HIGH-TECH PEDAGOGY
Learning in our Sim Lab
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COVER: Ashley Choi from the Class of 2017 demonstrating equipment in the Sim Lab at Spring Reunion. PHOTO: HORST HERGET

P U B L I S H E R
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E D I T O R
Susan Pedwell

C O N T R I B U T I N G  E D I T O R
Dave Ross

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Gil Martinez, RGD,
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We do not rent, trade or sell our mailing list.
When I speak with alumni, a message comes through loud and clear: You are connected with your Faculty, and this connection is lifelong. Indeed, part of your very identity is that you are a nursing graduate from U of T.

Earlier this year, Bloomberg Nursing had the honour of being ranked third in the world among Faculties of nursing. To help QS World University Rankings determine our rating, it surveyed nurse employers. The survey revealed that our Faculty has a strong reputation with employers and our graduates are highly sought after.

This may be no surprise to you. You might have experienced your U of T degree swinging open a door that was locked shut to other nurses.

Our high rating with employers is an indication of the quality of our education programs. And inextricably linked with the quality of our programs are opportunities for experiential learning in a simulated environment. The Simulation Lab isn’t just for nursing students eager to hone their clinical skills, it’s a way to promote interprofessional education and practice. And while there are multiple ways to support your Faculty, a priority right now is updating our Sim Lab.

We recognize that today’s clinical environments are demanding. And integral to meeting those clinical challenges is learning safe practice techniques in the Sim Lab. Bloomberg Nursing wants to continue to offer students the best education possible so that when this year’s and future students graduate, the doors to employment opportunities will swing open for them, too.

Linda Johnston, PhD, FEANS, FAAN
Want to be a nurse educator? Or how about the nursing director of your unit, department or hospital? Bloomberg Nursing has a master’s program for you.

Our Master of Nursing programs provide RNs with the knowledge, skills and competencies to be an advanced practice nurse. One of these full-time, two-year programs prepares you for an administrative role, the other for a clinical leadership role.
Be a top-flight leader

The Health Systems Leadership and Administration (HSLA) master’s program prepares nurses for a career in areas such as health policy development or analysis, health care administration or professional practice leadership. “You could work in hospitals, for the government, or in think tanks such as the Canadian Nurses Association or Ontario Nurses’ Association,” adds Assistant Professor Lisa Cranley, the HSLA program lead.

Joy Richards, vice-president of patient experience & chief of health professions at University Health Network in Toronto, knows firsthand the value of a Bloomberg Nursing master’s program. “An advanced education allows you to better understand your own mental models, as well as the mental models and politics of key stakeholders,” says Richards. “This deep knowledge fosters an exciting evolution of one’s critical thinking and problem-solving skills. Therefore, the value-add of a master’s preparation is priceless.

“What I draw on literally every single day from my master’s is a curiosity that was nurtured and matured through my master’s experience. I have learned to value views of the world that are different from my own, and enter all conversations with a view that I just might be wrong. I have learned to deconstruct others arguments so I can advance my own, leveraging best practice and strong empirical evidence.”

HSLA has a hybrid learning format. While it’s predominantly online, there are two on-campus residency periods. In the first year, you complete 80 practicum hours. “The emphasis in the Year 1 practicum is on exposure to advanced practice leadership roles and the context of where those roles are enacted,” explains Cranley, MN 2003, PhD 2009.

In second year, the practicum hours increase to 170, and you apply your newly honed critical analytical skills to a project that your preceptor supervises. “You might conduct an analysis of roles and staffing models and make recommendations, develop tools to enhance or improve practice, or evaluate a program or service and make recommendations,” says Cranley. “Or you might take research evidence and build it into policy.”

“Leadership today involves a complex set of knowledge and skills, including strong emotional intelligence, political savvy, conflict resolution and change management,” says Richards. “Leaders today also need to be able to ‘sell’ or ‘market’ their ideas to key stakeholders who might not always see the world as you do.”

“A master’s program helps you develop confidence in dealing with the unknown and provides a foundation that gives you the skills and abilities to deconstruct the complexity of what is constantly swirling around you, live comfortably with ambiguity, and thrive and be resilient despite the chaos.”

– Joy Richards, BScN 87, MN 2000
Be a clinical nursing leader

The Master of Nursing Clinical Field of Study program prepares nurses to practise in a wide variety of roles including as a clinical nurse specialist, professional practice leader or nurse educator, who may teach not only other nurses but family members.

“Our graduates are able to respond to the complex needs of clients and families across a number of settings, often supporting other health professionals to better assist families to ensure positive outcomes,” says Assistant Professor Kimberley Widger, the program lead.

“Students also gain knowledge and skills in research, consultation, collaboration, education and leadership. They might go on to help develop practice guidelines for an organization like the Registered Nurses’ Association of Ontario, or spearhead quality improvement projects to ensure that the guidelines are actually implemented in practice.”

As in the HSLA program, the clinical field of study has 80 practicum hours in the first year to expose students to the role. The practicum hours are completed as part of a new course, Introduction to Advanced Practice Nursing, that Widger, PhD 2012, teaches. The course also includes a day in the Simulation Lab where students practise their emerging advanced practice skills in patient and family assessments, leadership and teamwork.

Lecturer Shan Mohammed teaches a second new course, Topics in Advanced Practice Nursing. This course includes an exploration of the socio-economic contexts of health, organizational/institutional forces, and interpersonal and group dynamics. “It will get the students thinking,” promises Widger.

“Our professors not only guided us, they challenged and demanded that we dig deeper and fully engage with the literature, and this was deeply satisfying,” says Archna Patel, a clinical practice leader at Humber River Hospital in Toronto. A recent graduate of the program, Patel isn’t about to stop benefitting from it. “I feel that the access to the rich alumni network will continue to help fuel my growth and my education,” she says.

What you learn, you can likely apply today. Robin Wall, who just started the second year of the program, is already incorporating her expanded understanding to her practice at Toronto General Hospital’s Multi-Organ Transplant Unit. “Given the nature of my field, the complexities that my colleagues and I encounter extend well beyond the physiological health of our patients,” she says. “The courses I’ve taken as part of my MN have fostered an evolving perspective of health care that is more cognizant of both the outer and inner forces that influence health. It has greatly impacted how I perceive the challenges I encounter and how I approach creating meaningful and effective solutions.”

“Through an increased knowledge of theoretical perspectives, practices and professional standards, I have developed leadership strategies to improve nursing practice and patient care outcomes.”

—Lauren Cosola, BScN 2013, second-year master’s student, Clinical Field of Study
Where are our NUS presidents now?

Time has a way of changing, well, everything

Is what you wanted when you graduated the same as what you want today? We asked four former Nursing Undergraduate Society (NUS) presidents where they were heading on Graduation Day, and then what they’re doing today. Some have stayed on the same path, while others changed directions entirely.

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**GRADUATION DAY, 1993**

What area did you want to practise in?
I was torn between public health and palliative care. I knew health promotion is important, yet I thought that working with the dying would be such a privilege.

What do you recall liking most about nursing?
Helping people!

What was your career goal?
To work for a year or so and then go back to do my master’s degree when I knew what area I wanted to focus on.

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**TODAY**

What area do you practise in?
I am the palliative supervisor/educator for a community health care organization.

What do you like most about nursing?
Helping people!

What is your career goal?
In a word: balance. To find a position that fulfils me professionally, challenges me personally, yet allows me to enjoy my personal and family life.

I never got my master’s degree. I find teaching is the best way for me to continue lifelong learning.
GRADUATION DAY, 1994

What area did you want to practise in?
After my SickKids placement on the haematology/oncology unit, I was certain I wanted to be in paediatrics and oncology, and that hospital nursing was not a good fit for me.

What do you recall liking most about nursing?
The people. My very first patient was a gentleman with AIDS. I was 19. I was terrified. As I tried to count his pulse, my patient and his partner started calling out random numbers. I lost count, they laughed hysterically and then apologized. I started again and so did they. Suddenly we were all laughing. In that moment they became people, and I have never forgotten that a patient is always a person first.

What was your career goal?
To pass my RN exam and get a job as a nurse.

TODAY

What area do you practise in?
I am a CCAC care co-ordinator supporting hospital and complex/palliative teams. It’s an honour and privilege to work with families to develop care plans that will support them through the client's final days.

What do you like most about nursing?
The people. That will never change. Each family, each story, and how I can best support them is always unique.

What is your career goal?
To find (or create) a position in which I can support individuals with intellectual disabilities and their families through the end-of-life palliative process.

ALUMNI NEEDED! Two ways to connect with students

What is the one thing you wish you had known before you became a nurse? Bloomberg Nursing is offering you two opportunities to share your wisdom with students about to enter the profession.

Through the Golden Notes program, you can write to students just starting our undergraduate program. Jot them a note to congratulate them on choosing nursing. Or inspire them with what you have learned as a nurse. Or maybe you want to encourage them to look beyond the long hours to the rewards of being a nurse. As the students take their first tentative steps in their nursing education, they’ll treasure your golden note.

Alumni are also needed for the three Networking with Nurses Lunches being planned for this school year. Take this opportunity to share information about your practice, whether it's in administration, cardiology or plastic surgery. The final-year students are eager to explore the myriad opportunities that nursing offers. To participate, please phone the Alumni Relations Office at 416.946.7097.

You can submit your Golden Note online at http://uoft.me/golden-notes or mail it to Sasha David, Bloomberg Nursing, 155 College St., Suite 130, Toronto, ON M5T 1P8. Or, phone Sasha at 416.978.1784 and ask for our Golden Notes stationery and a self-addressed stamped envelope in which to return with your special memories. Thanks to the alumni who have already shared their insights by contributing a Golden Note.
GRADUATION DAY, 1999

**What area did you want to practise in?**
The ICU – I loved the technology, and how the environment was fast, exciting and different every day.

**What do you recall liking most about nursing?**
The people we got to work with – from our professors to our patients, to our mentors and especially our classmates.

**What was your career goal?**
To apply my clinical knowledge and experience to a managerial position.

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**TODAY**

**What area do you practise in?**
I am a palliative care NP with the CCAC in Toronto. But I was fortunate to have practised in a medical/surgical ICU, in several acute care settings and as a clinical leader/manager.

**What do you like most about nursing?**
The patients and their families who I get to work with every day.

**What is your career goal?**
To find a way to combine everything I love about being a nurse and the different areas I have practised in – into one role!

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GRADUATION DAY, 2000

**What area did you want to practise in?**
I wanted to work in mental health.

**What do you recall liking most about being a nurse?**
I liked learning from patients by observing how they perceived and coped with life’s challenges. And I liked the rewarding feeling of helping others, gaining knowledge and learning from my peers.

**What was your career goal?**
To find my stride in the work and clinical world. While academic life is a clearly laid-out path, I saw the work world as open-ended.

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**TODAY**

**What area do you practise in?**
Now I'm a dentist, but I use my nursing knowledge and experience daily.

**What did you like most about nursing?**
After graduating, I practised in emergency psychiatry and public health for two years. My patients revealed the most tremendous wisdom, strength, vulnerability, regret and joy. I'm a better person for being a nurse.

**What is your career goal?**
I want to remain sharp as a clinician, maintain a work-life balance and stay strongly rooted in the nursing ethos that patients come first.

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Meredith Muscat, née Allin, BScN 9T9

Dr. David Nguyen, BScN 2000
Funding world-class truth finders

Bloomberg Nursing has developed strong relationships with Toronto’s leading hospitals. These affiliated academic health science centres provide clinical placements for our students. And many of their nurses have become adjunct lecturers, generously passing their insights on to our students. In addition, these institutions are our research partners.

Our close partnerships with these exceptional hospitals have contributed to Bloomberg Nursing having more research chairs than any other nursing Faculty in Canada.

A research chair allows an investigator to focus on his or her research. These highly coveted appointments are earned by those who have demonstrated global leadership in their field in both academic excellence and research scholarship.

The Centre for Addiction and Mental Health (CAMH) in partnership with U of T established the Psychiatric and Addiction Nursing Research Chair. The purpose of this chair is to develop an innovative research program in mental health nursing that will increase awareness, dialogue and knowledge in mental health nursing and ultimately improve patient outcomes. Assistant Professor Kristin Cleverley was appointed to this chair. U of T and SickKids created the Mary Jo Haddad Nursing Chair in Child Health Research. Jennifer Stinson, associate professor (status), was appointed the inaugural chair-holder.

Professor Cindy-Lee Dennis has the distinction of receiving a Tier 2 Canada Research Chair in Perinatal Community Health, which the Government of Canada funds. Then in June, she was awarded the Women’s Health Research Chair.
International influence

St. Michael’s Hospital, U of T and the Ontario Ministry of Health and Long-Term Care funded the Women’s Health Research Chair to advance our understanding of how to promote health in vulnerable populations. Dennis’ “Mothering Transitions” research program focuses on several vulnerable populations including families with mental health issues and immigrant women. Her four research areas are improving breastfeeding outcomes; detecting, preventing and treating perinatal depression and anxiety; examining the health of immigrant mothers and infants; and developing postpartum interventions that include fathers.

“The effect of paternal mental health is a growing area of research,” says Dennis, BScN ’91, PhD ’99. “Health professionals and researchers are now recognizing that the father’s mental health has a significant impact on child development, as does the mother’s. But fathers are excluded from any care either antenatally or postnatally, when all the focus is on the mother and infant,” says Dennis, who is exploring the relationship between maternal and paternal mental health and child development, as well as co-parenting interventions for the prevention of postpartum depression (PPD).

A research chair acknowledges excellence within the international...
RESEARCH NEWS

Bloomberg Nursing professors are always discovering new knowledge. Professor Bonnie Stevens and a team of 14 co-investigators recently received a major Canadian Institutes of Health Research (CIHR) Foundation Grant to further their project Effective Knowledge Translation Strategies for Enhancing Impact and Improving Outcomes in Infant Pain.

Their program of research aims to decrease procedural pain in hospitalized infants. Repeated exposure to pain in infancy is associated with short- and long-term negative effects including an increased risk of impaired brain development and delayed growth.

Building on two decades of Stevens’ infant pain and knowledge translation research, the program of research will evaluate the effectiveness of an interactive web-based intervention, the Implementation Infant Pain Change (ImPaC). This resource is designed to improve pain assessment and management practices and reduce pain intensity for infants in hospital settings.

Stevens’ most recent research on using knowledge translation to improve paediatric pain outcomes was published on September 1, 2016, in the Journal of Pediatrics.

Continued from page 9

research community. Among Dennis’ investigations outside of Canada are PPD studies in the United Kingdom, Australia and Cuba. Dennis recalls a health official in Cuba saying, “Our women are happy and social. There is no evidence of postpartum depression here.”

But what Dennis is finding is that Cuban women do experience PPD, just as women do in other cultures. Her previous research determined that one in eight women suffer from depression and anxiety after giving birth. It also documented how PPD negatively affects the health of families. “Infants and children are particularly vulnerable due to impaired maternal-infant interactions and negative perceptions of infant behaviour,” says Dennis.

OUR ARBOR AWARD RECIPIENTS

U of T’s Arbor Awards celebrate the contributions of exceptional volunteers who give back to their university by empowering students and nurturing a culture of innovation and achievement. In September, two Bloomberg Nursing alumni were honoured with an Arbor Award.

Brenda Stade, BScN 9T0, MN 9T4, Certificate as an Acute Care Nurse Practitioner 9T7, practises in the Fetal Alcohol Spectrum Disorder Diagnostic Clinic at St. Michael’s Hospital. Every Fall and Winter term for the last 10 years, Dr. Stade has precepted a Bloomberg Nursing undergraduate student, donating up to 190 hours per term. Students under Stade’s preceptorship at the clinic emerge with enhanced skills, knowledge and confidence.

The contributions of Professor Emeritus Judy Watt-Watson include representing Bloomberg Nursing on U of T’s College of Electors from 2011 to 2015. The College of Electors is responsible for electing the university’s chancellor and the eight alumni members of Governing Council, which oversees the affairs of the University of Toronto. Dr. Watt-Watson, BScN 6T7, MScN 8T4, is an internationally acclaimed pain researcher.
High-tech pedagogy

Maureen Barry is one of Canada’s foremost educational technology pioneers

In a row of hospital beds, the patients’ chests rise and fall with each breath. The bedside monitors record their every heartbeat. A patient coughs.

Draw closer and you see that these patients have plastic skin. They’re medical mannequins assembled in a row to give nursing students the experience of providing care in a hospital ward. The mannequins’ internal organs are a menagerie of wires, tubes and speakers. Their lungs are balloons that inflate and deflate, inflate and deflate.

Welcome to Bloomberg Nursing’s Simulation Laboratory (Sim Lab), which Maureen Barry has overseen since its early days more than 10 years ago. To say that Barry is intricately involved with the Sim Lab would be a gross understatement. One of the high-fidelity mannequins is wearing her husband’s old suit coat. “It didn’t make sense to go out and buy one from a second-hand store when there was one at home,” explains the associate professor, teaching stream. A child mannequin sports her son’s discarded soccer gear.

The way Barry refers to the mannequins in the Sim Lab also reveals her deep engagement. “We have four children,” she says, “but they’re getting older. Their bolts are rusting, their cords are frayed, their speaker wires often disconnect. And SimBaby is noisy.”

Most of the equipment in the Sim Lab is on wheels to facilitate different health care settings — from an intensive care unit to a bachelor apartment that a home care nurse might visit. The Sim Lab helps students in our undergraduate and master’s programs develop numerous skills including clinical reasoning, prioritization, delegation, communication and teamwork. The

“Simulation has injected new life into nursing education.”

– Maureen Barry, MScN 8T7
simulated clinical experiences build not only their competence but their confidence.

> **Where’s Maureen?**
To allow the students to reason through a scenario, Barry sits in the control room and gives voice to the mannequins. Or she might stand behind a curtain with a microphone, and have a mannequin tell a student about the shortness of breath he’s experiencing.

After every scenario, the participants debrief. Rather than pointing out mistakes, Barry and team maintain a safe learning environment by asking probing questions: How did that feel? Can you tell me what you were thinking when you checked her pulse then? When you reflect on how you did today, is there anything you would change? When Barry corrects an error or misguided thinking, it’s often initiated by a comment from a learner or the group.

“Simulation has made me a better teacher,” says Barry, who is also the director of our undergraduate program. “It’s not about me having all the wisdom. It’s more about facilitating experiential, hands-on learning, facilitating reflection on the experience and challenging learners to apply the lessons they learned in the lab to future clinical situations.”

Barry and the other simulation instructors script the scenarios to help the students master what they need to learn. “It taps into the
creative part of me,” she says. “And it’s exciting. Each group of learners is different. You never know how a scenario will go.”

› AT THE CUTTING EDGE
Although she doesn’t look the part, Barry is a techie. “I love anything to do with technology,” she says. “We need as many tools as we can get.”

Always ahead of the crowd, Barry was one of the first Bloomberg Nursing instructors to use an online learning management system. When the SARS crisis hit in 2003, she was able to make it possible for quarantined nursing students to continue their education online.

Barry wants students using more technology. She led a pilot study that had a group of second-year nursing students use smartphones loaded with evidence-based resources in the classroom, the Sim Lab and their clinical placements. “The students were given a gift card to purchase apps,” says Barry. “They were creative in downloading translation apps to communicate with patients and using interactive medical images to explain a health problem to a family member. One student even downloaded lullabies to soothe a crying baby.”
Teaching the teachers

This two-day workshop could shift your thinking

Teaching and learning in clinical settings is pivotal to the undergraduate curriculum in practice disciplines such as nursing. Knowing that the role of the clinical instructor is central to shaping and developing nursing practice and identity, Bloomberg Nursing’s Centre for Professional Development offers the Foundations and Scholarship of Clinical Teaching workshop.

Now in its sixth year, it has attracted novice and experienced clinical instructors and nurse educators from across Canada. And attendance continues to grow.

Facilitated by Bloomberg Nursing faculty members, the workshop is distinctive for three reasons.

1. All of the content is founded on a transformational learning theory. In the workshop, this perspective encourages clinical instructors to develop an appreciation for ongoing critical reflection of their teaching practices. It inspires them to challenge their assumptions about teaching and learning.

2. It incorporates creative learning strategies. These strategies include simulation, interactive discussions and group assignments. In some sessions, participants role-play the student to experience the vulnerability that comes with learning something new.

3. The learning strategies are grounded in the challenges associated with teaching and learning in clinical environments. The contextual focus of the workshop helps participants come away with a deeper understanding of what is unique about small-group experiential learning in an environment where the stakes are often high and characterized by unpredictable situations. The complex role of the clinical instructor in supporting, assessing and facilitating student learning in clinical settings is addressed through concrete practical approaches; for example, through discussions on issues related to professionalism, role modelling, group processes and learner evaluation.

A transformational learning perspective encourages students to examine, question, validate and revisit their assumptions and frames of reference.
Review of Health Assessment Across the Lifespan
Using a systems approach, this course reviews health assessments, including how to perform a “head to toe” assessment. Practise and build your assessment skills in our Simulation Laboratory. Suitable for RNs, NPs and students preparing for the NP role.

The Foundations and Scholarship of Clinical Teaching
See workshop profile to the left.

Institute on Advancing Chronic Pain Assessment and Management
Learn about contemporary pain assessment and management practices and related diagnostic reasoning and management based on theoretical models, best evidence and current treatment guidelines.

Additional courses will be offered in Winter 2017. As dates become available, they’ll be posted on www.bloomberg.nursing.utoronto.ca/pd.
WHAT’S NEW?

Your fellow Bloomberg Nursing graduates are interested in you, so share your latest happenings through Class Notes. Send your news to:

alumni.nursing@utoronto.ca

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Class of 1984

Carol Hamilton, BScN, earned a master of divinity degree at U of T in 2001 and is now an ordained minister in the Presbyterian Church of Canada.

After travelling to Malawi on an HIV/AIDS study visit, Carol and a colleague co-founded Change Her World in 2010. The charity is committed to removing the barriers that hinder and prevent girls from attending school. It currently supports the education of 200 girls from nursery school to university.

The author of Nurse Entrepreneurship: Seizing the challenge, Carol has clinics in Stratford and Kitchener, Ontario. As an infant feeding consultant, she addresses lactation challenges. In addition, Carol provides counselling and support for workplace stress, mental health issues, and bereavement and loss.

Class of 1986

Suzanne Chiasson, BScN, has published her first book of poetry, Nursing My Soul. It ranked #2 in new poetry releases on Amazon.ca in April.

“Poetry helps me keep in touch with my emotions and compassion,”

Class of 1985

Soo Wong, BScN, was appointed Deputy Speaker of the Ontario Legislative Assembly by Premier Kathleen Wynne in April 2016. Soo is also the Parliamentary Assistant to the Minister of Community Safety and Correctional Services.

Before being elected to provincial office in 2011, she was a public school trustee and a nursing professor at Humber College. As a member of the Toronto District School Board (TDSB) and Chair of its Health Committee, Soo spearheaded the development of the first Type 1 diabetes management policy that TDSB implemented. With York Regional Public Health, she developed, implemented and evaluated no-smoking bylaws and policies, which resulted in the banning of designated smoking-rooms in Ontario restaurants.
Claudia Mariano, BScN 8T6, MN 9T9, is the author of a book of stories by NPs from across Canada. In *No One Left Behind: How nurse practitioners are changing the Canadian health care system*, the NPs share their most memorable experiences with patients. Published last summer, the book includes Claudia’s own story of making a home visit to a boy who, following surgery, was in a cumbersome spica cast and had become septic.

Claudia is a former president of the Nurse Practitioners’ Association of Ontario. In 2015, she became an Adjunct Lecturer in the Primary Health Care – Global Health area of emphasis in Bloomberg Nursing’s nurse practitioner program.

A certified diabetes educator, Claudia practised at the East End Community Health Centre in Toronto for 10 years. Then eight years ago, she joined the West Durham Family Health Team. Claudia, her husband, Louis, and their three sons live in Pickering near the shores of Lake Ontario.

Claudia Mariano

Jiao Jiang, BScN 2003, MN 2007, recently received a Leading Women Building Communities Award from the Ontario Women’s Directorate. Jiao, who was educated as a physician in China, is a dedicated volunteer with initiatives that assist internationally educated nurses in obtaining their Ontario registration. She is also Vice-President of the Chinese Canadian Nurses Association of Ontario.

Jiao is a graduate of Bloomberg Nursing’s Nurse Practitioner in Anaesthesia Care Program, which the Faculty no longer offers. She practises with Acute Pain Service at Toronto General Hospital.

A Bloomberg Nursing Adjunct Faculty member, Jiao instructs in the Centre for Professional Development’s peri-anaesthesia review course and has spent 2,000 hours precepting students preparing to be NPs.

Jiao Jiang
CLIPPING FOR A CAUSE

In May, members of the Nursing Undergraduate Society (NUS) hosted the third annual Cuts 4 Cancer event at Bloomberg Nursing. Nine undergrads donated their locks to Pantene Beautiful Lengths, which will fashion the hair into free wigs for women who have lost their hair during cancer treatments.

The event also raises funds for the Canadian Cancer Society, and this year the students collected $7,000. This substantial sum made them the highest group fundraiser in Ontario! Nawal Serhan from the Class of 2017 led the appeal for funds, petitioning friends and family to raise over $3,000. In addition, she donated her waist-length black tresses.

NUS President Marty Butler from the Class of 2016 also had an extreme makeover. At the event, he sat down with 13 inches of thick brown hair. After shearing, he stood up sporting a buzz cut.

“Wow!” exclaimed classmate April Chan, who helped organize the event. “You are unrecognizable!”

CLASS OF 2005

Terri Irwin, MN, after eight years with St. Michael’s Hospital, became Director, Quality Standards at Health Quality Ontario. Beginning in this role in 2015, Terri leads the team that develops quality standards to guide evidence-based improvements in the province. She especially likes working with the team to synthesize evidence and determine strategies to promote the uptake of the standards, including monitoring and reporting on indicators associated with the standards.

Jenna Hoyt, BScN, is living in Brighton, England, with her partner, Damian, and their two children, Zoe, 4, and Noah, who was born on November 21, 2015. In the photo below, Jenna is second from the right; Damian is holding Noah and with Zoe.

After earning a master’s in public health in developing countries at the London School of Hygiene & Tropical Medicine, she is now contributing to research on malaria in pregnancy.

Jenna co-founded the Little Voice Foundation in Ethiopia, and this year they’re celebrating their 10th anniversary. The foundation operates a home for 35 orphaned and abandoned children, three schools educating a
total of 430 children, a microfinance program for 800 women as well as other initiatives.

Class of 2010

Teresa Gehman-Darnall, BScN, moved to Augusta, Georgia, soon after graduating. There, she managed three dialysis clinics for two years.

Missing the mountains near her native Calgary, Teresa and her husband, Russ, moved to Burnsville, North Carolina, in 2013. Through Capella University, she earned an MSN with a specialization in nursing education in 2015. Then early this year, she became a certified nurse educator.

Teresa is now an Assistant Professor at Lees-McRae College in Banner Elk where she is the Director of the RN-BSN Program. She also practises one day a week as a faith community nurse.

Just prior to graduating from Bloomberg Nursing, Teresa completed her PhD in management through the University of Phoenix.

Class of 2012

Ryan Henderson, BScN, spent a year practising in emergency departments across Australia. In one outback community, he was not only an ER nurse, but a paramedic and volunteer firefighter. In Perth, he won a free photo shoot (see one of the photos, below).

On returning to Toronto, Ryan began practising in the ER at St. Michael’s Hospital where he collaborates with an interprofessional team in caring for populations who are marginalized and/or homeless.

Teresa Gehman-Darnall

Ryan Henderson
A Dose of Photo-Realism

by Tilda Shalof, BScN 8T3

Over the years I’ve worked in the ICU, I’ve kept a list of the charms, trinkets, and assorted bric-a-brac that family and friends have brought to the patients’ bedsides.

The list includes a:

• Mario Lemieux bobble-head doll,
• laughing jade Buddha,
• cassette tape of Anne Murray’s greatest hits,
• small jar of Long Life Rejuvenation Powder with the price tag still on – $395.

These trinkets are taped to the wall, hung on an IV pole, thumb-tacked to a bulletin board, or pinned to a pillow. I regard them as salutes to the memory of the patient’s former life as a healthy, ordinary person. These placements at the patients’ bedsides are like altars, the focal point for the families’ prayers.

It is always imperative for me to know at least something of my patients as the people they truly are. I feel a need to connect in some way with that person underneath all the tubes, wires, electrodes. I can’t just care for a body or body parts. Our patients so often don’t even look like themselves, so I need clues, a glimpse into their world.

Nothing affects me nearly as much as when a family member brings in a photograph. It is only then, by gazing at the photograph, that I begin to learn the story I long to know.

The photograph is usually a picture of the person enjoying a characteristic activity. A father at a family cottage, standing on a Georgian Bay dock, holding up his big catch. A young woman glancing up from a telephone conversation to smile at the photographer. Often, there is a picture of a grandchild or beloved pet.

Whereas the personal mementoes brought to the bedside are intended for the patients, I believe that the photographs are placed there for us – the nurses, doctors, and all the people caring for that person. In one sense, the photograph seems to be a family’s way to put us on notice: to let us know that their expectation is a return of their loved one to the previous robust state preserved in that image. Additionally, the photograph
is placed there to remind us that the patient we see in the bed looks nothing like the person he really is. “This is who he really is,” the photograph announces.

Sometimes I think these small souvenirs and personal photographs are the only gifts our patients can bear. Even patients who are music lovers can’t listen to a sonata if they are in pain. Nor do they seem to wish to be read or sung to. Their pain and discomforts overwhelm them and require their full concentration. No poetry, no music, no TV or radio for the critically ill.

Beauty is also too much for seriously ill people. There is even a sign at the front door of the ICU prohibiting beauty. It reads “No flowers.”

In so many cases, the precious objects and photographs that friends and family members bring in are all I have to go on in knowing my patient. Somewhat like a detective, I gaze at every detail in the photographs. I look at the mementos and hold them in my hands, examining them for clues to the identity and personality of my patient. They speak to me when the patient cannot.

Tilda Shalof is the bestselling author of six books about being an RN. This story is excerpted with permission from *A Nurse’s Story*. www.NurseTilda.com
Barbara Rae Provan, née Wood (Certificate in Public Health Nursing 4T5, Certif. in Public Health Nursing Advanced 6T0) at the age of 97, on March 14, 2016, in Barrie, Ontario.

In 1960, Barbara started practising as a nursing supervisor in public health with the Simcoe County Health Unit in Barrie. Later, she became the health unit’s assistant director and supervisor.

Barbara leaves behind two daughters, two grandchildren and three great-grandchildren. Her daughter Cathie Bruce reports that in the last couple of years, her mother appreciated having her read *Pulse* to her. “It seems that once a nurse, always a nurse,” says Cathie.

Myra “Babs” Josephine Sennet, née Greenslade (BScN 4T6, Certificate in Nursing Education 4T7) at the age of 91, on March 23, 2015, in Toronto.

A member of our first BScN class, Babs went on to teach at the Faculty, a role she cherished. In 1954, she stopped teaching to raise a family.

From the age of three, Babs would go to the family cottage at Kawaja Beach, Ontario, every summer. She went for a daily swim in Georgian Bay even when she was well into her 80s.

The Nora J. Greenslade Prize at Bloomberg Nursing was named in honour of Babs’ mother. Every year, Babs looked forward to receiving a thank-you letter from the student who received the award.

Edith Erna Ogden, née Brinkman (BScN) at the age of 83, on August 14, 2015, in Burlington, Ontario.

Edith graduated from the Winnipeg General Hospital School of Nursing in 1955, and later enrolled in the degree program at our Faculty. She practised in diverse settings including Joseph Brant Hospital in Burlington, Kenora General Hospital in Ontario, Winnipeg General Hospital and the Clarke Institute of Psychiatry (now CAMH) in Toronto. In addition, Edith taught nursing in Hamilton.
at Mohawk College and McMaster University.

After being diagnosed with multiple sclerosis in 1990, Edith retired from nursing but not from enjoying life. She travelled, joined book clubs and was active at Burlington Baptist Church.

She leaves her husband of 53 years, Larry, three children and three grandchildren.

CLASS OF 1983

Kimberley Ann Russell (BScN) at the age of 56, suddenly on April 22, 2016, at her home in Stratford, Ontario.

Kim’s love for nursing began as a teenager when she became a candy striper at Stratford General Hospital. After graduating from the Faculty, Kim practised at the Hospital for Sick Children and then in geriatric nursing.

Sister Simone Roach at the age of 93, on July 2, 2016, in Antigonish, Nova Scotia.

Simone was a visiting professor at Bloomberg Nursing from 1980 to 1981, teaching our students that caring is the underlying concept that forms the basis of nursing practice.

Academically, Dr. Roach probed the question: What is a nurse actually doing when he or she is caring? In answering this question, she developed the “5 Cs of Caring” – commitment, conscience, competence, compassion and confidence.

As a visiting professor, she encouraged our students to consistently apply the 5 Cs in their practice. Emphasizing that compassion is essential in the nurse-client relationship, she instructed them to enter into the experience of their patients, sharing both in their suffering and their joy.

In later years, Simone argued that while health care professionals care for others because it is their job, caring is intrinsic to all humans and “the human mode of being.”

One of 11 children, Simone grew up in New Waterford, a coal mining town in Cape Breton, N.S. Soon after graduating from St. Joseph’s School of Nursing in Glace Bay, N.S., she entered the Sisters of St. Martha in Antigonish. She practised in various clinical areas and taught in several nursing schools. After completing her graduate studies, she pursued post-doctoral studies at Regis College, the Jesuit Faculty of Theology at U of T.

In 2010, Michaëlle Jean (right), then the Governor General of Canada, appointed Sister Roach to the Order of Canada for her contributions to nursing education and Canada’s first code of ethics for nurses.
DOROTHY WYLIE (Certificate in Public Health Nursing 5T9) at the age of 87, on August 13, 2016, in Toronto.

Bloomberg Nursing was fortunate to have Dorothy teach nursing administration, leadership and organizational behaviour at the Faculty. As an associate professor from 1989 to 1994, she also helped found our master’s in administration program.

Dorothy was ahead of her time in considering nurses as being capable of doing more than what they were trained to do – which was to meekly do what they were told. She regarded nurses as professionals with untapped potential and was a constant advocate for empowering them.

After earning a master’s in nursing administration at Columbia University in New York City, Dorothy assumed a succession of leadership positions. In 1971, she became an assistant executive director at Sunnybrook Health Sciences Centre, helping to develop K Wing for veterans. Then from 1978 to 1987, she was the vice-president of nursing at Toronto General Hospital. In addition, she was president of the Registered Nurses’ Association of Ontario from 1979 to 1981.

“I learned to listen to people,” she told Pulse in 2011. “The trouble with a lot of leaders is that when they get an idea, they push it down everybody’s throat. It doesn’t work that way. You need to find out what’s going on. If you want something to happen, you involve the people. Ask them, talk to them, get their ideas.”

Dorothy co-founded the Canadian Journal of Nursing Leadership and was its editor for 10 years. She initiated a nurse administrators’ group that is now the Nursing Leadership Network of Ontario.

In late September, Bloomberg Nursing hosted a tribute to Dorothy. Family, friends and faculty were invited to speak on her myriad contributions to the profession.
Donating stocks yields big benefits

Investment adviser Susan Levesque, BScN ’71, offers a win-win strategy

For many years, Susan Levesque, née Grimshaw, has been contributing generously to Bloomberg Nursing by donating stocks. As an Investment Adviser and Vice-President with National Bank Financial Wealth Management, Levesque faithfully keeps in touch with the Faculty that educated her in nursing. This year at Spring Reunion, Levesque and her classmates celebrated their 45th anniversary!

Pulse: What are the advantages of donating stock?
Levesque: The charity benefits from the funds, and the donor benefits from not being taxed on their capital gains and from receiving a charitable tax receipt. It’s a win-win!

Pulse: What stocks should you donate?
Levesque: Consider stocks that have significantly increased in value, resulting in a significant capital gains tax on them when you sell them. When you give a gift of stock to a registered charity, such as Bloomberg Nursing at the University of Toronto, the gift is tax exempt and you still receive a tax receipt. The benefit is tremendous and can really make a difference!

Pulse: Who should consider giving a gift of stock?
Levesque: Anyone interested in making a gift that will help Bloomberg Nursing continue its tradition of providing a quality nursing education. Consider the composition of your portfolio. Have you been holding on to your securities for a very long time? Do you hold anything that has significantly appreciated over the short- or long-term? If so, I highly recommend that you speak with your adviser about a gift of securities. It’s a great way to make a meaningful gift to the Faculty.

For more information, please contact Jen Williams, Director of Advancement, at 416.978.7687 or jen.williams@utoronto.ca
When Canada declared war on Germany on September 10, 1939, Canadian nurses quickly stepped forward to enlist in the Armed Forces. The military needed nurses and nurses needed employment. During the Great Depression, nursing positions were few and far between, and many of the nurses who enlisted had been looking for a job for months, if not years.

In Canada, so many nurses wanted to be a “nursing sister” that at one time the Forces had a waiting list with the names of 8,000 nurses. In contrast, the American forces struggled to recruit nurses to answer “the call” for their professional services.

Among the first to enlist from our school was one of our teachers, Dorothy Percy (Certificate in Public Health Nursing 2T3). Five other alumni also quickly joined up, and they were assigned to No. 15 Canadian General Hospital, one of the first of the 34 Canadian medical units to go overseas. After the fall of France, it
remained in England and then went to El Harrouch, Algeria, to care for casualties from the Sicilian campaign. **Edith Dick** (Certif. in Public Health Nursing 3T2) was appointed the head nurse, or matron, of No. 10 Canadian General Hospital. The medical unit boarded the Queen Elizabeth ship to travel across the Atlantic on one of the vessel’s stormiest voyages. They were no doubt grateful to land in England, where they set up a 1,200-bed hospital in Leavesden.

About one-third of Canada’s nursing sisters served in Canada’s 60 military hospitals, caring for servicemen about to head overseas and those returning from the front. **Margaret Allemang** (Certif. in Public Health Nursing 4T0) served for three years at Air Force bases across Canada. **Thora “Jerry” Gerow** (Certif. in Public Health Nursing 4T7, Certif. in Public Health Nursing Advanced 5T1) was stationed at bases in Trenton, Ontario, and Labrador.

Other alumni served in Europe, Africa and the Middle East. **Heather Kilpatrick** (Certif. in Public Health Nursing 4T0), who was with the United Nation’s Rehabilitation and Relief Administration, was sent to the Nuseirat Camp in Palestine to help care for the Greek refugees. **Gladys Sharpe**, a former teacher at our school, was posted near Johannesburg, South Africa, where she was the matron of a 1,700-bed hospital. “Our beds filled rapidly,” she wrote. “The first convoy via hospital train brought casualties from Burma, Madagascar, the Middle East and Singapore at the rate of 257 admitted in just two hours.”

**Above:** Dorothy Percy wearing a white veil, an integral part of the enlisted nurse’s standard uniform when not wearing a tin helmet.
“Florence Nightingale, 1944 version, wears khaki battledress and carries her kit on her back. She’s sunburned from weeks of pre-invasion training outdoors.”

— An unnamed nursing sister

> EXTENDED PRACTICE
When a convoy poured wounded soldiers into a hospital, the nurses would work 18 hours a day for days on end, inspiring one nursing sister to wish for “100 hands and 10 pairs of feet.”

The rapid pace of the care environment and the gravity of the injuries meant that to save lives, the nursing sisters had to push the boundaries of nursing practice. If a doctor wasn’t available, the nurses assessed injuries, started IVs, performed blood work, began medications and set broken limbs in plaster of Paris casts. The nurses also developed monitoring skills, interpreting changes in the patients’ conditions and then deciding about their care.

“You catered to the doctor in civilian life, but there was none of that there,” recalled Eva Wannop, who enrolled in our public health program but then left to be a nursing sister for five years, most notably in the plastic surgery and neurological units in Basingstoke, England. “[The doctors] used to come around once a day and check everything, and [ask] if there were any questions or that,” said Wannop. “And then you carried on.”

> ON THE HOME FRONT
As 4,000 Canadian nurses marched off to war, the nursing surplus of the ’30s quickly turned into a shortage. Our school responded by helping U of T’s Extension Department offer
refresher programs for married and retired nurses to get them back into the workforce. For nurses wanting to enlist, our instructors helped develop courses such as “Wartime Problems in the Field of Communicable Disease.”

Our alumni came together to make surgical towels for the war effort. They funded their contributions by hosting bridge nights, bazaars and garden parties, carefully setting aside some of the money to mail chocolates and nylons to their classmates overseas.

› PEACE AT LAST!
When Germany surrendered on May 7, 1945, the war came to an end for most Canadian nurses. Some, however, stayed in the military for another year to care for the refugees and civilians released from concentration camps. As Canada learned of how the bombing had devastated much of Europe, our alumni again drew together, this time to send boxes of food and warm clothing to nurses in Great Britain.

As Canada’s nurses returned home, some spoke about feeling “scattered” or “at loose ends.” Others spoke about nightmares in which they relived terrifying wartime experiences. But for the most part, the nurses didn’t speak about what they went through during the deadliest conflict in human history.

Nursing historians have come to realize that during the war Canada’s nursing sisters put a great deal of effort into following the imperative of not alarming civilians. In 1944, Edith Dick was quoted in Canadian Nurse as saying, “We live surprisingly normal lives here.” But providing care in a canvas tent to young men whose legs have been blown off surely is not normal. Even after being discharged, nurses tended to continue this façade of normalcy.

To give the veterans a fresh start, the Canadian government offered them “re-establishment credits” to further their education and prepare them for work at home. Wannop resumed her place in our public health nursing program, graduating in 4T6 and from the advanced course in 4T9. Allemang used her veteran’s credits to earn a BScN in 4T7 and a Certificate in Nursing Education in 4T8. Soon after, she joined our teaching staff.

Although many of the nurses who served in the Second World War enlisted to gain employment, they got more than a job. They got status. They got opportunities to see other lands and expand their skills. United by the goal to “win the war,” they got an intense sense of camaraderie that many said they never experienced again.

The American forces were so desperate for nurses they even offered to train civilians. Meanwhile, Canada had a long waiting list of nurses wanting to serve.
THANK YOU!

Together we’re supporting the next generation of nurses with student scholarships, bursaries and so much more. But the need is still great. With your support, who knows what we can accomplish in the future?

LAST YEAR:
You helped give over 200 scholarships and awards totalling more than $1 MILLION

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Bloomberg Nursing’s Boundless Campaign total to date: $20 MILLION

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FOR MORE INFORMATION, CONTACT: Jen Williams, Director of Advancement, at 416.978.7687 or jen.williams@utoronto.ca