of T Nursing. As a Bloomberg faculty member, she teaches one of Canada's few graduate courses in nursing informatics, contributes to research initiatives examining the impact of new technologies and inspires our students.

CONGRATULATIONS CRESSY AWARD WINNERS!

U of T's Gordon Cressy Student Leadership Awards recognize graduating students who have made outstanding contributions to improving the world around them and inspiring others to do the same. Note the names of these winners. When they graduate, we expect they'll take the world by storm!

UNDERGRADUATE RECIPIENTS (CLASS OF 2015)

Chantelle Nielson received a Cressy Award for her contributions as the Athletic Representative with the Nursing Undergraduate Society (NUS). Not only did Nielson organize a record number of intramural nursing teams, she donned a whistle and proceeded to lead many of those teams. For both the 2014 and 2015 U of T

Nursing Games team, she again volunteered to be captain and boost school spirit.

Miranda Priestman, as last year's NUS Vice-President and this year's President, encouraged student-faculty interaction by organizing events such as the Dean's Forums, which addressed student concerns. Priestman also created a Social Determinants of Health Program. She offered the program to youth in a low-income area of Toronto and also at U of T Nursing to further promote empathy and patient understanding.

Melanie Spence (not pictured) is committed to social justice for marginalized peoples. She is a Co-Chair of the Advocacy Committee at U of T's student-run Imagine Clinic, which serves clients without health insurance. As Co-Chair,



Lynn Nagle

Notable Nurses

Clockwise from top left: Miranda Priestman, Chantelle Nielson, Tieghan Killackey and Lisa Ye



PHOTO: DAVE ROSS

she organized an interprofessional educational session that examined how immigration policy can affect health care access. Spence also led a year-long series of events that highlighted current issues, such as homelessness and transgender health care.

GRADUATE RECIPIENTS

Tieghan Killackey was a valued member of the working group that redesigned the curriculum for the MN (Clinical) Program. As Vice-President of the Graduate Nurses' Student Society (GNSS), Killackey facilitated student communication with Bloomberg faculty members, specifically regarding academic aspects of the graduate course offerings. The MN student also helped initiate the Master of Nursing (Clinical) Mentorship Program.

Lisa Ye, as GNSS's Communications Director, created a new communication strategy to increase the society's visibility and further engage Bloomberg Nursing graduate students. The master student's efforts enhanced student life by better connecting grad students with Bloomberg faculty members and the larger university community, as well as by alerting them to internal and external opportunities.

PROFESSOR AWARDED PROFESSORSHIP

LOUISE ROSE HAS BEEN APPOINTED TO the first nursing professorship at Sunnybrook Health Sciences Centre. "The professorship gives me 80 per cent protected research time and provides Sunnybrook clinicians with the opportunity to consult with me about potential research interests," explains the U of T Nursing associate professor.

TD Bank Group established the five-year professorship to further research in the field of critical care. Dr. Rose's primary research focus is improving clinical outcomes for individuals who require mechanical ventilation across the continuum of care – from the emergency department, to the ICU, weaning centres and long-term care facilities, as well as in the community.

"The professorship is a fantastic opportunity to be at the hub of critical-care and emergency services at Sunnybrook," says Dr. Rose.



PHOTO: JACKLYN ATLAS

Notable Nurses

AN AWARD OF SOME MAGNITUDE

Early this year, Mount Sinai Hospital in Toronto became the first and only health care facility in Canada that the American Nurses Credentialing Center (ANCC) has recognized with Magnet® status. There are 409 Magnet facilities around the world, but only eight outside of the U.S.

Many of our alumni practise at Mount Sinai, a fully affiliated Faculty partner, and Bloomberg Nursing is celebrating this success along with the hospital.

ANCC developed the Magnet Recognition Program to acknowledge health care organizations for quality patient care, nursing excellence and innovations in nursing practice. The application process examines criteria such as evidence-based nursing practice, leadership within the nursing department and a commitment to improving the quality of patient care. A demanding process, the application took the hospital more than four years and 3,000 pages of data to complete.

“This recognition highlights the strong leadership role that nurses play at Mount Sinai in providing exceptional patient care,” said **Mary Agnez Beduz**, BScN 8TO, MN 2004, a Bloomberg adjunct faculty member and the vice-president, professional practice and associate chief nurse

executive of the newly formed Sinai Health System. “It is a privilege to work with our nurses and community of caregivers. Our nurses deliver new ideas, innovations and an unwavering commitment to excellent patient care.”

Jocelyn Bennett, MScN 9T1, shares Beduz’s pride in the Magnet status. “Ongoing rigorous evaluation of our professional practice has resulted in exceptional patient outcomes, and we are very proud that the ANCC has recognized our achievements,” says Bennett, a senior director at Mount Sinai and Bloomberg Nursing adjunct faculty member.

“It also reflects the support for nursing-led initiatives we received from everyone at the hospital,” adds **Joanne MacKenzie**, MScN 9TO, a senior director at the hospital.

“We recognize the transformative impact that nurses have in shaping patient care and couldn’t be prouder of this achievement,” said **Jane Merkley**, MSc 9T7, a Bloomberg adjunct lecturer and the executive vice-president, patient care, quality and chief nurse executive for Sinai Health System. “As we move forward in building the Sinai Health System, the Magnet principles will underpin our efforts to deliver better, more integrated care for our patients.”



OFF TO A GREAT START

ASSISTANT PROFESSOR **MARTINE PUTS** has received one of the most competitive investigator awards offered by the Canadian Institutes of Health Research (CIHR). Dr. Puts was presented with a highly coveted New Investigator Award.

The award provides opportunities for investigators who are within the first five years of their independent research career. The topic of Puts’ research is improving care for older adults with cancer.

“This award will help me improve clinical outcomes and reduce the burden of cancer and its treatment for older patients and their families,” she says. “As well, it will provide excellent and unique training opportunities to build research capacity in the field of geriatric oncology.”

In addition to receiving this prestigious award, Puts was honoured with CIHR’s New Investigator Prize of Excellence in Research on Aging.



Mount Sinai staff cheer at the news of Magnet recognition

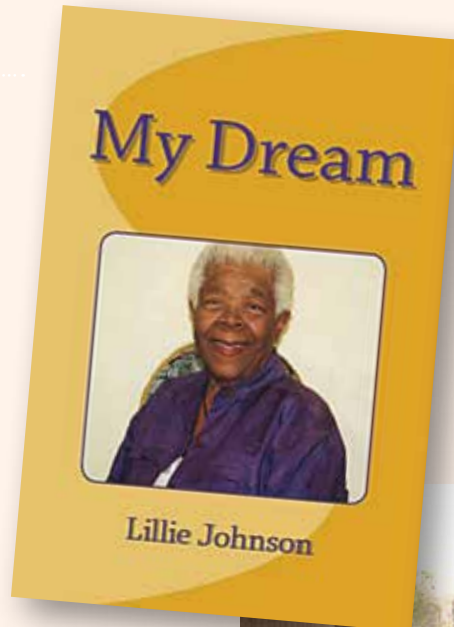
Class Notes

Class of 1962

LILLIE JOHNSON, CERTIFICATE IN PUBLIC Health Nursing, has written a book, *My Dream*, which chronicles her life as a nurse and the founder of the Sickle Cell Association of Ontario.

Originally from Jamaica, Lillie came to Canada in 1960 after qualifying to be a nurse in the U.K. At U of T Nursing, she went on to earn a BScN in 1969. Since retiring in 1989, Lillie has continued to raise awareness of sickle cell disease.

Now 92, Lillie presided over a book launch at the Jamaican Canadian Association in March. The book is available on Amazon, and all royalties go to the Sickle Cell Association.



our church's hospitality meal program, which has definitely been a rewarding experience for all of us."

Class of 1999

NANCY BIKAUNIEKS, MN, HAS BEEN a primary health care nurse practitioner at Brock Community Health Centre in Cannington, Ontario, for close to five years. Nancy earned a post-master's nurse practitioner diploma in 2001.



Class of 1991

LAURA (ALTON) DUECK STARTED HER NURSING CAREER IN in-patient oncology in Toronto and then in London, Ontario. Since 2001, she has worked as a public health nurse, saying she "found her niche." Laura, BScN, currently practises with the Middlesex-London Health Unit.

Laura and her husband have two teenage children. "I have spent many hours volunteering for those things that parents often engage in – helping on school trips, and with school reading programs, bake sales, sports activities and fundraising efforts," reports Laura. "More recently, our family has committed to volunteering with



Class of 2008

PAUL JEFFREY, MN, IS A PROFESSOR AT the Humber School of Health Sciences. This summer, he's starting a doctor of nursing practice (DNP) degree at the University of Missouri. He'll conduct his research at Cambridge Memorial Hospital in Ontario.



Class Notes

Class of 2009

LAURA CALLAGHAN AND HER HUSBAND, Jay, welcomed their fifth child, Eve Violet, on November 27, 2014, a sister for Nathan, 11, Luke, 10, Lily, 8, and Jesse, 3. The family lives in a remote village in northern Kenya where Jay and Laura are missionaries with Africa Inland Mission. Jay serves as a secondary-school teacher at a nomadic girls' school, and Laura, MN, runs a medical clinic.

"Eve is definitely a sweet baby," says Laura. "She has already come with me to do some TB screening." The family will return to Ontario this July for one year.



Eve and Laura Callaghan



Class of 2010

LAURA BAKER, BScN, STARTED PRACTISING at the South East Ottawa Community Health Centre under the Nursing Graduate Guarantee Initiative and then was asked to join the staff. "We work predominantly with new Canadians, immigrants and refugees, providing health services to those who may otherwise slip through the cracks," she says. "A large proportion of our clients speak neither English nor French, which makes our work especially challenging. I fell in love with the work – and the people. And now I preceptor new grads through the New Graduate Initiative!"

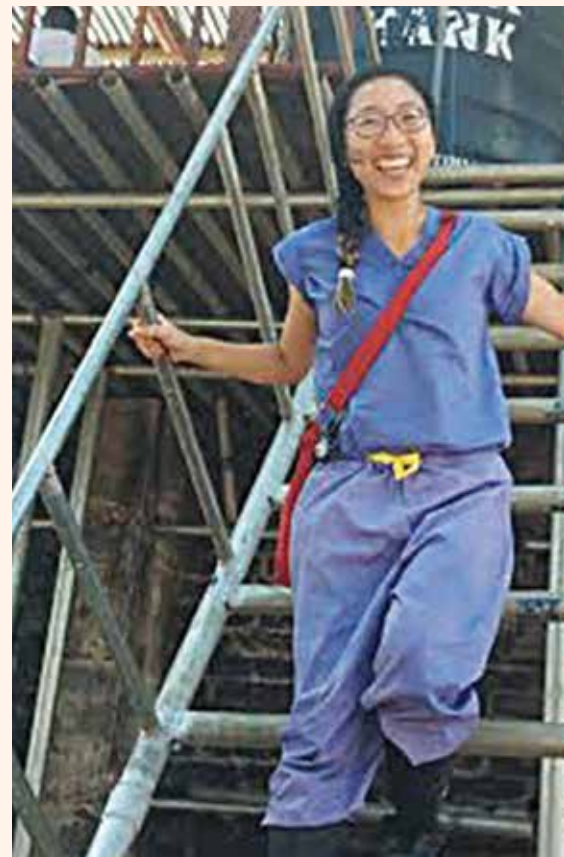
Laura and her husband, Pascal, had their first child, Julien, in March 2013. "He was born two and a half months early and spent his first month of life in the NICU, so I had a taste of what being a patient is like."

Now they're expecting their second child, a girl, this summer. "I don't think you could find a more excited future big brother than Julien!" says Laura.

CARMEN YIP WENT TO SIERRA LEONE with the International Rescue Committee in November 2014 to aid in the emergency response to the Ebola outbreak. As the isolation nurse supervisor at an Ebola holding unit, she worked closely with the medical co-ordinator to streamline processes to move patients through quickly and effectively.

"At the beginning of the outbreak, my patients were families. Entire families would get tested for Ebola, and they would all be found positive," recalls Carmen, BScN. "In one of the local languages, they call Ebola the 'family killer,' and sometimes the whole family would end up dying."

She is now concentrating on health development in Sierra Leone, with a focus on infection prevention and control. "I'm very happy that I was picked to go," Carmen says. "This experience has opened up my world to wonderful people and new challenges."



Class of 2011

MEHREEN MATEEN, BScN, is practising as a public health nurse with the City of Toronto's Maternal-Infant Health Program. She volunteers with the Muslim Welfare Centre's Free Medical Clinic for the Uninsured and its Regent Park Meals Program.



Carmen Yip climbing down from the water tower at Bo Government Hospital in Bo, Sierra Leone



PHOTO: KENDRA HUNTER

LUMINARIES DO LUNCH

In January, **Madeline Smillie**, Certificate in Public Health Nursing 4T3, BScN 5T4, engaged her fellow nursing alumni by organizing a luncheon at Christie Gardens in Toronto for the many retired nursing leaders who, like herself, are residents there. Honoured guest Dean **Linda Johnston** spoke with the staunch U of T Nursing supporters about our current students and accomplishments, as well as future directions for the Faculty of Nursing.

Among the seven nurse leaders at the lunch was **Kathleen Arpin**, a former chair of our graduate department. To honour Kathleen's contributions, alumni and friends established the Kathleen Arpin Doctoral Fellowship at Bloomberg Nursing. The 2014 recipient of the award - **Lindsay Carlsson**, BScN 2007, MN 2009 - was delighted to join the visionaries at the event.

Also in attendance was **Dorothy Wylie**, Certificate in Public Health Nursing 5T9, a former faculty member who helped found our master's in administration program.

Lindsay Carlsson with Kathleen Arpin

KEEP IN TOUCH!

Your classmates want to know what you've been up to. Send your news to pulse.magazine@utoronto.ca or **Alumni Relations Office, U of T Nursing 155 College St. Suite 217 Toronto, ON M5T 1P8**

TWO LUCKY WINNERS!

In the last issue of *Pulse*, we asked readers to complete a survey about what topics they would like to read about in the magazine. The names of the alumni who responded were then placed in a fish bowl for a lucky draw. The winners of the \$150 Visa gift cards were:

- **Gina Ing**, MN 2009, who practises with Toronto Public Health
- **Susan Barchard**, MN 2003, who is retired

Thanks to everyone who shared their ideas about *Pulse*.

Class of 1939

VERNA MARIE HUFFMAN SPLANE

(Certificate in Public Health Nursing) at the age of 100, on January 10, 2015, in Vancouver. A public health advocate, Verna contributed to policy development as well as national and international health planning. She also lobbied for extending the role of nurses.

From 1959 to 1962, she served as a World Health Organization (WHO) nurse adviser to the health ministries

of what today are Guyana, Jamaica, Trinidad and Tobago, and Barbados.



In 1963, she joined Canada's Department of National Health and Welfare as a public health

nursing consultant. In this role, she helped develop policies that eventually lead to Canada's publicly funded universal health insurance system.

Verna undertook a national health planning project for WHO in Libya in 1966. Then in 1968, she became Canada's first Chief Nursing Officer, serving in this capacity until 1972.

Always eager to volunteer to further health care around the globe, she served as a Vice-President of the International Council of Nurses from 1973 to 1981.

Verna Splane has an illustrious list of awards and honorary degrees that mark her many contributions to the nursing profession. The accolades of this Officer of the Order of Canada include a Canadian Red Cross Distinguished Service Award and the Jeanne Mance Award, CNA's highest honour. In 2007, U of T awarded her an honorary Doctor of Science degree.

In an interview published in *Pulse*

in 2009, Verna offered this advice to graduating nursing students: "Embrace change. Sustain engagement in community development in its broadest sense... From my experience, it may be hard work but it can be fun!"

Class of 1947

DAWN E. (HOGARTH) CANTLE

(Certificate in Clinical Supervision) at the age of 93, on December 16, 2014, in Scarborough, Ontario. Dawn served as a Lieutenant Nursing Sister in the Second World War and then practised in Toronto. Dawn and her husband, Bob, built their home by the Scarborough Bluffs ravine and their cottage by Balsam Lake, Ontario. Dawn leaves her husband of 67 years and their five children.

Class of 1955

AILEEN A. CAMPBELL

(Certificate in Clinical Supervision) at the age of 87, on October 24, 2014, in Windsor, Ontario. Aileen was an operating-room supervisor at Payzant Memorial Hospital in Windsor; a surgical nurse at Doctors Hospital in Toronto; and then a nursing instructor, clinical co-ordinator of surgical units and enterostomal therapist at Ottawa Civic Hospital. After retiring in 1985, she returned to her family's farm in Stanley, Nova Scotia.

Class of 1957

LOUISE DICKIN

(Certificate in Public Health Nursing 5T7; Certif. in Public Health Nursing Advanced 6T7) at the age of 83, on January 13, 2015, in

Toronto. Louise advanced in her career to the position of Chair of Public Health Nursing for North York, Ontario.

At the University of Toronto, she furthered her education by earning a bachelor of arts degree in 1974 and master's of education in 1979.

Class of 1959

KATHLEEN (KITTY) ROWAT

(BScN) at the age of 78, on February 16, 2015, in Ottawa. After completing her undergraduate nursing degree at U of T Nursing, Kathleen moved to England



where she practised at the Radcliffe Infirmary in Oxford.

Later, at McGill University School of Nursing, Dr. Rowat was appointed

Head of the undergraduate and graduate programs, and served as Acting Director. She helped create McGill's first doctoral program and supervised its first graduate.

Class of 1962

SYRINGA MARSHALL-BURNETT

(Certificate in Public Health Nursing 6T2; BScN 6T7) at the age of 78,



on October 10, 2014, in Kingston, Jamaica. After furthering her nursing studies at U of T, she returned to Jamaica to further the

nursing profession in her homeland.

In 1972, Syringa joined the faculty at the University of the West Indies' School of Nursing in Mona, Jamaica. Believing the university should offer nursing degrees, she helped launch its first degree program in 1977, which graduated nurse practitioners. Five years later, she helped introduce a second bachelor of nursing program, this one for practising nurses.

In 1989, Syringa was appointed Head of the School of Nursing. By 2001, she had established the school's first master of nursing program.

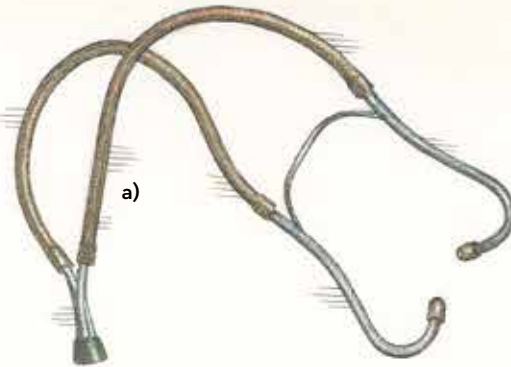
A stalwart of Jamaica's nursing profession, Syringa set up a national examination and licensing system in 1993. She also served five terms as President of the Nurses Association of Jamaica. In this role, she petitioned the government to increase nurses' salaries.

Syringa's negotiating skills attracted the attention of the prime minister who in 1992 appointed her to the Senate. By 1995, she was President of the Senate. She held the presidency until 2007, making Nurse Marshall-Burnett the longest-serving Senate President in Jamaica's history.

Friends of U of T Nursing

JALYNN H. BENNETT

at the age of 71, on January 23, 2015, in Toronto. The prominent corporate director and pioneering female executive was a donor to Bloomberg Nursing and established the Faculty's Dr. Gail Donner/Ontario Graduate Scholarship in Nursing. This fellowship supports a full-time graduate student who has obtained first-class standing.



THE LITTLE BLACK BAG

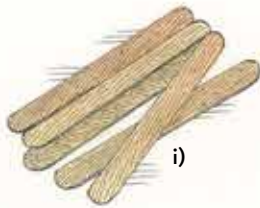


ILLUSTRATION: JOHN BURGOSSE

Time Travel

Peek inside the little black bag of a mid-20th century nurse

“WHAT’S THAT?” ASKS CHUMMY, GAZING AT THE CONTENTS of the nurse’s bag she’s to carry.

“An enema nozzle,” replies Sister Evangelina.

“It’s made of glass!” exclaims Chummy.

“Do you break things?” asks the Sister.

In the celebrated BBC series *Call the Midwife*, viewers glimpse what life was like for nurse/midwives in London’s East End in the late 1950s. It’s evident that they paid a lot of attention to what went inside the oblong bags they carried with them to care for their patients.

Their concern was echoed by U of T Nursing graduates in the ‘50s who were employed in public health service or as visiting nurses with an agency such as Saint Elizabeth or the Victorian Order of Nurses. In cities, public health nurses focused on health teaching, while in rural communities they likely also provided direct care. The visiting nurse went from home to home, mainly caring for the sick. She would sometimes visit an ailing patient

two or three times a day, each time providing care from her sturdy black bag.

The inside of the bag was considered clean, so the nurse would wash her hands before touching anything in it. As she scrubbed, she would educate her patient on how handwashing helps prevent the spread of disease. Then she’d reach deep inside for the supplies she needed to assess the patient’s health status and relieve his suffering.

Once a piece of medical equipment was used, it was considered contaminated. The nurse would not return it to her bag until she had boiled it for at least five minutes. If she didn’t sterilize the contaminated item in the patient’s kitchen, she would wrap it in clean paper to boil at the office at the end of the day. The nursing bag had a removable lining that could also be sterilized.

In Toronto, a nurse would lug her heavy bag on the trolley bus as she travelled from patient to patient. Or, as in *Call the Midwife*, she could strap her bag to the back of her bicycle.

The contents of each nurse’s leather bag were unique to the type of care she provided and where she practised. Here are some of the many items you could expect to find inside a visiting nurse’s bag in the 1950s.

a) Stethoscope. The patient’s children had to be very quiet if the nurse was to hear anything through this early acoustic stethoscope.

b) Enema cannula. A 1950s nurse would administer an enema for a multitude of health complaints. She would give a coffee or saltwater enema to relieve constipation. She’d provide a salt, turpentine and quassia enema to kill worms. Dysentery? The nurse’s antiseptic or germicidal enema would help with that.

c) Matches.

d) Educational pamphlets. Trained in teaching procedures, U of T Nurs-

ing graduates would tuck a selection of flyers into their bags. They would use these pamphlets to educate their patients on everything from nutrition to family relations. One brochure from the ‘50s was titled “The Do’s and Don’ts for the Wives of Alcoholics.”

This 1949-61 precursor to Canada’s Food Guide recommended at least one serving of potatoes and four slices of bread with butter or fortified margarine – every day!


e) Rubbing alcohol. By swabbing isopropyl on the patient’s arm before giving an injection, she could disinfect the area. Rubbing alcohol also served as an astringent to stop the bleeding in minor cuts and scrapes. Ouch! It stings!

f) Infant weighing scale. By putting the baby in a sling made from a clean diaper and then suspending the sling from the hook, the nurse could chart the baby’s weight at birth and beyond.

g) Sterilizing lamp. In addition to using the lamp to sterilize hypodermic needles, the nurse practising in a remote area could use it to check a pregnant woman’s urine for albumin. She would fill a test tube with urine, add a drop of acetic acid and then heat it over the alcohol lamp. If the urine became cloudy, it indicated the presence of albumin, a warning sign of eclampsia.

h) Fountain pen and notebook. The nurse needed to make careful notes to report to the local doctor.

i) Tongue depressors. Open up and say ahhhhh.

j) Pinard horn. Some nurses preferred the horn over a stethoscope to listen to the heartbeat of an unborn child. By pressing the wide end of this eight-inch instrument into the pregnant woman’s abdomen and placing her ear on the other end, the nurse could determine the position of the fetus. 

ASPIRE. LEARN. GROW.

The Lawrence S. Bloomberg Faculty of Nursing at the University of Toronto offers advanced educational opportunities for nurses and other health care professionals

Upcoming Courses

Preparing to Write the NCLEX
August 12 and 13

**Preparing to Write the NP-
Primary Health Care Exam**
August 12 and 13

**Preparing to Write the
NP-Paediatric Exam**
August 24 and 25

**Preparing to Write
the NP-Adult Exam**
September 11 and 12

**Workshop:
Pain Interprofessional
Curriculum Design**
October 28, 29 and 30

**Health Assessment
Across the Lifespan**
November 7

For more information, refer to
Continuing Professional Development
on page 16 or visit
www.bloomberg.nursing.utoronto.ca/pd

 Follow us on Twitter
@UofTNursing



Scan code for
more information

**THE CENTRE FOR
PROFESSIONAL
DEVELOPMENT**
LAWRENCE S. BLOOMBERG
FACULTY OF NURSING
UNIVERSITY OF TORONTO