“Receiving the Dean’s Scholarship meant I could travel from Iran to Canada and focus my research efforts on providing effective and equitable home care for marginalized seniors.”

SOMAYEH FAGHANIPOUR
Pursuing a PhD in Nursing and Bioethics

The merit-based Dean’s Scholarship provides opportunities for international students to relocate to Toronto and pursue their nursing education. Your support ensures that international nursing students can further their academic careers.

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Having worked in several countries I've come to realize that around the world, health care issues are the same, it's the solutions that are different.

Every country faces the same questions. Should care be delivered in an acute or community setting? How autonomous should advanced practice nurses be in delivering care? What are the ethics of euthanasia? Should the health care system be public or private?

The way that health care educators and governments tackle these challenges is different. A health system – whether in a low-, medium- or high-resourced country – always works within its own particular economic and social climate.

Regardless, all countries want the same thing: health for all. The idea that everyone should have access to some sort of health care – that is, universal health care coverage – is really about public health. And public health is what U of T Nursing was founded on.

Recognizing that universal health care coverage is a pillar of sustainable development, more than 500 leading health and development organizations came together last year to form a global coalition. This coalition urges governments to accelerate reforms to ensure that everyone, everywhere can access quality health services without being forced into poverty.

The university is also eager to address global challenges. Meric Gertler, U of T’s president, chose internationalization as one of his top-three priorities. In his installation address, he vowed to strengthen and deepen the university’s key international partnerships. Internationalization is also a platform in Bloomberg Nursing’s new strategic plan.

There’s good evidence to show that international students enrich the learning environment for everybody. In this issue of Pulse, you’ll meet some of the doctoral students who chose U of T Nursing after learning about its merits from thousands of miles away.

The Faculty also offers undergraduate students the opportunity of an international experience. Experiential learning in a completely different environment changes the way that students think. It helps them develop a broader understanding of the delivery of health care in different contexts; in particular, in resource-poor countries. Students exit our programs as global citizens, conscious of the many and varied ways in which the nursing profession can contribute to health for all.

LINDA JOHNSTON, PhD, FEANS, FAAN
As part of its mandate to improve nursing and health care around the globe, Bloomberg Nursing encourages students in other countries to come to Toronto to study with us. We gain so much from our international doctoral students. They give us fresh perspectives, extend our research ties and expand our knowledge. Their arrival offers opportunities to search for health care solutions as an international team.

But to leave your homeland to study at Bloomberg Nursing is only for the most dedicated of students who have a burning desire to fully answer their research questions. “These students are brilliant and they’re courageous,” says Freida Chavez, the director of U of T Nursing’s Global Affairs Office. “Coming here is not an easy transition for them. They leave their family and friends behind, have to find a place to live in Toronto and figure out how to get around the city, and learn more English.”

U of T Nursing has been welcoming an ever-increasing number of international visiting doctoral students since 2006. “We started with one or two visiting students, who stayed for a semester or maybe a year,” says Dr. Chavez. “Now we regularly have four or five visiting students at any given time working on their PhDs.” In addition, we have international post-doctoral students, and we currently have five full-time international doctoral students – from Ghana, Iran, Spain, Pakistan and Kenya.

Some of these students learned about Bloomberg Nursing through relationships the Faculty has forged with their home country. Others met at an international conference. Still others connected over the Internet.
Meet Thiago

A visiting doctoral student, Thiago Silva has been here since September and will return home to Rio de Janeiro in late December. He’s participating in Ciência sem Fronteiras (Science Without Borders), a program the Brazilian government launched in 2011 to send 100,000 top undergraduate and postgraduate students abroad to study science, technology and innovation, including engineering, math, biology and the health sciences. U of T has had the privilege of receiving over 1,000 Ciência students, more than any other university in Canada.

Silva’s doctoral research grew out of his master’s study, which chronicled the multiple challenges that nurses experience in caring for hospitalized children with a chronic health condition. Now he’s studying paediatric pain in the oncological-haematological context, and it only took him a few clicks on the Internet to identify U of T Nursing as a leader in the field of paediatric pain management.

Silva emailed Jennifer Stinson, an associate professor (status) researching chronic paediatric pain, and Dr. Stinson immediately responded. Before long, she was helping Silva gather the documents he needed to come to Toronto to further his research, which will broaden our understanding of how health care professionals care for children with chronic cancer pain. Silva has already revealed a lot about the effect of a child’s pain on the circle of care.

“The suffering is shared,” he says. “The family, nurses and other health care professionals suffer the child’s pain, too.” In the second year of his doctorate, Silva conducted 45-minute interviews with 21 health care professionals, including physicians, nurses, nursing technicians, psychologists, physiotherapists and pharmacists. “There was no one unaffected by a child’s pain,” he concluded, “with the exception of the pharmacists, who are somewhat removed from the child.”

Silva proposes developing strategies for managing pain, and those strategies can include social, emotional, physical, financial and spiritual components.

“Spirituality is an important dimension of managing pain,” he says, noting that in Brazil, spiritual support is not just the domain of hospital chaplains. In a society less secular than Canada’s, the family may ask the nurse to pray with them. “If a child dies, spirituality can help the parents accept and understand their child’s death,” continues Silva. “Nurses can talk about heaven, or might say that the child has finished his or her mission. Sometimes families want spirituality to manage pain, and nurses can give that support.”

If there’s one thing that Silva is certain about, it is that pain is complex. “The intensity of pain is really subjective,” he says. “The child perceives and is influenced by everything, including the mother’s distress; the mother and child should be considered a unit.”

In addition to the pharmacological ways to mitigate paediatric pain, Silva encourages non-pharmacological interventions that include putting a warm or cold compress on the painful area, repositioning the painful area, massage, bathing and distraction.

“The younger the child in pain is, the more difficult it is for the family and nurses. Nobody wants to see a child suffer.”
hidden to avoid being judged.”

At the group art sessions that Juandó-Prats leads, the mothers use pens and pencils to sketch their lives, and what emerges on the paper are creative images of their realities. “Their drawings show they are isolated outside of the community, they live in the margins. We make these mums invisible. We ignore them,” she says. “Look at any parenting magazine for images of mothers, and you won’t see a young mum. We don’t see them in the media. We don’t see them at all.

“Drawing is a conversation-starter,” she continues. “It engages the mothers in creatively telling their story. The art changes them and changes those who see their art. The mums discover they’re good at communicating. And by meeting other young mothers, they realize they’re not that different.”

During the art sessions, Juandó-Prats sits at the table with the mums and an artist who teaches them drawing skills. “My focus is on the mothers, but as a researcher I also draw to be reflective.

“The image we have of young mothers is not who they really are,” concludes Juandó-Prats, who has written more than a hundred pages of her PhD thesis, Sketching Life. “These women are very strong and resilient. They want to succeed as parents.”

Before completing her doctorate, which she hopes will be next year, Juandó-Prats wants to display the women’s artwork to create positive, strong links between the community and the homeless young mothers and their children. Ideally, she would like to hold the exhibit in a hospital. “Art can create social change. It’s a way of activism.”

Meet O’Brien

“A baby’s pain affects you as a person. It hurts you too,” says O’Brien. Kyololo from Eldoret, Kenya. After nearly a year of email exchanges with Professor Bonnie Stevens, a noted scholar in paediatric pain management, Kyololo moved to Toronto to do his PhD at Bloomberg.

Kyololo is investigating how much pain the babies admitted to hospitals in Kenya undergo from clinical procedures and how well the pain is managed. He’s also researching the feasibility of using low-cost pain treatments for these infants.

Pain in infancy casts a long shadow. “Parts of the brain matter don’t mature,” explains Kyololo, now in his fourth year of full-time doctoral studies. “The child becomes hypersensitive to subsequent painful stimuli, creating a high chance of developing chronic pain. Pain in infancy can also lower the child’s cognitive learning abilities. There are also behavioural disorders – the child may develop anxiety, depression, and later on there may be self-destructive behaviours.”

As part of his doctoral research, Kyololo returned to Eldoret to establish how infant pain is managed at two local hospitals. He watched as health care professionals inserted intravenous cannulas, lanced the babies’ heels to draw blood and gave injections – all without analgesia.

“Nothing was being done to help the babies cope with the pain,” he reports. “It was really traumatic to me as a researcher.”

Kyololo interviewed the mothers, in English or Swahili, about their reaction to their baby’s pain. “When their baby’s heel is being pricked, they said that they feel like they’re being pricked,” he said. “They feel helpless.”

In Kenyan hospitals, the mother is told to step aside when a baby needs a procedure, and the health care professionals take over. Or a nurse may take the baby from the mother to be treated in another location. “The health care professionals think it’s too traumatic for the mothers to watch, but the mothers said the opposite. They want to be there with their baby when the baby is having a painful procedure. They feel it’s their responsibility to protect their baby.

“Hospitals in Kenya operate on a thin budget,” he continues, “but none of the interventions I’m proposing are expensive. I believe the mothers are the biggest source of pain relief. They can help their baby by consoling, breastfeeding and providing skin-to-skin contact during a painful procedure.

“To get everyone to buy into this idea, I will need to navigate the politics of knowledge translation, and it will probably take about 10 years to get everything sorted out. We need to empower the mothers so they can advocate to the health care professionals to remain with their baby during painful procedures.

“Part of the problem is that there are very few physicians in the hospitals in Kenya and no NPs, so the workload for physicians is very large. I cannot increase the staffing, but I may be able to help them do their work quicker if the mothers are allowed to remain with their baby. For me, it would be a dream come true to help those babies.”

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Critical Perspectives in Global Health – known by its course number, 480 – offers students who have completed all of their BScN requirements an enriched, independent clinical practice experience in a resource-constrained setting with local preceptors.

Inspired by the eagerness of students to work internationally, Freida Chavez, an associate professor in the teaching stream, championed the development of the global health course. “480 is life changing,” she says. “The students witness socioeconomic and political disparities, and the problems associated with providing health care services in resource-constrained and marginalized communities.”

The course was first offered in 2006, and since then 112 nursing students have participated. Of those, 79 have done their placement in India.

A Focused Approach

In the first years of 480, students were placed in First Nations reserves in Canada and in resource-constrained countries, such as Cambodia, India, Ethiopia and Namibia. Now all of the placements are with the Catholic Health Association of India (CHAI). “We decided to streamline the program to form a deeper connection with our host organization,” says Dr. Chavez.

CHAI’s mission is to provide care to socioeconomically vulnerable people in underserved areas. Now in its 72nd year, CHAI operates the world’s largest non-governmental health network. It treats more than 21 million patients a year, employs about 25,000 nurses, runs 52 leprosariums and provides residential care to more than 2,000 children affected by HIV. It also has 134 nursing schools and colleges that graduate close to 9,000 nurses a year.

Drawing from the successful relationship between Bloomberg Nursing and CHAI, U of T created a Memorandum of Understanding with CHAI to further strengthen the relationship.

GLOBAL AFFAIRS OFFICE EXTENDS OUR REACH

Founded in 2006, Bloomberg Nursing’s Global Affairs Office has evolved from supporting internationally educated students to creating international collaborations to further nursing education, says Freida Chavez, who has been the office’s director since 2009. “If we want to engage in sustainable partnerships and relationships, efforts must be related to capacity building in the country.”

The office has spearheaded several strategic international initiatives that advance global health. In Ethiopia, for example, U of T Nursing partnered with Addis Ababa University to help them develop advanced practice education programs.

In addition, the Brazil-Canada Collaboration helped build capacity and leadership among primary health care nurses in Brazil. In partnership with the Federal University in Acre and the Federal University of Mato Grosso do Sul, the program has educated close to 100 nurses who specialize in primary health care. “It’s so exciting to see the nurses and other health care professionals who we’ve taught over the years taking up leadership roles in government and their municipalities,” says Dr. Chavez.
between the two organizations. The memorandum also expands the possibility of other U of T Faculties engaging in a knowledge exchange with CHAI.

**Ready, set, fly**
Before the students set out to India in the summer, they attended six seminars that facilitated their understanding of global health issues and the social determinants of health. When other Faculties offering international placements heard about the preparatory sessions, they asked if their students could attend. Since 2012, four of the seminars have been interprofessional. This year, for example, the class swelled to 27 students as speech-language pathology, occupational therapy and physical therapy students joined our nine nursing students.

**BLOGGING FROM INDIA**

The Class of 2015 students who went to Hyderabad in July posted their reflections. Here are excerpts from their posts.

**FIRST IMPRESSIONS**
Dr. Father Tomi Thomas warned us about “fatigue of poverty,” recognizing that we may feel culture shock and emotional burnout in witnessing the severely impoverished conditions of India. Despite the possibility of this, he encouraged us to “keep your mind and heart open” and to be open for learning.

—Annie Huynh

**PROVIDING CARE**
We had the opportunity to visit the CHAI-Snehakiran Holistic Care Centre, which is for HIV-positive patients. We were shown around by a wonderful nurse named Madu. He has been working with HIV patients for 13 years and currently lives at the centre, helping treat patients 24 hours a day. Madu’s compassion for his patients is undeniable and inspiring.

Madu explained that after diagnosis, the centre admits patients for a short stay to provide psychological counselling as many patients become depressed or try to commit suicide due to the social stigma attached to the disease. —Natalia Cortijo

**Primary care**
I noticed the public participation in India at the grassroots level. I think it is fantastic that they select a local person from each village to become an Asha worker. Since this worker is from the village she/he has “the in” with every-
The students learn that while there are 900 million people in the “developed” world, they are the minority. There are 5.4 billion in the “developing” world, more than half of whom live on less than $2 a day. About one billion of these individuals have no access to health care.

“480 builds global citizenship by formally integrating global health into the nursing curriculum,” explains Chavez. “It encourages students to extend their moral responsibility beyond local communities and national citizenship to become citizens of the world. And while the course strengthens the resolve of some students to work internationally, those who decide to work locally are better prepared to practise in our multicultural country.”

one and will be able to establish a trusting relationship. Because of this, the villagers might be more willing to accept treatment and health education (instead of feeling like an outsider has come in and told them how to behave, without understanding the context). She/he will also understand the problems faced by this community firsthand, and will be able to implement a needs-based approach to tackle the existing issues. It also allows each village to have a unique set of services to meet the needs of its unique population. –Kimberley Pearce

A rather long pregnancy
One notable CHAI project is the Mother’s Club, which provides free care and medication in the antenatal, intranatal, immediate postnatal and newborn/child stages. Because care is ideally provided from the moment of conception until the child turns two years of age, a client under the project is lightheartedly referred to as the “1,000 days pregnant mother.”

The Mother’s Club emphasizes continuity of care and seeks to fill gaps in maternal-newborn care. While one of its main goals is to prevent infant malnutrition, the support is also beneficial for the psychosocial and emotional well-being of the mother.

I thought about how a project such as the Mother’s Club would be beneficial if implemented in Ontario, considering that prenatal supplements are not covered by OHIP and comprehensive support to the new maternal-newborn unit is lacking after postpartum discharge.

–Annie Huynh

VISITING AN ORPHANAGE
Established in 2002 by Father Jyotish, the Karunalayam Care Centre has become the largest and most effective care centre for people with HIV/AIDS in the state. Since its creation, it has treated over 5,000 people. It all started when Father Jyotish was drawn to the cause after seeing the relatives of an HIV-positive boy fight over whose responsibility the boy was, as no one wanted to take care of him. –James Marcus

Kids will be kids
The Father told us that all but 12 of the 120 children who live at Karunalayam are HIV positive, and most have been orphaned by HIV. Visiting the children reminded me that everywhere in the world, no matter what their situation, children are children. The girls were shy at first and then opened up to us, bonding with us over our clothes, giggling as we taught them new games and learned their games, and even doing our hair. The boys were rambunctious and active, and played soccer and cricket with us. –Meghan Pickersgill

Boundless love
“Karunalayam” translates to temple of empathy, and that it is. The work they are doing in this orphanage/care centre for HIV-affected children is truly inspirational. Father Jyotish has done so much. Not only does he arrange for the care of the 120 children, he also acts as a father figure for all of them. This was apparent as we watched him drive all the kids to school one morning (taking five separate trips). –Kimberley Pearce

NEW PERSPECTIVES
Although it is considered rude to ask someone what religion they are in India and taboo to ask the same question back in Canada, we are constantly being questioned about our religious beliefs here. While in the rural placement, I was thrown off by one Sister’s assumption that because my name is a Catholic saint’s name, I “must be a Catholic.” This comment made me reflect on the assumptions I may have made in the past. Have I ever looked at a patient or their name and made assumptions based on superficial observations? Having felt the discomfort and frustration of this assumption, I can now be more attentive to this behaviour. –Katherine Nunes

Excuse me Sir
Indians have a smaller space bubble than what I am used to as a Canadian. People in India get much closer to each other when passing in a narrow alley or while waiting in a line. They are also not afraid to make and maintain eye contact.

It’s important to take it all in context. Would they actually consider it rude if I avoided eye contact? What would that mean to them? Would sitting on the opposite end of a bench from someone be a sign of disrespect? What I am trying to get at is that it’s important to consider these things before applying judgment. –Kimberley Pearce

She held my hand
Attending a birth was a privilege. Between contractions, the mother told me about her other children (in English and Telugu and by using gestures), and during her contractions she held my hand tightly... Moments like these remind me that it is possible to make meaningful connections with patients even when cultural and language barriers are large. –Meghan Pickersgill
MEET OUR INCOMING STUDENTS

Today’s nursing students are educated, talented—and enthusiastic!
When you started at U of T Nursing, you may have been 18 years old and fresh out of high school. But the average age of the 180 students who started the undergraduate BScN program this Fall is 24. All have a university degree, and Bloomberg Nursing has even welcomed students with a PhD.

There are also more men in the class than there were in yours. About one in eight of the incoming students is male. While a far cry from gender equality, it’s a giant step forward from 1980 when female nursing students outnumbered their male counterparts by almost 100 to one.

A novel approach

U of T introduced Canada’s first second-entry BScN degree in 1997. This intensive two-year program is for those with at least two years of university education and a minimum B average in their final year of studies. The model has been so successful that several universities across the country now follow the U of T Nursing approach.

These older students have myriad life experiences, some dazzling. This year, one of our students represented Canada in swimming at the 2012 Olympic Games. Another student is a talented actress who was nominated for a Gemini Award. That same student volunteered in a medical clinic in Africa. Some have peered down microscopes to delve into the molecular basis of disease. Another student is a volleyball champion.

Regardless, each and every incoming student bubbles over with enthusiasm!

While some of our incoming students can’t yet tell a trapezoid from a trapezium bone, they bring a skill-set honed at university: they can form an effective team, research, write and give powerful presentations. These skills lead to impressive results!

A case in point

A few months after starting last year’s BScN program, five students wrote a paper and then submitted it to Community Health Nurses of Canada, asking to present their literature review at the organization’s annual conference. It was accepted! In June, Adam Fore, Ashling Ligate, Laura Pratt, Amanda Sissons and Hilary Smith flew to Winnipeg to be the only undergradu-
An undergrad group furthers global and local initiatives

Globally Interested Nurses (GIN) is a group within the Nursing Undergraduate Society that increases awareness of, and participation in, health care activities globally as well as locally. “We not only need to look at health concerns in other countries, we need to look at the issues and challenges in our own backyard, with newcomers, refugees and indigenous peoples,” says Jordana Kashin, BScN 2015, who has a master’s in public health and was a GIN representative for the past two years.

One of GIN’s activities is “Language Lunch and Learn,” which it offers every semester. Last year, students learned how to say phrases that nurses would need – such as: What is your name? Do you have pain? – in Mandarin and Cantonese. The next semester, they learned how to say the phrases in Spanish.

GIN’s main activity is its annual conference. The theme of its sixth annual conference in March 2015 was mental health.

After a panel discussion that included Akwatu Khenti, the director of the Office of Transformative Global Health at the Centre for Addiction and Mental Health in Toronto, the 65 delegates at the evening event broke into smaller groups. With one group, Lecturer Pam Walker, BScN 87T9, shared her 18 years of experience practising in aboriginal communities in British Columbia.

Alumni are welcome to attend the next GIN conference. As the details become available, they’ll be posted on www.bloomberg.nursing.utoronto.ca. Or phone the Alumni Relations Office at 416-946-7097.

Joanna Heathcote

What is your first degree?
I have two degrees – a BA in international development and sociology from Dalhousie, and an MA in international development from the University of Ottawa.

Why did you choose nursing?
For the past few years I’ve had a very satisfying job as an international development officer with the Canadian government at the Department of Foreign Affairs, Trade and Development. However, I came to realize that I wanted to engage more with people and having a practical qualification, such as a nursing degree, would allow me this opportunity.

How will your first degree influence you as a nurse?
My background in the social sciences has made me an effective communicator, enhanced my critical thinking skills and enabled me to see problems from different perspectives.

How will your interests influence you?
I have an interest in global health that stems from my studies, travel and employment. I hope to integrate my experience in international development with the skills I acquire through nursing to work with disadvantaged and/or marginalized communities.

Sam Bidaman

What is your first degree?
A bachelor of arts with a major in international development and a minor in French.

Why did you choose nursing?
After finishing my BA, I worked in different jobs across Canada and found myself interested in health care. I started reading books and talking to people. The more research I did, the more I realized that as a nurse I could make a difference on an individual level, and I would always be learning.

Another part is that I have been sick myself. Through that experience, I became interested in the mental and physical aspects of being sick, and of recovery and rehabilitation.

How will your first degree influence you as a nurse?
International development is really interdisciplinary. At the University of Guelph, I
learned to problem solve with people from all different backgrounds. I was taught to listen and think holistically. I learned to ask: Is there something I’m missing?

**How will your interests influence you?**
I love to travel; it’s a big thing for me. I want to use my nursing skills where they’re needed most, in whatever country that may be.

**What are you looking forward to at U of T Nursing?**
A quality program. I’ve always heard that U of T is one of the top schools in the country, especially for nursing. I’ve heard the teachers are hard to beat and the clinical placements are great.

**What scares you about the program?**
The workload. I’m curious to see how much time school will consume because I want to work part-time and get involved with an intramural sport, maybe ultimate Frisbee.

**What do you hope to accomplish as a nurse?**
I really want to work with a humanitarian organization, such as Doctors Without Borders, or up in the territories. Eventually, I might go back to school and become a nurse practitioner.

SARAH BRANT

**What is your first degree?**
A bachelor of arts with a major in health studies.

**Why did you choose nursing?**
I’ve always been passionate about health and healthy living. However, as much as I loved the health studies program at Queen’s, it wasn’t exactly what I was looking for. After graduating, I spent two years working and was lucky enough to work in a small, rural hospital where I came to understand the nursing career. I could see myself really enjoying it.

**How will your first degree influence you as a nurse?**
During my first degree, I got a broad understanding of health. We studied not only the physical aspects of health, but the political and social side of health. We focused on health policy and program development and how to improve community health as well as individual health.

**How will your interests influence you?**
My diverse interests – everything from art to fitness – will shape me into being an adaptable nurse. I’ve worked in retail, which helped me become personable. This is an important trait to have because I want to make my future patients’ health care experience as good as possible.

**What are you looking forward to at U of T Nursing?**
Being part of Bloomberg’s great, diverse community. Everyone I’ve talked to describes U of T’s nursing school as a close-knit community where you make friends for life.

**What scares you about the program?**
The intensity. After two years in the workforce I hope I can quickly shake off my dusty student’s cap and study hard!

**What do you hope to accomplish as a nurse?**
I just hope to be a good nurse. I’d like to practise in either public health, or mental health and addictions, areas I took an interest in during my first degree. I do have a dream, though. Someday I would like to help develop and implement a community health program.

TONY RENDA

**What is your first degree?**
My first degree is a bachelor of science in genetics with a minor in visual art from Western. Then I obtained a master’s in neuroscience from the University of Victoria. I was hired by my supervisor at UVic to continue my research on the molecular mechanisms of nicotine addiction and publish our findings. Currently, I have published three primary research articles with two more coming out next year.

**Why did you choose nursing?**
My last year of research involved adolescent mice. I found that mice in late adolescence (approximately 18 in human years) tend to self-administer substantially more nicotine than very young or adult mice. Their still-developing brains have a proportionately high level of nicotine receptors, which may drive their dependence.

As interested as I became in addiction as a disease, its social consequences and how we handle it as a society, I could only take it so far working in a lab. I discovered my real aim is to be on the front line, working with patients and making a real, tangible difference in their lives.

**How will your interests influence you as a nurse?**
I developed a sincere respect for the sensitivity of living systems and gained experience with making mistakes. I’ve learned to be accountable for errors and learn from them, which I think will be an important skill in nursing.

**What are you looking forward to at U of T Nursing?**
The clinical experience. Learning the real hands-on applicable skills and interacting with patients.

**What scares you about the program?**
The challenge of clinical. I’m sure I’m up to it, but I’m anxious about how challenging it will be. It’s all new territory from here on out.

**What do you hope to accomplish as a nurse?**
I’d like to continue in research, perhaps in mental health or pharmaceuticals, but that can come later. Right now, I’m open to any stream of nursing. What I really hope to accomplish is to be able to provide people in need with adequate, compassionate care. If I can do that I’ll consider my career a success.
“VIOLENCE IS A PUBLIC HEALTH ISSUE”

Through her doctoral research, Ruth Rodney wants to help prevent adolescent dating violence in Guyana.

“THERE IS NOT ONE AREA IN the world that isn’t affected by violence,” claims Ruth Rodney, a Bloomberg Nursing PhD student conducting research in Guyana. The focus of her research is how to prevent adolescent dating violence, which can include physical, psychological, economic and/or sexual assault. “Health care professionals, policy-makers and those who can impact change should consider violence more seriously because it’s a fundamental social determinant of health,” she says. “Preventing violence is necessary for the well-being of future generations.

“Dating violence in youth can negatively affect health throughout the lifespan,” Rodney continues. “It is well documented in North American studies that it leads to poor health outcomes for both perpetrators and victims. It can increase the risk for depression, anxiety, post-traumatic stress disorder, suicidal ideation, and addiction to alcohol and/or illicit drugs. Neither the victim nor the perpetrator thrive well in relationships. Their relationships aren’t healthy.”

As Rodney starts the fourth year of the doctoral program, she has come to view dating violence as developing from failed systems. “In some communities, when you experience violence you don’t see it as violence, you see it as normal, and you can’t speak up about something that you don’t recognize as a problem,” she says. “Subconsciously, you’ve been
silenced by the normalcy of violence. “There is a tendency to blame entire communities, but communities that experience more violence than others are not violent ‘by nature.’ It is often the result of a combination of many other larger social issues that intersect to negatively affect the community.”

As of 2010, Guyana had the highest reported incidence of domestic violence in the Caribbean. Guyana is also Rodney’s ancestral home.

**I PLEDGE MYSELF**

Rodney grew up in Hamilton, Ontario, but says that inside her family home she could have been in Guyana. As a child, she listened to stories of Guyana, and was taught the Guyanese national anthem and pledge of allegiance, both of which she put to memory. “I’ve always felt a sense of pride about my Guyanese heritage; it’s part of my identity.”

She goes on to explain that everyone experiences the world through multiple lenses. “I experience the world as a black woman, a wife, a sister, a nurse and a daughter of immigrants. The way you experience the world affects your health based on the way social systems see you and on how you experience the health care system.”

**A PROACTIVE APPROACH**

Like much of Caribbean history, Guyana’s past is steeped in violence stemming from colonization in the 17th century. And today, the rate of violence is going nowhere but up. Rodney’s research draws on adolescent dating-violence studies from 11 countries, including Thailand, Israel and South Africa. She is also drawing on community perspectives of dating violence, which are not as widely studied. “I believe how the community views it is particularly important. Violence within relationships cannot be understood in isolation. And you can’t expect people to change their behaviour in a system that doesn’t support the change. Violence prevention requires recognizing the social narrative of the specific community.”

The community that Rodney is studying is Georgetown, Guyana. Specifically, it’s the community associated with a public secondary school in the capital city. To examine how dating violence in youth might be perpetuated systematically, she is interviewing adolescents, parents, teachers and school officials about their views on, and experiences with, it.

“The fight against domestic and dating violence began long before I was born,” says Rodney. “In previous generations, many Guyanese women fought tirelessly for awareness of domestic violence, but they can only fight for so long. Now I’m taking the torch and running with it for a while. But there are no quick answers. I may not see a big reduction in dating violence in my lifetime, but I am helping to plant a seed.”

“Guyana is naturally beautiful, and a lot of the country is still untouched. There’s a groundswell of people who are ready for change. There’s no reason why everyone in Guyana can’t be thriving and living free of violence.”

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In October, David Granger, the president of Guyana, invited Ruth Rodney to tell him about her research.

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**A CLOSE CALL**

Since she was a child, Ruth Rodney has been going to Guyana to visit her aunts, cousins and other extended family members. And she’s thrilled to be conducting her doctoral research there.

Last year, the U of T Nursing student planned a three-month stay in Georgetown to conduct her research. But her trip was cut short when the family home where she was staying was robbed at gunpoint. The attackers shot Ruth in the abdomen, shot her father-in-law twice and beat her husband in the head with a gun.

“I’m a foreigner, and there’s a thinking that if you come from abroad, you have money. The young men’s need to rob speaks to their desperation and poverty. I can never fully understand that type of survival because I haven’t experienced their level of extreme poverty.”

Two abdominal surgeries later, Ruth expresses an in-depth understanding of her attackers and the social systems in which they live. “I don’t feel any anger or hatred,” she says. “To me, the incident represents the vestiges of a colonial system that is broken and has failed these individuals. Violence in post-colonial countries is not abnormal, so this attack should not be considered an isolated incident.”

The gunshot wound is not deterring Ruth from continuing her thesis on preventing adolescent dating violence in Guyana. She returned to Georgetown this Fall to complete her research. But this time, she took additional steps to ensure her safety.

“This violent act was a life-changing experience for me and everyone who knows me,” says Ruth. “It changed how my friends and family understand and experience our world. Everyone had to process it in their own way.”

“For me, it proved a sobering reminder of both the depth of desperation and the complex, multi-layered impact that violence can have on your life and community.”
Unemployment can get under your skin and damage your health. "There’s strong evidence that unemployment increases the risk of adverse health outcomes, mostly mental health related," says Professor Carles Muntaner, who co-led a European Union (EU) research project on the health effects of unemployment insurance (UI). "Lack of UI is an important predictor of poverty and poor mental health, yet most studies do not examine how this relation works," he says.

Social protection policies, such as UI, are intended to moderate the harmful consequences of unemployment. To determine the effect of UI on poverty and health, Dr. Muntaner contributed to the Evaluating the Impact of Structural Policies on Health Inequalities and their Social Determinants, and Fostering Change study. (In the study’s original language, Catalan, the study’s name forms the acronym SOPHIE.) The study examined the impact of structural policies – such as those for housing, family support and employment – on health inequity in the EU.

Muntaner led SOPHIE’s research on social protection policies and the welfare state. For the UI component, he collaborated with researchers in Belgium, Italy, Sweden, the Netherlands, the U.K., the Czech Republic, Canada and his native Catalonia.

Through a realist lens
Muntaner and his international SOPHIE team led the first study of its kind to apply a realist review method to explore how, why and under what circumstances policies influence health and well-being.

“The realist method delves deeper to show an explanation or a mechanism,” explains Muntaner. “We looked at mechanisms such as reduced waiting periods for UI, replacement rates of UI, the duration of UI and the eligibility criteria for UI. It’s a painstaking process.”

In addition, the SOPHIE team pored over recent surveys of 150,000 people in 29 EU countries to determine the effect of UI on individual health. “In the European Union, what we found is that UI is not generous enough to affect health. It’s not strong enough to overcome the negative effects of being unemployed,” he says. The policy implication for Muntaner is straightforward: “EU countries should abandon austerity policies and focus on social protection policies that improve health, reduce poverty and boost demand.”
Health care organizations have increasingly implemented quality improvement and patient safety initiatives to achieve higher levels of quality care delivery. This two-day summit aims to identify the state of science in quality improvement and patient safety, and to leverage nursing’s contributions to quality improvement and patient safety globally.

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

This two-day workshop for clinical instructors and nurse educators focuses on the theoretical and practical dimensions of clinical teaching. Key elements of transformative learning theory serve as the foundation for reflective discussion and activities. Participants have the opportunity to interact and network with other nurses interested in clinical teaching.

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

This three-day institute focuses on the issues of informatics in practice, administration, research and education. It will be of particular interest to nurses working in informatics; nurse leaders wanting to broaden their understanding of health informatics; nurse educators responsible for integrating informatics into entry-level nursing; as well as nurses considering a career in informatics.

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

Health Assessment Across the Lifespan
This one-day course reviews health assessment using a systems approach and includes how to do a “head-to-toe” assessment. Participants will practice focused health assessments in the Faculty’s Nursing Simulation Laboratory. The course is suitable for RNs, NPs and students preparing for the NP role. (For more information, see “Spotlight on Professional Development” on page 20.)

Advanced Pain Assessment and Management
This highly specialized institute discusses specific pain assessment and management practices that nurses can apply in a variety of practice settings and with diverse populations.

Peri anaesthesia Review
This one-day workshop is for all health care professionals practicing in, or with an interest in, peri anaesthesia care, including nurses working in the recovery room or interested in providing care there. Nursing students who want to learn about the care of the peri anaesthesia patient are also welcome to attend.
UNIVERSAL HEALTH CARE (UHC) is a smart investment. It means that everyone in a country can access a defined basic package of health care services without incurring financial hardship in doing so.

The advanced economies in Europe, Canada and Japan have had guaranteed health coverage for their populations for decades, decreasing their citizens’ out-of-pocket expenses. Emerging economies such as in Brazil, Russia, India, China and South Africa – representing nearly half of the world’s population – are now taking steps in the same direction.

Rwanda, a country with limited resources, invested in a universal health coverage system after the 1994 genocide. Today, over 80 per cent of Rwandans are insured, and life expectancy has more than doubled.

All countries are continually seeking more funds for health care, such that the 21st century has already seen substantial improvements in health. More than 12 million people in the developing world are now receiving treatment for AIDS (up from 50,000 a decade ago). We are making real progress toward controlling malaria, and more children than ever are living to celebrate their fifth birthday.

When large groups of people are denied access to quality care, it puts everyone in peril. The Ebola crisis reminds us that a nation with a weak health system is more susceptible to epidemics. Resilient health systems, though, can reduce the risk caused by inequity in coverage. Both Nigeria and Senegal were able to control imported cases of Ebola, thanks to investments in health systems.

And let’s not forget that investment in health translates into economic growth and improved quality of life. The recent Lancet Commission on Investing in Health discovered that investments in health were responsible for nearly one-quarter of all economic growth in developing countries between 2000 and 2011.

A HUMAN RIGHT

There are about four paths we can collectively pursue to make UHC affordable – increase domestic resources; increase efficiency of the health system; identify and implement innovative financing mechanisms; and by sharing responsibility and through global solidarity.

To achieve UHC, the issue of human resources for health is key to the delivery of effective interventions; therefore, there is a need to look at scopes of practice, education and training, skill mix, deployment retention issues, career paths and competence maintenance.

Our experience in the AIDS response has shown that efficiency translates into higher coverage and value. Swaziland revised its anti-retroviral medicines procurement tender process and saved US$12...
million between January 2010 and March 2012. From 2011 to 2012, South Africa revised its tender and introduced a list of reference prices; awarded preference points for local manufacturing; encouraged competitiveness throughout the entire contract period; improved methods of estimating the antiretroviral medicines needed; and made the process more transparent. These changes helped South Africa to reduce medicine costs by 53 per cent, generating US$640 million in savings in two years and a 36 per cent reduction in the price of TB medicines. In Zimbabwe, scaling up HIV services required task shifting, which resulted in improved efficiency and increased access to testing.

Intrinsic to the notion of universality, non-discrimination, non-exclusion and equity is a fundamental commitment to health as a human right. Universality implies that no one (especially marginalized, remote and migrant communities as well as communities that have been historically discriminated against) is excluded. At the same time, while society should pay special attention to the concerns of disadvantaged populations and the poor, a universal system should provide health coverage and care for everyone and leave no one behind.

Sheila Tlou, a former minister of health of the Republic of Botswana and nursing professor at the University of Botswana in Gaborone, received a Presidential Award for Outstanding Contribution to Global Health from the American Academy of Nursing.
experience. So it’s a fair expectation that on entry, every student has mastered completing comprehensive health assessments. Right?

“Not necessarily,” says Margaret Verkuyl, who leads the course. “A nurse could have been working in the NICU, so may not have done assessments on patients of other ages since studying in a BScN program. People forget if they don’t practise certain techniques. This course addresses that knowledge gap.”

The course, now in its fourth year, attracts about 60 participants each session. In the morning, Verkuyl, an NP, takes a systems approach as she presents an in-depth review of cardiovascular, muscular, skeletal, neurological, respiratory and abdominal assessments. As part of the “head-to-toe” review, she also reviews assessment of the skin, head, eyes, nose and throat.

In the afternoon, the students head to the Nursing Simulation Lab (Sim Lab) where they break into small groups to practise assessment techniques on each other and the lab’s medical mannequins, which can present with a variety of heart and respiratory sounds. The students also have the option of reviewing infant and toddler assessments.

By visiting about eight stations in the lab – each of which is headed by either an NP or advanced practice nurse – the students have the opportunity to perform a wide variety of physical assessment skills, such as visual inspection, palpation, percussion, auscultation and range-of-motion assessments. For NPs and those studying to be an NP, advanced training is offered in, for example, assessing for a rotator cuff injury and an aortic aneurysm.

“At the end of the day, many of the participants report that in the informal, relaxed atmosphere of the Sim Lab, the course built their confidence,” says Verkuyl.

The Centre typically offers Health Assessment Across the Lifespan two or three times a year, depending on demand. The next course will be in the Spring. As a date becomes available, it will be posted on www.bloomberg.nursing.utoronto.ca/pd.

Notable Nurses

Distinguished Alumni Award winners

During Spring Reunion in May, Bloomberg Nursing held its annual Distinguished Alumni Awards ceremony. These peer-nominated awards celebrate the outstanding achievements of our graduates.

As alumni across the years cheered on the accomplished nurses, Dean Linda Johnston proudly presented the awards.

Janet Beed, MScN 8T0, received the Award of Distinction for her lifetime contributions to health care and the nursing profession. Beed recently retired after nine years as the CEO of Markham Stouffville Hospital in Ontario. She completed a $400-million expansion and renovation project and created a lasting health care framework for the citizens of Markham, Stouffville and Uxbridge.

Leslee Thompson, MScN 8T7, was honoured with the Distinguished Alumnus Award for demonstrating the highest principles of the health care professions. As President and CEO of Kingston General Hospital, she transformed the organization into an academic centre known internationally for its patient-centred leadership model.

Melinda Wall, MN 2013, was the recipient of the Rising Star Award in Clinical Nursing, which marks her significant early-career contributions. As the inaugural Social Determinants of Health Nurse at the Peterborough County-City Health Unit, Wall developed and implemented a coalition of community providers to intervene with at-risk seniors.

If you know exceptional alumni, we welcome your nominations for the 2016 Distinguished Alumni Awards. Please email us at alumni.nursing@utoronto.ca or give us a call at 416-946-7097.

From left: Leslee Thompson, Janet Beed, Linda Johnston and Melinda Wall.
Notable Nurses

Look at Those Post-Nominals!

Needless to say, the most impressive letters that follow a nurse’s name are those that denote a U of T Nursing degree. But another noteworthy post-nominal is FAAN, which stands for Fellow of the American Academy of Nursing.

The American Nurses Association initiated the Academy in 1973 to recognize nurses who have demonstrated extraordinary, sustained contributions to health care throughout their career.

In October, five Bloomberg faculty members were inducted into the Academy at a ceremony in Washington, D.C.

Assistant Professor (Status) Lianne Jeffs was recognized for enhancing quality patient care, care transitions, organizational learning and health system performance.

Associate Professor (Status) Kathy McGilton was acknowledged for contributing to models of care for individuals with cognitive impairment, especially elderly patients with dementia who suffer a hip fracture, and for her work on care practices in long-term care homes.

Assistant Professor Lynn Nagle was honoured for her leadership in building vision and capacity for health and nursing informatics in Canada.

Associate Professor Louise Rose was recognized for her contributions in critical care and emergency nursing, particularly relating to improving the experience of mechanically ventilated patients.

Professor Bonnie Stevens was acknowledged for her significant contributions to paediatric nursing, especially in assessing and managing the pain of infants and children in the hospital setting.

Our Faculty is now home to nine fellows, including Linda Johnston (who received the privilege of using the FAAN post-nominal in 2014), Sioban Nelson (2012), Judith Shamian (2009) and Linda McGillis Hall (2007).

Praiseworthy Preceptors

Every Fall, Bloomberg Nursing acknowledges some of its exemplary educators with teaching awards. Among the 14 teachers recognized this year are Lisa Maitland and Dr. Krish Parameswaran, both of whom won an Excellence in Precepting Award.

Maitland, an RN in the palliative care unit at Princess Margaret Hospital, has been precepting undergrads for five years. “I have a passion for nursing;
I have a passion for teaching,” she says. Parameswaran, a pediatrician who mainly practises at Oakville-Trafalgar Memorial Hospital, has precepted master’s students preparing to be paediatric NPs for two years. “Students should be exposed to what we see in the community,” says Parameswaran, a strong advocate for the NP role.

Both preceptors are constantly on the look-out for learning opportunities for their students. Sometimes Maitland’s students head off to the OR. Other times, they learn about the cancer illness trajectory by shadowing another nurse in an outpatient clinic.

Back on the unit, learning opportunities abound for Bloomberg Nursing students. “They soon learn that not every death is the same,” says Maitland. “While some patients have a peaceful death, others are agitated. With some patients, you can’t manage their pain, and then the families have a more difficult time. When I see this, at times I feel helpless. It makes you realize that you’re not going to fix everything.”

Parameswaran combines formal teaching sessions with spontaneous ones. “I do have dedicated teaching sessions for my students, but it is constantly incorporated in our day-to-day clinical activities, from chart reviews to bedside patient assessments. Even if we have a few minutes during lunch, I include some teaching,” he says. “Teaching is an additional task that takes time, but it’s an important responsibility to ensure the next generation of health care providers are well trained.”

Kudos

The Council of Ontario University Programs in Nursing (COUPN) has recognized two Bloomberg Nursing faculty members through its annual awards program. COUPN chose Associate Professor Louise Rose for its Scholarship into Practice Award and Assistant Professor Sandra Merklinger for the Excellence in Teaching Award.

Alumna Joyce Rankin, MN 2002, won an honourable mention in the Toronto Star’s annual Nightingale Awards. Rankin is the clinical manager, nursing and mental health programs at Street Health, which strives to improve the health and well-being of homeless and marginally housed people in downtown Toronto.

Recent BScN graduate Mackenzie Hui received a Sopman Humanitarian Award for the compassionate care she provided during a 2014 clinical placement at Princess Margaret Hospital. Hui demonstrated an empathetic awareness of the multiple stressors encountered by patients with cancer and their families.
In his new role, Cam will focus on health care as well as other issues, such as overcrowded schools, the lack of affordable housing and insufficient infrastructure. “I am also looking forward to helping shape our government’s plans to address climate change and diversify our economy to ensure we leave Alberta better than when we found it,” he says.

Prior to being elected, Cam practised for nine years as an operating-room nurse at Foothills Medical Centre in Calgary.

Soon after earning a BScN, Andrew became a nursing officer with the Canadian Armed Forces. Most recently, Captain Lo served at the Integrated Personnel Support Centre in Ottawa.

“Throughout my military career, my positions have been as an operations officer, primary care nurse, patient liaison nurse and immunization nurse, to name a few,” he says. “In addition to practising medical-surgical nursing as part of our Maintenance of Clinical Readiness Program, I’ve been involved in everything from community health to nurse management. Working as part of a dedicated health care team has been one of the most rewarding experiences of my life.”

In his new role, Cam will focus on health care as well as other issues, such as overcrowded schools, the lack of affordable housing and insufficient infrastructure. “I am also looking forward to helping shape our government’s plans to address climate change and diversify our economy to ensure we leave Alberta better than when we found it,” he says.

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Padmini O’Brien, Certificate in Public Health Nursing, lives in Terramurra, a suburb of Sydney, Australia. She moved to Sydney 48 years ago after marrying an Australian, but says her “heart has always been in Toronto.”

Since leaving “Cody Hall,” Padmini continued her nursing education and worked as a nursing adviser for New South Wales, reporting to the minister of health. She also practised in education, family planning, midwifery and most recently in elder care. She retired two years ago, at the age of 76. “But I continue to attend lectures in spite of our very busy private life!” she adds.

Padmini plans to return to Toronto in 2017 to celebrate her 80th birthday and hopes to reconnect with her nursing classmates. To contact Padmini, phone or email the Alumni Relations Office.

Andrew Lo inside the cockpit of a CC-177 Globemaster III

Andrew Lo started graduate studies in health informatics at U of T’s Institute of Health Policy, Management and Evaluation this Fall.

Andrew Lo

Cameron Westhead, BScN, has been elected the member of legislative assembly (MLA) for Banff-Cochrane, one of the 53 ridings in Alberta to go NDP in the spring election.

As an MLA, Cam is drawing from what he learned at Bloomberg Nursing. “My U of T Nursing education taught me to be a professional advocate for my clients and to put their needs first,” he says. “As MLAs, we must find the balance between multiple competing interests and priorities and act in the best interest of the public, and my nursing education will help me in those deliberations.”

Cameron Westhead

Hilary Hall, BScN, after practising for five years as a diabetes nurse educator, returned to U of T Nursing last Fall to start her master’s in the clinical nursing stream. In addition, she is a dedicated mother of two, and this Fall began a clinical instructor position in community health with her alma mater.

Also this Fall, as the policy and political action officer for Region 6 of RNAO, Hilary helped organize a federal election debate on health care. The debate was held in the Spadina-Fort York riding.

Hilary Hall

Class of 2009

Class of 1963
PHILIZ GOH, BScN, is certified as an oncology nurse and has been practising at Sunnybrook Health Sciences Centre since December 2010. She completed her term as co-chair of the Sunnybrook Nursing Practice Council, and is the current president of the Greater Toronto Chapter of Oncology Nurses of the Canadian Association of Nurses in Oncology.

In 2008, she was the editor-in-chief of the most recent edition of Bone Metastases: Helping you to help yourself, a guidebook for patients. Then from 2010 to ’14, she helped edit the first and second editions of the Handbook of Bone Metastases for Healthcare Professionals.

Last Fall, Philiz started Bloomberg Nursing’s master’s program in health systems leadership and administration, which is designed to prepare nurses for formal leadership roles in Canada and internationally. A Canadian Nurses Foundation award will help her further her oncology research, which includes palliative symptom management.

Philiz recently received the RNAO President’s Award for Leadership in Clinical Nursing Practice.

ROB FRASER, MN, who authored the award-winning book The Nurse’s Social Media Advantage, is continuing to explore how technology can be used to improve health care. This Fall, he is working with Swift Medical to launch a wound care app, http://swiftmedical.io, at the Canadian Association for Wound Care conference. The app allows care providers to rapidly measure and assess wounds as well as collaborate with other providers by using their smartphones.

Rob is practising at a medical clinic in Covenant House, a shelter in downtown Toronto that serves homeless youth. In this position, he collaborates with the interdisciplinary team to help the youth set and achieve health and wellness goals.

In July, Rob was appointed an adjunct assistant professor at the Arthur Labatt Family School of Nursing at Western University in London, Ontario. In this role, he collaborates with professors conducting research on the use of social media for public health, participates in research workshops and serves as a guest lecturer on the use of technology in health care.

CHRIS YU, BScN, has accepted a full-time position in the emergency department at St. Michael’s Hospital, where he did a four-month practicum in his final year at U of T Nursing.

After graduating in June, Chris “slaved away for three weeks” to prepare for the entry-to-practice exam. Two days after writing NCLEX, he found out he passed! Since his St. Mike’s position didn’t start until September, Chris had the whole month of August to lounge by the pool and swim at the beach.

SPREAD THE NEWS
Have you started a new position? Had a wedding or added to your family? Furthered your academic achievements? Your classmates want to hear all about it!

Send your news to: alumni.nursing@utoronto.ca or the Alumni Relations Office, Bloomberg Nursing, 155 College St., Suite 217, Toronto, ON M5T 1P8
This year, 69 nurse scientists applied to attend U of T Nursing’s third Emerging Nurse Scholars Forum. Based on the quality of their research, 22 were selected.

The forum is deliberately small. “A smaller group allows for more in-depth discussions,” explains Linda McGillis Hall, our associate dean of research and external relations.

Part of what attracted Nancy Knechel, a PhD candidate from Yale University in Connecticut, was the intimacy of the October meeting. “It was a great opportunity to meet other nurse scientists and network,” says Knechel, who has started a post-doctorate in the San Francisco Bay area of California.

The forum brings together the next generation of nurse scientists. It’s intended for top-tier nursing scholars who:

• have almost or recently completed a doctorate in nursing, and/or
• hold, or recently completed, a postdoctoral fellowship.

“The forum provides an opportunity for emerging scholars to closely engage with other nurses who are likely in a similar place in their career,” says McGillis Hall. It also provides the attendees with opportunities to forge international research partnerships.

From the Four Corners

This year, the meeting once again attracted nurse researchers from around the world. Ying Liu came from Chulalongkorn University in Thailand to present her research on the factors influencing nurse-assessed quality of care in Chinese hospitals. Rose Ilesanmi from the University of Ibadan in Nigeria spoke on how an educational program on preventing pressure ulcers affected nurses’ knowledge and practices. Shefaly Shorey from the National University of Singapore presented on how a postnatal psycho-educational program influenced first-time mothers.

And Bloomberg Nursing welcomed back alumna Sunny Hallowell, BScN 2000, who discussed her research on the associations between the nurse work environment, breastfeeding support and human milk provision in the NICU. Hallowell is now a fellow with the Center for Health Outcomes and Policy Research at the University of Pennsylvania School of Nursing in Philadelphia.

Nancy Knechel shared her research on the relationship between sleep disturbance and falls among veterans who had had a transient ischemic attack. “There was a significant variable,” she said. “While less than three awakenings during the night is desired, this group had 22 to 28 awakenings. Their sleep was very fragmented.” Her future research will focus on why they have so many awakenings and how to improve their sleep.

Bloomberg faculty members led the discussion on research strategies and offered advice on ways to develop a successful academic career. The elite scholars left the forum not only with new knowledge, but empowered to improve health care in every corner of the globe.
In Memoriam

Class of 1956

Mary Josephine Flaherty (BScN) at the age of 81, on May 24, 2015, in Ottawa. Soon after graduating, Josephine, then 22, became the Nurse-in-Charge at a Red Cross outpost in northern Ontario where she was the sole health care provider not only for the community, but for the workers in the mines and bush camps.

In 1968, she earned a doctorate at the age of 81, on May 24, (BScN) Mary Josephine Flaherty.

In Memoriam

Class of 1966

Rev. Ann Copland MacDonald, née Hart (BScN) at the age of 71, on February 13, 2014, at home in Dundas, Ontario. Ann was a priest with the Anglican Diocese of Niagara and an Honorary Assistant at Christ’s Church Cathedral in Hamilton.

Ann leaves her husband of 45 years, Peter, and their five children and 12 grandchildren.

Class of 1974

Jean Anderson (Certificate in Public Health Nursing) at the age of 84, on August 30, 2015, in Brantford, Ontario. Jean graduated from the Brantford General Hospital School of Nursing in 1952 and practised in physicians’ offices. At the age of 43, she decided to become a public health nurse and enrolled at U of T Nursing. To attend classes, she commuted by train from Brantford to Toronto every day. She practised as a public health nurse and manager with Brant County Health Unit for 21 years, retiring in 1995.

From 1980 to 1997, Jean served on the Brant County Board of Education and was a Board Trustee. In 1984, she was elected the board’s first female chair. She was also on the Brantford General Hospital Board of Governors and elected the board’s first female chair.

Barbados issued this stamp to celebrate its 25th year of independence. It honours “Her Excellency the Governor General Dame Nita Barrow.”

This December marks 20 years since the death of one of our most distinguished graduates, Nita Barrow (Certif. in Public Health Nursing 4T4, Certif. in Nursing Education 4T5). Born in Barbados, Nita came to U of T Nursing on a Rockefeller Foundation scholarship.

Nita served as the Principal Nursing Officer for Jamaica from 1956 to ‘63 and the Caribbean region Nursing Adviser for the Pan American Health Organization from 1964 to ‘71. She went on to hold the Presidencies of the World YWCA, World Council of Churches and International Council of Adult Education.

In 1986, she was appointed Ambassador and Permanent Representative of Barbados to the United Nations. In 1990, Nita stepped down to become the Governor General of Barbados.

She was a member of the Commonwealth Apartheid Committee and the only woman appointed to the global Eminent Persons Group that negotiated Nelson Mandela’s release from 27 years in prison.

Nita was known for her disarming presence. She was not unknown to knit quietly during a meeting and then, like a torpedo, seemingly come out of nowhere heavily armed with data, incisive questions and practical solutions that silenced her foes.

Barrow held a dozen honorary doctoral degrees, including a Doctor of Laws from U of T which she received in 1987.

― Michael J. Villeneuve, BScN 8T3, MSc 9T3
Time Travel Montreal Mystery

ILLUSTRATION: Steven Noble, Inspired by an Engraving in Godey's Lady's Book, circa 1850
A nursing historian, Judy Young was examining the 1871 Canadian census when she read that 568 infants had died that year under the care of l’Hôpital Général in Montreal. “The sheer number of deaths of these tiny babies surprised me,” says Young. “It kind of haunted me.”

She began looking at other census records, including those for l’Hôpital, commonly called the Grey Nunnery. In her black notebook, she calculated mortality rates and determined that 85 per cent of the babies under l’Hôpital’s care had died in the 1870-’71 census year. “The majority didn’t live to be one month old,” she reports.

Alarmed, Young intensified her research. She found that among Montreal’s general population at the time, about 40 per cent of infants died before their first birthday, typically from intestinal disease and diarrhea. Then she investigated the infant mortality rate in homes for abandoned babies in other countries; specifically, in England and France. She learned that in 1870, the Paris Hospice des Enfants Assistés in France recorded a death rate of only 55.6 per cent. Why, then, was the death rate in Montreal so much higher?

To answer this question, Young reached back through time to shine a light on the day-to-day workings of the orphanages. To trace the footsteps of the mothers, she pored over journal articles in English as well as French.

Young determined that the mothers were desperately poor, but was surprised to learn that not all were unwed. “The admission of infants from married women tended to increase in difficult economic times,” she explains.

In Montreal, the mothers left their newborn sons and daughters on l’Hôpital’s doorstep. Young learned that most of the babies were left unwashed, some were naked, a few were frozen. Some of the women found the courage to tuck their name beside their baby. “These mothers may have hoped to reconnect with their baby one day. Some did reclaim their baby but very few, as so many of these infants died.”

“The mothers dropped off their babies at night because they didn’t want to be seen,” Young continues. “They were ashamed of being pregnant, ashamed of leaving their baby.”

When a nun discovered an infant on the doorstep, she would quickly arrange for it to be baptized. “The nuns were saving souls,” she says. “They believed you couldn’t go to heaven unless you were baptized.”

The Montreal nuns would give the new arrival pap, which is a mixture of bread and water. Or they’d pour milk onto a rag for the baby to suck, or use a spoon or bottle to give the baby milk. The milk wasn’t pasteurized; nothing was sterilized.

Then the nuns would attempt a major challenge: arranging foster care with a wet nurse. Quebec didn’t have enough wet nurses to meet the demand. Most of the women willing to breastfeed the orphans lived in the country, were exceedingly poor, and may have been caring for seven or more children of their own. The nunnery had a policy not to allow a wet nurse to have more than two charges at a time, but as admissions increased Young discovered that some were given five or six babies. To describe the homes of the wet nurses who were fostering multiple infants, the Montreal newspapers coined the term “baby farms.”

“A good number of l’Hôpital Général babies died in foster care,” says Young. She points out that another nunnery policy stated that “une personne qualifiée” was to visit the wet nurses to ensure that the infants were being cared for adequately. It is uncertain how well this was carried out. “How could the nuns possibly have had the time or resources to visit the wet nurses?” she asks. “The system was fraught with problems.”

In contrast, the Paris Hospice des Enfants Assistés had wet nurses who lived in the nunnery, ready to feed new arrivals. And infants could be fostered quickly because France had an elaborate state system for recruiting wet nurses, fostering infants around the country and inspecting foster families. Quebec lacked such a system. And France also allotted more money to pay for foster care.

The Canadian census enumerator labelled the newborns dropped off at Montreal’s l’Hôpital Général “illegitimates.” But the nuns gave most of the infants a first name. Some of the names of the babies who died border these pages. For the most part, though, the birth of these babies has been uncelebrated if not unacknowledged. Until now. Young’s research brings these infants out of the shadows of shame.

In the 19th century, an unwed mother might drop off her newborn at a nunnery. Alumna Judy Young researched why most of the babies at a Montreal nunnery died.