

Pulse

UNIVERSITY OF TORONTO

FALL/WINTER 2014

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NORTHERN KENYA
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Wellness
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Promoting Health
Wellness
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pulse

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Dean's Message

YOU DON'T WANT TO mess with success. U of T Nursing produces graduates who are above and beyond any others. Sioban Nelson was outstanding in the role of dean, as was Linda McGillis Hall as interim dean. I welcome this personal and professional opportunity to be part of what is a brilliant Faculty.

I have always looked for challenges in my career. Over the years, my career has moved from clinical to management, and from research into administration. Most recently, I was Head of the School of Nursing and Midwifery at Queen's University Belfast. And I continue to conduct research.

My research program started out in assessing and managing pain in babies, but has moved in the direction of looking at the emotional and social burden that parents of sick infants carry. There is research being carried on within this Faculty that is commensurate with my own clinical research interests. Bloomberg Nursing is recognized as a research-intensive Faculty, although nursing is a discipline that sometimes struggles to articulate its contribution to research.

U of T Nursing exceeds the mark on so many points, but it can't rest on its laurels. We need to work with our brand. The University of Toronto has an international brand, and the Bloomberg Faculty has endless opportunities to take it even further. I certainly think we have the value proposition, to use a marketing term, for attracting students from around the world to our programs. We just need to get out there more.

Since my arrival on August 1, people have been incredibly keen to engage and support me, not only within the Faculty but across the university. And as in any job in which you step in as the new person, everybody seems to be under the impression that you're going to solve all past problems. I don't want to disappoint them. I'll give it my best.



LINDA JOHNSTON, PHD, FEANS, FAAN

JOINING A BRILLIANT FACULTY



PHOTO: MATT BIRCH @MATTBIRCHDESIGN

IF IT'S NOT BROKEN
DON'T FIX IT,
SAYS DEAN LINDA
JOHNSTON

NURSING IN NORTHERN KENYA

As an alumnus,
you're an integral part
of a nursing fellowship
that reaches around
the world

Laura's

by LAURA CALLAGHAN, MN OT9

Story

J WAS THE KIND OF NURSE WHO laughed at the idea of furthering her nursing education. After graduating with a BScN in 2000, pursuing higher academic learning seemed frivolous to me. I saw nursing as a way of helping, a profession that would assist me in travelling to far-reaching places to care for the hurt and needy. With basic nurse training, I felt I had what I needed.

But life does not always turn out as you imagine it will. And what seems foolish when you are young, well, it can seem a bit wiser with a few years of perspective.

C.S. Lewis wrote, “The only people who achieve much are those who want knowledge so badly that they seek it while the conditions are still unfavourable. Favourable conditions never come.”

The chronicles of Laura

I AM NOT SURE IF THE TIMING COULD have been more unfavourable in 2007. Sickness and tribal unrest had caused our family to leave Kenya and head back home to southern Ontario. I had a tropical illness, three children under the age of three, and part-time work with Niagara Region Public Health. It hardly seemed like an ideal time to pursue a full-time master’s program. Yet I was driven to apply because I was plagued by the question: Is there more for me to learn, to know, to understand?

In northern Kenya, my husband, Jay, and I had been working as missionaries with Africa Inland Mission, and for three years I practised in a small isolated dispensary where I cared for a multitude of patients. At night, I worked by flashlight and lantern to treat the sick. In the day, I paraded out into the hot Chalbi Desert to find remote villages where people need immunizations and medications. At a village, I would set up a mobile clinic in the back of a dusty Land Rover 110. While I worked, my toddlers would dance

and play, their blonde and red floppy hair either scaring or fascinating the local children.

I had been stretched as a nurse. I found myself diagnosing, treating, dispensing, suturing and referring patients. But could I have done a better job? Back in Canada, this question followed me as I remembered the faces of my patients. I was haunted by images of bellies swollen from malnourishment, scurvy, swollen joints, babies with meningitis, malaria and wounds inflicted during tribal conflict. To appease these apparitions, I determined that if I had further training perhaps I could serve these patients better. So I – the most unlikely nurse to return to school, the one who swore that degrees and academia held little intrigue, value or allure – applied for the master of nursing program at the University of Toronto.

Miracles happen

I GRADUATED FROM BLOOMBERG NURSING’S Master of Nursing Nurse Practitioner Program with a specialty in paediatrics in 2009. I cannot praise the program enough. It gave me a new way of learning, a hunger for knowledge, a critical approach to the literature and an understanding that striving for excellence in nursing is a noble goal. As a nurse, you impact people and communities; it’s not merely an exercise that remains in the halls of academia.

After graduation, I spent a number of years practising at McMaster Children’s Hospital in Hamilton, enjoying my role as a nurse practitioner on the Child and Youth Mental Health Team. It’s not what I imagined my first NP role to be, but one in which I was continually learning, stretching and working out how to improve patient care in a resource-limited setting.

Kenya calls

IT WAS ONLY A MATTER OF TIME BEFORE our family returned to Africa. On

February 3, 2013, Jay and I along with our brave children – who by then numbered four – boarded a plane, leaving a snow-dusted Toronto for the subtropics of northern Kenya.

We live in community with the Samburu people in the village of Kurungu where Jay is a secondary-school teacher at a nomadic girls’ school. Kurungu, nestled between two mountains an hour south of Lake Turkana, is a place of unrivalled beauty and unspoken suffering.

Can I help?

THE AVERAGE DISTANCE BETWEEN health dispensaries in northern Kenya is 52 kilometres. So for the sick Samburu mama, the feverish child, the arthritic old man, it’s hours on foot through bush and thorn to find any sort of health assistance. When I first arrived there was no dispensary in the village, so I set up a clinic on our front porch. In the first two weeks, I saw well over 200 patients. Mamas with small babies and toddlers in tow, schoolgirls, elders and warriors spread out in the yard and slept as they waited for their turn to be seen. In those first weeks I was horrified by the chronicity and acuity of those who presented for care. When the translator and I travelled to more remote villages, I saw even greater numbers with serious illness.

A baby with severe hydrocephalus, children with Pott’s disease and others with serious illnesses related to TB inspired my husband and I to set up a fund to transport patients with life-threatening conditions to the mission hospital for care and treatment.


With the high burden of TB, the need for education, prevention and early treatment is key to reducing mortality and morbidity from such a treatable condition. Through the generosity of many donors, I am now working out how to develop a community TB program that makes diagnosing accessible through the

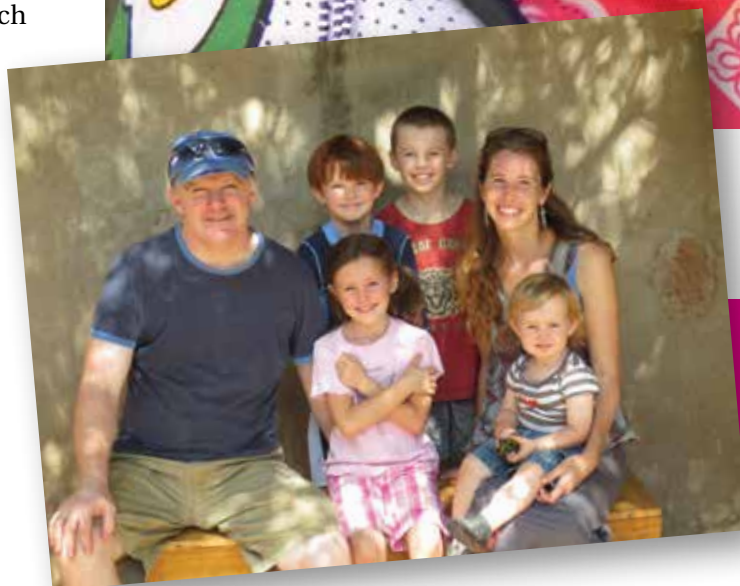
use of GeneXpert. To be sure, there are challenges to overcome in initiating a community program in a place where the people are nomadic, where poverty is endemic, and where the vast majority of people are unable to read or write.

We have come to the realization that we are blessed to be here to learn, to watch, to experience, to be a part of the community. I was astounded by a statistic that noted that for many nomads in northern Kenya, one can multiply their annual income by 1,000 and it will still not be enough to reach the poverty line. Today, I am fully convinced that even in the deepest of poverty, the people here live far richer lives than many others who have all they could ever want.

Looking back, looking forward

DID U OF T NURSING'S MASTER program provide skills and tools to help me, a paediatric nurse practitioner in the African bush? Absolutely! Am I fully prepared, equipped, educated and skilled to face the needs here? No, I will never be, just as I will never be accustomed to seeing such suffering. It is a funny paradox that the greatest lesson you learn in academia is not how much you know, but how much you have yet to learn.

I continue to daydream and ask: Is there more for me to learn, to know, to understand? And now research questions fly through my mind: How can I do this better? What knowledge or evidence can be applied to improve health outcomes here? I hope to return to U of T, perhaps once again when conditions are unfavourable. I want to learn just a little bit more about the nursing profession and its role and impact in the world. 



Laura Callaghan shares her sunglasses with a member of the Samburu community

You can email Laura at jlcallaghan@aimint.net To read her blog, visit callaghansinkenya.aimsites.org

What students can teach you

Yoga, laughter
and smoothies
help students
strike a balance

BLOOMBERG NURSING GOES OUT OF ITS WAY TO promote the well-being of its undergraduates through several wellness initiatives, such as classes in stress-reducing practices, yoga and mindfulness meditation. It also encourages students to take a break from their textbooks to participate in the national Nursing Games and retreat at Hart House Farm.

In 2013, front-page headlines announced that a national student survey had found that many post-secondary students suffer from mental health problems. But U of T Nursing students were already all over the issue.

“Awareness about student mental health has, thankfully, been gaining more attention lately at U of T and beyond,” says Kate Dunbar, BScN 1T3, who was elected U of T Nursing’s inaugural Wellness Representative in the Nursing Undergraduate Society (NUS) in 2012.

The Canadian Association of College and University Student Services (CACUSS) survey of more than 30,000 post-secondary students across Canada is chockfull of good news about physical health. It found that most university and college students are a healthy weight, and almost 40 per cent enjoy three or four servings of fruit and veggies a day. It found that 70 per cent have been vaccinated against hepatitis B, and that almost 75 per cent have an annual dental exam and cleaning.

What’s troubling in the survey findings is Section H: Mental Health. It revealed that within the last 12 months more than half of the students have “felt overwhelming anxiety,” more than half have “felt things were hopeless,” and almost 10 per cent have “seriously considered suicide.” It’s not a rosy picture.

STAYING ON COURSE

TO ADDRESS THE ISSUE, CACUSS AND THE CANADIAN Mental Health Association came out with a document to help campuses better support student wellness. Seventy Canadian universities and colleges, including the University of Toronto, contributed to *Post-Secondary Student Mental Health*, which outlines a systematic approach to creating healthy campus communities and reducing the stress that some students suffer.

Some stresses that university students face are fairly new. For example, looming ahead of today’s students is the prospect that once they graduate, they could face

job insecurity if not unemployment. Other university stresses are age-old, such as the stress of writing exams.

Page Dixon, NUS’s most recent Wellness Representative, decided to do something about test anxiety at Bloomberg Nursing. Dixon, BScN 1T4, cut the tension before an exam by pulling on her yellow-and-black sweater which she says makes her look like a big bumblebee. Then, reaching into a basket she had filled with granola bars and dried dates, she’d go up to students and ask, “Would you like a good-luck snack?”

She also taught her classmates the art of power posing. “Expand your body, shoulders back, arms out,” she’d instruct. “It doesn’t matter if the confidence is real, it becomes real if you stand as if you’re confident. If you fake confidence, you get the same hormonal benefit. You decrease the cortisol stress response.”

BEYOND EXERCISE

THE EARLY IMPETUS FOR NUS HAVING A DISTINCT WELLNESS role came from Nicole Harada, BScN 1T2, a former Athletics Representative. Harada, along with the faculty, recognized that while sports and recreation contribute to student well-being, there are other dimensions of wellness that could be better explored by creating a new role.

Wellness encompasses several interconnecting dimensions, including social, emotional and mental health. It preaches mental fitness – developing a positive outlook that enables you to enjoy your everyday life and to bounce back in the face of adversity. And of course it includes physical health.

There is no doubt that physical exercise is one of the best stress-busters around. Exercise leads to the release of endorphins, the neurotransmitters nicknamed “happy hormones.” And whether you’re focusing on trying to shoot a puck or hit a birdie, you’re not fretting about that upcoming anatomy test.

U of T Nursing has a long history of promoting physical health. For decades, there was a School of Nursing Basketball Team, in which nursing students in gym rompers challenged different departments and faculties to a game. U of T Nursing also arranged baseball games and skiing trips for its students.

As a member of a team, students have the added benefit of gaining a sense of belonging as they strive together



for that winning goal. In past years, that sense of belonging was fostered by other clubs just for nursing students, such as the School of Nursing Dramatic Society. Today's students, though, can sometimes feel there's no time for fun. That kind of thinking swings open the door to crushing, unhealthy stress.

A BALANCING ACT

U OF T NURSING DEVELOPED CANADA'S FIRST SECOND-ENTRY BScN program in 1997, and since then many other university nursing programs have followed suit. Our two-year undergraduate program is designed for individuals who have accumulated at least 10 university credits. Many of our undergrads, though, enter with a completed undergraduate degree, if not a master's or doctorate.

Consequently, our undergrads don't face the stress of adjusting to university life or living away from home for the first time. But many start their first day of nursing burdened by the significant student debt they accumulated from their preceding years at university.

Another stress for many of our undergraduates is the challenge of taking on a new level of responsibility. Dixon, for example, has an undergraduate degree in French and a diploma in expressive arts therapy. What in her education prepared her for the responsibilities of a health care professional? "As a nursing student, you share in the responsibility for people's lives, and at first that responsibility was extremely stressful," admits Dixon.

Students can be tempted to keep up with the demanding pace of the two-year program by shoving aside their own needs. "In first year, to keep up with my coursework I stopped going to movies and reading novels," recalls Dixon. "I stopped baking, and I used to do a lot of baking. I even baked my own bread.

"I remember being in a public health placement, speaking to new mothers and telling them that dust is the most toxic thing in their homes. I felt guilty because I had stopped cleaning my house, and my dust bunnies were gigantic!"

By second year, though, Dixon had found her stride. "I enrolled in a tai-chi course at Hart House and took the yoga classes I helped organize for nursing students," she says. When a rescheduled test conflicted with the nursing students' yoga class, she asked the faculty if the students enrolled in yoga could write the test at another time so they could adhere to their self-care routine. "The faculty respected wellness enough to allow us to write the test later. I was so impressed by the faculty's commitment to wellness."

LUNCHTIME AT THE MOVIES

TO KEEP STUDENT STRESS LEVELS DOWN, DIXON TAUGHT mindfulness meditation and Dunbar helped establish the weekly yoga series. Dunbar says one of her most successful events was Laughing Yoga Lunch. About 25 students came to view *Laughology*, a Canadian documentary that chronicles the power of laughter. "Then we did some ridiculous laughing yoga exercises together," says Dunbar. "Although we all felt terribly silly at first,

Bloomberg Nursing undergraduates at the 2014 National Nursing Games, which were held at U of T. Below, Meagan Noble, the games' head co-ordinator, rallies the crowd.



we ended the session definitely feeling more relaxed. It helped to ease some of the tensions we feel in our perceptions of things, our relationships and within ourselves. And the event planted a few seeds within these future nurses that may further empower them to find creative ways to help heal their patients – and themselves.”

In addition to being a nurse, Dunbar is a theatrical clown. And recently, she found a way to combine her two personas. “I’ve had the opportunity to get involved in a pilot project introducing therapeutic clowns in a palliative care setting,” says Dunbar, who practises on the medical unit at Owen Sound Hospital in Ontario. “I am profoundly excited by this project, and I’m looking forward to integrating my nursing background with my artistic pursuits.”

Dixon also held a successful wellness event by screening a documentary. She showed *Happy*, a film that takes the viewer across five continents in search of the keys to happiness. “The movie shows that adversity doesn’t necessarily make you unhappy,” she says. “And happiness definitely doesn’t come from having lots and lots of money.”

LET THE GOOD TIMES ROLL

DIXON AND DUNBAR BOTH WORKED ON THE ANNUAL Wellness Fair, which is held every March. Last year, several stations dotted the lobby and Nursing Simulation Lab. At the smoothie station, blenders whirred together soy milk, frozen strawberries and honey. “The smoothies were really popular,” recalls Dixon.

At the “Give-One-Get-One” station, students took a moment to sit down and give a relaxing hand massage to a classmate, and then get one in return. At the exercise station, students were challenged to find out how many times they could skip with a skipping rope – without tripping.

“I wanted to get people thinking about a self-care plan, to find creative outlets to manage stress. The key is having a scheduled self-care plan, so you don’t skip stress-reducing activities in favour of a little more study-

ing,” says Dixon.

The two students also re-established the annual nursing-student weekend retreat to Hart House Farm. “We had great support from the Faculty,” says Dixon.

At the farm, the nursing students played Frisbee, swam in the pond, sat in a wood-fired sauna and became enchanted by the chickens running around. At night, they prepared a communal dinner and toasted marshmallows over a bonfire before heading off to sleep in the bunk beds.

BRING YOUR “A” GAME

AFTER ORGANIZING A COLLABORATIVE GTA TEAM TO ATTEND the national Nursing Games in Windsor last year, Meagan Noble and her colleagues hosted the games at U of T in March 2014. As the head co-ordinator of the Games, Noble invited students from nursing programs across Canada to compete in a friendly test of academic and athletic prowess. This year, a record-breaking eight teams of nursing students registered and participated in a relay race, and friendly games of soccer, dodge ball and basketball.

Over dinner they answered nursing trivia questions. As the reigning trivia champions from 2013, the U of T team told this year’s competitors to “Bring your A game!”

The 240 nursing students who attended enjoyed a weekend of fun. And while Noble also enjoyed herself, she reaped much more. “I learned time management, and how to prioritize and build connections,” says Noble, BScN 1T4. “I learned about the importance of taking time for myself.”

Noble will be able to take her stress-management and leadership skills into her new position in the emergency department at Niagara Health System in St. Catharines.

Dixon, since graduating and joining Sigma Theta Tau International Honor Society of Nursing, has found a nursing position with the Choice in Health Clinic in Toronto. And she is back baking. Today she baked a lemon Jell-O cake. “After you bake the cake, you poke it with a toothpick and then pour the warm liquid Jell-O over the top,” she smiles.

Dixon plans to start a wellness initiative in her workplace. “There are multiple benefits to having wellness activities at work,” she says. “As a nurse, you need to be able to transfer care. I give my patients my time, expertise and heart, and then I need to transfer their care to someone else. I need to know how that nurse works and how he or she communicates. The quality of my colleagues at U of T Nursing was just stunning. I could always trust them ethically and academically.

“Coming together for something outside nursing enhances relationships,” Dixon continues. “It enables you to de-stress with the people you stress with.”





Emily Smith, Stephanie Sybingco and Page Dixon from the Class of 1T4 used a variety of stress-reduction techniques to graduate with high marks and in high spirits

PHOTO: ROGER YIP



Dr. Kelly Metcalfe

ENSURING YOU'LL SURVIVE

If you have a BRCA1 or BRCA2 mutation, Professor Kelly Metcalfe is intent on saving your life

IT HAS BEEN 20 YEARS SINCE THE media enthusiastically announced the breakthrough discovery of the breast cancer genes BRCA1 and BRCA2. Right from the beginning, Bloomberg Professor Kelly Metcalfe has contributed to this research area, expanding our understanding of the clinical implications of being identified as having a BRCA1 or BRCA2 mutation. “My goal is to take this genetic information and use it to save lives,” says Dr. Metcalfe.

Last year, the media spotlight once again shone on the BRCA1 and BRCA2 genes when Hollywood actress Angelina Jolie announced that she has the BRCA1 mutation and had undergone a prophylactic mastectomy to reduce her risk of developing breast cancer.

If you, like Jolie, carry a BRCA mutation, your breast cancer risk jumps from 11 to 87 per cent by the age of 70, and your risk of ovarian cancer skyrockets from 1.5 to nearly 60 per cent. “One benefit of genetic testing for BRCA1 and BRCA2 is that it identifies high-risk individuals *prior* to a breast or ovarian cancer diagnosis,” says Metcalfe. “We can prevent cancer from developing, and that’s what’s so great about it.”

NOT THE WHOLE STORY

IN AN ARTICLE IN THE *NEW YORK TIMES*, Jolie discussed her proactive approach to breast cancer and hinted that later she may have a prophylactic oophorectomy. “Removing the ovaries in women with a BRCA mutation is the best way to prevent ovarian cancer, and it also reduces the risk of breast cancer by about half

because you’re removing the body’s main source of estrogen,” explains Metcalfe, who is also an adjunct scientist with Women’s College Research Institute.

But unlike removing the breasts, removing the ovaries at a young age has several medical implications. For example, the surgery may increase a woman’s risk of osteopenia, osteoporosis, and cognitive impairment or dementia later in life.

“It’s more important to remove the ovaries than the breasts,” states Metcalfe. “We have very good screening for breast cancer; women with a BRCA mutation are screened with a breast MRI. But for ovarian cancer we don’t have good screening so we can’t pick it up early, and ovarian cancer is a lethal disease.” The majority of ovarian cancers are diagnosed at an advanced stage, and the five-year survival rate is only 44 per cent.

“For women with a BRCA1 or BRCA2 mutation, we recommend removing the ovaries between the ages of 35 and 40, before the risk of ovarian cancer starts to shoot up,” continues Metcalfe. Recent research suggests that this surgery reduces a woman’s risk of dying of all causes by 77 per cent. “That is an incredible survival benefit, and we need to ensure that women are aware of this substantial survival benefit and elect for the surgery,” she says.

SPREADING THE WORD

METCALFE IS A MEMBER OF A RESEARCH team that follows more than 17,000 BRCA1 and BRCA2 carriers around the world every two years. “We know

that about 45 per cent of Canadian women with a BRCA mutation over the age of 35 have not had the recommended prophylactic oophorectomy,” she says. “Some may have been seen in a cancer genetic clinic 15 or 20 years ago. We rely on their family doctors to follow them, and if the family doctors don’t know the latest research they’re not going to be advising their patients.”

Metcalfe believes this process needs to improve. “I recently developed an intervention to ensure that women with a BRCA mutation are aware of how important it is for them to get their ovaries removed,” she continues. Earlier this year, the Canadian Institutes of Health Research (CIHR) awarded Metcalfe funding to evaluate a unique intervention: providing followup genetic counselling by phone to women with a BRCA mutation to evaluate if it increases the uptake of oophorectomy compared to usual care. “If this intervention is effective, it will save lives,” she says.

The study will contribute to one of Metcalfe’s overall goals, of ensuring that research results are translated and evaluated in clinical practice. “Research findings shouldn’t just be published in journals. It is the patients who can benefit, and I want to ensure that this happens.”

KNOWING YOUR GENES

EARLIER THIS YEAR, METCALFE CAPTURED international attention with her investigation that found that women with BRCA-related breast cancer who have a double mastectomy are nearly 50 per cent less

SHOULD YOU BE TESTED?

In Ontario, you are only eligible for BRCA testing if you meet strict criteria, which includes a family history of breast or ovarian cancer.

Do the criteria identify everyone who should be tested?

“No,” answers Dr. Kelly Metcalfe, a Bloomberg Nursing researcher, “but it’s a difficult problem to fix because genetic testing isn’t cheap to do. It costs about \$500 per test. But the price is going down, and I bet that in the near future it will be very inexpensive for each of us to know our whole genome. We won’t just be testing for BRCA, we’ll be testing for everything.”

Of particular concern with the current BRCA testing criteria is that, while taking ethnicity into account, the criteria may not be broad enough to include women who belong to an ethnic group at higher risk of a BRCA mutation but who do not have a strong family history of breast or ovarian cancer.

Women of Jewish, Icelandic and Polish descent are at higher risk of having a BRCA mutation. For example, the frequency of BRCA mutations is one in 45 for women of Ashkenazi Jewish descent, compared to one in 250 for Canadian women in general.

In a recent study, Dr. Metcalfe and her team at Women’s College Hospital tested 6,000 Jewish women for the three BRCA mutations commonly found in this population. About one per cent of the women had a mutation, and Ontario’s current BRCA testing criteria would have missed more than half of them. “Many of these women went on to have preventive surgery, which translates into lives saved,” says Metcalfe. “For the Jewish population, genetic testing should be more available.”

likely to die of breast cancer within 20 years of diagnosis compared to women who have a single mastectomy.

“This research speaks to the importance of a woman being offered genetic testing at the time of breast cancer diagnosis and receiving those results quickly,” she says. “In the era of personalized medicine, it is important that a woman has this genetic information so her breast cancer treatment can be targeted to obtain the best possible outcome.”

Typically, a woman with breast cancer elects for a lumpectomy and radiation therapy, and these treatments proceed long before the genetic test results are in. But BRCA-associated breast cancers should receive different treatments to decrease the risk of a new cancer and increase the chance for survival, argues Metcalfe. “When we think of treating a woman with a BRCA mutation, we need to think not just about treating her first breast cancer, but preventing a second breast cancer.”

Rather than having a lumpectomy, if there is a BRCA mutation Metcalfe recommends that the woman seriously consider a bilateral mastectomy to increase her chance of surviving. However, for the majority of women diagnosed with breast cancer, BRCA status is not known at the time of diagnosis.

Metcalfe is changing this process by offering what’s called “rapid genetic testing.” The research team will employ new technology to offer genetic test results in 10 business days, compared to the six to eight weeks typically offered in clinical settings. This study, also funded by CIHR, will evaluate if providing genetic test results prior to surgery will influence the treatment decisions of 1,000 women diagnosed with breast cancer. “I think that if we can give this information to women, they can take advantage of personalized

medicine and make the best treatment decisions to increase their chance of survival,” she says.

Metcalfe emphasizes that most of her research would not have been possible without the participation of BRCA-affected women around the world. “I recognize their significant contribution and feel it is important to give back to them,” she says.

To show her appreciation, Metcalfe organizes a biennial day-long confer-

MATCHING TUMOURS TO TREATMENTS

As a nurse at Princess Margaret Hospital, Lindsay Carlsson has witnessed cancer patients struggling to understand how genetic findings relate to their care plan.

Wanting to help oncology nurses more efficiently communicate genetic results to their patients, Carlsson began a research project through Bloomberg Nursing’s PhD program this fall. Professor Kelly Metcalfe, an authority on the clinical applications of heredity genetic information relating to breast cancer, is her supervisor.

“My doctoral studies will focus on examining the cognitive understanding, decision-making processes and psychosocial needs of breast cancer patients undergoing molecular profiling,” says Carlsson, BScN OT7, MN OT9. “This new knowledge will fill a critical gap within our cancer care system.”

The ability to perform a genetic profile on a tumour offers the opportunity to match genetic mutations with specific anti-cancer treatments. “Ninety to 95 per cent of breast cancer tumours are somatic mutations; that is, non-hereditary genetic mutations that are acquired during an individual’s lifetime. The underlying cause is rarely identified, but there are various environmental toxins, such as heavy metals and tobacco exposure, that are

ence in the U of T Nursing building to present the latest research on BRCA1 and BRCA2. “We had 200 women with a BRCA mutation upstairs a few weeks ago,” says Metcalfe proudly. “We follow these women every two years, and their data contributes to our knowing what we know. The conference is a way of thanking the women, and they loved it. On a day like that I really see the difference my research is making.”



Kelly Metcalfe (right) is supervising Lindsay Carlsson in her doctoral research on communicating genetic results

known culprits,” explains Carlsson, who has practised as a clinical research coordinator with the Drug Development Program at Princess Margaret for the past three years.

“The genetic material in a tumour gives us insights into the patient’s cancer story. It can tell us whether the tumour will be responsive to chemotherapy, whether the cancer is aggressive and the patient’s prognosis.” Presently, the molecular profiling of tumours is available only for individuals who have advanced cancer that has metastasized.

TAILOR-MADE TOOLS

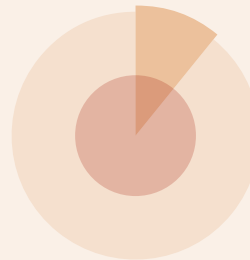
As part of her study, Carlsson will interview patients undergoing molecular profiling to determine their information needs. Then she’ll tailor educational materials - such as decision-making tools, videos and a website - to fill the knowledge gaps.

Carlsson sees a critical role for nurses in reinforcing genetic information and correcting any misinformation. “We’re the ones seeing the patients on a daily or weekly basis. We’re the ones advocating for and responding to the psychosocial and informational needs of patients.

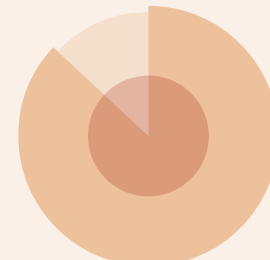
“The nursing profession has an incredible opportunity to function at the frontlines of this new frontier,” she continues. “We can partner with patients to navigate this new world that is just now opening up.”

KNOW YOUR RISK

YOUR BREAST CANCER RISK BY AGE 70

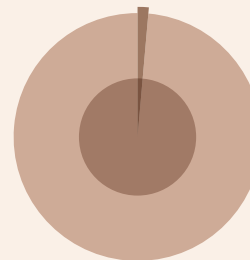


Without a BRCA mutation: 11%

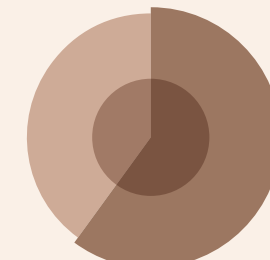


With a BRCA mutation: 87%

YOUR OVARIAN CANCER RISK



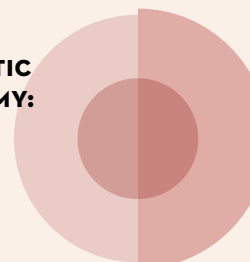
Without a BRCA mutation: 1.5%



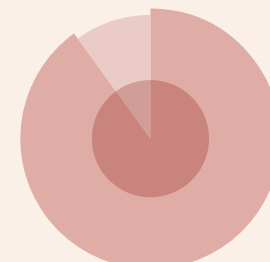
With a BRCA mutation: 60%

REDUCING CANCER RISK IN WOMEN WITH A BRCA MUTATION

A PROPHYLACTIC OOPHORECTOMY:



Reduces their risk of breast cancer by 50%



Reduces their risk of ovarian cancer by 90%



When U of T's Faculty of Medicine and Queen's University Belfast challenged Dean Linda Johnston to take the ALS Ice Bucket Challenge, she stepped on up



MEET OUR NEW DEAN

Professor Linda Johnston joins us from Queen's University Belfast, where she served as Head of the School of Nursing and Midwifery

Pulse: You have lived around the world. What country do you consider home?

Johnston: I'm originally from Sydney, and I consider myself Australian. I had just started a nursing program in Sydney when my dad got a transfer to Chicago. And when you're 18, what's better than the opportunity to go to another country?

In those days, there weren't that many nursing programs within universities, so I did a three-year diploma program at Evanston Hospital in conjunction with a college in Chicago.

Then I went straight into the neonatal intensive care unit. They had a 10-week transition program for new grads. Just as now, it's difficult to recruit into the NICU. It's a tough job.

Pulse: You've seen a lot.

Johnston: I worked in the NICU clinically for 12-plus years, in the U.S., Australia and the Middle East. I liked the challenge, and at the time neonatology was still a relatively new field. There were a lot of developments, so it was quite exciting. Neonatology is a very rewarding clinical career; I'd recommend it to anybody.

Pulse: Where do you see the nursing profession going?

Johnston: There's a pervading view that you don't necessarily need nurses anymore. There are a number of powerful voices in policy who argue that nurses are expensive and you could do as effective a job with a worker who is on a lower salary and doesn't have the expensive education. It's very hard for nurses to articulate what it is that they do that contributes to the outcomes of

patients, clients and families. Indicators of nursing effectiveness are really important, and continuing to reiterate the value of nursing as a discipline within the health care setting is important.

Over the six years that I was in the U.K., we were under constant scrutiny by government policy-makers. They particularly looked at the undergraduate program, arguing – or certainly suggesting – that university-prepared nurses are not as good as in the “good old days” when nurses were trained in a hospital apprenticeship-like program.

And there were numerous government reviews on the selection process for nursing. Higher-education providers were scrutinized: How do we know the students we select have the right values and attributes to be a nurse? What is the university doing to prepare its students to be caring and compassionate, or is that lost in the curriculum?

I suppose I'm getting on my soapbox now, but it's not the undergraduate program that's the issue. The issue is continuing professional development for nurses in the workforce now. They need opportunities for lifelong learning to help them be as professional as they can be.

Pulse: What was the Queen's University Belfast nursing and midwifery program like?

Johnston: It was much larger than here. At Queen's we had about 2,500 students, and I managed a staff of about 120 academics and 40 administrative staff. That's about twice the size of this Faculty.

Pulse: So U of T Nursing will be twice as easy for you?

Johnston: You would think. But there's a different emphasis here, and the system is completely different.

At Queen's, the Department of Health in Northern Ireland provides each student with a bursary and pays the student's tuition fees. The Department of Health also dictates the number of students, so it's very competitive to get a place in a program. For 400 places in the undergraduate nursing program, we had about 4,000 applicants from both Northern Ireland and the Republic of Ireland, as well as from England. The vast majority come into the nursing program directly from high school.

The selection process is dictated by the Nursing and Midwifery Council, which is the regulatory body in the U.K., and by the Department of Health in Northern Ireland. First, it involves screening for academic achievement. And then there are one-on-one interviews with the applicants. There's in the order of 2,000 face-to-face interviews that have to be done each year.

With so many incoming students, we had to split the undergraduates into two intakes because we didn't have a lecture hall that could fit them all. So we had a cohort enter in September, the traditional intake, and a second cohort entry in February.

Most of the academics deliver to the undergraduate program because of its size. The research program is smaller than U of T's. And Queen's doesn't have a nurse practitioner program yet; that's being developed.

Pulse: From your time at Queen's, what achievement are you most proud of?

Johnston: Developing internationalization. You can't escape Belfast and Northern Ireland's history, and its focus has, in the past, been on its own internal challenges. But North-

ern Ireland is moving into being a more outward-looking region, engaging with Europe and beyond. So international students create a more outward-looking climate for Northern Ireland students.

Most of the international students are in the master's and PhD programs. I currently supervise somebody from Malaysia, somebody from Saudi Arabia, somebody from Thailand and somebody from Iraq. And I still have one PhD student in Melbourne, but she will be submitting soon.

Pulse: How do you engage with these international students?

Johnston: It's usually by Skype and phone calls, and lots of emails. I'll likely be back in Melbourne in November, so I'll meet up with that PhD student then.

Pulse: What are you researching?

Johnston: I'm researching the long-term outcomes for babies who have had a stay in the intensive care unit. We've been doing work in Australia and Belfast, looking at babies in their first 12 months of age to see what impact that initial NICU stay is having on those babies and their families. Some of those babies might still be in the NICU, which will obviously have a greater impact on interacting and parenting and attachment.

Recently, my focus has been on babies who require surgery in the neonatal period because they're a group who are generally left out of research studies. We are interested in the behaviours that these babies are exhibiting very early on in their life in order to try and identify any potential neurodevelopmental prob-

lems that may require some form of early intervention. They're quite a challenging group of babies and families to recruit into studies because there are not that many of them, so your study sample size can be a problem. But if you're the parent of a baby with a surgical condition then the reality is that it's a very large sample size because it's your baby.

Neonatology is such a challenging field to do clinical research in because of the vulnerability of the patients and their families, and the small patient numbers. I founded the Australian Collaboration of Neonatal Nurse Researchers about 10 years ago because it made sense to link these researchers together so they could collaborate on research projects. Also, I thought it important to establish some sort of mentorship, a career guidance group in which people could feel comfortable talking about their program of research and what they might want to do next. Neonatal nurse researchers were so new that it was difficult to know what kind of clinical or academic career path would exist for these individuals.

The patient group I'm studying now – babies with surgical conditions – is quite heterogeneous. You've got babies with cardiac conditions versus abdominal conditions versus neurological conditions, all requiring surgery. They each have different issues and respond differently and have different outcomes that are often difficult to predict.

What we're doing is examining the parenting stress associated with having a baby with these types of conditions. We know now that compared to the parents of a baby who required cardiac surgery, the parents of a baby with another type of surgical condition are more stressed. We think this may have something



Dean Johnston comes to us from Australia and via the U.S. and Middle East

to do with the types of support that are generally available to parents of babies with cardiac conditions. Being the larger proportion of the surgical baby population, they have much more organized support, with parent organizations and charities as well as much more organized followup clinics. The parents of babies who have had other kinds of surgery could feel isolated, and therefore more vulnerable, and therefore more stressed. But we don't know that yet.

We've also looked at parents of surgical babies versus parents of healthy babies. As you might expect actually, parents of surgical babies report much more anxiety and depression. But what you might not expect is that anxiety and depression can be high nine, 10, 12 months after the baby's birth. The parents have ongoing issues in relation to their baby's surgical condition.

Pulse: What kind of interventions could this research lead to?

Johnston: I think it's important to think about early identification of parental stress, even when the baby is in the intensive care unit. I think this research is telling us that health care professionals should be aware of the potential for anxiety and depression, and should ask parents about anxiety, depression and other feelings that they might be having and then make the appropriate referrals.

It also means that the assumption should not be made that once the parents take those babies home that everything is fine. A followup approach with the right kind of supports for both the baby and the parents needs to be there. Stressed parents can react in particular ways to their baby, or they may not interact because they don't have the emotional energy.

Pulse: How can the NICU promote emotional health?

Johnston: We know it's important to have parents interacting with their babies when they're in the intensive care unit – delivering care when they can and providing breast milk – because that does have an impact on the longer-term relationship that the baby and parents may have.

Some professionals argue that the challenges of the NICU environment make it difficult, but Scandinavian countries very successfully have parents in the neonatal units 24 hours a day, seven days a week. Parents essentially move in and deliver the majority of the care – feeding, bathing, doing medications, changing nasogastric tubes.

Sweden is one of the countries in the EU that has led the way in terms of developing this kind of family-centred care approach. Each family has their own room, which is like a hotel room. They have a big double bed, just like in a normal family bedroom. The baby is kept skin-to-skin with the mother the whole time.

It's quite different, isn't it? It's better for the baby than to be all alone in a plastic box.

Pulse: What is your vision for Bloomberg Nursing?

Johnston: I'm interested in transnational education and internationalization. In the space of a little more than 20 years, the health education environment is one of seemingly continuous innovation, change and uncertainty. The formerly "cloistered" world of the university has been forever changed with the advent of the digital borderless world.

Traditional models of learning have been usurped by various web-based alternatives, with learners choosing their modes and places

of learning. The state-controlled, chronically underfunded universities have had to reconsider their "business," particularly in the face of new providers operating within a highly competitive open market aiming to meet the needs of the savvy consumer, the learner.

As an academic, my own thinking has been shaped by the changes occurring around me, latterly in the U.K. I have had to think about the business I am in, and the current market I am trying to serve, and the new markets I am trying to reach. As the dean of a professional Faculty I have to consider the key attributes of my graduates. In the economy in which I currently operate, I am required to consider not only their fitness for purpose in a not even close to stable health care system, but their ability to function in other health care systems in other countries.

Pulse: Do you like Toronto?

Johnston: I like it, but I don't understand the plethora of coffee shops. There's Tim Hortons, there's Starbucks, there's Second Cup, Timothy's

To view a video of Dean Johnston taking the ALS Ice Bucket Challenge, visit <http://uoft.me/NursingIceBucket>

A Bloomberg PhD student is examining the impact of a short-term health care brigade to rural Honduras

DO MEDICAL MISSIONS MISS THE MARK?



INSPIRED BY HER NURSING experiences in countries with a developing economy, Patti Tracey is focusing her doctoral research on how a non-governmental organization's (NGO's) health care brigade to Honduras affects the republic's health care system. "I have volunteered on short-term missions for 15 years," she says. "I believe that as a nurse I have a moral responsibility to promote health inside as well as outside our local community."

Supervised by Bloomberg Professor Carles Muntaner, Tracey is conducting research that is breaking new ground. It's the first study to evaluate a short-term medical mission in a low-income country with an equity lens. "Too often, NGOs are assumed to be beneficial and little evidence is provided of their impact," says Tracey.

The new knowledge that this research will generate could have both national and international influence. Canada sends multiple short-term health-care missions to low- and middle-income countries, and if erroneous assumptions are being made they need to be exposed. Around the world, Tracey's study will continue to raise questions about the validity of providing short-term health care in areas unable to offer the basic determinants of health.

EXERCISE IN FUTILITY

AS AN EXAMPLE OF THIS DILEMMA, Tracey cites a mission giving parasite medication to a community that doesn't have access to clean drinking water. "Until we address the issue that is making people sick, the efforts



U of T Nursing graduate student Patti Tracey (front) interviewing individuals in Gracias a Dios

at providing health care can seem futile.”

Tracey proposes that a better model of care would be to promote health equity for all people and to build it on a foundation of the social determinants of health. “Ideally, NGOs should support national and state health care toward self-sufficiency,” she says.

An important first step, though, is to evaluate the work of short-term missions, given they are a significant provider of health care services in many rural regions of low- and middle-income countries. This evaluation will contribute to a broader understanding by shedding light on the dynamic interplay among the many strengths, challenges, barriers and risks inherent in the interface between a mission and the country receiving care.

OFF TO HONDURAS

HONDURAS IS IN THE TOP-TWO DESTINATION countries for NGOs providing international health care. On average, one NGO arrives in Honduras every day to deliver health and/or dental care, education or structural development. But only three NGOs visit the remote area where Tracey conducted her research.

Using a case-study approach, Tracey is evaluating the effect of a Canadian NGO’s 12-day mission to seven villages in Gracias a Dios, a sparsely populated region in north-eastern Honduras. More than 80 per cent of the area’s inhabitants are Miskito, an indigenous people. In this region, clean water, cellular phone service and electricity are

luxury items.

Because of the area’s isolation, many of these Hondurans have limited or no access to health care. A clinic or the region’s one public hospital could be anywhere from a two- to seven-hour walk away. Even if an individual is well enough to hike to a clinic, the facility may be out of the needed medicine or supplies. And the individual would not be able to arrange to see a specialist, such as an ophthalmologist, if his or her medical problem was beyond the scope of the clinic’s general practitioner.

Tracey’s research team – which included a Spanish interpreter, Miskito interpreter and police officer – travelled by truck or boat from village to village. She interviewed the individuals who received care, other community members, Honduran health care professionals and Honduran regional health officials. As well, she surveyed the Canadian health care providers who volunteered for the mission.

“In the most remote and rural regions of Honduras, such as the location of my study, an NGO-led mission may be the only health care service the community has. The main drawback is the lack of follow-up or integration into the existing local or regional health care system.

“The benefit is that the provision of basic health care services and medicines are free. The people are very appreciative of any health care services offered to them in their community, even if it’s only one day a year.”

IF THE ECONOMY FALTERS, SO DO PEOPLE’S HEALTH

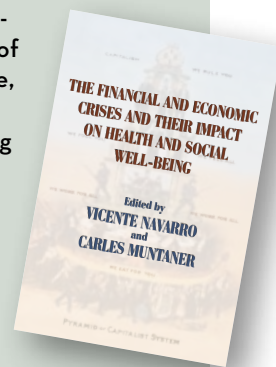
“The global recession is having an enormous negative effect on the health of individuals and populations,” says Bloomberg Professor Carles Muntaner, who co-edited the newly released collection of essays *The Financial and Economic Crises and Their Impact on Health and Social Well-Being* (Baywood, 2014).

The essays argue that the global recession is triggering new health problems and exacerbating old ones. The authors link the failing economy to a range of health issues, including increasing rates of intravenous drug use, HIV/AIDS and suicide, as well as falling fertility rates.

As worldwide unemployment exceeds 200 million for the first time, debt-ridden nations have implemented austerity policies. “Policies that cut social welfare programs are contrary to the interests of deprived individuals and families,” Dr. Muntaner says. “They fuel health inequity. They prioritize debt over people. They should not be tolerated.”

How work organization and precarious employment affect health is one of Muntaner’s research foci. He also probes how the politics of a country affect the health of its individual citizens. His “political epidemiology” approach looks beyond a government’s health care initiatives to how the totality of its policies influences health.

Muntaner, who served as a co-chair of the Employment Conditions Network of the WHO Commission on Social Determinants of Health, urges researchers to go beyond describing problems to proposing solutions. “The health effects of the global recession are a clarion call to public health action,” he says.



A LESSON in COMPASSION

Alumna Deidre Bainbridge encourages nurses to find meaning in their work

“TO PROMOTE EMOTIONAL HEALTH, we need to go beyond being nonjudgmental,” says Deidre Bainbridge, MN 1T4. “We need an active behaviour – not just the absence of judgment – but the presence of something positive. We need to remind people of how wonderful they are.”

Bainbridge has practised with the Sexual Assault and Domestic Violence Care Centre at Women’s College Hospital for 23 years. “I grew up there,” she says.

With a two-year nursing diploma tucked under her arm, Bainbridge started as an on-call nurse when she was 21. From there, she progressed to team leader, manager and then forensic nurse practitioner.

There are only a few forensic nurses in Canada. They provide care to crime victims, collecting and preserving physical evidence, and documenting and photographing injuries. Forensic nurses also offer followup care – compassion and support, and help with the management of the sleep disturbance and depression that a trauma can cause. Bainbridge has educated more than a thousand nurses across Ontario on how to examine, test and care for victims of sexual assault. The International Association of Forensic Nurses recognized her contributions by presenting her with a 2011 Achievement Award.



PHOTO: STEPHEN UHRANEY

GOING SO SOON?

SEXUAL ASSAULT AND DOMESTIC VIOLENCE is troubling, and this nursing specialty has a high turnover rate.

“People who work in this area have to deal with vicarious trauma,” says Bainbridge, a Bloomberg adjunct faculty member. “And the closer to home that the crime feels, the more you feel it, no matter what armour you’ve come up with to protect yourself.”

“The armour has to be porous enough to be emotionally available,” indicates Bainbridge, who has mentored dozens of nurses at the Sexual Assault Centre, encouraging them to find meaning in their work. “It’s all about compassion. If you become bitter, you feel your patients are trying to get something from you that you don’t have to give.”

Invariably, sexual assault raises questions: How could anyone do this to someone? Why would they? Bainbridge can only offer what is known. “Perpetrators are not looking for an

equal fight. It’s the more socially vulnerable who experience more violence and repeated violence.”

A NEW ROLE

BAINBRIDGE HAS CONTRIBUTED TO 20 research projects, most of them on sexual assault. Her role, typically, was as the clinician expert. But in 2011, Bainbridge started Bloomberg’s master’s program and before long was the lead author – for the first time.

As part of the program, she initiated an evidence-informed review of the psychosocial treatment of women with borderline personality disorder. She illustrated that a women’s mental health in-patient unit reflects a therapeutic community for both patients and staff. “The program walks the talk,” she concluded.

Bainbridge’s master’s degree is only one part of her long history with U of T Nursing. In 2011, for example, she became the inaugural recipient of the Nurse Practitioners’ Association of Ontario President’s Award

for co-pioneering the Advanced Practice Nursing Rotating Internship in partnership with the Faculty. This innovative partnership with Women’s College Hospital gives students exposure to the clinical specialities of advanced practice nurses in three areas of ambulatory women’s health.

NEXT UP

BAINBRIDGE RECENTLY LEFT HER POSITION at the Sexual Assault and Domestic Violence Care Centre and is considering other opportunities. “I want to move from trauma to women’s health, mental health or maybe geriatrics.”

For now, Bainbridge is doing locums in community health centres, and teaching pathophysiology and pharmacotherapeutics in the primary health care – global health emphasis of Bloomberg’s nurse practitioner program. “I want to relax for a bit,” she says. “But on my first week off, I worked every day!”

“Winning the Gallop Scholarship is an honour that will also ease the pressure of completing my PhD.”

Matt Wong

Pursuing a PhD in Nursing Science

Matt’s work focuses on the technology that can help nurses advance patient care. When he graduates, Matt hopes to continue his research, teach and work with organizations to improve their clinical informatics. The Ruth Amiel Gallop Scholarship helps make all this possible. To nurture visionary students like him, please give to the annual fund today.

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SPEAKING OUT ON ORAL HEALTH

The mouth is detached from the medical body

by CRAIG DALE, PhD IT3

I HAVE COME TO BELIEVE THERE is a need to enhance nursing knowledge in oral health practice, education and research. In 2002, I was a critical-care nurse helping recruit participants for a study investigating how best to diagnose pneumonia in mechanically ventilated patients. The oral tubes, dehydrating treatments and stress these patients encounter diminish the presence and protective role of saliva and beneficial mouth bacteria. The resultant overgrowth of harmful oral bacteria can cause systemic disease, including pneumonia.

Pneumonia doubles the risk of death in this population and often requires treatment with powerful antibiotics.

It took me a long time to realize my focus and energy may be of better service in preventing pneumonia, rather than diagnosing it. Fast forward 12 years to 2014, and I have completed a doctoral study that explores oral care as a major factor in preventing ICU-acquired pneumonia in patients who are mechanically ventilated. There is no gold standard for oral care in this vulnerable population, making it difficult for nurses to know how to perform it properly.

This knowledge gap opens an important space for nurses in research and practice to collaborate in preventive oral care. As antibiotics are no longer the default solution, nursing research is the best method to bridge this serious gap in health prevention and promotion.

Beyond the ICU, without question the mouth is a sensitive boundary and has a lot to say about our health



as individuals and as a population. Despite the phenomenal influence of the *Ottawa Charter for Health Promotion, 1986* in reorienting health care toward a socio-ecological framework, there is more work to do to make known the connection between oral and systemic health. The mouth contains a complex microbiome that has a natural balance that's easy to upset. Poor oral health upsets the balance and can cause systemic illnesses, such as cardiovascular disease and pneumonia.

Oral health is anchored in the social determinants of health, as any toothless smile will tell you. Limited access to oral tools, such as a toothbrush and floss, or being highly dependent on caregivers for daily oral care poses risk. Not having a place to live, running water or an adequate diet renders oral health impossible.

With the lack of universal funding for preventive oral care in Canada, the mouth is critically disconnected from the body. If nurses voice their concern about the disenfranchisement of oral health, it will be an important step toward safeguarding our patients and health resources. *~*

Craig Dale received two awards for his doctoral work, including the Doctoral Dissertation Award from the Council of Ontario University Programs in Nursing. In January, Bloomberg Nursing will welcome Dale to the faculty as an assistant professor.

AN INTERPROFESSIONAL NURSING WEEK

The Bloomberg Faculty kicked off its National Nursing Week celebration with a book signing. Authors Sioban Nelson, U of T's vice-provost, academic, and Maria Tassone, the director of U of T's Centre for Interprofessional Education, signed copies of their book, *Creating the Health Care Team of the Future: The Toronto Model of Interprofessional Education and Care*.

The reception also featured poster presentations showcasing groundbreaking research by U of T Nursing students and faculty members. If you examined the titles that followed the names of the researchers, you'd find that many of the nurse researchers had conducted their investigation as part of an interdisciplinary team.

Later in the evening, Professor Linda McGillis Hall hosted a panel presentation on the realities and opportunities of interprofessionalism in Toronto. The panel included Nelson, a former Bloomberg Nursing dean; Tassone; Bonnie Fleming-Carroll, MN OT2, the associate chief of nursing and interprofessional education at the Hospital for Sick Children; and Tracy Kitch, MScN 9T1, who was recently appointed the president and CEO of IWK Health Centre in Halifax.

SPRING REUNION 2014

More than a hundred alumni gathered at U of T Nursing in June to share memories of their school days. The conversations sharply turned, though, as they sat around the large round tables enjoying breakfast. The alumni started to lean toward each other, eager to catch every word about the twists and turns that their classmates' lives have taken since convocation.

Click! Class photos were taken and later, the alumni were invited to tour the Nursing Simulation Lab to meet the mannequins that current students use to hone their clinical skills.

A highlight of every Spring Reunion is the presentation of the Distinguished Alumni Awards. These awards honour graduates who their peers have recognized as making exceptional achievements in nursing and health care. Although six awards were presented this year, many more could have been bestowed to the alumni attending Spring Reunion.

Deserving of recognition is the alumnus who persistently advocated for better pain management for a patient. So is the nurse who didn't begrudge taking an extra shift to address the needs of newly admitted patients. Also worthy of an award is the alum who always goes the extra mile to ensure his patients receive optimal care.

DISTINGUISHED ALUMNI AWARD WINNERS 2014

Congratulations to this year's award recipients. You make us proud!

DORIS HOWELL, MScN 8T3, received a Distinguished Alumnus Award. The Bloomberg associate professor and RBC Chair in Oncology Nursing Research and Education, University Health Network, is a valued mentor both to U of T Nursing graduate students and nurses at the Princess Margaret Cancer Centre.

KATHY MCGILTON, BScN 8T7, MScN 9T3, PhD 0T1, also won a Distinguished Alumnus Award. The Bloomberg associate professor has made outstanding contributions to gerontological nursing research, and advocated for rehabilitative care for the elderly with dementia who are recovering from a hip fracture.

LINDA NUGENT, MScN 8T5, is the recipient of the Award of Distinction. In 1995, Nugent became the first chair of the Department of Nursing at the University of New Brunswick in St. John, leading the implementation of a baccalaureate program the following year.

JOAN PALMER, BScN 7T7, was honoured with the Class Award. Palmer's classmates nominated her because of her dedication to caring for those in Canada and around the world whose health care needs are often overlooked.

SHERI PRICE, PhD 1T1, was recognized with the Rising Star Award - Academic Nursing. The Dalhousie University assistant professor is emerging as one of the leading nurse scientists of her generation in the area of nursing health human resource planning.

NICOLE WAGNER, BScN 1T0, MN 1T2, received the Rising Star Award - Clinical or Community Nursing. As an advanced practice nurse with Humber River Hospi-

tal's Mental Health and Addiction Program, Wagner has fought stigma and prejudice to ensure that patients withdrawing from an alcohol or opiate addiction receive the respect and care they need.

TWELVE TERRIFIC TEACHERS

Every autumn, Bloomberg Nursing salutes some of its exemplary educators by honouring them with a Faculty Award. This year, there are 12 award recipients.

For the Entry-Year Excellence in Clinical Teaching Award, several undergraduate students nominated **SEONA SKEAFF**, a clinical instructor at the Hospital for Sick Children. The students asked that Skeaff be recognized for her gifts of promoting critical thinking, challenging assumptions and fostering collaborative care. They also reported that her passion for nursing is contagious!

One of the Senior-Year Excellence in Clinical Teaching Award recipients is **MEGAN FOCKLER**, BScN 0T7, at Sunnybrook Health Sciences Centre. A group of undergrads singled out Fockler because she went out of her way to ensure they had optimal learning opportunities. The students also expressed appreciation for Fockler tailoring her teaching to meet their individual learning goals.

BRINGING IT HOME

Award-winning writer **TILDA SHALOT**, BScN 8T3, has a new book - *Bringing It Home: A nurse discovers healthcare beyond the hospital* (McClelland & Stewart). In this book, the U of T Nursing alumna leaves behind her almost 20 years as an ICU nurse to explore the experiences of home-care nurses practising with the Victorian Order of Nurses. As Shalot travels across Canada, she accompanies nurses as they care for everyone from teen parents, to soldiers with post-traumatic stress disorder, sex workers, the elderly and children with medically complex conditions.

DEVELOPING LEADERSHIP CAPACITY

"We know that the people at the point of care know where the gaps in care are," says **CAROLYN PLUMMER**, BScN 9T4. "And since they directly engage with patients,



Professor Linda McGillis Hall (in fuchsia) with award winners Doris Howell, Joan Palmer, Kathy McGilton and Nicole Wagner

they know better than anyone else in the organization about what needs to be done to address those gaps.”

As the senior manager of innovation for Collaborative Academic Practice (CAP) at University Health Network (UHN), Plummer is giving voice to point-of-care professionals through a unique initiative she helped develop: the CAP Innovation and Research Fellowship Program.

For six months, CAP fellows are provided two days a week of protected time away from point of care to participate in the program. The fellows study leadership and change management through a weekly seminar that Plummer co-facilitates and complete a project they've designed. Most of the projects are quality-improvement initiatives, but some lay the foundation for future research studies.

CAP's executive lead, **JOY RICHARDS**, BScN 8T1, MN OTO, is one of the program's chief supporters. The UHN vice-president of health professions and chief nurse executive does all she can to ensure that fresh ideas that support UHN's strategic priorities are implemented.

Not only is CAP transforming care at UHN, it's transforming the fellows, says Plummer. “The program opens their eyes to what is going on in other parts of the organization and in the broader health care system. Some go onto leadership roles, others go back to school.”

Since the program started in 2010, 48 projects have been completed, and another 23 just started. About 75 per cent of CAP fellows are nurses, including numerous U of T Nursing graduates.

For example, **SUSAN NG**, BScN OT8, was awarded a CAP fellowship to create a three-day course for staff nurses wanting to serve as a palliative care resource nurse.

TINA CHEUNG, MN IT3, used the CAP opportunity to implement a depression screening tool for patients who had suffered a stroke. She also established a process that enables patients to be treated once depressive symptoms are identified.

SALLY KILBORN, BScN IT1, and **SHAUNA WATSON**, BScN IT2, both implemented bedside shift-reporting initiatives. Kilborn set up the new reporting regimen in the cardiovascular ICU, and Watson in the multi-organ transplant unit.

5 YEARS OUT, 50 YEARS OUT



A NURSING DEGREE FROM U OF T CHANGES, WELL, A LOT. **KRISTEL GUTHRIE** SEES IT AS A STEPPING STONE TO FULFILLING A DREAM. **KATHY DOUGLAS** LOOKS BACK ON HOW HER DEGREE OPENED DOOR AFTER DOOR.

Kristel Guthrie, BScN OT9: I came to nursing with a political-science degree and a strong belief in the link between health and human rights. Knowing it's essential to have frontline experience to contribute to policy change, I saw nursing as a way to see systemic challenges from the ground level.

Hospital nursing did not align with my long-term goal of working in community-health program and policy development, so I went directly into community nursing.

I currently practise in Toronto Public Health's needle exchange program, carrying out infectious disease testing and supporting the Opioid Substitution Treatment Team by providing nursing care, health system navigation and counselling. Gaining the trust of a client who has been stigmatized and shunned by the traditional health care system is rewarding, but it is challenging to reconcile best practices with what's best for the individual.

Working with clients who are food, shelter and income insecure and who also struggle with substance dependence makes it difficult to plan care. We do the best we can with what we can offer and what the client will accept. I've found there's often a positive outcome when you meet each other halfway.

I'm enrolled in a master of public health program, and I'm also writing children's books that playfully use a strength-based approach to promote a child's mental health. It's

an homage to what I've learned on my professional journey so far.

Kathy Douglas, BScN 6T4: While at U of T, I heard much about the Quiet Revolution in Quebec. So after a year with the Victorian Order of Nurses (VON) in Toronto post graduation, I decided to return to the province of my birth.

After nursing briefly on a surgical specialties unit and then teaching nursing assistants at Montreal General Hospital, I resumed nursing in the community, my first love.

On my first day with VON in Montreal, the supervisor dropped me off in my district, and the first thing I saw was a dead rat with a string around its neck. Work was never dull!

I visited patients of all ages in an area populated by new arrivals from around the globe. Housebound women, often speaking neither French nor English, were particularly appreciative and delighted to share a coffee with a “native-born Canadian,” such as myself.

I also worked as a VON supervisor and liaison at the famed Montreal Neurological Hospital. Later, I practised in home care with a CLSC (Local Community Services Centre).

Being rather a history buff, I feel fortunate to have been part of U of T Nursing. Although the four-year BScN program had started 20 years earlier, we still felt like pioneers, particularly in the hospital setting.

Spotlight on Learning

EDUCATING ACROSS DISCIPLINES

U of T Nursing
teaches clinical skills
to pharmacy students

TWO YEARS AGO, U OF T'S LESLIE Dan Faculty of Pharmacy asked Bloomberg Nursing if it could teach their students how to perform physical assessments and give injections. Erica Cambly took on the challenge, and the Bloomberg lecturer developed a course which she taught to 240 second-year pharmacy students.

The collaboration began because in 2012, pharmacists were given an expanded scope of practice, including the performance of physical assessments and the controlled act of administering an injection. Now they have the authority to give flu shots in their pharmacy, which provides the public with greater access to this service.

PHARMACISTS WITH STETHOSCOPES

"TODAY'S PHARMACISTS NEED TO KNOW how to take vital signs – blood pressure, pulse, temperature, respiration," explains Cambly, MN 0T5. In our Nursing Simulation Lab, the pharmacy students practised these skills in a variety of ways, including taking each other's blood pressure and listening to each other's heart and lung sounds.

To learn how to give a needle, they used injection training pads. "These spongy pads allow students to practise subcutaneous and intramuscular injections," says Cambly.



PHOTO: JOHN PACKMAN

Erica Cambly (left), a Bloomberg Nursing lecturer, instructs pharmacy student Mary Arsanios in proper injection techniques

"There's a lot more to giving a needle than just the injection – there's consent, assessing the patient, checking for allergies, infection control and landmarking, knowing where to inject. I went slowly, focusing on safety for both the patient and the practitioner."


In a unique assessment method, the students submitted, along with their reflections, a video in which they demonstrated their skill in preparing and delivering an injection.

CLICK ON PLAY

AS PART OF THE REQUIRED COURSE, Cambly lectured in one of the pharmacy building's grand auditoriums and developed an online learning module that required students to find information on immunization and government standards on the Internet. "I think it's important to

teach students that practice and standards of care change. Completing this module helps pharmacy students to know how to find the information they'll need."

To prepare the learning module, Cambly drew on the expertise she developed while creating a module with Fareed Teja, Bloomberg's academic information and communication technologist. This module on chronic wound care allows nursing students to learn at their own pace and assess their knowledge by taking "Checks for Understanding" quizzes.

What Cambly has learned from teaching pharmacy students is that they share many of the same concerns as those enrolled in nursing. "They're eager to learn how to provide safe, professional care through practical, hands-on learning." 

IN MEMORIAM: JUNE KIKUCHI

U of T Nursing is saddened by the passing of June Kikuchi, BScN 6T2, on September 6, 2014.

In 2012, Bloomberg Nursing granted Dr. Kikuchi a Distinguished Alumnus Award for her outstanding achievement of co-founding the Institute for Philosophical Nursing Research at the University of Alberta and serving as its first director.

After graduating from U of T Nursing, Kikuchi practised in paediatrics and in 1970 became one of the Hospital for Sick Children's first clinical nurse specialists.

Later, she researched the responses of mothers to their newborn's need to be hospitalized. Kikuchi also added to our understanding of how a parent's chronic illness affects his or her children.



DEC
4/5

COURSE: THE FOUNDATIONS AND SCHOLARSHIP OF CLINICAL TEACHING

The complexity of the clinical environments in which nursing education takes place creates unique challenges. This two-day Centre for Professional Development course focuses on the theoretical underpinnings of clinical teaching and learning. It's suitable for nurses who are aspiring, novice or experienced clinical teachers of undergraduate nursing students.

TO LEARN MORE AND REGISTER: www.bloomberg.nursing.utoronto.ca/pd

DEC
12

COURSE: TRANSITION TO NCLEX-RN

If you are a repeat writer of the national entry-to-practice exam, you will be writing the National Council Licensure Examination for RNs (NCLEX-RN). In this course, you will learn how the NCLEX-RN differs from the Canadian Registered Nurse Exam (CRNE), and how to prepare for the NCLEX-RN.

TO LEARN MORE AND REGISTER: www.bloomberg.nursing.utoronto.ca/pd

DEC
13/14

COURSE: PREPARING TO WRITE THE NCLEX-RN

The National Council Licensure Examination for RNs (NCLEX-RN) is the new national entry-to-practice exam in Canada. In this intensive two-day preparation course designed for Canadian writers, you will review the exam structure and learn approaches to answering the various types of questions on the exam. This course will be offered again in Spring 2015.

TO LEARN MORE AND REGISTER: www.bloomberg.nursing.utoronto.ca/pd

FEB
19/20
2015

INSTITUTE: ADVANCING PAIN ASSESSMENT AND MANAGEMENT ACROSS THE LIFESPAN

This highly specialized two-day institute discusses specific pain assessment and management practices that nurses can apply in a variety of settings and with diverse populations. Specific approaches and procedures will be discussed for patients with acute and/or persistent pain and various co-morbidities.

TO LEARN MORE AND REGISTER: www.bloomberg.nursing.utoronto.ca/pd

MAY
30
2015

SPRING REUNION

Save the date! As an alumnus, you're invited to a breakfast and Distinguished Alumni Award presentation, as well as to tour our Nursing Simulation Lab. Everyone is welcome, and you'll be an honoured guest if you graduated in a year ending in 5 or 0; for example, 1965 or 2000.

To nominate a colleague for a Distinguished Alumnus Award or for help organizing a class reunion: Email alumni.nursing@utoronto.ca or phone 416.946.8165



ILLUSTRATIONS: ANDREA FARROW

Time Travel

U of T Nursing
was founded on
health care reform

A Respectable Beginning

HOSPITAL NURSING SCHOOLS TRAINED NURSES IN how to care for the sick. In 1920, U of T turned that training upside down. It began educating nurses in how to prevent sickness by promoting health.

In the preceding years, the Spanish Influenza pandemic had wiped out about four per cent of the world's population. The flu hit Toronto particularly hard in October 1919, killing 1,300 citizens in just one month.

The Canadian Red Cross Society was impressed by the contributions that public health nurses were making during the pandemic. Believing that a "well-staffed nursing service is an important factor in the health and happiness of the Dominion," it spearheaded an initiative to educate more nurses for the public health field.

In 1919, the provincial branches of the Canadian Red

U of T Nursing used this
tinted glass lantern slide
of an "infant hygiene visit"
in its early public
health program




Cross Society approached five universities, each in a different province, to offer financial support for educating graduate nurses in public health. The Ontario Red Cross Society offered U of T the financing to run a program for three years. U of T accepted the grant and ventured into nursing for the first time by establishing the Department of Public Health Nursing.

Of the 50 nurses who enrolled in the program's first year, more than half were First World War veterans. In Europe, the "nursing sisters" experienced much hardship, but also much responsibility. Back home, if they returned to hospital work they would return to passivity, subservience and unquestioning obedience. Public health nurses, though, were free of the hospital's rigid hierarchy although still constrained by local physicians and health boards. But armed with a briefcase of pamphlets, they could independently visit new mothers at home, speak about safety to children in their classrooms and encourage communities to develop healthy habits.

Under the leadership of Kathleen Russell, our inaugural director, U of T's public health nursing program was soon being held up as a model of excellence across Canada. The department's one-year certificate program included six months of course work in subjects such as hygiene, social work theory and "teaching procedure." The program also included placements with several agencies, including the Toronto Department of Public Health and Victorian Order of Nurses.

The U of T program caught the eye of the Rockefeller Foundation in New York City, which was also interested in preparing nurses for public health services. In 1923, the foundation started sending international fellowship students to U of T to take our public health nursing program.

From the day Russell arrived, she worked toward shaping the department into a full-fledged faculty of nursing. In brief, Russell, with her golden hair bobby-pinned into an elegant chignon, came in fighting. She fought for nursing as a legitimate course of university study. She fought against opposition toward women earning a university education to prepare them for a professional career.

U of T saw the three years of nursing that the Red Cross had funded as a temporary endeavour. Russell, though, likely saw it as a respectable beginning. By the time the Red Cross funding ended in 1923, Russell had persuaded the university to finance U of T Nursing. She had also persuaded the Rockefeller Foundation to give U of T's fledgling nursing program the largest donation awarded to any nursing school outside the United States. The funding provided U of T Nursing with more security – not to mention more prestige – than any other university nursing program in Canada. 

Do you know someone
who lives and breathes...

**CURIOSITY
VISION
STRENGTH
HUMANITY
COMPASSION
EMPATHY
EXCELLENCE
OPTIMISM
LEADERSHIP**

**Nominate a nursing colleague for
a Distinguished Alumni Award.**

This year, the Lawrence S. Bloomberg Faculty of Nursing will honour five nursing professionals for their contributions to health care and the community. These awards are amongst the most prestigious in Canadian nursing, and the Faculty's way of celebrating all its alumni. To nominate a classmate or colleague, contact alumni.nursing@utoronto.ca or visit uoft.me/alumni-awards-2015.



Nicole Wagner
Distinguished Alumni, 2013
Rising Star Award



BOUNDLESS

Lead practice change. Be^{an} innovator.

The Centre for Professional Development is U of T Nursing's hub for innovative and advanced learning opportunities. Delivered by exemplary professionals and professors, the Centre's programs feature the same rigorous standards - and the same outstanding results - as our academic programs.

Upcoming Courses

The Foundations and Scholarship of Clinical Teaching
December 4 and 5

Transition to NCLEX-RN
December 12

Preparing to Write the NCLEX-RN
December 13 and 14

**Advancing Pain Assessment
and Management Across the Lifespan**
February 19 and 20, 2015

For information on upcoming programs,
refer to Events on page 27 or visit
www.bloomberg.nursing.utoronto.ca/pd



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