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ALUMNI RELATIONS OFFICE
Bloomberg Nursing
155 College St., Suite 217
Toronto, ON M5T 1P8

T 416.946.7097
F 416.978.8222
E alumni.nursing@utoronto.ca
W www.bloomberg.nursing.utoronto.ca

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Publisher
Dean Linda Johnston, PhD, FEANS, FAAN

Editor
Susan Pedwell

Contributing Editor
Dave Ross

Art Director
Gil Martinez, RGD, BigGuyStudio.ca

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Shout it from the rooftops!

Bloomberg Nursing ranks third in world

QS World University Ranking by Subject has graded Bloomberg Nursing as the third-best Faculty of Nursing on the planet. This recent ranking affirms the quality of our faculty members’ work and their dedication to the profession. Together we’ve earned international status in practice, research and education, all of which are intertwined with practice, exemplary practice.

But we need to improve our international profile. When I was a dean of nursing in Belfast, Northern Ireland, I knew nothing about Bloomberg Nursing and that is my point. This is an incredibly accomplished Faculty, and our story is extraordinary.

Our research leads to improvements in patient outcomes, and enhances the quality and safety of care. Our pedagogy sharpens critical thinking skills at the point of care and in leadership roles. Our pass rate on the entry-to-practice exam is higher than 97 per cent, which is higher than almost all other Ontario universities. And we educate one-third of the master’s students in the province. It’s fair to say that our students – both past and present – are smart people.

I know you have extraordinary stories to tell about where your nursing degree has led you. We invite you to share your accomplishments in Pulse in Class Notes and your important point-of-care moments in our new Bedside Stories section. We’re reaching out to you. Please reach back to us. See you at Spring Reunion!

Linda Johnston, PhD, FEANS, FAAN
Bloomberg Nursing offers clinical placements that give undergraduates opportunities to work with outstanding nurses and innovative teams. We’re affiliated with world-leading clinical institutions as well as numerous community partners working with vulnerable populations, including Aboriginal.

In first year, everyone takes Pam Walker’s class on nursing in northern First Nations communities, during which the Bloomberg Nursing lecturer shares anecdotes from her 18 years of practising in Aboriginal communities. Her deep compassion for First Nations peoples inspires many of our students to choose an Aboriginal health practicum for one of their second-year placements.

“My concern is the discrimination that Aboriginal peoples are experiencing in the health care system,” says Walker, BScN 8T9. “Students need to learn about the effects of colonialism on the Aboriginal community and to remember it; this...
Walker asks the students who sign up for her second-year Aboriginal Health and Cultural Safety course to read the report that the Truth and Reconciliation Commission of Canada released in 2015 after seven years of listening to and documenting the stories of residential school survivors. “This is going to be hard,” Walker warns the students, “but you need to feel this.”

Canada’s more-than-100-year history of residential schools, in which First Nations children were forcibly taken from their families and made to assimilate to Western ways, is more than hard. It’s unfathomable. The report chronicles children being kicked for crying, smacked in the mouth with a ruler for speaking their native language, whipped on their bare backs for trying to run away. It reports rampant sexual abuse, with some of the children living in constant terror of another act of sodomy or rape.

When these children grew up, their mental anguish didn’t stop. And since they had never been parented, they don’t know how to parent their own children. While Canada’s last residential school closed in 1986, the legacy continues.

> Day 1
Part of Walker’s course is a community health placement. Nemica Thavarajah from the Class of 2016 chose Toronto Council Fire Native Cultural Centre, which provides services to Aboriginal peoples and encourages their spiritual and personal growth. “I didn’t know what to expect,” she confides.

“When I started, I was a lot more worried than I needed to be,” says Hillary Conway, also from the Class of 2016. She found their preceptor, Ruth Cyr, not only supportive, but upfront. “When we were doing health teaching, Ruth would always tell us not to shy away from intimate topics,” Conway says. “So we forged ahead and taught about colorectal health, reproduction and how diabetes can affect sexual health.”

The health teaching sessions would begin with a smudging ceremony in which an individual would burn sage, sweetgrass or tobacco in a shell, using an eagle feather to keep the sacred medicine smoking. The participants would sit in a circle and waft the smoke over themselves. “I was told it was OK to join in the smudge if I did so for the right reasons, which are to cleanse your hands, your mouth, your...
If our students overhear a discriminatory remark about an Aboriginal person in a health care setting, I hope they’ll be the ones to ask, ‘Do you know where this person is from? What the residential school system did to his family and community?’”

— Lecturer Pam Walker

head, your heart and your eyes, to clear your vision.”

In addition, they participated in many activities, including Moccasin Trails, a morning exercise group that Cyr leads. “Ruth was funny and goofy and engaging,” says Conway. “She’d dance like Drake in the ‘Hotline Bling’ video, and for a cooldown she’d sometimes play a Cree lullaby.”

After working up a sweat, conversations would flow naturally between the nursing students and clients. “I had the opportunity to really talk to the participants,” says Conway. “I learned so much, like the different degrees with which people identify with being Aboriginal.”

“We felt like we belonged,” echoes Thavarajah.

> You want me to what?
Thavarajah was alarmed to learn that Toronto Council Fire expected her to help supervise a group of kids in a free swim at the local pool as part of its healthy living program for children. “I don’t know how to swim!” she exclaimed. But Thavarajah soon felt right at home in the shallow end with the children who were also at a beginner swimming level. “We had floating contests and played tag,” she says.

Meanwhile, Conway was in the deep end, spotting the proficient swimmers as they jumped off the diving board and swung from the Tarzan rope. Occasionally, she’d
Where your Faculty is heading

Bloomberg Nursing has 6,000 alumni, including you. And we’re counting on our graduates to help us step boldly into a bright future. We’ve set out our goals in the 2016–2021 strategic plan, “Shaping Tomorrow’s Leaders Today.” In brief, here are the plan’s five pillars:

1. Engage with our community of partners, friends and alumni to further our success as a leader in health higher education.
2. Embed internationalization across the Faculty. Learning with and from people around the world enhances the student experience.
3. Foster dynamic partnerships with our affiliated clinical institutions and community-based service providers.
4. Pursue new knowledge to benefit the health of individuals and communities around the world and in our own backyard.
5. Provide innovative undergraduate, graduate and continuing professional development programs.

Explaining that she wants to help bridge the cultural gap, Cyr is in her 19th year of being a Bloomberg Nursing preceptor. She takes two students each term. “It’s a lot of work but it’s something I enjoy,” she says.

Looking back on her career as a head nurse and nurse supervisor at the Clarke Institute of Psychiatry (now CAMH) and her work at community centres, it’s not her award for founding Toronto’s first Aboriginal diabetes support group she’s most proud of. It’s her former students and clients coming up to her and exclaiming, “You don’t know how much you’ve helped me!”

glance at the shallow end. “I felt privileged to watch the children teaching each other how to swim. I hope I never forget that image. I want to hold onto it.”

The students also want to hold onto what Cyr has taught them, not only about community health nursing but about living on a Saskatchewan reserve and going through the residential school system.

“A lot of my life was survival,” says Cyr. “I do feel sorry for the people who experienced sexual and physical abuse in the residential schools, but that wasn’t my experience. But I did experience psychological, emotional and spiritual abuse. The school made you feel inferior. It attacked your identity. As a result of the denigration of our culture, spirituality and traditions, many people came out feeling shame about being an Indian.”

Explaining that she wants to help bridge the cultural gap, Cyr is in her 19th year of being a Bloomberg Nursing preceptor. She takes two students each term. “It’s a lot of work but it’s something I enjoy,” she says.

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Placement Hours in the Undergraduate Program

<table>
<thead>
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<th>Year</th>
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<tr>
<td>First</td>
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The joyful leader
Janet Beed delights in helping others develop their leadership talents

To celebrate Janet Beed’s lifetime contributions to health care and the nursing profession, Bloomberg Nursing honoured her with its Distinguished Alumni Award of Distinction. As one of three remarkable alumni lauded last spring, Beed was applauded by alumni for being a mentor and advocate for the profession.

“I’ve always hoped that I could help others to thrive in their work life,” says Beed, MScN ’87. “Being nominated by my peers and colleagues encourages me to believe that I have fulfilled this passion.”

In 1977, the Halifax native came to Toronto “on a whim,” intending to stay one year. Instead, she enrolled in Bloomberg Nursing’s master’s program. “I knew I wanted a graduate degree that would afford me more opportunities, and I wasn’t disappointed,” she says. “I became a better nurse, I became a better person.”

> What’s the problem?
For her thesis topic, Beed explored the impact of life-threatening events on human behaviour. While she probed the effect on children, she later found that what she had learned could be applied to adults and all sorts of work situations. The threat of a job loss, for example, might be experienced as life-threatening because it could mean a loss of livelihood and colleagues, she explains.

Among the many staff, board members, patients and colleagues who Beed says have influenced her, she counts her thesis adviser, former faculty member May Yoshida, as one of her two most profound mentors. (The other is her older brother, Stephen.)

“Professor Yoshida taught me how to think critically and discern the true facts and relationships in any work situation,” says Beed. “Through supportive and sometimes tough guidance, I learned how to ask the right question in the right way to uncover the answer that could help advance a solution.”

Janet Beed was thrilled to be photographed in the Hart House Debates Room. “The ability to share and debate ideas freely is a cornerstone of a university education,” she says.
“I use this valuable tool daily,” she continues. “May would ask, ‘Have you identified the problem? What is the real problem?’ I can still hear her saying, ‘Always understand the problem before developing the solution.’”

> The door-opener
Beed’s Bloomberg Nursing degree opened the door to the clinical nurse specialist position in the Hospital for Sick Children’s cardiology unit. Seeking ways to improve the lives of the patients, she established that the point-of-care nurses on 4A could serve a greater role in educating the families about their child’s cardiac problems. “When nurses are giving care, it’s a great time to engage patients and their families in education and guidance,” she says.

The doors at SickKids kept swinging open. She applied for and became the director of surgical programs and then the director of nursing systems. “As a leader, I tried to enable nurses to practise to the maximum of their scope of practice. Sometimes that meant removing barriers. I always believe in the capacity of the individual to perform.”

> From one leadership position to another
Over on Sherbourne Street, the president of the Ontario Cancer Institute/Princess Margaret Hospital had heard about Beed’s creativity as a leader. In 1990, he recruited her to join a new executive tasked with repositioning the institute as one of the top-five cancer research and treatment facilities in the world.

“The hospital had been founded on a strong bench-research base,” says Beed. “My job was to enhance the clinical application of that research. The organization was ready for change.”

Problems are inevitable when turning an organization around, but Beed vowed, “Nobody needs to get hurt in solving the problems. Blaming only stops the problem-solving sequence.”

“The skills we learned in nursing can be translated into any professional field, sometimes to the amazement of others.”

– Janet Beed, MScN 8T0

ALUMNI NEEDED!

Be a charter member of the Nursing Alumni Association

Representation from all graduation decades is needed for Bloomberg Nursing’s new Nursing Alumni Association. If you graduated in the 1950s, 1960s, 1970s or any other decade, your participation is needed to help create a well-rounded association.

Monika Dalmacio, BScN 2014, is spearheading the alumni association after being surprised to learn that Bloomberg Nursing doesn’t have an alumni group. “I’d love to get together with other alumni,” says Dalmacio, who practises with Access Alliance Multicultural Health and Community Services, which provides services to vulnerable immigrants and refugees. “As graduates of Bloomberg Nursing, we all share the same sense of accomplishment.”
> A heavy load
In 2001, Beed became vice-president and chief operating officer of Toronto General Hospital. She was accountable for the operations of all aspects of the hospital site, including 5,000 full-time employees, and a $264 million operating and capital budget.

Then in 2005, she became the president and chief executive officer of Markham Stouffville Hospital in Ontario. In the almost 10 years that she held this position, the hospital doubled its physical size and created the opportunity to triple its service offerings. In helping further its growth, she also created a lasting health care framework for the citizens of Markham, Stouffville and Uxbridge.

“Leadership is about relentless responsibility and accountability,” says Beed. When asked why she chose to be under such pressure, she simply answers, “It’s how I was raised. I was raised to believe that my job in life is to make the world a better place.”

Dalmacio envisions the association hosting networking events, learning activities and get-togethers with no grander purpose than to have fun. She sees opportunities to partner with the Nursing Undergraduate Society and the Graduate Nurses’ Student Society.

To share your ideas and learn more, contact Kendra Hunter, our alumni relations officer, at kendra.hunter@utoronto.ca or 416.946.7097.

Walter Sermeus is our 2015/2016 Frances Bloomberg International Distinguished Visiting Professor. A health care management professor at the University of Leuven in Belgium, Dr. Sermeus visited Bloomberg Nursing in November to present at our Quality and Safety Summit. In two future visits, he’ll consult with faculty members and graduate students about their research design.

Sermeus led one of the largest nurse workforce investigations ever conducted in Europe, the Nurse Forecasting (RN4CAST) study, collaborating with Dr. Linda Aiken from the University of Pennsylvania and some of the best nurse workforce researchers in Europe. The study was conducted in 12 European countries, and surveyed more than 30,000 nurses and 11,000 patients in about 500 hospitals.

The results reveal that nurse staffing has an important impact on in-hospital mortality. Sermeus calls for increased nurse staffing levels, expanding the skill mix and improving the work environment. He’s also a proponent of upgrading nursing education to the bachelor level, arguing that nurses spend more time in the acute monitoring and management of patients than any other health care professional.

“The real challenge of health care today is probably not in generating new knowledge, although important, but in getting the knowledge implemented in daily clinical practice,” says Sermeus. “The right knowledge and skills, enough time and a supportive work environment are critical elements to making this happen.”
In October 1992, Bloomberg Nursing received approval to offer Ontario’s first PhD program in nursing. But who would supervise the students? Dean Dorothy Pringle had to scan the country to find PhD-prepared nurses.

Fast forward to 2010, and we graduated our 57th PhD student. Just five years later, we awarded our 100th doctorate.

Bloomberg Nursing’s PhD program prepares scientists with the analytical and research skills they need to study clinical and administrative nursing problems. A thesis is a major component of the program. And every thesis contributes to our knowledge of how to improve health care in Canada, if not the world.

Shan Mohammed, PhD 2014, wrote his thesis on terminally ill cancer patients searching for and undergoing treatments in an attempt to eradicate their cancers. While these therapies are typically futile and can lead to pain, infection and toxicity, Dr. Mohammed documented that patients and their family, informed by the social idea of taking control of one’s health, would often take an active approach to locate treatment. “An important finding is that health care professionals, especially nurses, find it difficult to provide palliative and end-of-life supports to patients who want to assertively search for cancer treatments at the final stages of the cancer trajectory,” he says. Now he’s exploring the challenges that ambulatory oncology nurses may encounter in introducing palliative care to cancer patients and families.

Like Mohammed, Samantha Mayo didn’t stop researching after she picked up her doctorate degree. Her
Bloomberg Nursing professors are always uncovering new knowledge to further health care around the world. Here are some of the recent research triumphs of our faculty members.

- **Kelly Metcalfe** was the lead author of a retrospective study examining the effect of removing the ovaries (a prophylactic oophorectomy) in women with a BRCA1 or BRCA2 mutation and breast cancer diagnosis. The investigation of 676 women determined that oophorectomy is associated with a decrease in mortality in women with breast cancer and a BRCA1 mutation. The authors recommended that women with estrogen receptor-negative breast cancer and a BRCA1 mutation undergo an oophorectomy shortly after being diagnosed with breast cancer. *JAMA Oncology* published this paper in its June 2015 issue.

  In the previous year, Professor Metcalfe was the lead author of a retrospective analysis on the effect of contralateral mastectomy in 390 women with a BRCA mutation who received treatment when they had Stage 1 or 2 cancer in one breast. The research team concluded that this population of women is less likely to die from breast cancer if they have both breasts removed. *BMJ* published the paper in its February 11, 2014, issue.

- **Carles Muntaner** identified as the most productive health-inequalities research author in Canada, having published health inequalities and/or health equity research in 99 publications between 1966 and 2014. Professor Muntaner’s most recent published research explores neighbourhood settings, types of social capital and depression among immigrants in Toronto. *Social Psychiatry and Psychiatric Epidemiology* published the paper in its February 1, 2016, issue.

thesis examined cognitive impairment in patients with hematological cancers. Prior to receiving stem cell transplantation, cognitive impairment was evident in almost half of the 58 people she followed and it persisted for as long as six months after treatment. “My current work focuses on testing treatment options to enhance cognitive function and understand the mechanisms underlying the development of neuro-cognitive difficulties,” says Mayo, PhD 2015.

Both Mayo and Mohammed also earned their BScN and MN at Bloomberg Nursing, in 2004 and 2006 respectively. And like many of our PhD graduates, they are not only researchers, but faculty members. Mayo is an assistant professor and Mohammed a lecturer at Bloomberg Nursing.
Ready for the geriatric age quake?
Our new two-day course teaches optimal care of the elderly

The number of adults aged 65 and older is expected to double by 2036. “We need to be competent and confident in caring for seniors across the health care continuum,” says Lecturer Michelle Acorn, who is leading the new Centre for Professional Development course Excelling in the Care of the Elderly.

Intended for NPs, advanced practice nurses, nurse educators and students studying to be an NP, the course will be presented by five NPs practising in geriatrics who will share their expertise through case studies. Key topics of the September 10 to 11 course include advanced health assessment and common clinical problems. The course will also review relevant geriatric resources.

Acorn, MN 2003, holds a geriatric prescribing certification. She’ll speak on best practices in prescribing and diagnostics, as well as the anticholinergic (ACh) burden. “This is the cumulative effect of taking multiple medications with ACh properties,” explains Dr. Acorn, the lead NP at Lakeridge Health Whitby, the world’s only NP-led hospital. “Older adults are particularly sensitive to these medications. ACh’s adverse effects (which include blurred vision, constipation, cognitive impairment, falls and delirium) can be wrongly attributed to advancing age.”

Adjunct Lecturer Eileen Bourret, who earned a certificate as an acute care NP at Bloomberg Nursing in 1975, will instruct in the geriatric giants of frailty, falls and sleep disturbance. Assistant Professor Kathy Trip, MN 2005, will discuss other geriatric giants, including depression, delirium and dementia.

“I’m sure the course will be very popular,” says Acorn.
Upcoming Courses

Head back to school by taking a Centre for Professional Development course or workshop.

**As the dates for the following courses become available, they’ll be posted on the Bloomberg Nursing website.**

**Get Your Message Across: Effective Communication and Presentation Skills**
Build your confidence and effectiveness in professional communication through this one-day interactive workshop. You’ll also develop your knowledge in designing, delivering and evaluating presentations.

**PeriAnaesThesia Review**
This one-day course reinforces the essential competencies in caring for the perianaesthesia patient.

**Review of Health Assessment Across the Lifespan**
Using a systems approach, this one-day course includes how to perform a “head-to-toe” assessment. Practise and build your assessment skills in our Nursing Simulation Laboratory.

**The Foundations and Scholarship of Clinical Teaching**
This two-day workshop for clinical instructors and nurse educators focuses on the theoretical and practical dimensions of clinical teaching from a transformational learning perspective.

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**Assisted Dying in Canada—Is Nursing Ready?**
Medically aided dying in Canada is evolving rapidly. This course addresses the history, language and core concepts of euthanasia, as well as current and emerging legislation and regulations. It also explores the present realities, practice implications, possible ethical conflicts, required competencies and nursing leadership. [Read more ›](#)

**Assessing Clinical Competency with Confidence**
This interactive workshop is for new and experienced educators wanting to enhance their skills in designing, developing and administrating competency assessments for students and/or professional staff. [Read more ›](#)

**Advanced Ostomy Care and Management**
Enhance your knowledge and skill in applying best practices for ostomy and peristomal skin care. This 10-week online course is self-directed. [Read more ›](#)

**Excelling in the Care of the Elderly**
See course profile to the left.
See you at Spring Reunion!

The coffee’s hot. Your friends are waiting.

W hen you decided to become a nurse, you dedicated yourself to become the best nurse possible. And when you strode across the Convocation Hall stage to receive your degree, you became a lifelong member of an exclusive club of Bloomberg Nursing graduates.

Some of the world’s best nurses belong to this club, and all of the members know the rewards of helping others. Every single member has touched the lives of countless people in meaningful ways. And many of your fellow Bloomberg Nursing graduates will be attending Spring Reunion on May 28.

This is your chance to reunite with your classmates, share memories and catch up on the latest news. Who knows who you’ll run into? Turn a corner and you just might find yourself face to face with
your long-lost friend from the public health course.

All alumni are invited, and this year we’re especially welcoming those who graduated in a year ending in 1 or 6. Nancy Golden, BScN 6T6, and about 20 of her 25 classmates will be marking their 50th anniversary at Spring Reunion. They’re a tight class who have been gathering together every five years in Golden’s living room. In honour of their special anniversary, Dean Linda Johnston has invited them to a special celebration after Spring Reunion.

THE DAY AT A GLANCE

You are cordially invited to Bloomberg Nursing’s Spring Reunion celebrations on **Saturday, May 28** at the Faculty building, **155 College St.**

8:30 a.m.  **Registration opens.**
9 a.m.  **Enjoy a sit-down buffet breakfast.** Connect with your friends and classmates and discover more than 50 years of nursing excellence. Want to commemorate the moment? Grab our photographer for a quick snap.

11 a.m.  **Tour the Nursing Simulation Lab.** Students from the Class of 2016 will be on hand to highlight how technology has changed nursing education – you might even get a chance to join in. Bring your kids! Children aged four to 12 can participate in special simulation activities and discover nursing.

4–7 p.m.  **Skyline Social.** Join us at Sheraton Centre Toronto, overlooking the city. The new Nursing Alumni Association is looking forward to meeting you and sharing ways to be involved. Mix, mingle and enjoy a glass of wine or two … on us.

Please register for Spring Reunion events by May 25. Email kendra.hunter@utoronto.ca or phone 416.946.7097.
Leslie Anne is developing a program of research to ensure that every child, adolescent and family receives the best possible mental health care. She also collaborates with clinical and research colleagues, patients and families, as well as stakeholders in the health, education, social services and justice sectors to improve child and youth mental health outcomes.

Class of 2009

Lorna Coombs, BScN, moved to London, Ontario, soon after graduating. There, she practised in cardiac care at London Health Sciences Centre.

“After three years, I decided to try something new,” she says. “I joined Saint Elizabeth Health Care and became a visiting RN.” Lorna provides care for people in their homes, helping them stay out of hospital and long-term care. “It is rewarding and challenging work,” she says.

Also since graduating, Lorna got married. And now, Lorna and her husband, Ryan, have two sons. Felix is three years old and Charlie is one.

Class of 2010

Alex Teleki, BScN, is practising in First Nations communities in the Far North. “It has been quite an amazing few years,” he says.

For the first two years after graduating, he was a nurse at the Attawapiskat First Nations Reserve on James Bay in northern Ontario.
Page Dixon, BScN, welcomed a daughter, Roberta Ginger Greenwood, on November 25, 2015. “I took a hypno-birthing class before the birth, and the breathing and self-relaxation exercises helped me a lot with a labour that failed to progress,” says Page. “After my C-section I was lucky to be nursed by some terrific Bloomberg Nursing students. It felt like coming full circle.” (Continued)

Then, in addition to doing some flight nursing in Nunavut, he practised on reserves in northwestern Ontario. He worked at Sandy Lake First Nation, which has a high rate of diabetes, and Pikangikum First Nation, which has a high suicide rate. “There is beauty and hope as well as crisis and pain,” he says.

To encourage other nurses to practise in First Nations communities, Alex created an online presentation titled “Nursing in the North” in which he encourages nurses to, “Do it for a year. You’ll surely regret it ... then you won’t imagine not having done it.”

Alex earned a master’s of public health in 2014 and is now considering studying to be an NP.

Class of 2014

Page Dixon, BScN, welcomed a daughter, Roberta Ginger Greenwood, on November 25, 2015. “I took a hypno-birthing class before the birth, and the breathing and self-relaxation exercises helped me a lot with a labour that failed to progress,” says Page. “After my C-section I was lucky to be nursed by some terrific Bloomberg Nursing students. It felt like coming full circle.” (Continued)

Karolina Gielarowiec, BScN, just finished training in the cardiovascular ICU at Toronto’s University Health Network. Now she’s practising in UHN’s medical surgical ICU.

Class of 2013

Karolina Gielarowiec, BScN, just finished training in the cardiovascular ICU at Toronto’s University Health Network. Now she’s practising in UHN’s medical surgical ICU.

Nursing Week: How do you celebrate?

In 1971, the International Council of Nurses designated May 12, Florence Nightingale’s birthday, as International Nurses Day. In China, nurses gather to recite the Nightingale Pledge on International Nurses Day. In London, England, there’s a service honouring nurses at Westminster Abbey.

Bloomberg Nursing celebrates National Nursing Week with its community partners and alumni by hosting a panel discussion. This year, our Frances Bloomberg International Distinguished Visiting Professor Walter Sermeus joined the panel to speak on “big data.”

Posters featuring Pulse’s “Time Travel” section were displayed at U of T’s Gerstein Science Information Centre to share nursing history with all who passed by.
Page now uses the hypno-birthing breathing exercises to help her fall asleep when Roberta naps. “I have even been able to sneak a little knitting in while Roberta sleeps,” says Page.

**We are Bloomberg Nursing**

We have gone by numerous names. In 1920, when we started out, we were called the Department of Public Health Nursing. In 1972, after introducing our master’s program, we became the Faculty of Nursing. Then in 2007, with Lawrence Bloomberg’s visionary gift, we became Canada’s first named nursing Faculty, the Lawrence S. Bloomberg Faculty of Nursing. Regardless of the name we held when you attended, Bloomberg Nursing is – and always will be – your alma mater.

**Vicki and Brian Malecki**, both BScN, launched their careers, had a baby and bought a house in Kitchener, Ontario, since graduating. “We’re thinking of retiring next year just to cross everything off the list,” says Brian with a laugh.

Vicki practises on the cardiology unit at St. Mary’s Hospital in Kitchener. But currently, Vicki is on maternity leave, caring for their daughter, Addison Rose, who was born in December 2015.

Brian started at SickKids’ infectious diseases unit in September 2014. “It was a crazy learning curve,” he says, “but
it has been great, and working at SickKids has reaffirmed my choice to pursue nursing.”

Vicki and Brian plan to take their nursing skills on a mission trip, maybe to South Sudan.

**TONIA ROMAN, BScN,** started in Mount Sinai Hospital’s emergency department soon after graduating. At the end of the HealthForceOntario New Graduate contract, Mount Sinai offered her a part-time position in the department. But recently, Tonia started a full-time position split between the neurology/neurosurgery and mental health units at SickKids. “I am more than excited,” she exclaims.

Tonia hopes to take a major trip this year. “I want to go either to India or maybe somewhere in South America,” she says.

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**CLASS OF 2015**

**MARTIN LEE,** BScN, has started a tech company that has developed an app that can help alleviate student isolation on university/college grounds in North America. “It has the potential to be worth over $1 million,” he anticipates. Martin is pursuing a nursing specialization in neurosurgery. In addition, he plans to apply for law school in 2017.

**PING ZOU,** PhD, is a tenure track assistant professor in the School of Nursing at Nipissing University in North Bay, Ontario. This January, she obtained start-up funding from the university to prepare a proposal for a smartphone app research project for a minority seniors’ immigrant group.

Also in January, she became an executive member of the Chinese Canadian Nurses Association. Then in February, Ping, MN 2011, became the provincial chair of professional education for the Canadian Council of Cardiovascular Nurses.
The memory of how we feel while caring for the dying stays with us. The experience can be a dense weight, like a black hole swallowing all the energy out of everyone. Or it can be life-giving. Whatever the experience, it sticks.

As a parish nurse, I had the privilege of being present in the hours before John, 93, died. The call for help came at 9 sharp on Monday morning. “Dad is dying,” said Janet, a parishioner at our church. “Can you come right over?”

When I arrived at John and his wife Ann’s condo in downtown Toronto, Ann ushered me into the living room, all the time repeating that she couldn’t believe the change in her husband from the night before. “We had a party, and John was sitting right there on the sofa, joking with his grandsons,” she said.

I glanced into the bedroom where John was lying. He was perspiring heavily and completely still. My mind started to race. Should I phone 911? He likely had a major stroke. Is it reversible? Then I hushed my frantic thoughts.

At church, Janet had told me her dad was fighting lung cancer, congestive heart failure and Parkinson’s disease and felt ready to die. He had signed a DNR. He said he wanted it “to be over with.”

What struck me in the hours before John’s death was the family’s confidence in knowing and accepting his wishes. While they didn’t know what happened to him medically in the wee hours of the morning, they were prepared to support him at home, wait and see what the family doctor said later that day, and find every resource they could to abide by his wishes. Although the family felt confident about what John wanted, I know that everyone attending a death is as vulnerable as the person who is dying.

I imagine that in her thoughts, Ann was railing against the reality that her husband would soon be gone. John was her life. She wouldn’t consent to hip replacement surgery until John no longer needed her. She put up with the nagging joint pain so she could spend as much time as possible with him.

At noon, Annabelle, John’s longtime personal support worker,
showed up at the bedroom door. Seeing John, she backed away, recoiling at the sight of her patient nearing death. “I’ll come back another day,” she whispered.

“Will you give John a bath?” I countered.

Annabelle looked relieved at the prospect of being able to care for John as she had in the previous months, and I knew John would appreciate a bed bath from his regular care provider.

While Annabelle got to work, I phoned the Community Care Access Centre to notify the district coordinator of the change in John’s condition and arrange for more support. Then I phoned the priest who was only too pleased to bring communion to John on Tuesday.

After being bathed, John seemed more alert. I know he likes poetry so I had tucked a collection of psalms in my purse to read to him.

“The Lord is my shepherd,” I began.
“I shall not want,” said John in a faint voice.

On Wednesday, John passed away peacefully in his home with his family at his bedside.

That was 10 years ago, but I remember it as if it was yesterday. I also remember every detail about my own father’s death 16 years ago. He so wanted to be discharged from the cancer ward and get back to the house that my father, at the age of 80, started to cry. I had never seen him cry before. He was finally sent home and two weeks later, Dad slipped away quietly at 4 a.m., in his own bed, with community palliative support and his family close by.

The tension of death mingling with life has a way of grounding us. It affirms that we are exactly where we should be – deeply involved in life.

Nancy Truscott was a home care co-ordinator for 34 years. In 2005, she became the parish nurse at St. Paul’s Bloor Street in Toronto.
Share in the memories of alumni who have passed

**Class of 1945**

Almena Patricia Matthews, née Kiddy (Certificate in Public Health Nursing) at the age of 96, on September 10, 2015, in Saskatoon. After a year of teaching at Regina General Hospital, Pat and her husband, Dr. Vince Matthews, moved to Swift Current, Saskatchewan. There, Pat stopped practising nursing because her “boss” would have been her husband!

In 1957, Pat, Vince and their three children moved to Regina where Vince worked with the provincial health department in paving the way for medicare in Saskatchewan. Their children remember lively discussions about medicare around the dinner table, with Pat sharing her insights on public health nursing.

After the family moved to Saskatoon in 1964, Pat worked at a UNICEF store and taught English as a second language. She was an avid birdwatcher, traveller and bridge player.

**Class of 1951**

Joan Bothwell, née Cowan (BScN) at the age of 87, on May 9, 2015, in Burlington, Ontario. Joan practised nursing until the birth of her first child.

Joan and her husband of 62 years, the Rt. Rev. John Bothwell, had five children and nine grandchildren. Joan enjoyed bridge, swimming, golf and tennis. She also reached out to help the lonely, depressed and suicidal through a Telecare Distress Centre.

**Class of 1957**

Shirley Yvonne Alcoe (Certificate in Public Health Nursing) at the age of 87, on October 23, 2015, in Oromocto, New Brunswick.

Shirley went on to earn a bachelor of education at the University of New Brunswick (UNB) in Fredericton. Then, she completed a master’s in public health nursing and doctorate in nursing education at Columbia University in New York City.

Shirley practised in India with the World Health Organization for three years and at International House in New York City for two years.

In 1970, she returned to her home province to work at UNB’s Faculty of Nursing, where she was a professor for 21 years. On retirement, she was honoured with the distinction of professor emerita.

Janice Lorraine Reeves (Certificate in Nursing Education) at the age of 80, on September 25, 2015, in Oakville, Ontario. During her nursing career, Janice held many roles. She practised as a head nurse, clinical supervisor and psychiatric liaison, and particularly enjoyed being a public health nurse in rural Manitoba. (Continued on page 24)
**A Nurse Practitioner Trailblazer**

**Thora Rebecca**

“Jerry” Gerow
(Certificate in Public Health Nursing 4T7; Certif. in Public Health Nursing Advanced 5T1)

at the age of 96, on January 28, 2016, in Toronto.

During the Second World War, Jerry was a nursing sister, serving at Royal Canadian Air Force bases in Trenton, Ontario, and Labrador. After the war, she continued to provide compassionate care, helping thousands of patients and their families.

Jerry was one of the first nurse practitioners in Ontario, earning the title through our Faculty in 1973 at the age of 54. In the same year, Jerry became a founding member of the Nurse Practitioners’ Association of Ontario (NPAO), then an interest group of the Registered Nurses’ Association of Ontario. With NPAO, she advocated for the role’s expanded scope of practice, providing compelling arguments in meetings with Ontario health ministers.

During her 55 years of practice, she worked everywhere from the Hospital for Sick Children, to Ryerson University, to the Victorian Order of Nurses. After “retiring,” she worked 10 years as a night charge nurse at a Salvation Army retirement home.

In 2004, she celebrated her 85th birthday with the news that NPAO had created the Jerry Gerow Leadership Award to honour her significant contributions to the NP movement in Ontario. Then in 2012, she received the Queen’s Diamond Jubilee Medal for her lifelong commitment to the delivery of health care and nurse education.

Jerry’s warm smile, quick wit and commitment to the NP role inspired the hundreds of students she mentored. Always faithful to her alma mater, Jerry endowed two awards for Bloomberg Nursing students: the Jerry Gerow NP Award and the Jerry Gerow NP Travel Award. As she said in a recent article in Pulse, “It makes me happy to help people.”
She leaves behind her husband of 57 years, Ross, as well as two sons and five grandsons.

**CLASS OF 1965**

**ROBERTA MIREAU** *(Certificate in Nursing Education 6T5, BScN 6T7)* at the age of 74, on January 23, 2015, in Regina. Roberta practised as a bedside nurse, an educator and then in administration at Plains Health Centre, a Regina hospital she was clearly proud of. She also served as president of the Saskatchewan Registered Nurses Association.

Diagnosed with multiple sclerosis in her late 30s, Roberta refused to let the disease stand in the way of living a full life. She was an enthusiastic traveller and the “family matriarch,” organizing family events including an annual sibling holiday in Mexico.

**BLOOMBERG NURSING’S FIRST DEAN**

**MARY KATHLEEN “KAY” KING** *(BScN 5T1)* at the age of 90, on March 20, 2016, in Toronto. The year that Bloomberg Nursing gained Faculty status, 1972, Kay was appointed the first dean, serving in this role until 1979. Previous leaders held the title of “director.”

A committed nurse educator, Kay was a respected clinical teacher at Bloomberg Nursing for many years. After being promoted to the position of dean, she played a key role in furthering our master’s program, which was introduced in 1970.

She was also committed to attaining an education. Before earning her nursing degree, Kay completed a bachelor of arts in 1947 at U of T. She also earned a master’s of science at Yale University in New Haven, Connecticut. She encouraged her students to continue their education at the graduate level and supported their career development.

Kay participated in much of Bloomberg Nursing’s early history. When she was a nursing student, Kathleen Russell, the founding director of Bloomberg Nursing, was still in charge. Kay also attended classes and events at the school’s original location, at 7 Queen’s Park Crescent.
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A nurse of all trades

Yesterday’s outpost nurses were the predecessors of today’s primary health care nurse practitioners.

Our graduates have been providing health care services to isolated populations since the 1920s. Driven by a shortage of physicians in remote and rural communities, these nurses bring their expertise to populations with little or no access to medical care. Since outpost nursing stations were introduced more than a hundred years ago, the advanced practice nursing role has been woven into more and more facets of Canada’s health care tapestry.

“We had one day that June without a patient. I do not recall what we did to celebrate.”

—Alumna Gertrude LeRoy, 1930s outpost nurse

The nursing outpost movement gained momentum in the 1920s when the Red Cross, religious organizations and other agencies created a chain of outpost nursing stations that stretched across Canada.

But many nurses practising in an isolated community became homesick, so didn’t stay for long. For example, the Red Cross opened its first Ontario outpost in Wilberforce, a lumbering village just south of Algonquin Park, in 1922. By the time Gertrude LeRoy (Certificate in Public Health Nursing 3T0) arrived right after graduation, five nurses had already come and gone.

> Practising without boundaries

Were the early outpost nurses prepared to independently meet the medical challenges that confronted them? Beyond their basic hospital training, some, like LeRoy, arrived at the outpost with a public health nursing certificate from our Faculty carefully placed in their suitcase. Others had the opportunity to apprentice at another outpost or prepared by working with the Victorian Order of Nurses for a month. Regardless, most were ill-prepared for what lay ahead; they prayed their way through the day.
“I always had to be prepared for anything that turned up.” – Gertrude LeRoy

In winter, Gertrude LeRoy (top left) would sometimes need a dog sled and snowshoes to make her way to a patient’s home. In summer, if outpost nurses had time off, they’d head to the beach, as these nurses did in 1916 (top).

A nurses’ residence in Peers, Alberta, 1928 (left).
“Little did I dream that before long I would be known not only as ‘The Nurse,’ but midwife, doctor, undertaker, social worker, as well as family counsellor.”

— Gertrude LeRoy

Wearing a crisp, clean nursing uniform, the outpost nurse battled flu and diphtheria epidemics and gave immunizations. She also performed tasks that were well outside the profession’s scope of practice – she diagnosed, prescribed drugs and even pulled teeth.

Physicians attended many of the births, but if the doctor couldn’t make it the nurse would step in. By the light of a kerosene lamp, outpost nurses delivered hundreds of babies. If there was a danger of vaginal tearing, they’d perform an episiotomy.

Part of the role of early outpost nurses was to initiate a public health program. The nurses experienced constant tension between the demands of caring for the acutely ill at the outpost and the need to fulfil their mission of visiting schools and families to provide health teaching. The Red Cross nursing leaders of the time wouldn’t entertain any excuses. They maintained that the outpost nurse could provide instruction in personal hygiene and healthy living in every patient encounter.

> Forty below zero

An outpost nurse may have felt most homesick during the winter, when she was likely cold to the bone, and sunlight was limited. Most of the early nursing stations were heated by a wood furnace that the nurse needed to stoke throughout the night. To keep her spirits up, she might sing in the church choir, shop from the

Above: Alumna Gertrude LeRoy outside the Wilberforce outpost in northern Ontario. Below: District nurse Helen Anderson returns from a school visit, 1921.
Inside an outpost
A one-nurse outpost typically contained a clinic room and a room or two with hospital beds for obstetric and emergency use. There were also living quarters, including a bedroom for a live-in domestic worker and a bedroom for the nurse. But if an acutely ill person required a hospital bed and all of the clinic beds were taken, the nurse would give up her bed and sleep on a cot in the living room.

Even the kitchen could be commandeered for medical purposes. At “tonsil clinics” that the nurse arranged for the district children, a physician would perform the tonsillectomies on the kitchen table. After the surgeries, the nurse would clean the table and cover it with a pretty tablecloth, and the housekeeper would proceed to serve the doctor and nurse lunch.

Eaton’s catalogue, attend a square dance at the local Orange Hall or host a Saturday-night card party at the outpost.

Many of the nurses had a car, and those who didn’t would visit patients on horseback or by canoe. But when the snow started to fall, they had to resort to more cumbersome modes of transportation – a horse- or dog-drawn sled, snowshoes or cross-country skis.

The graduates who serve in remote outposts today have the benefit of central heating, telecommunications and a broader education as many have studied to become a nurse practitioner (NP). Bloomberg Nursing became a leader in NP education in 1994 by introducing a post-master’s acute-care NP program, the first Canadian university to offer a graduate-level NP program outside of neonatology. Then in 2002, Bloomberg Nursing offered U of T’s first fully online master’s degree, making graduate education accessible to nurses who live outside of a major city.

Today’s nurses may also carefully place their degree in their suitcase when they head off to a remote outpost. While some return home after only a few months, others such as LeRoy fall in love with the pristine landscape, the people and one person in particular. LeRoy married a local man, A’Delbert Miller, and lived happily ever after in Wilberforce.

Since 2003, we’ve graduated 697 NPs

Quotations from and photographs of Gertrude LeRoy Miller are from her book, Mustard Plasters and Handcars: Through the eyes of a Red Cross outpost nurse. Used with permission.
The support of donors has given me the opportunity to expand my learning outside of the classroom and participate in a variety of academic and professional endeavours, which are an invaluable addition to my education. Thank you!

– Tieghan Killackey, 1st year PhD student & Bloomberg Nursing Alumni

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Jen Williams
Director of Advancement
416.978.7687
jen.williams@utoronto.ca