AN ALUMNI PARTNERSHIP:
DINNER with 12 STRANGERS
“My scholarship gave me so many opportunities at U of T. I took my nursing skills to Haiti, and I’ll be volunteering again soon with Doctors Without Borders. Donors like you make this possible.”

KARINE GODBOUT
Master of Nursing, 2012

BOUNDLESS IMPACT

The historic campaign for the University of Toronto will nurture the boundless potential of students like Karine – committed citizens who want to use their knowledge to meet global challenges. With your support, we can channel the immense power and talent of our community to imagine a brighter future for Canada and the world.

Please donate to the campaign today: https://donate.utoronto.ca/nursing or 416.946.7097

FIND OUT MORE AT BOUNDLESS.UTORONTO.CA
Contents

FEATURES

The Hidden Curriculum ........................................... 4
If our students are to change the world, educators need to partner them with inspiring effective individuals  by Dean Sioban Nelson

Our Clinical Partners ........................................... 8
Bloomberg Nursing opens the door to clinicians and closes the theory-practice gap

Our Research Partners .......................................... 10
All nurse researchers strive for the same goal – better patient outcomes

Our Academic Partners ......................................... 12
Faculty members across U of T enrich the Bloomberg Nursing curriculum

Our Donor Partners .............................................. 14
Where would Bloomberg Nursing be without you?

Our Alumni Partners ............................................. 16
Nursing graduates play a vital role in helping students hone their clinical skills and make informed career decisions

DEPARTMENTS

Dean’s Message .................................................. 2
Letters .................................................................. 3
Q&A ..................................................................... 19
A conversation with Barbara Mildon, CNA’s president-elect, who shares the elements of a successful partnership

Opinion ................................................................ 20
In “Step On Up,” researcher Lianne Jeffs challenges nurses to advance the quality and safety platform

News .................................................................... 22
Spotlight on Learning .......................................... 26
In the Agency Based Curriculum program, students commit to one hospital for most of their clinical placements

Time Travel .......................................................... 28
Events ................................................................. 29

Cover illustration: Gérard Dubois
THE TRUE MEANING OF PARTNERSHIP

SEPARATING NURSING FROM RESEARCH UNIVERSITIES WOULD RISK OUR PROFESSION’S GROWTH IN KNOWLEDGE AND EXPERTISE

There is much discussion today about the role of the university in society. The debate focuses on the function of research-intensive universities, such as the University of Toronto, in professional education. Some believe these universities should concentrate on scholarship and leave undergraduate professional programs, such as nursing and engineering, to “teaching” universities.¹ They argue that this approach allows for greater efficiency and return because professional programs do not need to be conducted in the relatively high-cost environment of a research-intensive university.

This argument isn’t new, especially to nursing schools, and the schema contains an implicit professional hierarchy for post-secondary education. Medicine and law make the cut of belonging in the research world. Nursing, engineering and education do not.

The creation of such a system risks diminishing the professions’ capacity to grow in knowledge and expertise. The knowledge generated by research improves practice and provides a critical return on investment through broad social benefit. Evidence-based nursing care, for instance, leads to the better allocation of nursing resources in the system, and improved patient and fiscal outcomes. Separating undergraduate professional programs from research-intensive universities also risks undermining the mission of these universities. Let me explain.

The advancement of science, along with scholarship in the humanities and social sciences, occurs only by addressing the problems and the “messiness” of the real world with close, collaborative partnerships. Possible solutions require both testing and the development of creative approaches to dissemination. As discussed in the previous issue of Pulse, we are in the era of KT (knowledge translation). To separate out the professions from the research engines of the province and the country will advance neither knowledge nor its dissemination. The university needs to be the place of solutions – but it’s the fields that identify the problems that need to be solved. In this issue of Pulse, we celebrate this connection.

By focusing on partnership, we look at the “village” that’s needed to make a nurse. Bloomberg students are blessed with a talented network of committed teachers and practitioners (many of whom are alumni) who work in partnership to produce the nurses of the future – novice nurses, advanced practice nurses and doctorate-prepared nurses. Bloomberg researchers connect with the practice arena and closely collaborate with colleagues across the Toronto Academic Health Science Network and
Letters

MY FAVOURITE TEACHER

Congratulations on another vibrant and interesting edition of Pulse magazine. In the Fall/Winter 2011 issue, I was pleased to see “A Conversation with Ellen Hodnett,” which ably profiled her renowned scientific talents. However, many in the research community may not know what a fantastic teacher Ellen is.

I had the privilege of being her student in the research course of the master’s program in 1988, and in the core nursing theory course for Year II of the undergrad program. She is one of the finest teachers I ever came across during my university years, and I had some good ones.

Ellen was innovative in teaching us fresh-faced undergrads “lessons” about life that were not in any book, and I’m sure were not part of any approved curriculum! Sharp-witted and hard-edged at times, she insisted we be fully awake and immersed in life. I was just crazy about her teaching style. More than 30 years later, I’m grateful that many of her words and actions are still seared in my memory.

I know the science side is critical, but Bloomberg is a professional faculty that will always have to graduate professionals who can actually “do” nursing. I hope future grads will have the benefit of brilliant, funny, no-nonsense, grounded teachers like I had in Ellen Hodnett.

Continued success with Pulse, which is just terrific.

Michael J. Villeneuve, BScN 8T3, MSc 9T3
Executive Lead, National Expert Commission Secretariat, Canadian Nurses Association

SIOBAN NELSON, RN, PHD, FCAHS

Tell Us What You Think!

Do you have an opinion or question about an article in this issue of Pulse? Drop us a line at pulse.magazine@utoronto.ca or the Bloomberg Faculty of Nursing at:

155 College St.
Suite 130
Toronto, ON
M5T 1P8

Published letters may be edited for length and clarity.

If our students are to change the world, educators need to partner them with inspiring effective individuals.
A PRESSING CONCERN

The top-priority issue in nursing education today is clinical experience. Educators and the profession at large agree that practice-based experience is the key issue to resolve if we are to increase the number of nurses in the system and successfully resolve the nursing shortage. Clearly, we need new approaches for developing clinical skills and professional identity.

Simply finding enough clinical placements to go around is a challenge. Governments across Canada, led most admirably by the Ontario government, have responded to this need by investing in simulation centres, which now form the foundation of nursing clinical education. However, as every educator knows, the challenge is putting it altogether in the pressured environment of practice. Students must be in the system to learn how to practise in the system.

A LUCKY DRAW

Preceptors, more often than not, are selected by the hospital or unit on the additional pressure of mentoring a student. In the Carnegie Foundation’s report *Educating Nurses: A call for radical transformation*, the authors single out the issue of who mentors nursing students as a priority that needs to be addressed. They challenge the “untested assumption that handling larger patient care loads will make students more efficient upon graduation. Students thus focus on acute and episodic assignments in hospital settings. Instead, programs should ensure students receive small patient-care assignments at the start of each new clinical rotation, and students should have the opportunity to work with nurses with clinical specialties such as infection control, quality and safety improvement, and discharge planning.”

Many service providers are great teaching organizations. But not all practice settings offer an equal calibre of student experience. Consequently, when students go into a placement, both the students and their professors fervently hope the environment is supportive and welcoming. Educators want their students to witness exemplary, patient-centred care and be mentored by practitioners who embody the desired knowledge, skill and professional values. When this happens, the educators are thrilled and the students ecstatic. When it doesn’t, educators sympathize and hope the placement isn’t doing too much damage. It’s the luck of the draw – pure and simple.

In this crapshoot of good, average and horrendous placements, we are teaching the next generation of nurses two grim lessons. Lesson number 1: It is what is. You must take it as it comes and continually adapt to the system. Lesson number 2: Develop resilience. You must put up with colleagues who don’t like students, don’t like new graduates or, frankly, don’t like you. Nothing can be done about it. Should we be surprised, then, to learn about the prevalence of horizontal violence in the workplace? Need we wonder why most health services struggle to be patient- and learner-centred?

EXTRACURRICULAR LEARNING

This fatalistic good-experience/bad-experience pathway into the profession mounds a nurse’s professional identity more than we might think and is part of what’s called “the hidden curriculum.” This term has had increasing currency in recent years, following Fred Hafferty’s work on medical education.

The hidden curriculum recognizes that only a small part of what is learned is in the formal, approved curriculum. The informal, and at times poor, cultural practices learned in professional training yield enormous power. In healthcare, the hidden curriculum can lead to professional practice that lacks empathy,
and is task focused and rule bound. It can result in practitioners who lack the skills to overcome the pressures of the clinical environment to provide supportive, individualized care.

In My Imaginary Illness: A journey into uncertainty and prejudice in medical diagnosis, author Chloë Atkins chronicles her years of being told she has a psychosomatic illness, which was later diagnosed as myasthenia gravis. In a clinical commentary to the book, U of T professor Brian Hodges, a psychiatrist at and the vice-president of University Health Network, shares how clinicians learn to manage their emotions in challenging situations. He expresses gratitude to the mentors who showed him how to handle the anger that certain situations or individuals can generate and taught him how to prevent his attitude from hardening.

What Hodges so ably demonstrates is that health care is skilled work. It’s easy to care for people whom we like and with whom we naturally identify. It’s altogether different caring for patients and families with challenging behaviours. Some clinicians avoid interacting with patients who challenge or overwhelm them, while others are downright aggressive to them. Evidence shows that these patients do not receive quality care and tend to be misdiagnosed.

TAKING RESPONSIBILITY
At Bloomberg Nursing, we are serious about the quality of our program and take full responsibility for every aspect of student learning. Four years ago, we started examining student placements by developing a comprehensive student evaluation system to better understand the clinical experience. Through this system, the student undertakes a 360-degree evaluation that includes an appraisal of the site, self-assessment and assessment by placement staff. Bloomberg Nursing, in turn, provides feedback to the clinical instructors, preceptors and placement agencies.

Now, with three years of data under our belt, we can say with some confidence what everyone intuitively already knew – settings with staffing difficulties are challenging environments for students. Although our students evaluate their clinical placements as overwhelmingly positive – a definite good news story for our partners – they also unerringly identify problems that, although unfamiliar to Bloomberg Nursing, are very familiar to the setting leadership. Our partners are fully aware of the units that have high turnover, leadership issues or other problems, and they’re struck by the veracity of the students’ observations.

The service providers have truly welcomed student feedback, both positive and negative. The leaders have used the feedback that raises concerns about the practice and learning environment to address issues with staff and managers, and to learn more about the relationship between the learning environment and the unit climate. And as partners, we can now collectively recognize outstanding teachers, and units that are student-centred and wonderful learning environments.

To further integrate learning and mentorship, and emphasize the collaborative nature of our academic partnerships, Bloomberg Nursing has been working to increase the number of clinical instructors recruited from our hospital partners. Our ABC (Agency Based Curriculum) program allows students to spend most of their placements at one partner agency, enhancing their confidence and allowing them to develop into competent nurses with a strong professional identity. Meanwhile, our graduate students increasingly work on projects that arise as priorities in the practice setting, and meaningfully engage in developing and evaluating innovative practice models in partnership with the field. And there’s much more coming down the pipeline, including an expanded ABC program, internships in collaboration with our master’s program, and joint strategic planning with academic partners in the hospital and community.

There are compelling reasons to think collaboratively about these issues. Students need to be placed with mentors who function at a high level in a patient- or population-centred practice setting. What’s more, we have to scale up those opportunities to meet the current and future needs of all of the health care system.

Education and practice must tackle the hidden curriculum together. At Bloomberg Nursing, we embrace these opportunities and envision the future of nursing education as it can and should be.


OUR PARTNERS

BLOOMBERG NURSING IS ABLE TO PROVIDE A STELLAR EDUCATION BY RELYING ON THE SUPPORT OF ITS MANY PARTNERS. IT’S THROUGH THESE VALUED PARTNERSHIPS THAT BLOOMBERG NURSING WILL NOT ONLY GROW, BUT FLOURISH.
It’s as if the walls of the Bloomberg Nursing building are permeable. Our home stands adjacent to “hospital row” on University Avenue, and students and nurses move seamlessly between our building and health care facilities throughout the Toronto area.

Bloomberg Nursing grants nurses with special skills or knowledge an adjunct lecturer appointment. It has more than 250 adjunct lecturers who practise everywhere from Women’s College Hospital, to Holland Bloorview Kids Rehabilitation Hospital, to the Ontario Agency for Health Protection and Promotion. These adjunct lecturers contribute in countless ways. They engage in preceptorship and clinical teaching, provide graduate-level clinical supervision, and have the expertise to support, maintain and enhance our teaching.

To sustain excellence and ignite innovation in nursing education, Bloomberg Nursing established the Hospital and University Nursing Education Committee. This advisory group – composed of faculty from Bloomberg Nursing and staff from our affiliated teaching hospitals – plans new education initiatives, including student placements, and ways to further engage clinical faculty and preceptors in our academic mission.

**FIRST STEPS**
Beginning a clinical placement can place the steadiest of students on shaky ground. “From a nursing student’s perspective, the tasks can be overwhelming,” reports Mary Agnes Beduz, the senior director of surgery and oncology, and nursing lead for new knowledge innovation at Mount Sinai Hospital. “I tell them their most-important job is to learn to think. The tasks will change over time; what’s important is the critical thinking piece. They need to understand the why of what they’re doing.”

Mount Sinai has several initiatives in place to help nursing students make the transition from theory to practice. To encourage staff nurses to be clinical instructors, the hospital provides release time. “When the clinical instructors are familiar with the environment, the student experience is far better,” says Beduz, BScN 8T0, MN 0T4. More than 250 preceptors offer one-to-one supervision while fulfilling the roles of coach, role model and educator. “We support our preceptors with training so they’re able to provide worthwhile feedback and teach in the moment,” she says.

This Bloomberg Nursing adjunct lecturer emphasizes that staff offer students more than clinical training. “They socialize the students into the profession,” she says. “The students learn about what it means to be a nurse in an acute care setting.”

Toronto Academic Health Science Network nurses also partner with Bloomberg Nursing to develop and teach courses. Beduz, for example, has taught two master’s courses: Advanced Nursing Practice Scholarship and Methodology for Qualitative Improvement. In addition, she has given lectures on her area of expertise – knowledge translation.

**WALKING THE WALK**
Many of the clinicians who teach at Bloomberg Nursing draw from the situations that arise in their day-to-day practice. They pepper their lectures with enlightening personal anecdotes that range from the comic to the tragic.

“The foundation of what I teach is from research, texts and the course curriculum, but a lot comes from my experiences with the patients I’ve served and the health care team I work with,” says Willi Kirenko, who teaches the online NP course Advanced Health Assessment and Clinical Reasoning. “There’s something new for me to learn every day, and I save up those experiences and share them with the students.”
The nurse practitioner co-ordinator and director of quality and interprofessional practice at Chatham-Kent Health Alliance is a favourite among NP students. In both 2010 and 2011, the students and Kirenko’s peers nominated her for Bloomberg Nursing’s Excellence in Online Teaching Award, which recognizes the ability to engage students and foster critical thinking through virtual modalities. In both years, she won!

Kirenko, MN 0T6, merely shrugs and points to the goldmine of learning experiences a hospital emergency department provides. “I can share what I’ve learned from patients with skin conditions, infectious processes, and injuries or chronic diseases. The ED is a fantastic area for NPs to work to get a really varied exposure to different kinds of patients and health conditions.”

As a practising NP, Kirenko is also able to pass onto our students her strategies for providing optimal care. “The most-important message or advice I can share with NP students is to avoid distractions, focus on the work at hand, and take the time to really listen to the patients and to hear their story, while paying attention to not only the words they say, but how they say them.”

**FINDING YOUR STRIDE**

Leslie Vincent, the executive director of our Centre for Advanced Studies in Professional Practice (CASPP), helps plan courses for graduate nurses who want to keep right on learning. She is proud of the CASPP instructors, all of whom are leaders in clinical practice, education, research or informatics. “And we’re always increasing the number and diversity of our instructors,” she says.

Linda Nusdorfer, a critical-care advanced practice nurse at Sunnybrook Health Sciences Centre, has helped develop scenarios for CASPP’s Advanced Critical Care Competencies Through Simulation course, and has just facilitated the course for the third year.

Teaching for CASPP helps her advance the profession. “It’s one way to support nurses to stretch themselves in their roles,” says Nusdorfer, a Bloomberg Nursing adjunct lecturer. “The course pushes them beyond their basic skills by challenging their critical thinking ability.”

The two-day course draws critical-care nurses from across Ontario to our Simulation Laboratory. The participants soon come to realize that no matter the setting, they share the same challenges. From there, Nusdorfer and the other facilitators catapult the learning forward. The participants share their knowledge on expected practices based on evidence, and identify the similarities and differences between their practice settings. They learn what new research is driving standards of care at the bedside. “The course offers the participants the opportunity to meet others in the field and forge support networks,” says Nusdorfer, MN 0T4. “During the simulation debriefing session, there is an opportunity to share experiences and reflect on how situations can be managed differently.”

For the CASPP course, the Sim Lab is arranged to resemble an ICU, and the mannequins are hooked up to ventilators, cardiac monitors and a plethora of pumps. “The scenarios provide the students with the opportunity to look at how team members interact and how quickly the team responds to changing situations. Everyone has an opportunity to participate and take on a role they would have in their practice. The course provides a safe zone to practise and build some strategies.”

The Advanced Critical Care course has inspired another CASPP course: End-of-Life Care for Critical Care Nurses – Developing Expertise Through Simulation. Nusdorfer is helping develop this course, which will address ways to support a client’s family. “End-of-life can be a challenging time for both family members and health care providers,” she says. “We need to be able to engage the patient, family members as well as team members in conversations that aren’t laden with our personal values or bias. The course will help nurses feel comfortable with understanding what the patient values and wants. The intent is to build confidence in having dialogues that advocate for the patient position and support the team. End-of-life is about honouring the patient’s wishes and working together to ensure the most positive outcome.”
ew Bloomberg Nursing research partnerships are percolating all the time. Some partnerships form to harness the synergy that comes from joining forces. Other researchers decide to partner with clinicians to forge better pathways for knowledge to flow between them. Still others create partnerships for the practical reason of leveraging their resources.

Research informs decisions, and Bloomberg Nursing research provides the hard data to inform health care decisions around the world. Our scientists are not oriented to other scientists; their eyes are fixed on the practitioners, policy-makers and leaders that can transform the knowledge they create into better patient outcomes. Here are four promising partnerships that Bloomberg Nursing researchers recently established.

THE POWER OF MANY

Last year, nurse researchers from Bloomberg Nursing and U of T’s affiliated hospitals sat around a table and volleyed about ideas for constructing a stronger partnership. They soon realized that through an academia-health services research partnership they could tap into opportunities to maximize their clinical and intellectual resources. A formal partnership could spark the development of new knowledge. And importantly, it could help to quickly translate new scientific evidence into innovative care practices.

The new partnership between the Toronto Academic Health Science Network (TAHSN) and Bloomberg Nursing – through the TAHSN Bloomberg Nursing Research (TBNR) Committee – provides a strong foundation for exploring exciting new ideas.

“TAHSN hospitals provide a rich environment to study patient populations and measure the impact of process and/or practice changes,” says Ella Ferris, the chief nursing executive at St. Michael’s Hospital. “As academic organizations, we should be implementing evidence-based practice and measuring clinical outcomes as well as contributing to new best practices that will lead to quality patient outcomes.”

TBNR is co-chaired. The academic arm is represented by Professor Linda McGillis Hall, our associate dean of research and external relations; and the affiliate sites are represented by Lianne Jeffs, BScN 9T2, MSc 9T8, the director of nursing research at the Li Ka Shing Knowledge Institute at St. Michael’s. All TAHSN-affiliated health care organizations – including nursing research chairs, clinician scientists and research scientists – are invited to engage with TBNR.

“The partnership allows us to take an inventory of resources and gain a better understanding of our practice-based expertise across the sites,” says McGillis Hall, MScN 9T3, PhD 9T9. And the group keeps discovering new benefits. “One way we hope to move forward is by collaborating on research grant submissions across a number of sites,” adds McGillis Hall. “The group is a catalyst for ideas.”

“I think the greatest success will come from an interprofessional approach to research with a focus on patient populations, such as chronic disease management, mental health, diabetes or care of the elderly,” says Ferris.

Emerging plans for the group include conducting nursing research grand rounds at TAHSN hospitals. The first rounds are planned for this fall and will be led by nurse researchers and staff nurses. The focus will be the assessment of pain in vulnerable populations, including young children, the elderly and individuals with mental health issues.

AM I MAKING A DIFFERENCE?

Imagine having a way to measure the effect of the nursing care you provide. And wouldn’t it be great to benchmark your practice unit against a peer’s or the national average?

A new partnership – led by the Canadian Nurses Association and Academy of Canadian Executive Nurses – is developing a co-ordinated system to collect, store and retrieve nursing data from coast to coast to coast. The Canadian National Nursing Quality Report (NNQR(C)) will provide benchmarks so clinicians and managers can evaluate the care they’re providing. It will
attempt to delineate the relationships between various nursing-sensitive indicators to influence operational and policy directions.

The project leads are two Bloomberg Nursing scholars: Professor Diane Doran, the scientific director of the Nursing Health Services Research Unit (Toronto site); and Assistant Professor Karima Velji, MSc 9TT, PhD 0TT, Baycrest’s chief operating officer and chief nursing executive.

The partnership grew out of a Montreal invitational think tank in February 2011 that drew more than 50 nurse leaders from across Canada, as well as thought leaders from research, education and regulatory bodies. The leaders developed a singular vision for a national report card on nursing. “Each association has its own mission, but this project supports mutual goals,” says Doran. “The goals are relevant to a variety of missions.”

For example, researchers will be able to access the NNQR databases to study relationships between nurse staffing, patient health and safety outcomes. Professional associations can use the reports to co-ordinate improvement efforts. And the new outcomes monitoring system will enable nurse leaders to identify promising practices as well as areas of difficulty. “The system will be like a signal, helping nurse leaders identify what parts in the process of care may be breaking down,” says Doran. “It won’t offer complete solutions, but it will raise awareness.”

NNQR capitalizes on the information available in electronic health-record databases. “Nursing sensitive indicators are hidden in various databases, so we’re pulling them out,” explains Velji.

The think tank participants named a variety of markers, including structural indicators, such as the RN-RPN ratio; process indicators, such as medication errors and restraint use; and outcome indicators, such as pressure ulcers and pain. Now the research partnership is building a national consensus on the appropriateness of these and other nursing sensitive indicators. “You can’t measure everything,” warns Doran. “This is a minimum set.”

While the NNQR team conducts pilot studies across Canada, plans are underway to create virtual communities of practice that will enable organizations to use NNQR data to advance performance, patient safety, staffing and accreditation. Ideas include email updates, newsletters and webinars.

Velji looks forward to using NNQR at Baycrest, where she can use it to chart nursing improvements within the organization, and compare its nursing sensitive indicators to those of her peers as well as the national average. “NNQR is about nurses doing right by the people they serve,” says Velji.

CARING FOR OUR ELDERS

The focus of the new TAHSN/U of T Elder Care Initiative is to determine the best evidence in geriatric care and then to translate that knowledge into practice. “It’s about evaluating research in practice, and then building further research on the findings,” says Velji who is partnering with two other chief nurse executives, Ferris from St. Michael’s and Tracy Kitch from Mount Sinai Hospital. “That’s scholarship at its best.”

This scholarship network for elder care is a partnership between the chief nursing executives and geriatric advanced practice nurses at TAHSN, and Bloomberg Nursing professors and graduate students concentrating on gerontology. “We’re coming together to focus on a key priority we can work on together,” says associate professor Katherine McGilton, BScN 8TT, MScN 9T3, PhD 0T1, who has assumed a leadership role in the Initiative. “Our key priority is to prevent the physical and cognitive decline of older adults that can be associated with the hospital experience.”

More than 50 per cent of acute-care hospital beds are occupied by patients aged 65 and older. “While hospitalization offers these patients high-level care during a severe illness, being in the hospital puts them at risk of adverse events and functional decline,” says McGilton, who is also
Faculty members across U of T enrich the Bloomberg Nursing curriculum

OUR ACADEMIC PARTNERS

The University of Toronto is leading the way in interprofessional education (IPE). It’s one of only a few Canadian universities to formally support an IPE program that focuses on learning both in the classroom and in the practice setting. And all across North America, universities are looking to our IPE model for guidance and inspiration.

U of T’s groundbreaking initiatives gathered speed in 2006 when the deans and chairs of several health science faculties endorsed the development of a requisite IPE curriculum. In 2009, they leveraged a partnership with the Toronto Academic Health Sciences Network to create the U of T Centre for Interprofessional Education with Toronto Rehab and University Health Network as lead hospitals. The Centre, now located at Toronto Western Hospital, co-ordinates and promotes IPE programs across the university and in clinical placements in Toronto and beyond.

IPE prepares students with the knowledge, skills and attitudes necessary for collaborative interprofessional care. If you were enrolled at the Faculty in the 1980s or ‘90s, you were schooled in multidisciplinary care. Under this model, you may have learned with students from different health care professions in the same room, but there was little learning about how the various professions...
approach a health problem. Prior to this, your nursing education may have been uniprofessional; that is, limited to the profession of nursing.

In interprofessional care, the hierarchy is flattened, and members of the health care team collectively problem-solve, share care and make decisions together. “Interprofessional care requires the courage to step back and say you don’t know, and the humility to admit you need help from the team,” says Maria Tassone, the director of the Centre. “Since health care professionals have traditionally been socialized to have the answers themselves, IPE really challenges people to their level of comfort and discomfort.”

While IPE has been accused of blurring the distinctions between the health care professions, Tassone finds the opposite to be true. “IPE actually strengthens the nursing student’s identity as a nurse,” she says. “A nursing student comes to recognize his or her duality: as a proud nurse and an excellent collaborator.”

**AT THE UNDERGRADUATE LEVEL**

Since 2009, Bloomberg Nursing has embedded the IPE core learning activities in the BScN curriculum. In addition, it requires its undergrads to participate in two elective IPE sessions co-ordinated by the Centre.

The first session is a grand gathering at Convocation Hall for all of U of T’s 1,200 first-year health science students. Faculty members demonstrate different ways to engage with patients and families, and deliver care. As part of the session, a former patient steps onto the stage and recounts his or her journey through the health care system. Finally, 100 IPE facilitators help small groups of students reflect on their chosen profession and their future role on an interprofessional team.

In second year, BScN students attend an interprofessional seminar designed to teach that conflict is a normal part of working life, and health care professionals are responsible for navigating through it. These sessions are relatively small; 600 students come together in the Chestnut Residence ballroom. In small groups, they address conflict about a treatment plan through a simulation process.

“Nursing students are enthusiastic about IPE,” says senior lecturer Zoraida Beekhoo, our faculty lead for IPE. “They don’t see it as an add-on. They see interprofessionalism as the best way to provide quality care.”

**AT THE GRADUATE LEVEL**

As part of the IPE learning activities for students placed at Mount Sinai Hospital, Donna Romano, MScN 9T8, co-facilitates seminars for interprofessional teams made up of students from various faculties, including nursing, medicine, social work and pharmacy.

During the seminar, a team interviews a patient and family members as part of the intake.

---

**IT TAKES A UNIVERSITY**

The following U of T faculties and departments contribute to educating a Bloomberg Nursing student:

- Dentistry
- Medical radiation sciences
- Medicine
- Occupational science and occupational therapy
- Pharmacy
- Physical education and health
- Physical therapy
- Physician assistant
- Social work
- Speech-language pathology

---

Maria Tassone, the director of the U of T Centre for Interprofessional Education
“There is a wonderful mythical law of nature that the three things we crave most in life – happiness, freedom and peace of mind – are always attained by giving them to someone else.” This epiphany belongs to Peyton March, a 19th-century American general. But can it be applied to the Toronto financiers, alumni and myriad others who have given to Bloomberg Nursing?

We can’t vouch for the happiness, freedom and peace of mind of our donors. We do know, though, that their gifts bring joy to our students. Beyond a doubt, some of these students would not be fulfilling their life dream of being a nurse were it not for those willing to give them a helping hand.

process. “This is an excellent learning opportunity for students to assess patients on an interprofessional team of learners,” says Romano, the nursing unit administrator in the department of psychiatry and the hospital’s inaugural interprofessional education co-ordinator. Following the interview, the students share their reflections, and the patient and family members provide feedback on the interview process.

For the master’s course NUR 1072, the Bloomberg Nursing assistant professor (status) also organizes seminars for students on the role of the advanced practice nurse on an interprofessional team.

“Providing IPE learning experiences in practice settings is essential,” says Romano. “Learning about each others’ roles on the health care team and collaborating together enhances the ability of our future clinicians to meet the complex care needs of today’s patients.”

Where would Bloomberg Nursing be without you?

Donna Romano, Mount Sinai Hospital’s inaugural interprofessional education co-ordinator

OUR DONOR PARTNERS

THE URBAN ANGEL

Hospital volunteer associations typically use the money they raise at the gift shop and through other activities for new hospital equipment or, perhaps, patient education materials. But the St. Michael’s Hospital (SMH) Volunteer Association recently stepped out of the ordinary and committed $500,000 to a limited-term nursing research chair.

“It’s the first time the hospital’s Volunteer Association has raised money for a chair,” says Kristine Thompson, the Association president. “Each year we consider opportunities, and most often we choose projects that ease the patient journey in the hospital.” What caught the eye of the Association members is the chair’s mandate
ENCOURAGING THE STUDY OF GERONTOLOGY

The new Baycrest Ben and Hildi Katz Chair in Gerontological Nursing Research is a joint chair with U of T. Again, the search is international, and this chair will not only teach classes but provide leadership for the gerontological content of our curriculum.

The search committee is looking for a renowned scientist in the care of older adults, especially those with age-associated brain dysfunction. But they’re looking for more. The candidate must also be a talented educator with the capacity to inspire students to pursue research and clinical careers in gerontological nursing.

“It is fantastic to establish a nurse scholar role in gerontology nursing,” says assistant professor Karima Velji, MSc 977, PhD 076, Baycrest’s chief operating officer and chief nursing executive. “This scholar will push the boundaries of knowledge creation and knowledge application in the field of aging; and the development of education curricula that will prepare practitioners to work with the aging population.”

FOREVER REMEMBERED
The Clare Scanlan Scholarship honours a much loved mother

At Bloomberg Nursing’s annual awards ceremony, most of the front row is filled with members of the Scanlan family. When Clare Scanlan, RN, died suddenly in 2003, her husband, Bernard, and their eight children chose to honour her memory by establishing a Bloomberg Nursing scholarship in her name.

“The Clare Scanlan Scholarship is a legacy to my mom,” says Tom Scanlan, one of Clare’s five sons. “It’s important that our family has an occasion to talk about our mom. Every fall at the awards ceremony, she’s in the spotlight. It’s a celebration of her life.”

In 1945, Clare graduated from the nursing program at Hotel Dieu Hospital in Kingston. Eventually, Bernard, Clare and their ever-increasing number of children moved to Scarborough where Clare worked the evening shift at East General Hospital and later at Providence Villa. “Before my mom left for work, she would leave us little notes to tell us things like, ‘Turn off the stove,’” recalls Tom. “When Mom got home from work at 11, she’d get out the crackers and cheese, and talk to us kids.”

“In the morning, if you wanted to talk to Mom or you just needed a hug, you could crawl into bed with her,” remembers Rosemarie McClean, Clare’s second-youngest daughter.

It was Rosemarie who came up with the idea of honouring their mother’s memory through a scholarship. “I thought of the linkage to the Faculty of Nursing because Mom was so proud of being a nurse. Also, she was a big believer in education,” says Rosemarie. The family endowed the scholarship, which means it will be awarded every year for all of time.

“The scholarship is based as much on need as academic prowess,” adds Tom, “but it was the need that resonated with our family. It’s something that matched our mom’s generous spirit.”

This year’s recipient is Caroline Wang from the Class of 1T2. “The Scanlan Award lightened my financial burden,” says Wang. “It helped to pay for textbooks, which can be very costly, even the used ones.” Wang’s dream is to become a paediatric nurse. After two years of clinical experience, she hopes to return to Bloomberg Nursing for her master’s and become an NP-Paedics.

For the Scanlan family, part of the joy of the scholarship comes from meeting the recipient at the annual awards ceremony. “I know my mother would have been thrilled with every single recipient,” says Rosemarie. The occasion also offers the Scanlans the opportunity to tell the student about the woman who the scholarship honours.

“Our mom embodied the spirit of what a great nurse should be,” says Tom. “But when we were growing up it didn’t really matter what she worked at, we just knew she was a wonderful mother.”
Nursing graduates play a vital role in helping students hone their clinical skills and make informed career decisions.

Our Alumni Partners

Bloomberg Nursing is proud and privileged to have alumni committed to partnering with their alma mater on a variety of student events. Here are three opportunities for you to use your professional experiences to make a difference in the life of a nursing student.

DINNER WITH 12 STRANGERS
In this university-wide initiative, an alumnus hosts dinner for students, a faculty member and other alumni. In February, Hilary Hall and Shawna Ardley, both BScN 0T9, put on a Dinner with 12 Strangers in Hall’s townhouse. Over two pans of lasagne, students excitedly spoke with alumni who were just as excited to share anecdotes from their nursing career.

“We’ve always had an interest in learning from other people in the health care system, peer support, mentoring and multidisciplinary learning,” says Ardley, a nurse with Toronto Public Health and volunteer preceptor for IMAGINE, an interprofessional health outreach initiative for marginalized populations. “U of T Nursing is not just a program. It’s a community.”

“When I was a student I really wanted to hear from other nurses,” adds Hall, a diabetes nurse educator at South Riverdale Community Health Centre. “So now that I’ve graduated, I feel it’s important to connect with nursing students.”

Bloomberg Nursing has a long list of students eager to meet alumni over dinner and is currently looking for graduates to match them with.

Volunteer commitment: With the help of the Alumni Relations Office, you design the evening. Limit the number of guests to eight or ask for 12. Order in pizza or bake your famous eggplant parmesan. Hold the dinner at home or at the corner bistro.

HAST CASTING CALL
Every December, alumni volunteer to take on the roles of patients so first-year students can be tested on their assessment skills. In Bloomberg Nursing’s Simulation Lab, a volunteer may be asked to display signs of pneumonia at a clinic visit. Or, he or she may be asked to don a hospi-
tal gown, crawl into bed and exhibit the myriad symptoms of a heart attack. During this Health Assessment Skills Test (HAST), examiners grade the students’ assessment technique as part of the Introduction to the Practice of Nursing course’s final exam.

Beverly Coburn, BScN 5T4, a former U of T nursing lecturer, helps organize this volunteer venture. “Volunteering is essential to the activities of the university,” says Coburn. “Alumni enjoy the students and have a lot of fun.”

Emily Jenner, Certif. in Public Health Nursing 6T2, BScN 6T9, volunteered as soon as she learned Bloomberg Nursing needed her help. “I find it pleasant to be exposed to the learning environment, gain some awareness of what’s happening and see the increase in quality standards,” says Jenner.

**Volunteer commitment:** You will be asked to portray a patient with specific symptoms. Volunteer for a half or full day.

**ALUMNI MENTORSHIP LUNCH**

Every spring, this event supported by TD gives second-year students the opportunity to explore the career paths their nursing degree will provide. Over lunch in the Bloomberg Nursing building, alumni from various nursing fields share their experiences and answer questions from students craving a glimpse of their future.

Last year, students interested in practising outside of Ontario were eager to speak with Paul Jeffrey, MN 0T8, who has worked in an emergency setting in Sydney, Australia, and practised public health in Uganda. At the luncheon, Jeffrey encouraged students to explore as many nursing opportunities as possible. “You may have an idea of where you want to work now, but then if you want to try something else you have the option of moving on,” he says.

Other alumni shared their practice experiences in a variety of settings, including an eating disorders clinic, intensive care unit and community health agency.

**Volunteer commitment:** On the day of the luncheon, you need to be available for two hours. As well, you must be open to answering student questions by email for two weeks following the event.

To volunteer with Bloomberg Nursing, contact the Alumni Relations Office at development.nursing@utoronto.ca or 416.946.7097.
Q&A

A CONVERSATION WITH BARBARA MILDON

Pulse: Why form a partnership?
Mildon: The purpose of a partnership is to come together to solve a problem or meet a need. In the health care sector, partnerships are formed to better meet the needs of the patient and family, and therefore serve the interests of the public. Partnerships have the potential to improve or enhance health outcomes, and to strengthen the health care system. We know that without a strong and sustainable system, the health needs of Canadians across the continuum of promotion, prevention and treatment can’t be met.

Partnerships need to be strategic. Just as is said of human relationships, they can be undertaken for a reason, a season or a lifetime. Partnerships can leverage resources, expand our reach, and I would suggest they give us greater voice. CNA strongly believes in partnerships. For example, last year we partnered with the Canadian Medical Association to co-author Principles to Guide Health Care Transformation in Canada. More recently, we released a joint statement in response to the Council of the Federation announcement about their approach for a pan-Canadian dialogue on the future of the health care system.

Closer to clinical practice, I am excited about our partnership with representatives from registered nursing, practical nursing, psychiatric nursing and unregulated care providers who came together to develop a new “Staff Mix Decision-Making Framework,” that will soon be published. The board of each partner approved the framework, providing a strong foundation for its successful implementation and uptake.

Pulse: What makes a successful partnership?
Mildon: The foundation of a partnership is equality. Without equality, the partnership can degenerate into bullying, into fear, into coercion. Each partner needs to have the opportunity to say this does or doesn’t work. Each needs an equal vote, an equal opportunity to be profiled. And you need to be transparent with your partner. If an issue or problem comes up in the partnership, it needs to be resolved quickly and openly. Trust is also vital. You have to establish trust that the partner will not independently go out with a position that hasn’t been agreed upon or vetted.

It’s important to concentrate on the areas of agreement. There will inevitably be areas upon which partners can’t agree, but that doesn’t mean you shouldn’t have a partnership. CNA and CMA may not agree on every level, but those instances are outnumbered by the many things we do agree on. Partnerships bring different perspectives and different lived experiences; they allow us to consider a problem from more than our own experience.

Another success factor is time because partnerships take nurturing. You need to spend time with the partner, exploring views, looking for areas of synergy, finding agreements and then translating those agreements into tangible outcomes. Attending each other’s meetings or events is very helpful. Doing so helps you understand what the issues are for your partner, and they help you see areas of overlap, of intersect, of opportunity.

You need to go into the partnership with the understanding that it won’t always be easy sailing. There will be tough times, and each partner has to resolve to have courageous conversations about what the issues are and how to resolve them. If we come to a partnership with rose-colored glasses, then we’re going to be disappointed and disillusioned. That’s when a partnership can fall apart.

Pulse: Do all partnerships have positive potential?
Mildon: Yes! Sometimes partnerships require compromise, and you have to be careful about compromise. One always needs to ask: To what extent can I/we compromise? But sometimes out of a compromise comes much greater strength because you each leave room for growth and for new possibilities. But I honestly can’t think of any other drawbacks to partnerships if they reflect the characteristics we talked about earlier.

Pulse: Are students in partnership?
Mildon: Having been a student at U of T for almost 17 years altogether, that is a great question! Yes, I believe students are in partnership with both the education facility and the professors. But the power imbalance we recognize in the nurse-patient relationship is also present in the professor-student partnership. The nurse has knowledge and skills the patient does not have. The professor ultimately decides on the grade the student receives. The quality of the partnership established between nurse and patient or professor and student influences the individual’s success, whether health related or academic.

Pulse: What prompted you to go back to school?
Mildon: I was a diploma graduate and had been practising for 10 years when I became a clinical manager. I realized there was so much I didn’t know about nursing and management, so I started my BScN. Before then, I had never been exposed to what the profession really was, to what nursing philosophy was, to what the theory behind nursing was. Yes, I enjoyed...
nursing. Yes, I loved my patients. Yes, I had lovely feedback as a nurse. But from the viewpoint of the larger profession, I was a sleeping nurse. I remain profoundly grateful to my professors for illuminating the depth and breadth of nursing knowledge and history, inspiring me to continue my education and for waking me up!

**Pulse: What partnerships did you form in clinical practice?**

**Mildon:** Well, first of all with patients and families. That is the heart of nursing. But in health care, we work in partnership with all members of the interprofessional team. It is by keeping those partnerships strong and healthy that we can promote the best care and outcomes for our patients.

In my role as a clinical educator in home care in the late ‘80s, I felt I was in partnership with the staff nurses. HIV/AIDS was making itself known, home care services were expanding, and the nurses suddenly needed to learn skills that were new to them. Bringing nurses into the lab to coach them in how to perform these skills – including central line care, total parenteral nutrition and the accompanying health assessments – in the home was immensely fulfilling. Nurses left with a sense of relief and renewed confidence in their knowledge and abilities. Best of all, those nurses enabled patients to stay at home with their family and their pets and their pictures – the people and things that gave them strength and hope.

**Pulse: You’ve accomplished a lot!**

**Mildon:** Thank you! I like working. When I was eight years old, I remember having what I recall – although perhaps incorrectly – as my first temper tantrum. I stomped up the stairs because my mother would not let me peel the potatoes, and I wanted to peel those potatoes!

When I look back on my life, I realize I’ve always wanted to work. The times I’ve been most frustrated have been when I felt unable to contribute in some way, shape or form. I welcome work. I appreciate work. I’m always looking for opportunities to contribute. That’s what makes my CNA and Ontario Shores roles such a privilege – they enable me to work on behalf of patients as well as CNA, nurses and our profession. It’s wonderful!

**Opinion**

Nurses are in the perfect position to advance this platform

by Lianne Jeffs

The two precepts I remember most clearly from my undergraduate years at U of T’s Faculty of Nursing are:

1. The sum is greater than its parts; and
2. Wash your hands to reduce the transmission of micro-organisms.

Today, collective efforts to ensure system quality and safety are still key priorities. To make the health care system more efficient, integrated and patient-centred, we require partnerships that cross disciplines, boundaries and jurisdictions.

Because nurses have significant, continuous interactions with patients, they are in a unique position to make visible the quality and safety platform. Nurses are ideally situated to shape and lead the quality and safety work that’s required to transform our health care environments.

Numerous challenges exist to ensuring consistent, high-quality nursing care that’s based on the best scientific knowledge available. For example, our current economic uncertainty has the potential to unleash another round of downsizing of the registered nursing workforce, despite evidence that this strategy is often associated with negative patient outcomes. This threat requires our immediate attention and action.

Our action as nurses needs to be collective and collaborative. We know that...
effective teamwork is a prerequisite for safe, quality health care. To inform future directions for safer practices and quality care, we need evidence-informed, collaborative leadership to create and enhance shared accountabilities and value-based partnerships – within nursing, among health care professionals and with patients.

We can achieve this aim by taking action at every level of the health care system. At the clinical interface, our discipline’s value of patient-centred care and its holistic view of the individual receiving care can lead patient engagement efforts in daily practice settings. At the unit and organizational level, nurse leaders can work with nurse clinicians, quality and risk managers, and patients to engage them in respectful dialogues to identify, manage and develop quality improvement strategies that can prevent or reduce adverse events, critical incidents and near-misses.

At a systems level, partnerships between academic institutions and practice settings are paramount to addressing the current praxis gaps. By developing and then sustaining stronger value-based partnerships, we can ensure that researchers generate knowledge on important quality and safety issues relevant to practice settings. In turn, clinicians and administrators, working in partnership with researchers, can ensure that the most current evidence on safety and quality is embedded in daily practice.

At a professional level, associations and organizations can leverage value-based partnerships to ensure future decisions regarding nursing services. They need to ensure quality and safety strategies are informed by evidence and result in positive clinical outcomes and experiences for health care recipients, regardless of the setting.

Within the burning platform of quality and safety are care transitions and avoidable hospitalizations. We know that poorly executed care transitions result in additional health care costs due to adverse outcomes. They can lengthen hospital stays, create the need for a readmission and result in medication errors. We also know that nursing plays an integral role in ensuring safe care transitions at several points; for example, from shift to shift, unit to unit, and from hospital discharge to home or to a different health care organization.

Nurses have the opportunity to make value-based partnerships a priority policy issue that is consistent with the discipline’s values and role. Think of the power that nurses have to influence the quality agenda if we, wherever we work, leverage our collective knowledge, energy and talent. Think of the risks if we do not accept the challenge. It’s time for nurses to step up to the quality and safety platform.

Lianne Jeffs, BScN 9T2, MSc 9T8, is the director of nursing research and a scientist with the Keenan Research Centre, Li Ka Shing Knowledge Institute at St. Michael’s. Her research focus is the design and delivery of safer health care systems. The knowledge Jeffs has generated guides the design and delivery of safer health care systems around the globe. Jeffs is also a Bloomberg Nursing assistant professor and a co-leader of the Toronto Academic Health Science Network Bloomberg Nursing Research Group.
**Linda McGillis Hall**

**JUST PLAIN EXCELLENT**

The Canadian Association of Schools of Nursing (CASN) has honoured Bloomberg Nursing’s associate dean of research and external relations, Linda McGillis Hall, MScN 9T3, PhD 9T9, with its Excellence in Nursing Research Award.

McGillis Hall is internationally recognized as a leader in nursing health services research. Her studies focus on health human resources and the nursing work environment, and how these components influence patient, nurse and system outcomes.

A recipient of a Nursing Senior Career Research Award from the Ministry of Health and Long-Term Care, McGillis Hall was previously honoured with a Canadian Institutes of Health Research New Investigator Award and a prestigious Premier’s Research Excellence Award.

**Jennifer Stinson**

**A Mayday Fellow**

The Mayday Fund has selected assistant professor Jennifer Stinson, MSc 9T2, PhD 0T6, to be a Mayday Pain & Society Fellow.

Stinson’s major clinical research interests are pain and symptom management. She has led groundbreaking studies on the use of e-health technologies to improve the assessment and management of pain and other symptoms in children who have a chronic illness.

The fellowship provides leaders in pain management with the skills to advocate for improved treatments to manage pain.

**Nursing Week celebration**

Bloomberg Nursing is marking Nursing Week 2012 with a research exhibit that features the cutting-edge studies of its faculty members. Leading clinicians and policy-makers are participating in a panel discussion titled “Bill 179: The Agony and the Ecstasy!” For some nurse practitioners, the agony is figuring out how to implement their new scope of practice across various practice settings with diminishing health care resources. The ecstasy? Most NPs are eager to assume broad prescriptive authority and establish collaborative practice agreements in support of hospital privileges.

**Robyn Stremler**

**EARNS PRESTIGIOUS AWARD**

The Canadian Sleep Society honoured assistant professor Robyn Stremler, PhD 0T3, with its 2011 Roger Broughton Young Investigator Award.

Stremler’s research focuses on ways to improve sleep and health outcomes in infants, children and parents, through pregnancy and beyond. She developed a behavioural-educational sleep intervention to improve maternal and infant sleep in the postpartum period, and the journal Sleep published evidence of its effectiveness. She has also identified interventions to improve the sleep of hospitalized children and their parents.

**Dean joins CNA’s National Expert Commission**

Dean Sioban Nelson has joined the Canadian Nurses Association’s National Expert Commission. With the expiry of the Health Accord in 2014, our health care system is at a critical juncture. CNA launched the National Expert Commission (NEC) in 2011 to develop recommendations to ensure our health care system is better equipped to meet changing demands.

Other members of the Bloomberg Nursing community on the commission include Judith Shamian, a Bloomberg professor (status); Rob Fraser, MN 1T1; and Marlene Smadu, a Bloomberg assistant professor. NEC is co-chaired by Smadu.
At Bloomberg Nursing’s annual Spring Reunion celebration on Saturday, June 2, all alumni are invited to come share their memories, accomplishments and friendship. Here, Karen Coleman, who is marking her fifth anniversary since graduation, and June Kikuchi, who is marking her 50th, confide what they’ve been up to since graduating.

5 YEARS OUT: Karen Coleman, MN 07, is a nurse practitioner in the neurosurgery unit and outpatient neuro-oncology clinic at the newly merged Credit Valley Hospital and Trillium Health Centre in Mississauga. For her many contributions to patient care, Trillium-Mississauga honoured her with two awards in 2009 – the Nursing Leadership Award and the Annual Applause Award.

As a member of Trillium-Mississauga’s Nurse Practitioner Task Force, Coleman helped develop and implement an organizational engagement and communications plan to support the new legislative changes affecting NP practice. Now she’s working with the hospital’s neurosurgical team to start a program that provides ongoing medical oncology care to patients with a primary malignant brain tumour. When launched, this program will allow these patients to receive care closer to home.

As part of her ongoing commitment to advancing nursing practice, particularly in the neurosciences, Coleman has presented at numerous conferences and workshop on topics ranging from von Hippel Lindau disease and stroke, to best practice care of the surgical spine patient.

Recently, Coleman became a Bloomberg Nursing adjunct lecturer. She is not only a preceptor for NP students, she tutors first-year medical students enrolled in the Determinants of Community Health course at U of T Mississauga’s new Academy of Medicine.

50 YEARS OUT: As an undergraduate, June Kikuchi, BScN 62, wondered why non-nursing courses were a requirement. Despite learning a great deal about the nature of space, time, causality and truth in Marcus Long’s philosophy and logic courses, Kikuchi couldn’t understand why she had to philosophize to become a nurse. Only later, in Muriel Uprichard’s History of Nursing course, did a glimmer of understanding surface.

Kikuchi put these questions aside as she engaged in nursing practice. She completed the Nursing Care of Children master’s program at the University of Pittsburgh, and in 1970 established the first clinical nurse specialist position at Toronto’s Hospital for Sick Children. After earning a PhD in nursing at the University of Pittsburgh in 1979, Kikuchi became the first clinical nurse researcher at University of Alberta Hospitals in Edmonton and was appointed to U of A’s Faculty of Nursing.

During a curriculum planning meeting, Kikuchi realized how little she understood about the nature of nursing. She finally grasped the relevance of Long’s courses and began discussing the philosophy of nursing with Helen Simmons, a colleague at the Faculty. Kikuchi, to further her understanding of philosophy, studied at the Pontifical Institute for Mediaeval Studies and U of T’s St. Michael’s College.

In 1989, Kikuchi and Simmons founded the Institute for Philosophical Nursing Research. Later, Université Laval awarded Kikuchi an honorary degree in nursing for her contributions to the philosophy of nursing. Although retired, she continues to explore and write about the significant philosophical questions underlying nursing practice.

We’re on Twitter!
Follow Bloomberg Nursing on Twitter. Learn about courses for practising nurses. Discover awards you can nominate your colleagues for. Celebrate the successes of our faculty and students. Be the first to hear about newly published materials. Follow us @UofTNursing.
**Congratulations to Order of Canada appointees**

Three members of the Bloomberg Nursing community have been honoured with an Order of Canada appointment. The Order of Canada is one of the highest civilian honours and recognizes a lifetime of outstanding achievement and service to Canadian society.

Lawrence S. Bloomberg, who made a visionary gift to our Faculty, was recognized for his social engagement and philanthropy, notably in the areas of health care and education.

Mary Ferguson-Paré, BScN 6T7, a former chief nursing executive at University Health Network, was honoured for contributing to improving patient care and the nursing profession.

Seymour Schulich, the benefactor of our Seymour Schulich Awards in Nursing, was promoted from member to officer status within the Order of Canada for supporting post-secondary education nationwide.

**Recent master’s grad wins stellar award**

Rob Fraser, MN 1T1, has received an American Journal of Nursing Book of the Year Award for his guidebook, The Nurse’s Social Media Advantage. The book explains how nurses can use Facebook, Twitter, LinkedIn and other social media to advance their career and the nursing profession.

“There are many other big names on the 2011 Book of the Year list, so it is an absolute honour,” says Fraser. The AJN Award is one of the most important book publishing awards for authors in the nursing community.

**Students who went the distance**

Every spring, U of T presents a Cressy Award to students whose extracurricular efforts improved the university, their faculty, the local community or the world. This year, the university honoured five Bloomberg Nursing students at the annual ceremony.

**Graduate recipients**

Laura Istanboulian, in the master’s program, received a Cressy Award for helping our NP students in British Columbia and Newfoundland polish their advanced history-taking and physical-examination skills. The master’s student was integral to the success of the Virtual Interactive Teaching and Learning project that operated out of our Simulation Lab.

Sheri Price, PhD 1T1, built collaborative stakeholder relations through her volunteer efforts on numerous academic boards and associations, including curriculum committees, graduate student seminars and the Nursing Health Services Cluster Unit (U of T).

**Undergraduate recipients (class of 1T2)**

Sarah Gardhouse founded and facilitated the Nursing Mentorship Program so incoming students could have consistent peer support. The online discussion forum she created matched second-year students with those just starting Bloomberg Nursing’s undergraduate program.

Zamin Ladha, as president of the Nursing Undergraduate Society (NUS), helped organize social and academic events as well as professional development opportunities, including a resumé writing workshop. He also successfully advocated for affordable TB testing for all U of T students whose program requires it.

Lara Schiller spearheaded a provincial nursing student conference in her role on the NUS executive. The conference attracted 300 nursing students and raised $7,500 for Ronald MacDonald House in Toronto.
They’ve Done Us Proud

More than a hundred students received awards and scholarships at Bloomberg Nursing’s annual awards ceremony in October. “With a history of recruiting the ‘best of the best,’ competition for these awards is quite high,” says Martine Puts, chair of the Faculty Awards Committee.

Held at the Bram & Bluma Appel Salon in the Toronto Reference Library, the event gave students an opportunity to show their appreciation to the donors, including Lawrence S. Bloomberg, who attended the event.

Three awards were presented for the first time: the Mary B. Willet Nursing Award for undergraduate students; the Staples Family Graduate Student Award in Nursing, made possible by second-generation U of T nursing graduate Eric Staples; and the Class of 6T1 Award, established in recognition of their 50th anniversary.

The annual awards ceremony celebrates the partnerships between students, faculty and donors.
Spotlight on Learning

A NUCLEUS FOR NURSING STUDENTS

On an oversized whiteboard in her office, senior lecturer Zoraida Beekhoo keeps track of the 70 students enrolled in the Agency Based Curriculum (ABC) program. In this unique initiative, BScN students do almost all of their clinical placements in the same hospital. But no two placements are the same. The students reap diverse clinical experiences on various units within the same hospital. A student can be on the obstetrical floor for one course, then in the orthopaedics unit for another. And with each new placement, Beekhoo charts the change on her whiteboard.

Of the five hospitals that participate in ABC, Ryan Henderson from the Class of 1T2 chose University Health Network. “UHN has an amazing cardiology service and a northern outreach program for communities in the James Bay area,” explains Henderson, who grew up in Iqaluit, the capital of Nunavut. So far, he has completed a mental health placement at Toronto General Hospital, a cardiology placement at Toronto Western and a cardiovascular surgery placement back at TGH.

KEEP IT SIMPLE
Doing all of your placements in one hospital has logistical benefits. There is only one confidentiality form to review and sign, one orientation manual to study, one computer system to master. “Since computer systems aren’t standardized between hospitals, knowing how to use the computer is a huge advantage,” says Beekhoo, who initiated the program in 2006 with senior lecturer Kate Hardie.

“I’ve found that by staying in one hospital I can focus on the actual nursing, and this has improved my clinical confidence,” says Henderson.

ABC students make a commitment to the hospital, and the hospitals make a commitment to them. Some of the hospitals provide ABC students with special privileges; for example, access to the online learning modules, and invitations to staff development and education sessions. “I like the consistency of getting to know your colleagues and of being part of a team,” adds Henderson.

CAN YOU STAY?
In his cardiovascular placement, Henderson’s clinical instructor was Marina Aronov, who won a 2010 Bloomberg Nursing Senior-Year Excellence in Clinical Teaching Award. Henderson learned a valuable lesson from Aronov: “I learned there’s always time to listen to the patient’s story and experience with illness,” he says. “We got to see a heart surgery and a vascular surgery, and that was fantastic,” continues Henderson, who has an undergraduate biochemistry degree. In this placement, the words from his former biochemistry textbooks started flying off the pages. “For years, I had been studying enzyme markers like CK-MB, markers that indicate heart damage. And here I was actually using them.”

Also on this unit, a patient care co-ordinator went the extra mile and helped Henderson prepare to launch his future career by conducting a mock interview with the student, helping him identify what UHN is looking for. “ABC gives students a foot in the door,” explains Beekhoo. “It’s a recruitment strategy for sure because our graduates can hit the floor running.”

Clinical instructor Marina Aronov (left) with Ryan Henderson and senior lecturer Zoraida Beekhoo
ABC student Ryan Henderson completed the majority of his placements at University Health Network.
U of T’s nursing school was built on partnerships. Our first partnership was with the Red Cross Society which, in 1919, asked to launch a public-health program for graduate nurses. In appealing to Robert Falconer, U of T’s president, the Society wrote, “a well equipped and well staffed nursing service is an important factor in the health and happiness of the Dominion.” Falconer agreed, and nurses enrolled at U of T to learn how to promote health and prevent disease.

In 1923, that partnership ended, and the university was reluctant to finance the nursing program. But our school’s founding director, Kathleen Russell, was determined that nurses would have the same educational opportunities as other health care professionals. A tough, persistent negotiator, Russell won over the university.

That same year, Russell formed a new partnership with the Rockefeller Foundation in New York City. It wanted to send nurses from around the world to study at our public-health program. The Foundation’s projects were intended to last only about five years, but our Rockefeller partnership lasted for decades.

To build the nursing residence, the school added a new partner – the Ontario government. When the residence opened in 1933, Russell began creating a gracious residence experience to augment the students’ education. Deploving a “dull and unimaginative life,” she would occasionally turn dinner into a celebration of the Rockefeller fellows’ cultures. For “Uniform Night,” for example, the fellows dressed in the nursing uniforms of their homeland.

At the time, hospital nursing schools in Canada wouldn’t accept students who were black. In 1937, the Foundation asked Russell if she’d take a black student from Panama. Russell didn’t hesitate, swung open the front door and asked the staff to set another place at the dinner table.
**Events**

**JUNE 2**

**Spring Reunion**

Whatever happened to Wanda? At Bloomberg Nursing’s annual Spring Reunion, if you don’t run into your old friend Wanda, chances are you’ll run into another long-lost classmate. Everyone is invited! All of the events take place at the Bloomberg Nursing building at 155 College St.

9 a.m. Join us for a complimentary buffet breakfast.

10:30 Applaud our distinguished alumni during the awards presentation.

11:30 Tour the Simulation Laboratory. There’s an intensive care unit, isolation unit, operating room and 12-bed ward. See how you can hone your clinical skills on the computerized medical mannequins.

You’ll be an honoured guest if you graduated in a year ending in 2 or 7 (for example, 1962 or 1987).

Some classes have planned special events. To ensure that your classmates can get in touch with you, send your email address to address.update@utoronto.ca

Class of 6T2: To kick off the 50th anniversary celebrations, Dean Sioban Nelson invited you for tea on April 24th.

To RSVP: Email development.nursing@utoronto.ca or phone 416.946.7097.

**JUNE 6**

**Spring Convocation Reception**

If you are receiving your MN, NP or PhD diploma at the June 6th convocation, you and two guests are invited to the Spring Convocation Reception at Knox College, 23 King’s College Circle, from 7:30 to 8:30 a.m. If you were awarded your MN, NP or PhD diploma in November 2011, you are also invited to attend with two guests.

To RSVP: Email development.nursing@utoronto.ca or phone 416.946.7097.

**JUNE 5/6/7/8**

**Course: Chronic Pain Self-Management Program (CPSMP)**

Designed for both health care professionals and lay people with chronic pain, this important course aims to improve coping strategies and quality of life for people who have a primary or secondary diagnosis of chronic pain. CPSMP has been rigorously evaluated in two randomized clinical trials funded by Health Canada and the Canadian Institutes of Health Research, as well as in 10 pain clinics across Ontario. The program has been delivered to more than 800 individuals with chronic pain and improved coping skills and overall quality of life.

To learn more and register: bloomberg.nursing.utoronto.ca/CASPP

**JULY 9/10**

**Course: Teaching and Learning Using Simulation**

This innovative two-day course is for nurse educators who use or are interested in using simulation as a teaching modality in an academic or clinical practice setting. It will provide a broad overview of the use of simulation; explore the spectrum of simulation modalities and the creative ways they can be used to enhance nursing education; and examine the critical components of delivering high-quality simulations. In our state-of-the-art simulation laboratory, participants will have the opportunity to develop practice simulations under the faculty’s expert guidance.

To learn more and register: bloomberg.nursing.utoronto.ca/CASPP

**SEPT**

**Course: Preparing to Write the CRNE**

This popular two-day course is open to anyone writing the Canadian Registered Nurse Exam (CRNE), including new graduates, international nurses and individuals rewriting the exam. You will receive extensive practice in exam writing and develop approaches to answering multiple-choice questions in the major content areas. A mock CRNE will help you identify areas needing further study. Of past participants, 100 per cent said they would recommend this course to a colleague.

To learn more and register: bloomberg.nursing.utoronto.ca/CASPP

**SEPT OCT Nov**

**Course: End-Of-Life Care for Critical Care Nurses – Developing Expertise Through Simulation**

This novel simulation-based course for nurses is focused on developing confidence, competency and expertise in end-of-life care in the critical care unit. The two-day program will focus on the principles of communication, shared decision-making and conflict resolution in end-of-life care, as well as strategies for facilitating discussions with the family.

To learn more and register: bloomberg.nursing.utoronto.ca/CASPP

**Manulife Financial**

**Alumni Lifelong Learning Series**

Exclusive to U of T Faculty of Nursing alumni, this lunchtime lecture series supported by Manulife Financial highlights the latest research of our esteemed faculty members. All lectures will be held at the Bloomberg Nursing building at 155 College St. and will be one-hour long. A luncheon is included.

Plan to attend one lecture – or all three.

To learn more: Email development.nursing@utoronto.ca or phone 416.946.7097. Or, visit bloomberg.nursing.utoronto.ca.
Bloomberg Nursing offers innovative educational opportunities for nurses and other health care professionals through its Centre for Advanced Studies in Professional Practice (CASPP). Enrolment is limited to ensure a high-quality experience, so register early for a program to expand your knowledge in clinical practice, education, leadership, research or informatics.

**Upcoming Courses**

- **Chronic Pain Self-Management Program**
  June 5 to 8

- **Teaching and Learning Using Simulation**
  July 9 and 10

- **Preparing to Write the CRNE**
  September 2012

For information on upcoming programs, refer to Events on page 29 or visit bloomberg.nursing.utoronto.ca/CASPP