Bloomberg Nursing’s new Strategic Academic Plan makes internationalization a priority and embeds it across all of our domains of activity, including research.

International research collaborations offer multiple benefits. They allow researchers to maximize their research expertise by partnering with universities in different countries. They enhance the volume and quality of research by increasing access to international funding sources. They also enable research findings to go from having a local influence to having a global impact.

We recently signed an Erasmus+ agreement with the Universitat de Lleida that will give MN and PhD students the opportunity to study in Spain where they can gain new understandings and be exposed to different research methodologies.

Having lived and worked in several countries around the world, I’ve come to understand that the healthcare priorities are the same no matter where you are. Researchers in all countries are working toward the same thing: health for all.

Linda Johnston, PhD, FEANS, FAAN
Dean, Bloomberg Nursing

AGAIN THIS YEAR, QS WORLD University Ranking by Subject ranked Bloomberg Nursing #1 in Canada among schools of nursing. Much of this ranking emerges from our research citations. This is impressive given the competitive healthcare research funding environment in Canada.

Some funding opportunities have declined in frequency. Others have closed entirely. There are few new investigator competitions now, and we have always been successful at obtaining funding support for our emerging scholars.

Despite these challenges, Bloomberg Nursing has not only sustained its leadership in research, it has improved its research output. Our researchers consistently publish in top-ranked journals, as do our doctoral and post-doctoral students. And our faculty members continue to be recognized with international awards and distinctions.

Bloomberg Nursing’s continued research leadership attracts the top students and researchers from around the globe.

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BOOK CHAPTERS

PUBLICATIONS & AWARDS SUMMARY

148 JOURNAL ARTICLES

5 AWARDS AND DISTINCTIONS

4 BOOK CHAPTERS
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3. Fellows of the Canadian Academy of Health Sciences
4. 7
5. Nursing Faculty in the World (QS Rankings, 2017)
6. 1
7. #3 in North America for most cited in nursing publications
8. #6
9. Journal articles published in high-impact journals
10. 122
11. Number of countries we have research relationships with
12. 23
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15. Number of countries we have research relationships with
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18. 25
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22. 4
NEW FACULTY APPOINTMENT

Craig Dale’s research builds the evidence base for improving the oral care of critically ill patients

Craig Dale joined the Lawrence S. Bloomberg Faculty of Nursing as an Assistant Professor in 2014. In 2016, his research proposal to the Canadian Institutes for Health Research (CIHR) ranked second among the applications that the committee reviewed, and he received the Embedded Clinician Researcher Award.

This $300,000 award, delivered over four years, gives Dr. Dale the opportunity to dedicate a portion of his time to research. He is now engaged as the CIHR embedded clinician scientist in oral health at Sunnybrook Health Sciences Centre, an internationally renowned research hospital affiliated with the University of Toronto.

As a clinician researcher, Dale is developing his program of research by investigating how to improve the delivery of oral care to adults in intensive care units. He’ll use innovative methods, including videography, to understand how patients and healthcare professionals approach this aspect of care.

“The issue of oral care is crucial,” says Dale. “In its most serious manifestation, poor oral health can lead to higher rates of infection, such as pneumonia, and thus longer hospitalizations and higher mortality for patients. Poor oral care can also lead to significant dental complications. For adults without dental coverage, the dental treatments that are needed to manage these complications can be expensive, if not out of reach.”

Dale is enriching his research program with a variety of collaborations. For example, his appointment as a Scientist with the U of T Centre for the Study of Pain allows him to focus on pain related to oral health.

And Dale’s international profile is growing. In 2015, he was appointed a member of the International Learning Collaborative (ILC), which was established in 2008 as a joint collaboration between the University of Adelaide in Australia and Green Templeton College of the University of Oxford in the United Kingdom. ILC’s goal is to unite all involved in healthcare to improve the standard of the fundamentals of care in high-technology environments.
In June 2016, Cindy-Lee Dennis was appointed to the Women’s Health Research Chair at U of T and St. Michael’s Hospital. The chair enables Dennis to further her research program that emphasizes improving breastfeeding outcomes, preventing and treating perinatal depression and anxiety, examining the health of immigrant women and children, and developing interventions that involve fathers. It’s not the only chair she holds. Dr. Dennis also has the distinction of holding a Canada Research Chair in Perinatal Community Health at U of T. “Time is very precious to researchers, and both chairs enable me to fully engage in my research program,” she says.

The chairs foster exchange, partnership and dialogue with researchers, clinicians and decision-makers around the world. Currently, Dennis is a co-investigator on more than 26 studies in countries as diverse as Australia, Cuba, Brazil, Sweden, India, South Africa and the United Kingdom.

Her research has informed the Ontario Ministry of Child and Youth Services’ “Healthy Babies Healthy Children” program, which assesses the majority of new mothers in the province for postpartum depression (PPD). But the influence of her research extends far beyond Canada. For her master’s thesis, Dennis developed the Breastfeeding Self-Efficacy Scale. Since it was published in 1999, it has become the most widely used breastfeeding scale in the world, with researchers and clinicians in more than 30 countries using it to identify mothers at high risk of discontinuing breastfeeding. “The scale has provided many international research opportunities,” says Dennis. “It has been translated into more than 20 languages, and every day someone contacts me for permission to use it.”

Last year, the International Consortium for Health Outcomes Measurement, which is dedicated to transforming healthcare systems worldwide by measuring and reporting patient outcomes in a standardized way, included Dennis’ Breastfeeding Self-Efficacy Scale in its pregnancy and childbirth publication. This is further increasing the international use of her scale.

INTO THE LIGHT

Funded by the Canadian Institutes of Health Research, Dennis has just completed recruiting 6,400 postpartum women and their partners across Canada to advance our understanding of the mediating and moderating effects of single (maternal or patern al) parental PPD in contrast to dual (maternal and paternal) parental PPD on child development. Four PPD risk models (no parental PPD, maternal only PPD, paternal only PPD, dual parental PPD) are being tested. The study results will produce urgently needed, innovative knowledge that will assist in the development of targeted interventions based on whether the family has one or two parents with PPD and whether the depressed parent is the mother or the father.

“Much of the perinatal mental health research has, unfortunately, excluded fathers despite good evidence suggesting that approximately one in 10 fathers experiences PPD,” says Dennis. “This study will help move paternal mental health out of the shadows.”

In addition, Dennis is examining other common mental health problems in the perinatal period that have also been ignored. She just published the first meta-analysis examining the prevalence of antenatal and postnatal anxiety. Overall, 102 studies conducted in 34 countries were included, and the results suggest that one in four women has a high level of anxiety during pregnancy; this ratio decreases to one in six women in the first year.
Rates were significantly higher in low- to middle-income countries. She is also conducting research on co-morbidity where women are both highly depressed and anxious and have very poor clinical outcomes.

PEERS CAN HELP

Dennis has developed innovative ways to prevent PPD. One of her randomized controlled trials found that telephone-based support from trained mothers who had previously experienced PPD cut the rate of PPD by 50 per cent in new mothers with beginning depressive symptoms. “Peers can normalize difficulties while also providing encouragement, positive feedback and a sense of belonging,” says Dennis. “They can help new mothers overcome loneliness and isolation.” She has also shown that telephone-based peer support can significantly increase breastfeeding duration and exclusivity rates.

“I’m looking forward to continuing to find ways to improve the health of women and infants not just in Canada, but globally as well.”

– Professor Cindy-Lee Dennis

Her research has inspired other investigators to look for new ways to prevent PPD. At the Emerging Nurse Scholars Forum that Bloomberg Nursing initiated to support the early-career development of nurse researchers around the world, Dennis met Shefaly Shorey from Singapore in 2015. Shorey asked Dennis to be a mentor, and now Shorey is designing, developing and testing the “Home But Not Alone” app for new parents. “Shefaly is replicating the effect of peer support using a different mode,” explains Dennis. In April 2017, Shorey, Dennis and others published the study in the Journal of Advanced Nursing.
In July 2016, Professor Bonnie Stevens embarked on a seven-year research program focused on preventing and managing procedural pain in infants. “We’re doing a better job of assessing pain and managing certain types of infant pain, such as post-operative pain,” says Dr. Stevens, the director of the U of T Centre for the Study of Pain and co-director of the Hospital for Sick Children’s (HSC’s) Centre for Pain Management, Research and Education. “But the management of procedural pain in infants still needs improvements. That’s why we’re focusing on pain from tissue-damaging procedures such as needle pokes, heel lances and IV starts.” The Canadian Institutes of Health Research (CIHR) funded the research program.

Stevens is a world leader in nursing for knowledge translation (KT). This funding provides the platform for furthering her KT work in managing pain in infants.

“We’re trying to prevent and minimize pain in infants not just for the humanitarian benefits,” she says. “Research shows that repeated painful events without adequate pain treatment in infancy affects brain development and leads to physiological, emotional and social problems.”

SWEET SOLUTIONS

The goals of this research program include generating new knowledge on the safety and effectiveness of sucrose when administered repeatedly over time to relieve pain. “While there has been over a decade of research on sucrose and other sweet solutions, researchers have looked at its effectiveness during only one heel poke or one IV start,” says Stevens. “But for the babies who are in the hospital over weeks and months and get hundreds of painful procedures, the questions we need to answer are: Can we safely use sucrose for all of those painful procedures? Does it remain effective? Are there any untoward effects?

“To address these questions, we’re looking at determining the minimally effective dose,” she continues. “There has been a broad range in the amount of sucrose that clinicians have administered to mitigate procedural pain in infants. We need to know how to get the best effect with the least amount of sucrose.”

BRIDGING THE RESEARCH-PRACTICE GAP

Another major focus for the CIHR grant is developing a web-based KT resource, Implementation of Infant Pain Practice Change (ImPaC), that will aid in implementing new research findings, such as those from the sucrose study, into practice. “Changing clinical practice to prevent or minimize procedural pain in babies and young children is lagging behind the research results and is of continuing concern,” says Stevens, who received the prestigious CIHR Knowledge Translation Award in 2014 in recognition of her exemplary leadership in KT efforts and activities. “You want to disseminate as broadly as you can. We used that prize money for the prototype for our French resource tool.”

To disseminate knowledge about infant pain management first nationally and then internationally, Stevens is developing ImPaC as a seven-step process of change for hospital units. A unit is to designate a small group of “champions,” that includes both managers and nurses at the point of care, who meet every week or two. They will spend about 30 minutes with the web-based resource, learning new ideas about how to
generate aims and deciding on the most effective strategies for changing practice. Then the champions spend the next few months implementing what they learned and evaluating the effectiveness of their efforts.

The ImPaC resource lists six pain-management strategies – including breastfeeding, skin-to-skin care and sucrose – for infants and advocates for a multi-pronged approach. “For example, if a baby can be put in skin-to-skin contact and breastfeed at the same time, that’s a dual benefit,” explains Stevens, who is also a senior scientist and the associate chief of nursing research at HSC. “Or if the mother isn’t breastfeeding, then the baby can be in skin-to-skin care and provided with sucrose.”

To reinforce the behaviour change of nurses, ImPaC provides reminders in the form of pain-management screensavers, stickers, lanyards and other prompts. “They serve to remind the clinician: Did you provide the baby with some sort of pain management intervention?” says Stevens.

By the summer of 2017, the research team hopes to be ready to pilot ImPaC at HSC and then test it at several hospitals across Canada in the coming year. Later, as part of a randomized controlled trial, Stevens will recruit paediatric units around the world. “We want to find an effective way to disseminate the knowledge as broadly as we can,” she says.

“Pain in early life can get in the way of relationships. Infants who have experienced a lot of pain can have problems relating to their parents.” — Professor Bonnie Stevens

6 PAIN-MANAGEMENT STRATEGIES FOR INFANTS OUTLINED IN ImPaC:

- Skin-to-skin contact
- Breastfeeding
- Non-nutritive sucking
- Swaddling/bundling
- Facilitated tucking
- Sucrose
Edith Hillan’s current research examines the health of women and newborns from a global perspective. She is particularly interested in health technologies that can improve access to high-quality healthcare in rural and remote settings.

“It is well-recognized that the availability of and access to healthcare, particularly in low-income countries, is inversely related to health needs,” she says. “In most high-income countries, healthcare systems make use of the latest technological solutions, while in low- and middle-income countries basic primary healthcare is often unavailable or inaccessible.”

Dr. Hillan, who served as vice-provost, academic, of U of T for 10 years, conducts research that is highly interdisciplinary. The research she is working on now concentrates on the development of low-cost technologies that can be used to help prevent avoidable deaths of mothers and newborns in low-resource settings. It focuses on:

› The development of “clinic-in-a-box” technologies for the provision of emergency obstetric care, and the support of preterm and low-birthweight babies;
› Point-of-care assays that allow high-precision, lab-based detection techniques that can be taken directly to the individual, irrespective of the setting; and
› Field-based education programs aimed at reducing birth-related complications.

TEAMWORK

In the summer, two Bloomberg Nursing students, Joanna Heathcote and Courtney Osborne, assisted Hillan through the Faculty’s Undergraduate Student Summer Research Program. These Class of 2017 students supported Hillan’s research by developing the evidence base for the key elements of technology that could be incorporated into an integrated, low-cost suite of devices for maternal, child and primary care in low-resource settings.

“[The clinic-in-a-box] needed to integrate an efficient power supply, information technology (especially electronic health records), diagnostics and communication modules. A more complete system needed to include diagnostic devices, such as tests for nutritional status and infection, while adding a communications layer to access electronic patient records.”

One of Hillan’s collaborators is her husband, Stewart Aitchison, a U of T engineering professor who holds the Nortel Chair in Emerging Technology. Dr. Aitchison is internationally recognized as a leader in the field of micro- and nano-scale photonic devices for non-linear optics and integrated bio-sensors. Since 2013, Aitchison has been the associate scientific director for the India-Canada Centre for Innovative Multidisciplinary Partnerships to Accelerate Community Transformation and Sustainability (IC-IMPACTS). This federally funded Network Centre of Excellence supports research, training and knowledge mobilization in infrastructure, clean water and mobile health.

IC-IMPACTS involves three Canadian universities – the University of Toronto, University of British Columbia and University of Alberta – with each university taking responsibility for a specific strategic theme. Professor Aitchison leads the global public health theme, which focuses on the development of mobile technologies that can be used in remote and rural communities, and Hillan is a member of the core research team.

Based on the work that Hillan and her students undertook, Aitchison and his team of fourth-year design students in electrical and computer engineering took on the challenge of building a proof-of-concept demonstration of an off-the-grid clinic-in-a-box with the built-in communication ability to send results to external medical experts for advice, if needed. The devices within the box are powered by solar panels and batteries, and

“[There is an urgent need to develop technologies that can improve access to high-quality healthcare in rural and remote settings around the world.]”

– Professor Edith Hillan
the team incorporated hardware to store patient data and a user interface to display diagnostic results to operators who may have limited medical backgrounds.

The clinic-in-a-box can even provide treatments; for example, oxygen therapy and phototherapy to treat infant jaundice. The next steps involve optimizing the power delivery system, the user interface and the devices that can be integrated to provide a rugged easy-to-use system that can be tested in the field.

The clinic-in-a-box encrypts and stores data. Access to the data is by fingerprint.

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**ACCENTUATING THE POSITIVE**

Our Frances Bloomberg International Distinguished Visiting Professor shared affirming leadership skills with nursing executives

**In March, Donna Sullivan Havens**, our 2016-2017 Frances Bloomberg International Distinguished Visiting Professor, presented a one-day workshop titled “Shaping Systems to Promote Desired Outcomes.” Forty-four Toronto Academic Health Science Network executives, including several chief nursing officers, attended.

Many of the participants were already familiar with Dr. Havens’ work. The University of North Carolina at Chapel Hill nursing professor developed the Decisional Involvement Scale (DIS), which identifies actual and preferred degrees of staff nurse involvement in workplace policy and practice decisions. The scale has proven so effective that it is used in at least 18 countries, including Canada.

At the workshop, Havens confided that the DIS was “only a sidebar” in her PhD dissertation. “A few years after completing my PhD I discovered that people were actually using it,” she said. “Who would have guessed?”

Havens’ research includes developing positive nursing practice environments; in particular, in furthering participative management and communication. “Strengthening nurse involvement in making decisions that improve the culture of the workplace is a key factor for improving nurse, patient and organizational outcomes,” she says.

Not every nurse, though, is keen to join in the decision-making. Havens told the workshop participants that Generation X nurses, who are in their 40s and 50s, want to be the least involved in decision-making while millennials, in their 20s and early 30s, want to be more involved. Are managers willing to share...
CHANGING THE CONVERSATION

Havens also presented on the growing science of positive organizational scholarship (POS). “This approach focuses on strengths, not deficits,” she explained. “What people have been taught is to look for problems, for barriers. POS is a paradigm change.”

To put POS into action, Havens suggests starting a meeting by asking what is going well. “The light in the staff members’ eyes comes on when they talk about what is going or went right. Then at the end of the meeting, critique it. Ask the attendees what they liked best about the meeting.

“Do you have meetings like this at work?” asked Havens.

“Absolutely,” reported a participant. “By focusing on the positive, we’ve had some of the best conversations we’ve had in years.”

Havens also promotes positive questions. “The act of asking questions begins change,” she says. “Ask: What is working well? What would ‘excellence’ look like? What would you need to do to achieve excellence?”

“What if you can’t do everything you need to do to achieve excellence?” asked one participant.

“Pick one thing that you can do,” Havens answered, “even if it’s small.”

THE CARDIAC GENDER DIVIDE

This Kierans international postdoctoral fellow’s research promotes women’s heart health

The Tom Kierans International Postdoctoral Fellowship gives a junior scholar the opportunity to work on a research program at Bloomberg Nursing for one year. This year’s fellow is Ann Kristin Bjørnnes from Oslo, Norway, who arrived in August 2016. Just six months later, she received the 2017 Trainee Award in Women’s Heart Health from the Heart and Stroke Foundation of Canada (HSFC). “It was a wonderful surprise,” she exclaims.

Bjørnnes’ doctoral research focused on the self-management of postoperative cardiac pain and the impact of an educational pain-management booklet that she developed. It led to three articles being published in international journals including the European Journal of Cardiovascular Nursing.

COMMON INTERESTS

The former assistant professor of nursing at the Oslo and Akershus University College of Applied Sciences is collaborating with Associate Professor Monica Parry whose research program also includes the management of postoperative cardiac pain. Drs Bjørnnes and Parry are developing HEARTPAIN, an integrated smartphone and web-based intervention to help women self-manage their cardiac pain. It will help women track their pain, sleep, mood, physical activity and fatigue. “There’s also an interactive coping-skills toolbox that suggests self-management strategies to relieve pain and improve function,” adds Bjørnnes.

By February 2017, Bjørnnes and Parry were being celebrated as an award-winning team. HSFC and the Canadian Institutes of Health Research in conjunction with other healthcare organizations held a national Women’s Heart Health Hackathon that drew together researchers from across disciplines to spark innovative ways to address
Not only can women experience difficulty identifying their pain as being related to their heart, many have a tendency to downplay their discomfort. “Women tend to minimize their symptoms,” says Bjørnnes. “Women in general tend to think of other people. They put others first. They don’t want to bother people.

Consequently, women delay going to the emergency room, the ER, with cardiac pain,” she continues. “And research shows that once they go to the ER with cardiac pain, they will likely have fewer tests and be prescribed fewer analgesics than men.”

DISTURBING DATA

Bjørnnes’ research goals include helping women recognize cardiac symptoms. “A woman’s heart attack is often unlike a man’s,” begins Bjørnnes. “Women with coronary artery disease describe their pain as sharp and burning, with additional symptoms of discomfort in the jaw, neck, shoulders and back. But the symptoms can be vague and vary in frequency and distribution.”

The average time from the onset of a woman’s cardiac symptoms to her arrival at the ER. This delay has remained constant over the last decade.

ANN KRISTIN BJØRNNES

University of Oslo, Norway
› PhD 2016

Volda University College, Norway
› Master’s in Health and Social Sciences 2008

Bergen University College, Norway
› Master’s equivalent, Midwifery 1999

Lovisenberg Diaconal University College, Oslo
› BScN 1996

While a man experiencing acute pain typically presents as being afraid, a woman with acute pain presents as frustrated.”

– Ann Kristin Bjørnnes, Tom Kierans International Postdoctoral Fellow

Curriculum Vitae

BERGEN VOLDA OSLO

85 to 320 minutes

The average time from the onset of a woman’s cardiac symptoms to her arrival at the ER. This delay has remained constant over the last decade.
FORUM ATTRACTS EMERGING NURSE RESEARCHERS

Top new nurse scientists travelled from the four corners of the Earth to attend our Emerging Nurse Scholars Forum.

In early May, Bloomberg Nursing welcomed 23 nurse scholars from six countries to its third Emerging Nurse Scholars Forum. The Faculty initiated the forum in 2013 to support the early-career development of nurse scholars embarking on a research career.

The forum is deliberately small to allow the delegates to closely engage with other elite scholars at a similar stage in their career. To maximize opportunities for exchange and dialogue, attendance is by invitation only. Attendees are doctoral candidates and outstanding researchers who recently completed a doctorate or postdoctoral fellowship.

Throughout the two-day forum, Bloomberg Nursing faculty members shared their expertise. They spoke on building a research program and encouraged the delegates to approach people at the forum and at conferences to introduce themselves. They emphasized that the forum is an opportunity for international networking.

IDEAS UNLIMITED

New knowledge was plentiful at the forum as each delegate presented his or her research. Jing-Yu Tan, a PhD candidate at Hong Kong Polytechnic University in Kowloon, Special Administrative Region, shared his research on the use of auricular acupuncture in the treatment of chemotherapy-induced nausea and vomiting in breast cancer patients. Tan’s study offers preliminary evidence that applying acupressure on specific acupoints of the outer ear is a convenient, safe intervention to treat nausea and vomiting due to chemotherapy and is particularly effective in managing acute nausea.

A recent PhD graduate from the University of Melbourne in Australia, Suzanne Kapp spoke on her “Self-Treatment of Wounds” study. Kapp demonstrated the need to develop educational...
resources for people in the community who self-treat chronic wounds and the need for a tool to appraise self-treatment capacity.

Louise Bramley, who recently completed her doctorate at the University of Nottingham in England, presented her research on advanced care planning with the frail elderly. “The study found that this population experiences profound uncertainty associated with rapid changes to their physical and/or mental state,” she said. “They don’t like to project into the future, and many have difficulty imagining a future. They live in the moment.” Bramley concluded that current policies and practices relating to advance care planning in the U.K. don’t align with the dynamic nature of frailty.

UNSETTLING CONCLUSIONS

Some investigators at the forum admitted to being shocked by their research conclusions. Farinaz Havaei, who just earned a PhD at the University of British Columbia in Vancouver, presented her findings that nurses who work in teams report a higher number of tasks undone compared to nurses who work alone. She also concluded that team nursing was negatively related to quality and safety outcomes. “This surprised me,” said Havaei. “I was so immersed in the team approach.”

For his doctoral dissertation, Jacob Kariuki, who recently completed his doctorate at the University of Massachusetts in Boston, worked on validating the Non-Laboratory Based Framingham Cardiovascular Disease Risk Assessment Algorithm in the “biracial atherosclerosis risk in communities” dataset. The advantages of the algorithm include that it only takes 10 minutes to complete, can be performed by nurses and doesn’t require the patient to return for blood test results.

The algorithm substitutes body mass index (BMI) for lipids in the lab-based Framingham algorithm. Kariuki had what he called an “ah-ha moment” when he realized that BMI is not particularly useful in determining the risk of cardiovascular disease. “Clinicians and patients get too focused on one thing, especially weight, to the extent that they miss the big picture of cardiovascular risk,” he said. That point was further driven home at a focus group that Kariuki was leading; he had to take the leanest person in the group to an emergency room because her blood pressure was so high. “The absolute risk assessment algorithms introduce objectivity in discriminating risk,” he said.

“We need to understand the whole patient including the patient’s genome.”

– Nicole Osier, a delegate from Mount Airy, Maryland
In the 2016-17 academic year, we had five postdoctoral and six doctoral students who came from other countries to study at Bloomberg Nursing in Toronto, Canada. These students probed important global issues as you’ll see in meeting Paola Galbany-Estragués from Spain and Ziad Alostaz from Jordan.

For one year, Paola Galbany-Estragués from Barcelona did a postdoctorate at Bloomberg Nursing under the supervision of Professor Sioban Nelson. The former senior instructor at the Autonomous University of Barcelona investigated nursing migration from Spain between 1999 and 2014.

“The negative impact of the economic crisis was apparent by 2010, when the number of employed nurses per capita fell. “This problem in Spain had not been studied, and as a nursing historian I was interested in exploring it,” continues Galbany-Estragués, whose PhD dissertation charted the evolution of nursing care in Spain through a case study of a 20th-century tuberculosis sanatorium.

For her postdoctorate, Galbany-Estragués reviewed the scholarly literature on nurse migration that had been written in Spanish and English, and also examined Spanish mobility laws and European directives.

“Spain is transforming from a stable nursing labour market to one that is increasingly producing nurses for foreign markets, principally in Europe.”

— Paola Galbany-Estragués, postdoctoral student

“Sioban taught me a lot,” says Galbany-Estragués, who is now dean of the Faculty of Health Science and Welfare at the University of Vic near Barcelona. “She taught me to explore the essence of causes, to understand why certain phenomena, such as nurse migrations, occur at a historical level.

“In the study, I showed that Spain stopped hiring nurses or hired fewer staff nurses at specialized healthcare facilities after the crisis of 2008. There was a reduction in public spending, and the labour market reforms affected nurses. They migrated because of decreased job security due to reduced public spending and healthcare transformation.”

Galbany-Estragués shared her findings in Spain by writing articles about the issue for Spanish print and online newspapers. “The articles opened up the lines of communication about Spanish nursing migration,” she says.

In addition, the International Journal of Nursing Studies published Drs Nelson and Galbany-Estragués’ “Migration of Spanish Nurses 2009–2014” article in its November 2016 issue.

Changing restraint use in ICUs

First-year doctoral student Ziad Alostaz from Irbid, Jordan, is investigating how to minimize the use of physical restraints in Intensive Care Units (ICUs). His research will provide clinicians...
with evidence-based strategies to minimize the use of this type of restraint, which most commonly involves fastening the patient’s wrists and ankles to the bed.

As a lecturer at Al-Baha University in Saudi Arabia, Alostaz learned that U of T’s nursing program is the best in Canada, where he is a landed immigrant. The more Alostaz learned about the Bloomberg Nursing doctoral program, the more he wanted to move to Toronto to study. He was especially excited about the possibility of being supervised by Associate Professor Louise Rose, who is recognized internationally for her work on improving the experience and outcomes of mechanically ventilated patients in ICUs and other care settings.

After several email exchanges, Dr. Louise Rose and Alostaz arranged to Skype in March 2015. “I was struck by Ziad’s enthusiasm for and commitment to entering the doctoral program,” says Louise Rose. Alostaz started our program in September 2016.

THE PREVALENCE OF PHYSICAL RESTRAINT

What piqued Alostaz’s interest in examining physical restraints were the different rates of use in ICUs around the world. “In Canada and the U.S., up to 76 per cent of patients are restrained at least once during mechanical ventilation. But in some Scandinavian countries, the use of physical restraint is very limited, and sometimes it’s not used at all,” he says.

Physical restraint addresses clinician concerns about patient and clinician safety, and is intended to prevent the patient from removing medical devices such as an endotracheal tube, and central venous and arterial lines. The use of physical restraint, though, risks both physical and psychological harm, explains Alostaz.

Physical harm can include interrupting the blood flow to the extremities, bruising the wrists and ankles, and causing pressure ulcers. “Negative psychological consequences include disorientation, agitation and delirium,” says Alostaz. “After patients are transferred out of the ICU where they were physically restrained, they may experience anxiety, delusional memories and post-traumatic stress disorder.”

RESEARCH TO PRACTICE

While several healthcare authorities and nursing organizations recommend minimizing physical restraint use in all hospital settings, the recommendations lack specificity. For his doctoral thesis, Alostaz will explore alternative techniques that clinicians can implement instead of physical restraints.

He will interview ICU survivors and family members who visited the patient while he or she was restrained to ask them for their thoughts and ideas about how the healthcare team can minimize the use of physical restraints in the ICU. One of the questions Alostaz will ask is: What alternatives to physical restraint use do you think would have been effective?

Based on patient and family member suggestions, Alostaz will explore interventions to replace the use of physical restraints. Then, to ensure their practicality, he’ll explore the alternatives with clinicians to identify the facilitators as well as the barriers to implementing the new strategies in the ICU.

“In some hospitals, physical restraint use is routine even if the patient is under sedation. 
If the patient is sedated, why restrain him?”

– Ziad Alostaz, doctoral student
“The Undergraduate Student Summer Research Program broadened my understanding of the role of a nurse and opened up a whole new area of nursing.”

– Melissa Heisey, Class of 2017
AWARDS AND DISTINCTIONS

INDUCTED INTO THE AMERICAN ACADEMY OF NURSING

In October 2016, the American Academy of Nursing inducted Professor Kelly Metcalfe, RN PhD, FAAN, as a Fellow. At the Washington, D.C., ceremony, she was recognized for her vital research contributions that expand our understanding of how to prevent and treat breast and ovarian cancers in women with a BRCA1 or BRCA2 genetic mutation.

Fellows of the American Academy of Nursing represent the foremost nurse leaders in 28 countries around the world. An invitation to fellowship is one of the greatest honours a nurse can receive. The Lawrence S. Bloomberg Faculty of Nursing is privileged to be home to 11 Fellows of the American Academy of Nursing.

Metcalfe’s international studies have resulted in seminal research on the treatment of breast cancer in women with a genetic predisposition to developing breast and ovarian cancer. She has developed and tested interventions aimed at increasing the uptake of cancer prevention options in women at high risk of these cancers, and created patient decision-aids to help women choose the cancer treatments that are right for them.

At Bloomberg Nursing, Metcalfe holds the Limited-Term Professorship in Cancer Genetics (2015-2020).

Sigma Theta Tau International Honor Society of Nursing
International Nurse Researcher Hall of Fame

Linda McGillis Hall, Bloomberg Nursing’s Associate Dean, Research & External Relations, has been inducted into STTI’s International Nurse Researcher Hall of Fame. The hall celebrates nurse researchers who have made significant achievements and been recognized nationally and/or internationally for their work.

McGillis Hall is our Kathleen Russell Distinguished Professor and is internationally known for her research in nursing health services and systems, particularly as they relate to health human resources, work environments and outcomes.

Also, McGillis Hall, RN, PhD, FAAN, FCAHS, is a Fellow of the Canadian Academy of Health Sciences, and has received the Canadian Nurses Association’s Order of Merit for Nursing Research and the Award of Excellence in Nursing Research from the Canadian Association of Schools of Nursing. She was the first nurse in Canada to be named a Fellow of the American Academy of Nursing.

Sigma Theta Tau International Honor Society of Nursing
Lambda-Pi-at-Large Chapter Award for Excellence in Nursing Research

In recognition of her exceptional research in mental health nursing practice, Assistant Professor Kristin Cleverley, RN, PhD, CPMHN(C), has received the 2016 Dorothy M. Pringle Award for Excellence in Nursing Research. This award acknowledges the importance of nursing research to the development of nursing science and ultimately to nursing practice.

Cleverley’s current research focuses on how to help youth with mental illness make the transition to adult mental health services.

She holds the Centre for Addiction and Mental Health Chair in Mental Health Nursing Research at U of T.

Registered Nurses’ Association of Ontario Leadership Award in Nursing Research

Assistant Professor Craig Dale, LRN, PhD, CNCC(C), received the 2017 RNAO Leadership Award in Nursing Research. The award is presented to an individual who actively explores innovative ideas in nursing research and enhances the image of nursing by engaging in efforts to disseminate research knowledge.

Dale’s research aims to improve the oral health of critically ill patients in intensive care units. He applies innovative research methods, such as video ethnography, to engage patients, caregivers and nurses.

Dale is a CIHR embedded clinician scientist in oral health at Sunnybrook Health Sciences Centre and a scientist at the U of T Centre for the Study of Pain.

Massey College Senior Fellow

Professor Emerita Patricia McKeever, RN, PhD, has been named a Senior Fellow of Massey College. McKeever, a leader in the child health field, has focused her research on children with severe chronic illnesses and/or disabilities, assistive technologies, as well as on how and where these children live, attend school and receive care.

Massey College, which is independent from but affiliated with U of T, recognizes leaders in a variety of fields through its Senior Fellows program.
RESEARCH COLLABORATIONS

A snapshot of our national and international research partnerships

ARLENE BIERMAN
U.S.
Washington, D.C.

KRISTIN CLEVERLEY
Canada
Hamilton
Montreal

LISA CRANLEY
Canada
Edmonton
Montreal
U.S.
Chapel Hill, NC
U.K.
Leeds

CRAIG DALE
Australia
Adelaide
Denmark
Roskilde
U.K.
London

CINDY-LEE DENNIS
Canada
Calgary
Hamilton
Montreal
Vancouver
Singapore
South Africa
Cape Town
Johannesburg
Pretoria
United Arab Emirates
Dubai
Sharjah
U.S.
Seattle

DENISE GASTALDO
Brazil
Florianópolis
Canada
London, ON
Spain
Alicante
Lleida
Madrid
Palma
Santander

EDITH HILLAN
India
Bangalore
Delhi
Hyderabad
Mumbai
U.K.
Edinburgh
Glasgow
London

DOUGS HOWELL
Canada
Hamilton

LIANNE JEFFS
Australia
Adelaide

LINDA JOHNSTON
Australia
Brisbane
Brazil
Florianópolis
China
Hangzhou
Hong Kong
Germany
Munich
U.K.
Belfast

SAMANTHA MAYO
U.S.
Washington, D.C.

LINDA McGULLIS HALL
Belgium
Leuven
Canada
Halifax
Edmonton
Ottawa
Quebec City
U.S.
New York, NY
Chapel Hill, NC
Pittsburgh

KATHY McILTON
Australia
Sydney
Canada
Cutler, ON
Sudbury, ON
Fort Qu’Appelle, SK
Halifax
Spain
Lleida

ELIZABETH PETER
Brazil
Acre
Sao Paulo
Canada
Hamilton
Oshawa, ON
Waterloo, ON
Spain
Palma
U.S.
Minneapolis

MARTINE PUTS
Belgium
Laurens
Canada
Montreal
Ottawa
Quebec
Surrey, BC
France
Lyon
Paris
New Zealand
Nelson
U.S.
Chapel Hill, NC
Durham, NC
Philadelphia

LOUISE ROSE
Australia
Melbourne
Sydney
Denmark
Copenhagen
The Netherlands
Amsterdam
Apeldoorn
Sweden
Gothenburg
U.K.
London
Belfast
Edinburgh

NEW ZEALAND

RESEARCH COLLABORATIONS

A snapshot of our national and international research partnerships
<table>
<thead>
<tr>
<th>INVESTIGATORS</th>
<th>SPONSOR</th>
<th>PROGRAM</th>
<th>TITLE OF RESEARCH PROJECT</th>
<th>AWARDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>D. Korczak (PI), Y. Finkelstein, M. Barwick, P. Szatmari, K. Cleverley, G. Chaim, J. Henderson, S. Monga, D. Juurlink, M. Moretti</td>
<td>Centre for Addiction and Mental Health</td>
<td>Cundill Centre for Child and Youth Depression</td>
<td>A focused suicide prevention strategy for youth presenting to the emergency department with suicide-related behaviour</td>
<td>$147,071</td>
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<td>K. Bennett, P. Sundar, P. Szatmari (Co-PIs), G. Chaim, A. Charach, A. Cheung, K. Cleverley, D. Gorman, J. Henderson, R. Santos, D. Korczak, J. McLennan, A. Newton, H. Schunemann, P.P. Tellier</td>
<td>Canadian Institutes of Health Research (CIHR)</td>
<td>Planning and Dissemination Grant</td>
<td>Disseminating child and youth mental health practice guidelines: The development of a user-informed, social media integrated mobile website</td>
<td>$10,000</td>
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<td>K. Cleverley (PI), P. Szatmari, J. Henderson, K. Bennett, L. Jeffs, D. O’Brien, G. Chaim, A. Pignatiello</td>
<td>CIHR</td>
<td>CIHR-Strategy for Patient-Oriented Research (SPOR) collaboration</td>
<td>Prioritizing youth and caregivers as experts of mental health care transitions: A national Delphi study</td>
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<td>C. Dale</td>
<td>CIHR</td>
<td>Embedded Clinician Scientist</td>
<td>Improving oral care delivery for critically ill older adults</td>
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<td>S. Shore (PI), C.-L. Dennis, C.Y. Sent, C.Y. Huak, L. Ying</td>
<td>National University Health System (Singapore)</td>
<td>National University Health System O-CRG</td>
<td>Evaluation of telephone-based peer-support intervention programme for preventing postnatal depression: A randomized controlled trial</td>
<td>$158,120</td>
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<td>H. Radwan (PI), C.-L. Dennis, R. Rakhry</td>
<td>Sheikh Hamdan Organization (United Arab Emirates)</td>
<td>Medical Research Grant</td>
<td>Examining breastfeeding self-efficacy, infant feeding method, and perinatal mental health among women in United Arab Emirates: A cohort study</td>
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<td>INVESTIGATORS</td>
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<td>H. Brown (PI), C.-L. Dennis, C. Mill, D. Telner, L. Graves</td>
<td>Women’s Xchange</td>
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<td>Pilot randomized controlled trial of an interconception intervention provided by public health nurses to improve reproductive and perinatal outcomes</td>
<td>$15,000</td>
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<td>S. Wanigaratne, C.-L. Dennis (Co-PIs), K. Sekhar, M. Urquia, J. Ray, A. Pulver, A. Brar</td>
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<td>Son-based sex ratios in the South Asian Community — A dialogue and pilot education intervention to make progress on gender equity</td>
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<td>A. Dalfen, L. Wasserman (Co-PIs), C.-L. Dennis, S. Vigod</td>
<td>University of Toronto</td>
<td>Excellence Funds</td>
<td>Virtual psychiatric care for perinatal depression (Virtual-PND): A pilot randomized controlled trial</td>
<td>$24,000</td>
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<td>D. Gastaldo, U. Bajwa, E. Di Ruggiero (Co-PIs)</td>
<td>Social Sciences and Humanities Research Council (SSHRC)</td>
<td>Knowledge Synthesis</td>
<td>Pathways to precarity facing Canadians in the Global Gig Economy: Implications for public policy</td>
<td>$25,000</td>
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<td>M. Mojahedi, S. Sidhi, E.M. Hillan, M. Varma, P. Pal</td>
<td>Canada-India Research Centre of Excellence</td>
<td>India-Canada Centre for Innovative Multidisciplinary Partnerships to Accelerate Community Transformation and Sustainability</td>
<td>A portable fever kit for dengue and chikungunya</td>
<td>$110,630</td>
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<td>J.S. Aitchison (PI), Y.-L. Chen, E.M. Hillan</td>
<td>University of Toronto, Faculty of Engineering</td>
<td>Dean’s Strategic Fund</td>
<td>Low-cost mycotoxin detection in food and blood</td>
<td>$60,000</td>
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<td>A. Bilton (PI), and Co-Is including E. Hillan</td>
<td>University of Toronto, Faculty of Engineering</td>
<td>Dean’s Strategic Fund</td>
<td>Public Health Diagnostics Initiative</td>
<td>$554,000</td>
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<td>L. Barbera, C. Earle, D. Howell, N. Mittman, H. Seow, R. Sutrachdar</td>
<td>Canadian Cancer Society Research Institute (CCSRI)</td>
<td>Innovation Grants</td>
<td>What is the impact of a provincial program to screen for symptoms on health service use?</td>
<td>$193,417</td>
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<td>D. Howell, M. Krzyzanowska (Co-PIs), R. Maguire, V. Kukreti, G. Liu, J.A. Cafazzo, P. Morita, S. Moradian, J. Bender, L.W. Le, A. Husain, M. Puts, E. Amir</td>
<td>CCSRI</td>
<td>Innovation Grant 1 -2017</td>
<td>Adaptation, feasibility and acceptability study of the advanced symptom monitoring and management system (ASyMS) mobile health intervention to reduce chemotherapy toxicities in Canadian cancer patients</td>
<td>$200,000</td>
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<td>S. Moradian (PI), D. Howell</td>
<td>Canadian Association of Nurses in Oncology</td>
<td>Research Grant</td>
<td>Promoting self-management and patient activation through e-health: A systematic literature review and meta-analysis of clinical trials</td>
<td>$5,000</td>
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<td>P.A. Rochon, S.E. Bronskill (Co-PIs), P.C. Austin, C.M. Bell, B. Farrell, S.S. Gill, A. Gruneir, N. Hermann, L.P. Jeffs, L.M. Lix, L. McCarthy, C.J. Metge, D.P. Seitz, R.E. Upshur</td>
<td>CIHR</td>
<td>Project Scheme (Bridging Funds)</td>
<td>A multi-method approach to exploring prescribing cascades</td>
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<td>S. Mayo (PI), J. Kuruvilla, J. Jones, D. Howell</td>
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<td>Health services for lymphoma survivors in Canada: A patient-focused stakeholder consultation</td>
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<td>B. Coleman (PI), A. McGeer, E. Dubé, J. Powis, K. Katz, L. Holness, S. McNeil, L. McGillis Hall</td>
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<td>Project Grant Bridge Funding</td>
<td>Recurring adverse events following influenza vaccination: Impact on healthcare workers</td>
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<td>L. McGillis Hall, M. Lalonde</td>
<td>Ontario Ministry of Advanced Education and Skills Development</td>
<td>Ontario Human Capital Research and Innovation Fund</td>
<td>Understanding the human capital impact of the change to the NCLEX-RN for Canadian nurse licensing</td>
<td>$100,000</td>
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<td>C. Poulus, M. Gresham, R. Poulos, L. Clemson, K. McGilton, I. Cameron</td>
<td>National Health and Medical Research Council (Australia)</td>
<td>Cognitive Decline Partnership Centre (Australia)</td>
<td>Development of evidence-based dementia reablement guidelines and programs deliverable to people with early-moderate dementia</td>
<td>$120,000</td>
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<td>K. Metcalfe, A. Eisen, S. Narod, M. Akbari</td>
<td>Canadian Breast Cancer Foundation</td>
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<td>Breast cancer treatment in women with PALB2 mutations</td>
<td>$447,718</td>
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<td>J. Kotsopoulos (PI), M.R. Akbari, K.A. Metcalfe, S.A. Narod</td>
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<td>Evaluating the utility of circulating cell-free or tumor DNA as a tool for the early diagnosis of BRCA1-associated breast cancer</td>
<td>$409,009</td>
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<td>K. Metcalfe</td>
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<td>Travel Grant</td>
<td>Fear of cancer recurrence among non-Caucasian, multi-ethnic survivors of adult cancers: A secondary analysis. (J. Galica, doctoral student)</td>
<td>$1,000</td>
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<td>K. Metcalfe, A.M. Peter, A.F. Eisen (Co-PIs), S.R. Strasberg, L. Bordeleau, M. Cotterchio, J.P. Lerner-Ellis, S.A. Narod</td>
<td>CIHR</td>
<td>Partnerships for Health System Improvement for Cancer Control</td>
<td>The development of a sustainable province-wide model of care for cancer prevention in women at high-risk for breast cancer. (Letter of intent)</td>
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<td>E. Paradis (PI), H.S. Boon,</td>
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<td>Project Grant</td>
<td>The collaborative ideal in Canadian healthcare delivery: Its rise, practice and future</td>
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<td>S. Nelson, S.M. Spadafora, S.</td>
<td>University of Toronto</td>
<td>Instructional Technology</td>
<td>Arterial blood gas interpretation: Development of an innovative, technology-enabled assessment module for undergraduate nursing, nurse practitioner and physician assistant students</td>
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<td>MacInnes, C. Whitehead</td>
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<td>M. Parry, A.K. Bjørnnes, L.</td>
<td>Women’s Xchange</td>
<td>$15K Challenge</td>
<td>Her heart, her story: A grassroots approach to understanding cardiac pain in women with arthritis</td>
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<td>Price, D. Richards, J. Stinson,</td>
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<td>J. Watt-Watson, L. Wilhelm</td>
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<td>M. Parry</td>
<td>CIHR</td>
<td>Hacking the Knowledge Gap</td>
<td>Recognition and management of cardiac pain in women. (A.K. Bjørnnes, postdoctoral fellow)</td>
<td>$8,000</td>
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<td>Trainee Award in Women’s Heart</td>
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<td>M. Parry, H.A. Clarke (Co-Pls),</td>
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<td>Knowledge Synthesis</td>
<td>Self-management programs for women with cardiac pain: An integrated mixed methods systematic review</td>
<td>$100,000</td>
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<td>A.K. Bjørnnes, L.K. Cooper, A.S.</td>
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<td>Gordon, P.J. Harvey, C. Lalloo,</td>
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<td>McFetridge-Durdle, M.H. McGillion</td>
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<td>et al., including J.N. Stinson,</td>
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<td>J.H. Watt-Watson, L. Wilhelm</td>
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<td>S. Harris, I. Cornelia (Co-Pls),</td>
<td>CIHR</td>
<td>Team Grant: Pathways to</td>
<td>Transformation of indigenous primary healthcare delivery (FORGE AHEAD): Enhancement and adaptation of community-driven innovations and scale-up toolkits</td>
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<td>K. Bananasiak, P.I. Bowser, D.</td>
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<td>Dannenbaum, A. Elliott Rose, J.E.</td>
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<td>Aboriginal People —</td>
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<td>Hux, W. Johnson, M. Joudry, J.</td>
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<td>Mcdonald, S. Musgrave, A.P.</td>
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<td>Picard, et al., including M.</td>
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<td>Parry</td>
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<td>S. Harris, A.M. McComber (Co-Pls),</td>
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<td>Team Grant: Pathways to</td>
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<td>D. Dannenbaum, H.L. Mcdonald, D.E.</td>
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<td>M. McGillion, P.J. Devereaux, T.</td>
<td>Ontario Centres of</td>
<td>Health Technology</td>
<td>Getting the SMArT VIEW CoVeRed in Ontario: Technology Enabled Self-Management: Vision for patient remote monitoring and EmpoWerment following Cardiac and VasculaR surgery</td>
<td>$499,313</td>
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<td>Scott (Co-Pls), D. Bender, A.</td>
<td>Excellence</td>
<td>Fund, Stream II Pre-</td>
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<td>Turner, J. Yost, S. Carroll, K.</td>
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<td>M. Parry and the SMArTVIEW</td>
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<td>Community</td>
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<td>M. Puts</td>
<td>Technology Evaluation in the Elderly</td>
<td>Frailty Competition A</td>
<td>Interventions to prevent and treat frailty in community-dwelling older adults: A scoping review of the literature and international policies</td>
<td>$50,000</td>
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<td>M. Puts</td>
<td>CIHR – Summer Program in Aging</td>
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<td>The role of self-management interventions in frailty. (S. Toubasi, doctoral student)</td>
<td>$575</td>
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<td>L. Rose</td>
<td>Mitacs Elevate Fellowship</td>
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<td>Development and pilot evaluation of an online peer support program for family caregivers of ventilator-assisted individuals living in the community. (M. Bastawrous, postdoctoral fellow)</td>
<td>$100,000</td>
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<tr>
<td>L. Rose (PI), M. Nonoyama, M. Bastawrous-Wasilewski, D. McKim, R. Jeremy, D. Leasa, R. Goldstein, J. King, C.-L. Dennis</td>
<td>Muscular Dystrophy Canada</td>
<td>Research Grant</td>
<td>Development and pilot evaluation of an online peer support program for family caregivers of ventilator-assisted individuals with neuromuscular disease living in the community</td>
<td>$49,998</td>
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<td>C. Gelinas, D. P. Laporta (Co-PIs), F. Bernard, M. Bérubé, M. Boitort, L. Burry, E. Charbonney, F. Chiocchio, M. Choinière, M. De Marchie, J.-N. Dubé, J. Houle, M. Lavoie-Tremblay, et al., including L. Rose</td>
<td>CIHR</td>
<td>Project Grant Bridging Funds</td>
<td>Managing pain in collaboration in the intensive care unit (MPIC-ICU): A stepped wedge cluster randomized trial</td>
<td>$100,000</td>
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<tr>
<td>L. Rose (PI), C. Dale, L. Kure, G. Walter, K. McCormick, S. Ishida, V. Bai, T. Sinuff</td>
<td>Sunnybrook Health Sciences Centre</td>
<td>Practice-Based Research Initiative</td>
<td>Optimization of patient safety for physically restrained critically ill adults</td>
<td>$9,998</td>
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<tr>
<td>J. Lee, M. Tierney, L. Rose, M. Chignell</td>
<td>Spark Fund</td>
<td>Innovations</td>
<td>Preventing emergency department visits using tablet technology to identify people with unrecognized dementia</td>
<td>$49,998</td>
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<td>J. Johnston (PI), I. Ball, R. Cartin-Ceba, E. Charbonney, L. Chau, D. Cook, J. Dionne, P. Dodek, E. Duan, G. Garber, M. Girard, E. Golan, R. Hall, et al., including L. Rose</td>
<td>CIHR</td>
<td>Project Grant</td>
<td>PROSPECT: Probiotics to prevent severe pneumonia and endotracheal colonization trial</td>
<td>$1,272,893</td>
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<tr>
<td>L. Rose (PI), L. Istaboulian, I. Fraser, A.A. Soledad, E. Fan, M. Herridge, L. Burry, C. Dale, V. Lo, V. Campbell, D. Varma</td>
<td>Michael Garron Hospital</td>
<td>Community-Based Research Fund</td>
<td>Quality metrics for patients experiencing persistent critical illness: A program of research</td>
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<td>J. Stinson, T. Palermo, C. Dampier (Co-PIs)</td>
<td>U.S. National Institutes of Health</td>
<td>Eunice Kennedy Shriver National Institute of Child Health and Human Development</td>
<td>iCanCope with sickle cell disease</td>
<td>$3,817,902</td>
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<td>J. Stinson</td>
<td>CIHR</td>
<td>Clinical Fellowship</td>
<td>Improving pediatric acute post-operative pain: Assessing usability, feasibility and effectiveness of a smartphone app. (K. Birnie, postdoctoral fellow)</td>
<td>$80,000</td>
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<td>J. Stinson</td>
<td>CIHR</td>
<td>Travel Grant</td>
<td>My Post-Operative Pain (MyPOP): A smartphone-based app to address gaps in post-operative pain self-management for youth. (K. Birnie, postdoctoral fellow)</td>
<td>$1,500</td>
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<td>J. Stinson (PI), A. Rapoport, E. Cohen, F. Campbell, J. Hamilton, C. Laloo</td>
<td>Ontario Ministry of Health and Long-Term Care</td>
<td>A demonstration of pediatric project ECHO® in Ontario for pain, bariatric care, complex care and palliative care</td>
<td>$2,996,248</td>
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<td>J. Stinson, O. Abla, K. Birnie, L. Jibb, K. Positano</td>
<td>SickKids/Garron Family Cancer Centre</td>
<td>Research Fund</td>
<td>Virtual reality to reduce procedural pain in children with cancer: Intervention evaluation and a pilot randomized controlled trial</td>
<td>$59,947</td>
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<td>J.N. Stinson</td>
<td>CIHR</td>
<td>Institute of Human Development, Child and Youth Health</td>
<td>Using a humanoid robot to reduce procedural pain and distress in children with cancer: A pilot randomized controlled trial</td>
<td>$750</td>
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<td>S. Lindsay (PI), J. Stinson, M. Stergiou-Kita, J. Leck, W. Shen</td>
<td>CIHR/SSHRC</td>
<td>Healthy and Productive Work</td>
<td>Partners for enhancing healthy and productive work for young men and women with disabilities</td>
<td>$348,000</td>
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<td>J. Stinson (PI), P. Nathan, L. Jibb</td>
<td>SickKids Garron Family Cancer Centre and Pain Centre</td>
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<td>User-centred refinement of the Pain Squad+ pain management app for adolescents with cancer: A usability study</td>
<td>$47,436</td>
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<td>A. Yeh (PI), S. Grover, S. Stephens, G. Lognoni, R. Motl, M. Finlayson, J. Stinson</td>
<td>MS Society of Canada</td>
<td>Hermès Canada I MS Society Wellness Research Innovation Grant</td>
<td>Development and usability testing of the ATOMIC (Active Teens Multiple sClerosis) mobile app to increase physical activity levels in youth with multiples sclerosis</td>
<td>$40,000</td>
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<td>F. Campbell (PI), J. Stinson, G. Wells, D. Brooks, K. Toupin-April</td>
<td>Hospital for Sick Children</td>
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<td>Achy Penguin: Usability testing of a smartphone-based tool to improve pain assessment and management in children aged 4-7 years</td>
<td>$9,900</td>
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<td>L. Brosseau (PI), S. Cavallo, J. Stinson, G. Wells, D. Brooks, K. April-Toupin</td>
<td>Arthritis Health Professions Association</td>
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<td>Are popular structured physical activity programs promising for the pain-management of juvenile idiopathic arthritis? A pilot randomized controlled trial</td>
<td>$5,000</td>
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<td>L. Caes (PI), J. Stinson, B. McGuire</td>
<td>Wellcome Trust</td>
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<td>Irish cultural adaptation and usability testing of the Teens Taking Charge: Managing Arthritis Online Program</td>
<td>$8,710</td>
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<td>C. Chambers (PI), M. Barwick, J. Stinson, H. Witteman</td>
<td>Nova Scotia Health Research Foundation</td>
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<td>#ItDoesntHaveToHurt video initiative</td>
<td>$10,000</td>
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<td>R. Stremler, K. Keilty</td>
<td>Ronald MacDonald House</td>
<td></td>
<td>An examination of sleep in family caregivers of seriously ill children who are hospitalized</td>
<td>$50,000</td>
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<td>N. Feeley (PI), M. Aita, L. Charbonneau, M. Lavoie-Tremblay, R. Stremler, P. Zelkowitz</td>
<td>Jewish General Hospital (Canada) Research and Development Fund</td>
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<td>NICU design: Phase 2</td>
<td>$16,000</td>
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<td>K. Widerg (PI), S. Gupta, A. Rapoport, H.-Y. Seow, H. Siden, P. Tanuseputro, C.M. Vadeboncoeur</td>
<td>CIHR</td>
<td></td>
<td>End-of-life health care use for children with life-threatening conditions: A national population based study</td>
<td>$75,000</td>
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# PUBLICATIONS

April 1, 2016, to March 31, 2017

## Journal articles


Dennis CL. (2017). Psychological treatment is one of the several important components to the effective management of postpartum depression. *Evid Based Nurs, 20*(1), 9.


Herridge MS, Chu LM, Matte A, Tomlinson G, Chan L, … Carmoner JI; RECOVER Program Investigators (Phase 1: Towards RECOVER); Canadian Critical Care Trials Group (including Rose L). (2016). The RECOVER Program: Disability risk groups and 1-year outcome after 7 or more days of mechanical ventilation. *Am J Respir Crit Care Med*, 194(7), 831-44.


Parry M. (2016). Consultation and collaboration competency by the nurse practitioner. In E Staples, S Ray & R Hannon (Eds.), *Canadian perspectives on advanced practice nursing*. Toronto: Canadian Scholars’ Press.
Kristin Cleverley is setting the stage for a large-scale study on how youth transition from child and adolescent mental health services to adult mental health services. Little is known about this transition, and youth rarely have a positive experience with it. Cleverley’s scoping review will identify what makes this complex transition successful and build a framework for better understanding it. *BMJ Open* published the study protocol.

Cindy-Lee Dennis has developed a rich research program in postpartum depression and anxiety. Recently, *Acta Psychiatrica Scandinavica* published her study on identifying women at risk for postpartum anxiety. Dennis and team found that psychosocial variables are important predictors, as is the mother’s psychiatric history. They also found that perceived stress – that is, feeling generally overwhelmed – is a stronger predictor of postpartum anxiety than specific individual stressors. Knowing how to identify women at high risk of postpartum anxiety offers healthcare professionals and women the opportunity to take steps to reduce the likelihood of developing it.

Home care is growing, and a strong body of nurses who supply home care is key to keeping Canadians healthy. Professor Ann Tourangeau has extensively researched work environments, and in a recent issue of *Health Care Management Review* identified the factors that influence home care nurses to stay in the field. The factors include having meaningful work, a variety of patients, higher nurse-evaluated quality of care, better work-life balance, and satisfaction with salary and benefits. These findings give home care organizations and other groups insights into what it takes to build and keep a good home care team.

Knowledge translation (KT) is an important element of all research. Managing pain is a vital aspect of caring for ill children. Professor Bonnie Stevens is an expert in both domains. She recently published a paper in *Pediatrics* that examines pain assessment and management after a KT intervention. Stevens and team conducted a randomized controlled trial that showed that the knowledge booster intervention, called Evidence-based Practice for Improving Quality (EPIQ), improved pain assessment, management and intensity outcomes at different time points, but a booster of the intervention 12 months after EPIQ concluded did not seem to add any extra value.
Cancer survivors who have undergone chemotherapy often complain of “chemo-brain,” and researchers have discovered it’s a real phenomenon. Professor Samantha Mayo led a study published in *Bone Marrow Transplantation* that shows that among patients who underwent a stem cell transplant, those with poor neurocognitive functioning did not manage their medications as well as those with better neurocognitive functioning. Her findings highlight the importance of supporting patients throughout the cancer treatment process by addressing neurocognitive deficits.

Professor Carles Muntaner explores social inequities, especially related to health disparities and employment, and the relationship between the two. Muntaner recently published an article in *Cadernos de Saúde Pública* that investigates the concept of precarious employment, its history and definition, and how it is interpreted today. Clarity in the meaning of precarious employment allows for comparisons across countries and different categories of employment. Muntaner’s theoretical analysis sets the groundwork for how precarious employment can be analyzed to understand its effects on the health and health outcomes of workers in a variety of occupations.

One issue that critically ill patients who are mechanically ventilated may face is difficulty coughing and clearing their throat, which may make it harder for them to be extubated or weaned from a ventilator. Professor Louise Rose, an expert in caring for these complex patients, recently published a paper in the *Cochrane Database of Systematic Reviews* that outlines ways to achieve weaning. Her paper reviewed the existing literature and identified the most useful techniques, while acknowledging the lack of rigorous evidence in the field.