OUR FIRST LEADER

Kathleen Russell started a legacy of leadership

p. 26
Join student Eva Ta for a day at Bloomberg Nursing
Were your school days different? ...................... 2

Meet our Distinguished Alumni Award winners
Our rising star winner builds global partnerships ...................... 10

Happy 10th anniversary Lawrence S. Bloomberg Faculty of Nursing
In 2007, Lawrence Bloomberg brought a transformative gift ...................... 14

Kathleen Russell demystified
Get to know the person who established nursing at U of T ...................... 26

STAY CONNECTED!
Use social media to be among the first to hear about Bloomberg Nursing events and triumphs

FACEBOOK /UofTNursing
TWITTER /UofTNursing
LINKEDIN UofT.Me/BloombergLinkedIn
INSTAGRAM /UofTNursing
YOUTUBE /UofTNursing

PHOTO: U OF T ARCHIVES

Cover: The Kathleen Russell portrait by Archibald Barnes has graced the halls of your alma mater for decades.
Photo: Jaime Hogge

SPRING/SUMMER 2017
VOLUME 10/NUMBER 1
Pulse is published twice a year for the alumni and friends of the Lawrence S. Bloomberg Faculty of Nursing, University of Toronto.

© COPYRIGHT 2017
ISSN 1923-3302

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

MOVING? Please report your change of address to address.update@utoronto.ca

Bloomberg Nursing respects your privacy. We do not rent, trade or sell our mailing list.
Finding our voice

Why are nurses absent from decision-making tables?

Over the last 10 years, there has been a plethora of boot camps and institutes to develop nurse leaders. These workshops are geared toward everyone from point-of-care clinicians to chief nurse executives. And they’re not only a Canadian phenomenon. There’s a worldwide obsession with the lack of nursing leaders.

We have no significant senior nursing representation in the World Health Organization. Provincially and nationally, we have minimal nursing representation in ministries of health. Chief VP nursing roles in clinical institutions are eroding, with nurses being moved further away from the decision-making tables. For whatever reason, there just doesn’t seem to be an appetite for the nursing voice.

Are leadership boot camps the answer to strengthening the nursing voice? Or, are these programs so effective that people are now asking why nursing is close to silent?

I don’t know the answer to those questions, but I do know that when nurses participate in decision-making, patient and organizational outcomes improve. I know that Bloomberg Nursing alumni hold some of the most significant leadership positions in the province, across the country and internationally. And I know that their voices won’t be silenced. For health care to be all it can and should be, the insights and perspectives of nurses must be heard.

Linda Johnston, PhD, FEANS, FAAN
On January 24, undergraduate student Eva Ta shared her day with Pulse. Eva, like three-quarters of today’s U of T students, commutes to campus. From her family’s home in Markham, she spends three hours commuting – on a good day. Some days, travelling to and from campus consumes more than four hours of her school day. But as you’ll see, Eva makes the most of her commute.
7:00
Eva slides into the family car, and her dad drives her to the bus stop. When Eva can’t get a drive, she walks 25 minutes to the bus stop.

6:45 AM
The soothing sound of chimes drifts from Eva’s cellphone prompting her to get up, but Eva’s head remains firmly on the pillow.

5:50
Her mother comes in, and Eva jumps out of bed and gets dressed.

5:52
Eva boards the bus and as it snakes through the silent streets Eva recalls what she did on the weekend – helped clean the house for Chinese New Year, taught five “Learn to Skate” classes and tutored a Grade 4 student.

6:08
Once inside the nursing building, she climbs the stairs to the third floor. “Walking up and down stairs is the only exercise I get some days,” she says.

7:40
At the food court by the station, Eva picks up two eggs over easy with bacon and brown toast.

7:50
In the student lounge, Eva takes out her computer and with the press of a button the black computer screen

7:52
The bus pulls into the Finch station. On the subway, she sleeps all the way to the Queen’s Park station.

ANNUAL UNDERGRADUATE ENROLMENT THEN AND NOW
1936:
30
NOW:
179

ENTRY REQUIREMENTS THEN AND NOW
1933: A high-school diploma was preferred but not required.
NOW: Ten university credits are required, but this year every undergraduate has at least one university degree.
burst into colour. She eats breakfast while answering emails from her professors and employers. Eva holds down four part-time jobs to help pay for tuition, which is more than $10,000 a year.

8:30 Sabrina, also in the Class of 2017, drops by to discuss the assignment for the “Nursing and the Health Care System” course. The students are to make a video or audio recording describing a memorable situation from a clinical placement, and then analyze it from political, ethical, legal and social perspectives. It’s due tomorrow.

8:40 On her computer, Eva pulls up the readings for her “Coping with Complexity in Persistent Illness” course. The class is in Week 2, but she has already finished the Week 6 readings. Eva, 25, is a serious student. At U of T, she earned a hefty undergraduate degree with a specialty in neuroscience, major in health studies and minor in psychology. Then she did a master’s in medical science.

The clinical nurse researchers Eva met during her master’s program inspired her to be a nurse. “I really enjoy doing research, and I need to know my research is making a difference,” says Eva. “I am working toward a career in research and clinical nursing.”

10:30 Her classmate Sarah joins her. “Sarah keeps me on track with my studying,” says Eva. The “studying” begins with the two students ribbing each other about whose computer is better – Eva’s PC or Sarah’s Mac. Eva throws back her head and laughs.

10:45 The lounge begins to fill with students who, after finding a place to sit, pull their computers out of their backpacks. They eat salads and fresh fruit as the coin-operated snack

LIVING ARRANGEMENTS THEN AND NOW

1933: Nursing students started living in a residence with their classmates, the school’s director and an instructor.

NOW: Many nursing students live at home with their family.

1920: 0:50

NOW: ~1:8

RATIO OF MEN TO WOMEN THEN AND NOW
machines filled with chocolate bars and bags of potato chips stand idle.

12:50 PM April, another peer, and Eva walk three blocks to the Anthropology Building for their “Persistent Illness” class. On entering the classroom, the students set up their laptops. “I don’t think I’ve used a single piece of paper all term,” says Eva.

1:15 Two students give a PowerPoint presentation on active listening and patient stories. They explain that listening to patient stories honours the clients’ suffering and offers insights into what is affecting them.

1:40 One of the presenters clicks on a link to play the YouTube video “Stories of Patients with Brain Injury.” The Internet connection falters. “Two seconds, guys. Two seconds,” she calls out. A student peels an orange, the juice squirts into the air and the tangy scent fills the room.

2:10 The presenters ask the students to construct a mind map. Eva, taking a leadership role, walks to the other side of the table and writes her group members’ comments on Bristol board. “I can write upside-down,” she giggles.

3:15 Lecturer Sarah Johnston leads the class in discussing issues arising in their clinical placements. This term, Eva is at the neurotrauma unit at St. Michael’s Hospital.

LUNCH THEN AND NOW

1946: During clinical placements, nursing students enjoyed a free lunch in the hospital cafeteria. Oh good! Red Jell-O!

NOW: Students are on their own.
UNIFORMS THEN AND NOW
1933: Student uniforms were meticulously laundered, starched and pressed.
NOW: Scrubs are wash ‘n wear.

EXAM QUESTIONS THEN AND NOW
1932: What is meant by pasteurization? What is the purpose of it? Present convincing evidence of its value.
Source: U of T Department of Public Health Nursing, Annual Examinations, 1932, Paediatrics

NOW: The nurse is caring for a client who has streptococcal pneumonia. Which of the following infection control precautions should the nurse implement?
1 Request the dietary department provide disposable utensils on the client’s meal tray.
2 Wear a surgical mask when obtaining the client’s vital signs.
3 Remove fresh flowers from the client’s room.
4 Place the client in a private room with monitored negative air pressure.

Source: 2016 NCLEX-RN Detailed Test Plan. (The answer is #2.)

4:15 April and Eva walk back to the student lounge to work on their “Health Care System” assignment.

6:10 Eva presses “Submit,” and her homework travels through cyberspace to her professor and teaching assistant.

6:20 She heads to the subway. On the Bloor line, Eva balances her laptop on her knees and starts the Week 7 “Persistent Illness” readings. At Kennedy she catches the bus.

7:50 From the bus window, Eva sees her dad waiting to drive her home.

8:00 Once home, dinner – a veggie stir-fry along with rice and barbecued pork – is on the table. The family laughs, once again, at the fact that Eva was named after a nurse, the nurse who cared for her mother and her after she was born. And now Eva is going to be a nurse!

9:05 After showering, Eva continues with the readings. Now she’s on Week 8.

11:30 Eva sets her cellphone to chime at 5:45 a.m. for tomorrow’s day at Bloomberg Nursing.
Leave no one behind

Bloomberg Nursing researchers probe access to health care

Discussions about accessing health care in Canada can focus on financial barriers, and certainly a lack of subway tokens or other transportation to get to a health care provider blocks access. But access can be complex, as Bloomberg Nursing researchers demonstrate.

In her research on gender disparities, Associate Professor Jan Angus and colleagues found that women can face myriad challenges to promoting and protecting their health. “In contexts of low income or social marginalization, women may have to prioritize issues other than their own health,” says Angus, BScN
“Women who become chronically ill and themselves require caregiving help can find the role reversal difficult to accept, sometimes going without assistance to avoid burdening or inconveniencing others.” — Associate Professor Jan Angus

7T8, PhD 2001. “Some health services are normatively designed, and women who do not easily fall within certain social expectations may be deterred from seeking care because of social discomfort. This problem has been reported by women who are disabled, as well as those who identify as lesbian, immigrant or homeless.

“As family caregivers, the absence of alternative arrangements for dependent children or elders may prompt women to defer access to health services or even to discontinue treatment in the case of long-term therapies, such as cardiac rehabilitation,” she continues. “Solutions to these problems involve attention to influences outside of the immediate context of health care.”

› Aging and Cognitive Issues

“I can tell you that older people are denied rehabilitation services related to their age and their level of cognitive impairment,” says Kathy McGilton, whose research focuses on rehabilitation of the elderly following a hip fracture. “Some may be inclined to call this ageism, others might suggest that there are only a limited number of rehabilitation beds so a decision has to be made on who might benefit the most from rehabilitation. Unfortunately, determining who might benefit the most may be swayed by attitudes and beliefs.”

McGilton, BScN 8T7, MScN 9T3, PhD 2001, and her research team have demonstrated that age and cognitive impairment should not necessarily be reasons for excluding this population from rehabilitation after a hip fracture.

“With additional evidence there may be more opportunities for rehabilitation for this population,” says the associate professor, status. “But research evidence is not enough. Administrators and clinicians working within rehabilitation facilities require training and support to care for this vulnerable population. Some require a shift in how they think about older people with cognitive impairment; they need to focus on abilities instead of disabilities.”

› Race and Class Issues

“Race is a proxy for other factors, such as socioeconomic status, access to health care and marginalization,” says Maki Iwase, an assistant professor in the teaching stream. “You can’t talk about race without talking about class and gender.”
RESEARCH BREAKTHROUGH

The Canadian Cancer Society has awarded Assistant Professor Martine Puts a significant grant for a four-year research study on older patients with cancer. With older age, the risk of treatment complications may rise, and the study will help determine if a comprehensive geriatric assessment (CGA) is worthwhile for patients aged 70 and older for whom chemotherapy is being considered.

“There is a lack of evidence on how best to treat older adults with cancer because this population has been severely under-represented in clinical trials,” says Dr. Puts, the lead investigator on the trial, which will be carried out in five cities across Canada. “This population is increasingly heterogeneous, so age is not a reliable marker of health.”

A CGA is a diagnostic process that identifies medical, psychological, social and functional capacity issues – such as cognitive impairment, poor nutritional status and depression – that may have been previously undetected and could interfere with the success of the cancer treatment.

“CGAs have not been implemented in most cancer treatment centres in Canada because of the lack of robust evidence on their effectiveness,” she says. “With this multicentre trial, we hope to provide the evidence needed to show that this intervention improves quality of life and functioning for older adults receiving chemotherapy.”

They’re what shape a person’s health, wealth and well-being.

“A false explanation of race stops us from having important conversations,” continues Iwase, BScN 2000, PhD 2014. As an example, she cites Canada’s indigenous peoples being considered to be at high risk of type 2 diabetes. “They didn’t have type 2 diabetes before colonialism,” counters Iwase. “Race as a risk factor doesn’t mean it’s genetic or biological, but rather it’s structural and socio-historical.

“If we don’t account for context, history and power, then we run the risk of individualizing the problem. People won’t continue to access health care if they walk away feeling that they’re the problem, their family is the problem, that they have somehow failed.”

Citizenship issues

“Much of good health is the result of factors beyond direct health care,” says Associate Professor Denise Gastaldo. “The social determinants of health for undocumented workers are no less than toxic. Living in isolation, fearing deportation and often experiencing poor working conditions has severe consequences on both physical and mental health.

“But if they go to a clinic or hospital in Ontario without an OHIP card, the first question they’re asked is: How will you pay? Then, usually, they’ll be told to pay an amount that’s much greater than what OHIP would pay.”

Through the Health Network for Uninsured Clients, Dr. Gastaldo is collaborating with community members and other health care professionals on issues related to the health of populations who are not medically insured. “We’re trying to create a system in which they’ll be charged the same rates as OHIP pays, rather than the higher fees they’re being charged now,” she says.
Start light, star bright

This Distinguished Alumni Award winner builds global health partnerships

The Rising Star Award, one of Bloomberg Nursing’s most prestigious honours, recognizes the extraordinary contributions of an alumnus who graduated in the last 10 years. Our latest Rising Star is Stephanie de Young, BScN 2006, who promotes the health and well-being of children around the world with the SickKids Centre for Global Child Health. As the centre’s nursing manager, the Distinguished Alumni Award winner helps design and implement nursing education partnerships in Ghana, Ethiopia, Malawi and the Caribbean.

De Young’s concern about the world’s disparities began before deciding to become a nurse. She did her first undergraduate degree in international
development. Then through Bloomberg Nursing’s undergraduate program, she went to Ethiopia with the elective practicum “480: Critical Perspectives in Global Health Nursing.”

“I did my global health nursing placement with Professor Amy Bender,” she says. “Amy was involved in a partnership in Ethiopia through Bloomberg. Later, through SickKids I became involved in an Ethiopian partnership, too. Amy became a mentor to me. She was always available to bounce ideas off of and to encourage me to ask critical and important questions.”

An exemplary example

“At the SickKids Centre for Global Child Health, our approach to working with partners in other countries aligns with the tenants of cultural safety that I learned at Bloomberg,” de Young continues. “Our partnerships facilitate local solutions and ownership of programs.”

The SickKids-Ghana Paediatric Nursing Education Partnership, for example, is training paediatric nurses in collaboration with the Ghana College of Nurses and Midwives. The SickKids team is doing a robust evaluation of the Ghana program to understand the factors that promote the effectiveness of nursing education there. Contributing to this evaluation is Bloomberg Professor Bonnie Stevens.

Nursing education at Bloomberg Nursing and in Ghana is quite different. In Ghana, the students sit in rows, and the exams emphasize memory work. “We want the nurses to be active learners,” says de Young, who notes that in the partnership the students sit in groups and focus on problem-solving and critical thinking.

The educators from SickKids teach alongside Ghanaian faculty who provide relevant examples from their own practice experiences in this West African nation. “They might discuss what to do if two babies need to share an incubator,” says de Young. “That’s a conversation you wouldn’t have in Canada.”

New insights

In looking back at her global health experience at Bloomberg, de Young has a new appreciation for the education she received through her placement in Ethiopia. “I now realize how important it is for student placements to be structured in an ethical and responsible way to ensure respectful engagement with the partners” she says. “I was in the first group of students to do this international elective, and the
professors who created the program got it off to a great start.”

From her office on University Avenue, de Young admits there are challenges to practising internationally. For example, her role involves 20-hour flights to Ghana four times a year. “I find it’s effective to work face-to-face with partners, especially in the early stages of a project. It’s all about working together.”

**THE BEST OF THE BEST**

Every year, Bloomberg Nursing recognizes four alumni for their outstanding achievements by honouring them with a Distinguished Alumni Award.

**Madeline Smillie**, Certificate in Public Health Nursing 4T3, BScN 5T4, received the Dean’s Award of Excellence, which Dean Linda Johnston introduced in 2016 to honour nurses whose contributions have helped shape nursing education, research and/or practice.

Smillie was a public health nurse with Toronto Public Health and later its assistant director. After retiring, she volunteered with various health agencies across the GTA.

Always interested in teaching, Smillie earned a doctorate of education at U of T in 1990. She proudly remembers teaching a new technique to dementia patients that helped them lucidly remember experiences they had forgotten. These nursing home residents are just a few of the thousands of patients whose lives Smillie touched.

**Ryan Henderson**, BScN 2012, earned the Alumni Volunteerism Award for his myriad volunteer contributions that include being a Big Brother through Big Brothers Big Sisters of Toronto, precepting our undergrad students while practising in the ER at St. Michael’s Hospital and being a nursing ambassador to high school students.

**Barbara Mildon**, BScN 9T3, MN 9T8, PhD 2011, was honoured with the Lifetime Achievement Award for her extensive contributions to clinical practice, regulation, research and administration. A past-president of the Canadian Nurses Association, Mildon is the vice-president of practice, human resources and research, and chief nursing executive at Ontario Shores Centre for Mental Health Services in Whitby, Ontario.

**Madeline Smillie** (left) with **Barbara Mildon**
Building a better tomorrow

The Boundless campaign has been expanded to give everyone the opportunity to have an impact

Thanks to all who have contributed to the Boundless campaign to date. Because of your generosity, the Lawrence S. Bloomberg Faculty of Nursing has raised over $20 million in support of its highest priorities.

As part of the University of Toronto’s Boundless campaign, we are proud to announce that Boundless surpassed its $2 billion goal and is now embarking on a bold new vision. With support from more than 95,000 alumni and friends in 93 countries – almost half of the world’s nations – the university is expanding its goal to $2.4 billion to continue to fund the university’s highest aspirations.

Each year our campaigns grow, and through your generosity we are able to continue to support students, recruit the best and brightest, and fund important research. The gifts that U of T has gratefully received and celebrated are helping us reach new levels of innovation, excellence and impact.

There are great opportunities in the coming months and years for new discoveries, innovations and continued excellence. Funds raised during the Boundless campaign help to ensure that we remain at the forefront of these opportunities.

Recently, we identified a vital need – updating our Simulation Laboratory so our students can continue to gain hands-on experience in a safe environment. The expanded Boundless campaign will enable the Faculty to remain nimble and able to respond to the ever-changing health care environment while continuing to fund key priorities. Thank you for helping us build a better tomorrow.

Meric Gertler, President, U of T, announced the expansion of the Boundless campaign in December 2016

For more information, please contact Jen Williams, Director of Advancement, at 416.978.7687 or jen.williams@utoronto.ca
Our 10th year as the Lawrence S. Bloomberg Faculty of Nursing

In 2007, we received a transformative gift

Through a $10 million donation to our Faculty, Lawrence S. Bloomberg made history. The philanthropist and financier brought what at the time was the largest private investment in a Canadian nursing Faculty. Proudly, in recognition of this generous gift, we became the Lawrence S. Bloomberg Faculty of Nursing.

**SCHOLARSHIPS HELP DESERVING STUDENTS**

As part of this transformative gift, the Schulich Scholarships were established – awards that support some of our best and brightest students, such as Ramata Tarawally, who scored the highest marks out of her graduating BScN class in 2012 at Bloomberg Nursing.

As a nurse at St. Michael’s Hospital, Tarawally discovered her purpose: “to be part of creating a better health care system for marginalized and disenfranchised patients.” She targeted Bloomberg Nursing’s Health Systems Leadership and Administration master’s program as a necessary step in reaching her goal. Then she stopped. Tarawally realized she couldn’t afford to go.

“If I went back to school I wouldn’t be able to fulfil my obligations to my younger brothers and sisters,” says Tarawally, 28, who pays for the education of her five siblings attending elementary school and high school in Sierra Leone. “School isn’t paid for there, and that’s why so many children in Sierra Leone don’t go to school.”

But with the help of a Schulich Scholarship, Tarawally and her younger siblings can all receive an education.

“Our Faculty has a lot to be thankful for in Lawrence Bloomberg’s foresight,” says Dean Linda Johnston. “He could see that a quality education is an important way to move nursing leadership forward.”

The visionary gift has advanced the science and scholarship that underpin the education of nurses, and has led to improvements in health care locally, nationally and globally. Dr. Bloomberg’s landmark donation has allowed our Faculty to continue to provide a world-class education, support the...
WELCOMING THE WORLD

Through the Frances Bloomberg International Distinguished Visiting Professor program, we have welcomed nursing scholars from as far away as London, England; Leuven, Belgium; and even Brisbane, Australia.

Over the past 10 years, these exemplary professors have consulted with graduate students and faculty members about their research as well as initiated new collaborations. Through four week-long visits, they’ve contributed to new understandings through public lectures and by giving seminars to Toronto Academic Health Science Network executives.

Our 2016/17 visiting professor is Donna Sullivan Havens from the University of North Carolina at Chapel Hill School of Nursing. Her research focus is developing positive nursing practice environments; in particular, in furthering communication and participative management, which have been linked to improved client outcomes, as well as better nurse retention and well-being.

Dr. Havens developed the Decisional Involvement Scale (DIS), which identifies actual and preferred degrees of staff nurse involvement in workplace policy and practice decisions. The DIS has proven so effective that it is now being used in several countries, including Canada.

“Strengthening nurse involvement in making decisions that improve the culture of the workplace is a key factor for improving nurse, patient and organizational outcomes,” says Havens. “When people have control over their work they experience less stress and have fewer sick days.”

leaders who teach our students, and help enrich the pipeline of prepared, skilled clinical nurses, researchers, educators and nurse leaders.

In the past 10 years, the health care landscape has changed, and Bloomberg Nursing has transformed along with it. The financial support of Dr. Bloomberg’s gift has given our Faculty the opportunity to expand our programs, increase the use of simulation and technology in the classroom, deepen our support of nursing research and, ultimately, help meet the demands of a growing and aging population.

The impact of this historic donation is far-reaching and will continue to be felt by our students, faculty and the communities in which we live and work for years to come.
It takes a village
Bloomberg Nursing partners with Sinai Health System to educate in ostomy care

Our Centre for Professional Development teams up with the Sinai Health System to offer a 10-week Advanced Ostomy Care and Management course. The academic-clinical partnership, now in its second year, offers nurses both theoretical and practical experience. Following successful completion of the online course, nurses can enrol in the Mount Sinai Hospital (MSH) site’s one-week clinical residency in the care of patients with a urinary or fecal diversion.

Because the course is online, nurses outside of the GTA can participate. Recently, the Royal Victoria Regional Health Centre in Barrie, Ontario, enrolled 27 nurses in the course. And last Fall, four nurses in Hong Kong took the online course and then flew to Toronto to participate in MSH’s residency.

The course and residency help the learner to critically analyze complex ostomy care problems, and formulate evidence-based plans of care that support the client and family in developing ostomy self-care. The online component requires up to eight hours of study per week to successfully complete each course module. It offers electronic textbook readings, video presentations, online discussions as well as independent learning activities.

One learning activity involves wearing an ostomy pouch for a day and then reflecting on the experience. “This activity provides students with a glimpse of some of the challenges and accomplishments that a patient with an ostomy may encounter,” explains Julie Tjan Thomas, a clinical nurse specialist in enterostomal therapy at MSH and one of the course’s two faculty members.

“Colleagues from departments of enterostomal therapy, surgery, dietary, pharmacy and social work as well as patients contributed to the development of the course,” continues Thomas, BScN 2000, MN 2005. “An interdisciplinary approach, which focuses on the provision of best practice in ostomy care and management for patients and families, provides the learner with a robust, comprehensive educational curriculum.”

The next ostomy course starts on September 4.

From left: Adjunct Lecturer Julie Tjan Thomas with Hong Kong students Yuk Yin Nicole Ho, Chiu Oi Chan and Ching Man Wu
Upcoming courses

Head back to Bloomberg Nursing – enrol in a Centre for Professional Development course

June 2-3  Wound Management for Nurse Practitioners and Advanced Practice Nurses
This best practice boot camp focuses on assessing, diagnosing and managing lower extremity ulcers and diabetic foot ulcers.

June 24-25  Excelling in the Care of the Elderly, Part 2
This two-day course for nurse practitioners and advanced practice nurses was designed by NPs practising in geriatrics. It examines dementia spectrums, end-of-life care and pain management strategies, and is a companion course to Excelling in the Care of the Elderly, Part I.

Oct 10- Nov 24  Advanced Health Assessment and Clinical Reasoning in Primary Health Care
This seven-week online course is for nurse practitioners and students preparing for the NP role. It emphasizes the clinical reasoning and decision-making skills needed to accurately assess and diagnose clients in a primary health care setting.

Nov 3  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.

Nov 18  Review of Health Assessment Across the Lifespan
Using a systems approach, this one-day course includes how to perform a “head-to-toe” assessment. Suitable for RNs, NPs and students preparing for the NP role.

Bloomberg Nursing alumni are eligible for a 15 per cent discount on most Centre for Professional Development courses. Check the website for details.
**Class of 1991**

Valerie Grdisa, BScN, has been appointed the director of the Best Practice Guidelines Program for the Registered Nurses’ Association of Ontario. “As a proud RNAO member, I know the value of BPGs,” she says. “I’ve used them since their inception and championed their importance.”

In her previous position, Valerie was the senior nursing adviser with Alberta Health in Edmonton. In this capacity, she helped develop a health human resources strategic plan and a concurrent provincial nurse practitioner strategy and plan. She also established the provincial network of nurse executives and helped bring evidence-based nursing and health policy to the attention of decision-makers and politicians.

**Class of 2008**

Bukola Salami, MN 2008, PhD 2014, was named one of Edmonton’s Top 40 under 40. The honour recognizes her contributions to improving immigrant health in Canada and around the world.

In 2014, Bukola was appointed an assistant nursing professor at the University of Alberta. Her research seeks to improve the well-being of immigrants in Canada by informing health and immigration policies and practices. She has presented at the United Nations Research Institute for Social Development.

Bukola emigrated from Nigeria to Canada in 1997. “I can certainly identify with the obstacles facing most immigrants to this country,” she says.

**Class of 2009**

Laura Callaghan, MN, who was practising in a remote village in northern Kenya decided to leave in June 2015 because of escalating tribal violence. “My husband, Jay, and I were challenged with weighing the emotional health and safety of our own motley
Gail Donner delivers
convocation address

In November, from the Convocation
Hall stage, Bloomberg Professor
Emerita Gail Donner inspired hun-
dreds of students graduating from
U of T’s health science programs.

“As I look out at you, I see
nurses with nurses, NPs with NPs,
pharmacists with pharmacists. It’s
an efficient way to
hand out degrees,
but this should
be the last time
you sit only with
those like you,”
she began. “The
professions need
to work together,
talk together. But
I want you to do more than that. I
want those of you who are clin-
icians to talk with managers and
researchers, and researchers to
talk with clinicians and managers.”

Our dean from 1999 to 2001
urged the grads not to “follow the
money and the mainstream” but
to head to where their talents are
needed most. “We have not done
our best for the frail elderly, for the
LGBTQ community, for our indigen-
ous peoples, for those struggling
with mental health and addiction
issues,” she said. “I want you to
be the best you can be – to be the
best leaders.”

Dr. Donner concluded her
address with a quote from Jerry
Garcia of the Grateful Dead:
“Somebody has to do something,
and it’s just incredibly pathetic that
it has to be us.”

Class of 2011

Ping Zou, MN 2011, PhD 2015,
is interested in working
with other researchers inves-
tigating how immigration
affects health.

An assistant professor
at Nipissing University in
North Bay, Ontario,
Ping has been invited to
collaborate on Pathways
to Prosperity Partnership,
a Social Sciences and
Humanities Research Council
Partnership project.

Jonathan Fetros, MN, is
now the program director
of the Diabetes Comprehensive
Care Program at St. Michael’s
Hospital in Toronto. Before
accepting the director position
in July 2016, he was the
clinical leader/manager of St.
Mike’s Diabetes and Renal
Transplant Program.

“In my new role, I need
to hold a bird’s-eye view of
how my program fits in the
organization and the health
system,” he says.

Jonathan and his wife have
three children, aged two, four
and six. “My number 1 priority
is to be present and engaged
in my children’s lives. It’s
amazing how hectic dinner
and bedtime can be with kids,
times that most people would
consider non-events.”

Jay and Laura continue
to work with Africa Inland
Mission but across Nova
Scotia where they are helping
support the physical, men-
tal, spiritual and emotional
well-being of Africans, new
Canadians and refugees. “Last
Saturday, we had 25 African
university students toboggan-
ing down our driveway!” says
Laura, who lives in Falmouth.

PHOTO: CURTIS COMEAU
Through Bloomberg Nursing’s Golden Notes program, alumni can give advice to first-year students as they start out. Here, Shelby Michæelson, BScN 2015, shares her thoughts on her first year as a nurse.
DEAR FUTURE RN,

As a fairly new nurse myself, I would like to share some reflections I have on my first year of nursing practice. Here is the short of it: It is not easy but you will amaze yourself.

Your first few months will be hectic. You will feel incompetent and watch seasoned nurses complete their routines with ease while you sweat and struggle to get everything done. You will feel nervous speaking to doctors and wonder if you will ever be able to give all your medications without Googling them first. You will wish you could practice your sterile wound dressing technique one more time before performing it on a wound that looks nothing like the ones in the textbooks. You will cry in the bathroom because you are overwhelmed. You will think about quitting.

Then it clicks.

One day you will be coming home from work and will have a moment in which you think, “Wow, I am a real nurse now!” There will be a time when a doctor asks for your opinion because he trusts that you know the patient better than he does. There will be a time you advocate for your patient and feel confident in doing so. There will be a time when you call a doctor knowing the exact order you need and the doctor will give it to you – because she trusts you. Your colleagues will ask for your opinion on something. You will pull your morning meds and think, “Wow, I never thought I would remember all of this!” You will teach other students.

There will still be days when you want to throw in the towel and days when you wonder if it is all worth it. You will sit at the nursing station as a patient rings for the 10th time that hour and think, “I should have gone to business school.”

But then you’ll catch a critical lab value before a doctor, or complete a respiratory assessment that leads to better care for your patient, or bring a warm blanket and cup of tea to a patient because you had an extra moment. That is when you’ll realize there is still a heart in health care.

You will form bonds with your nursing classmates and colleagues that nothing can break. You will have days when you come home sad because you performed chest compressions on a heart that had no energy left to beat. But you will have many days when you come home happy because your 95-year-old patient told you the secrets of longevity, or you made your chronic patient laugh and forget where she was, at least for a little while.

So, when you think about quitting, remember what my preceptor said to me: “You can only do the best you can do in 12 hours.” You are not a superhero, but I think you are pretty close. Good luck and welcome to one of the most respected and diverse professions in the world.

Shelby Michaelson practises in in-patient nephrology and neurology at Oakville Trafalgar Memorial Hospital in Ontario. She is currently on leave to study German in Switzerland but will return to practice in September.
**Class of 1942**

Vivian Ruth Easterbrook, née Buchanan (Certificate in Public Health Nursing) in her 97th year, on April 13, 2016.

She practised with the Victorian Order of Nurses in Hamilton and Windsor, Ontario.

Vivian and her husband, Brian, had four children. Vivian was “Nana” to 13 grandchildren and “Nana Banana” to 11 great-grandchildren, whose birthdays she always remembered.

**Class of 1943**

Diane Madeline Allen, née Smith (Certificate in Public Health Nursing) at the age of 96, on March 2, 2016, in Toronto.

Diane enjoyed a long, rewarding career with Étobicoke Public Health.

Her husband, John, had many political and business endeavours, and one of Diane’s proudest moments was being introduced to Queen Elizabeth and Prince Philip during their visit to Toronto for the 100th running of the Queen’s Plate thoroughbred horse race in 1959.

**Class of 1944**

Isobel Mary Petrie (Certificate in Public Health Nursing 4T4, BScN 4T8) in her 95th year, on November 14, 2016, in Markham, Ontario.

Isobel was a public health nurse in Timmins, Ontario, and then with the East York and Scarborough public health units in Toronto. She retired in 1983.

**Class of 1948**

Helen Betty Huffman (Certificate in Public Health Nursing) at the age of 92, in June 2016 in Edmonton.

Helen was the mother of five, grandmother of 10 and great-grandmother of 19.

Ruth Marion Thompson, née Hammond (Certificate in Public Health Nursing) on September 2, 2016, in Barrie, Ontario.

Ruth practised with the Victorian Order of Nurses and then the school board in Islington.

She leaves Robert, her husband of 67 years, and their three children and three granddaughters.

**Class of 1949**

Betty Louise Grant, née Upper (BScN) in her 89th year, on September 1, 2016, in Minden, Ontario.

Betty was a mother of three and grandmother of six.
Class of 1950

Sister Bernadette Naughton, formerly Sister Carmichael (Certificate in Nursing Education 5T0, BScN 6T9) in her 77th year of religious life, on May 4, 2016, in Toronto.

Bernadette practised in congregational hospitals and nursing homes in Toronto, Winnipeg and Comox, British Columbia. Her nursing roles often involved health care management and administration.

Class of 1951

Ann Harrison Ormrod, née McKinnon (BScN) at the age of 88, on December 18, 2016, in Midland, Ontario.

She will be missed by her four daughters, seven grandchildren and one great-granddaughter.

Ann made lifelong friends while studying nursing at U of T.

Class of 1952

Barbara Joiner, née Maxwell (BScN) at the age of 87, on September 28, 2016, in Kansas City.

From 1959 to ’65, Barbara was a missionary nurse in India. On returning to Canada, she married Rev. William Joiner. They pastored in Iowa and Kansas, and then for 19 years Barbara was a nursing instructor at Johnson County Community College in Kansas City. Later, she helped initiate the parish nurse program at St. Luke’s Hospital in Kansas City.

She leaves four children, six grandchildren and four great-grandchildren.

Olive Louise Tipp, née Erb (BScN) at the age of 87, on December 11, 2016, in Trochu, Alberta.

In 1955, Olive married Chuck Tip, a pastor and professor. One of the ministries they supported was Mission Aviation Fellowship, which, among other ventures, flies individuals in remote communities who are experiencing a health crisis to a hospital. The ministry operates in Africa, Asia, and Central and South America.

Olive’s classmates in nursing became her lifelong friends.

Class of 1953

Marie Mina Kaufmann (Certificate in Public Health Nursing Advanced) at the age of 97, on August 25, 2016, in Tavistock, Ontario.

After graduating as a nurse from St. Mary’s General Hospital in Kitchener, Ontario, Marie practised with the
Harriet Jennie Todd Sloan (Certificate in Nursing Education) on her 99th birthday, on January 21, 2016, in Ottawa.

During the Second World War, Hallie served in France with the 8th Canadian General Hospital. After D-Day, she participated in the liberation of Belgium and Holland, and chose to remain in the army. In 1964, Hallie was promoted to Matron-in-Chief of the Canadian Forces Medical Services and appointed a Lieutenant Colonel.

She retired from the military in 1968 and became director of the Canadian Nurses Association’s Nurses Abroad and National Nursing Administration programs.

In 2004, she received the Order of Canada for advancing military nursing and patient care.

Class of 1957

Dolores Gordon, née Morrow (Certificate in Public Health Nursing) at the age of 83, on March 25, 2016, in Toronto.

She will be missed by her nine children, 25 grandchildren and one great-grandchild.

Class of 1958

Margaret Isobel Cowie, née Gray (Certificate in Public Health Nursing) at the age of 82, on May 11, 2016, in Bobcaygeon, Ontario.

Margaret and her husband, Peter, were married for 58 years and had four children, 10 grandchildren and one great-grandchild. Three days after Margaret’s death, Peter died.

Gladys Lorenson, née Wierikko (Certificate in Public Health Nursing) on July 14, 2016, in Ottawa.

She practised as a public health nurse with the City of Toronto and Bell Canada.

Gladys was predeceased by her first husband, Roy Peck, and her daughter Astrid Lorenson. She was married to Ron Lorenson for 53 years, and together they enjoyed many canoe and ski excursions.
Jane Ann Smith (BScN) at the age of 80, on March 3, 2016, in Oakville, Ontario.

Jane championed many causes and had a particular passion for the welfare of animals.

**Class of 1965**

Christina Jean Jefferies, née Woodger (Certificate in Nursing Education 6T5, BScN 6T7) at the age of 85, on March 4, 2016, in Owen Sound, Ontario.

She practised at Toronto General Hospital and with Grey Bruce Regional Health Services in Owen Sound, retiring in 1993.

Chris and her husband, Jeff, were avid hikers and cyclists. Chris cherished diving off the shipwrecks in and around Tobermory, Ontario.

**Class of 1966**

Grace C. Darling (Certificate in Public Health Nursing) at the age of 84, on January 13, 2016, in Toronto.

Grace was a nurse at Columbia Presbyterian Hospital in New York City and Hamilton General Hospital. For three years, she practised at the hospital associated with the Warsak Dam Hydroelectric Project near Khyber Pass, Pakistan.

**Class of 1974**

Dorothy Wheeler, née Sandford (BScN) at the age of 84, on May 18, 2016, in Toronto.

Dorothy was a founding member of the Lakeshore Area Multi-Services Project (LAMP), a non-profit organization that provides programs and services to meet the physical, emotional, social and economic needs of the residents of South Etobicoke.

She leaves her husband of more than 60 years, Kenneth, and their four children and six grandchildren.

**Class of 2002**

Diana Dorothy Smith (MN) at the age of 53, on December 29, 2016, in Halifax.

Diana was a nursing professor at Dalhousie University, and her students voted her their favourite nursing faculty member.

She was also a human rights advocate and a top athlete. At the WorldOut Games, Diana was among the top-five masters swimmers in Canada.
Kathleen Russell was the school’s first director and is arguably the most influential person in U of T’s nursing history. The director from 1920 to ’52, Russell either taught or worked with the next four directors who continued to transform Russell’s dream into a reality.

Russell, with her crown of golden hair, had an ethereal quality. But behind her fragile appearance was a woman who, after surviving a near-fatal illness, was determined to make a significant contribution in her second chance at life. That she did! She paved the way for nursing education in the university. And her innovative ideas influenced the education of nurses around the globe.

THE MAKING OF OUR LEADER

Russell earned a liberal arts degree at University of King’s College in Windsor, Nova Scotia, winning the Governor General’s medal in her final year for standing first in her class exams.

Eager to be a physician, she enrolled in U of T’s pre-medical sciences, entering the Faculty of Medicine in 1906 as one of only seven women in a class of 158. After one year, though, she developed pleurisy with effusion. Weak, breathless and suffering severe chest pains, she reluctantly dropped out of medicine.

Russell spent six months in a sanatorium and eight years recovering at home in Nova Scotia, during which time she allegedly broke a young man’s heart by refusing his offer of marriage.

By age 29, she was well enough to train as a nurse and entered Toronto General Hospital School. In 1918, she again graduated top of her class. U of T awarded her a scholarship to enrol in its one-year social service course, which she gratefully accepted. Then, Toronto Public Health hired Russell as a nurse.

In the meantime, the Ontario
branch of the Canadian Red Cross Society had given U of T a three-year grant to train nurses in public health. Russell applied to be the director, even though her nursing experience amounted to less than one year. Perhaps the interviewers saw the keen intellect behind her clear blue eyes. Or maybe they were somewhat nonchalant about their choice because they believed nursing at U of T was just a short-term venture.

School starts
In Fall 1920, fifty students began the first one-year public health nursing course at 1 Queen’s Park Cres. Russell, then 34, sat at a desk in her office by the front entrance, her little dog sleeping at her feet. Out the window, she could see majestic trees, their leaves dancing in the wind. But it’s quite possible that she was frowning. Russell believed that one should never be content with things the way they are.

Russell was resolute that U of T would have a permanent nursing program, but it was teetering on the verge of closing due to a lack of funding. With grace and charm, she regularly met with U of T President Robert Falconer to advocate for the program, cloaking her discontent in cordiality.

In the first three years, the school prepared 130 public health nurses, and Russell argued that the large enrolment was “unprecedented in the history of new departments in the university.” Falconer agreed to continue the public health course but refused Russell’s request for a degree program.

News of Russell’s successful school spread and in 1924, the Rockefeller Foundation in New York City started sending nursing fellowship students from around the world to study at U of T. Russell opened her heart to them, easing their homesickness by arranging sightseeing trips, and inviting them to share cocoa and cookies with her.

“It makes a sorry tale to consider the millions that have been spent on medicine and to compare with this, the utter impossibility of getting any attention to an offer of help for nursing.”

– Kathleen Russell, 1931, in a letter to Robert Falconer, president of U of T
As the university continued to limit funding, Russell didn’t grow discouraged. She grew determined. She began negotiating for funds south of the border, and in 1932, the Rockefeller Foundation offered funding for five years to establish a program to prepare nurses.

But to secure the Rockefeller money, Russell needed local support. She approached a businessman on the boards of Toronto General Hospital and U of T, who introduced her to the Ontario premier and minister of health. Both offered their support.

In 1933, the provincial government purchased and furnished the mansion at 7 Queen’s Park Cres. to use as a nursing residence. A residence was central to Russell’s vision. She saw it as a vehicle to cultivate what she called “the finer things of the mind and spirit.” Russell, the faculty and the students sat down together to a formal dinner every evening, and then retired to the living room to socialize over demitasses of coffee.

The international students added to the residence’s invigorating milieu. Later, the Rockefeller Foundation asked Russell if she would accept an international student who was black. Russell said she had no objections. At that historical moment in time, it was a daring move for Russell; no Canadian hospital nursing schools would admit a black student.

In 1933, the Department of Public Health Nursing gained its independence and became the School of Nursing. Also that year, Rockefeller money enabled Russell to start Canada’s first free-standing basic program to prepare nurses.

THE NURSING TRINITY

While Kathleen Russell was a powerhouse, she couldn’t have accomplished all she did without two equally remarkable women, Florence Emory and M. Jean Wilson. Both devoted decades to the school, and to Russell and her dream.

Emory was a highly respected public-health nurse who gained support for Russell’s ideas within the nursing community. Many nurses of the time didn’t understand why nurses needed a university education, and Emory would explain Russell’s vision of nurses as health care leaders.

She also counterbalanced Russell’s personality. Russell was a dreamer, Emory practical and organized. In promoting her beliefs Russell could be perceived as
Ongoing struggles
By the late 1930s, though, as a succession of U of T presidents continued to dismiss Russell’s vision, her patience grew thin. Once dignified in her negotiations, she became confrontational. When her ideas were rejected, Russell lost her poise and sat with her head in her hands.

Realizing that the school needed a firmer foundation, Russell again turned to the Rockefeller Foundation. She prepared a proposal for an “experimental school” and in 1939 the foundation agreed to support the school for a further five years.

As Russell approached retirement, she had much to be proud of. She had secured a place for nursing in the university. The international students she mentored started impressive nursing programs in their homelands. And in 1942, she finally introduced a degree program. But Russell, believing that one should never be content with things the way they are, wanted to expand on the gracious traditions of the residence and construct one that had “outside space with sufficient ground for at least one tennis court.” That didn’t happen, and Russell retired in 1952 as discontented as she was when she started.

overly assertive, and Emory sometimes had to appease the targets of her wit. If Russell was fire, Emory was water. Together they were unstoppable.

Wilson smoothed the way for the university program within the hospitals. She made friends easily, and enjoyed a good laugh and the odd drink. Russell did not.

It was Wilson who put Russell’s ideas into practice. She developed a curriculum that integrated practice and theory. The students adored Wilson who was famous for her bed-making class. She demonstrated the proper way to make a bed with the grace and dexterity of a ballerina.

Above (centre front): M. Jean Wilson
Left: Florence Emory
Save the Date
for Spring Reunion
June 3, 2017
All Bloomberg Nursing alumni are welcome!

Spring Reunion Activities:
9 a.m. Spring Reunion Breakfast (Faculty Club)
1 p.m. Reception at the Jays Game (Renaissance Hotel)

For more information, please contact us at:
E: alumni.nursing@utoronto.ca
T: 416.946.7097