NURSE PRACTITIONERS IN THE MAKING
OUR INTERNATIONAL REACH
Our MN program offers RNs worldwide the opportunity to study to be an NP

COURAGEOUS CHAMPIONS
Meet three alumni who helped develop new NP roles.

10 YEARS OF SCHULICH SCHOLARSHIPS
More than 500 Bloomberg Nursing students have received the scholarship

NURSES WERE ONCE KNOWN BY THEIR WINGED CAPS
Today, the unique nurse’s uniform has completely vanished
A blueprint for our future

Bold, new strategic plan takes us to 2022

Our Faculty is known nationally and internationally for transforming research into results, and innovation into excellence. And once again, QS World University Rankings honoured Bloomberg Nursing by ranking it #1 among schools of nursing in Canada.

I’m excited to announce that we’re about to soar to even greater heights. Our alumni, faculty, staff, students and clinical partners together forged our 2017 to 2022 Strategic Academic Plan, Shaping Tomorrow’s Leaders Today. It defines a bold new direction for your Faculty by setting five vital priorities:

1 Embedding internationalization across all domains of activity.
2 Pursuing new knowledge through interdisciplinary research of social, cultural, economic and/or public policy benefit.
3 Widening access to, and participation in, educational programs delivered with innovative pedagogies that produce graduates who meet the needs of employers.
4 Fostering a productive, sustainable partnership with our affiliated clinical institutions and community-based service providers.
5 Engaging with our friends, alumni and donors to contribute to, and advocate for, our success as an internationally recognized leader in health higher education.

Our Faculty is the academic home to brilliant minds and leaders. We are well positioned to help lead the next evolution in the nursing profession in which borders dissolve as the world comes together to improve health care locally and globally.

I look forward to hearing your ideas as we take another step forward as world leaders in nursing education, research and practice.

Linda Johnston,
PhD, FEANS, FAAN
Our international reach

Bloomberg Nursing’s innovative MN program offers an opportunity for RNs worldwide to obtain the education necessary to become a nurse practitioner (NP). “We’ve had students from every province, as well as from the United States, Bermuda and Nigeria,” says Monica Parry, the coordinator of the MN-NP program. “About 80 students enrol each year.”

When Bertrand Bolek, MN 2017, started the program, he was living in Calgary. Coincidentally, there were two other Bloomberg Nursing MN-NP students in Calgary who, like Bolek, were also focusing on adult care.

In addition to the online and campus-based components of the two-year, full-time program, there are four three-month clinical placements. Students living outside of Toronto can arrange their placements in their community. Bolek, for example, did one of his clinical placements in the cardiology unit at South Health Campus in Calgary.

> Year 1
Our MN-NP program begins with a one-week residency at Bloomberg Nursing. It’s the first of three week-long residency periods.

“The first residency gave me the opportunity to meet the faculty and my fellow students face-to-face,” says Bolek. It also gave him the chance to buy a blue sweatshirt with the U of T
crest, but he wouldn’t wear it until he felt confident that he would succeed in the program. “I completed my BScN in 2008 – seven years before I started the NP program,” he said. “I had forgotten how to be a student and had a lot of self-doubt. But I knew that to achieve my professional goals in nursing, I would need a master’s.”

The first and second semesters are exclusively online. Although a new way to learn for Bolek, he was soon contributing to online discussion boards and emailing his professors with questions.

“Typically, we had two webinars each week. In one two-hour webinar about interpreting electrocardiograms, a Toronto cardiologist presented one lecture and Monica Parry did the other,” he recalls. “When you attend a live webinar, you can raise your hand virtually to ask a question, speak into your computer microphone or type your question using a keyboard. Either way, the speaker will answer you.

“There were lots of assignments,” he continues, “and at times I felt like the workload would never end.” Bolek’s strategy was to treat the

3,900 hours of direct clinical practice
One of the entrance requirements to our MN-NP field of study

OUR SIM LAB IS GROWING THANKS TO YOU

Thanks to the generosity of our donors, we have been able to purchase two new mannequins for use in our Simulation Laboratory. These patient simulators are helping students hone their clinical skills as well as practise teamwork, critical thinking, decision-making and prioritization.

The James H. Cummings Foundation’s important investment in nursing education funded an advanced adult simulator, SimMan3G. Designed to deliver the most realistic training possible to every Bloomberg Nursing student who practises in the Sim Lab, SimMan3G has a long list of features that optimize simulation training scenarios. Instructors can program him to exhibit specific behaviours and symptoms, as well as control how he responds to physical care and medications.

We are so grateful to all of our donors who contributed to the campaign for a new paediatric mannequin. Your support has allowed us to purchase this new student favourite, which is helping them become competent, confident nurses.
The program challenges you, but it’s worth the effort to be an NP.

– Bertrand Bolek, MN 2017

program like a 9 to 5 job, six days a week. While he made a point of going out with friends on Saturday night, he would listen to audio recordings of lectures as he drove to meet them.

After his first set of marks came in, he realized he was not only passing, but doing well. Bolek took out the U of T sweatshirt from the back of his bottom drawer and slipped it over his head.

In the second year, there are three clinical placements.

Susan Jenkins, MN 2005, has been taking one or two MN-NP students each semester for the past 10 years. “I enjoy it. I’ll do whatever Bloomberg Nursing asks me to do to help their NP students,” says Jenkins, who is with the NP-led Thrombosis Program at Toronto General Hospital. “As an NP, I don’t think it’s a matter of if you will take students, it’s when you will take students. I believe it’s our responsibility and our obligation to help the next generation of NPs.”

In the Thrombosis Program, a student begins a placement by shadowing a physician for one week and then shadowing Jenkins or one of the other NPs for one week. Then the student independently assesses, educates, verifies diagnoses and designs treatment plans, which Jenkins reviews with the student. The student progresses to arranging prescriptions that, if appropriate, Jenkins signs.

Bolek did his first clinical placement at St. Michael’s Hospital, while staying in a U of T dorm. “From my first preceptor, Kirsty Nixon at St. Mike’s, I learned the importance of accepting the responsibility of the

› Year 2

› Who am I?

Five NPs who graduated from our MN program lead the Thrombosis Program at Toronto General Hospital.

UNIQUE TO BLOOMBERG NURSING

With colleagues from U of T’s Faculty of Pharmacy, Department of Family and Community Medicine and Physician Assistant Education Program, Associate Professor Monica Parry has developed virtual interactive case studies for students studying to be an NP. “In an online environment, the case studies promote advanced clinical reasoning skills, utilizing clinical practice guidelines and considering the social determinants of health,” explains Parry. The case studies have attracted worldwide attention, and Parry has shared them at conferences in Stockholm and Hong Kong.

“Students can retrieve the case studies on their computer,” she says. “Then, by working through them, they take their theoretical knowledge and apply it clinically in a safe learning environment.”

In each case study, you meet a patient who presents with a complaint, such as a cough, headache, chest pain or fatigue. To aid in your diagnosis, you can order lab tests, including an ultrasound and ECG, and receive the results. If you order an X-ray, an actual X-ray pops up on your computer screen. “Offering diagnostics in the case studies helps students learn what is and is not appropriate to order,” says Parry, PhD 2008.

“When we create a case, we allocate an approximate time and cost to each task. If you order an irrelevant diagnostic, you are penalized in time and cost,” she continues. In the end, you make a diagnosis – which could be anything from diabetes to a pulmonary embolism. If you make an incorrect diagnosis, you immediately receive an explanation as to why it’s incorrect. Once the correct diagnosis is established, you formulate a treatment plan.

To date, 26 case studies have been validated and another 20 are close to being launched. “To create one case study, it takes days of design, programming and validating, but a student completes it in about 25 minutes,” says Parry. “Our students love them!”

NP role as a leader, which includes making important treatment decisions for the patients under our care,” he says. “NPs are leaders within hospitals, function with a high degree of autonomy, and work collaboratively within interprofessional health care teams. U of T prepared us to build on each other’s strengths so we are better able to deliver the high-quality care our patients deserve.”

“There’s not a common understanding of the NP role by physicians, patients and NPs themselves,” says Jenkins, who defines the NP role as “the nursing perspective blended with medicine – the best of both worlds!”

Today, Bolek is practising as an advanced practice nurse in an in-patient cardiology unit at Southlake Regional Health Centre in Newmarket, Ontario. When he passes the College of Nurses of Ontario extended class registration exam, he’ll practise as an NP in the unit.

“I have hung my diploma on the wall,” he says, “and I’m going to be proud of it for the rest of my life.”

UNIQUE TO BLOOMBERG NURSING

In our MN-NP program, you choose one of three areas of emphasis:

- **Adult**
- **Paediatric**
- **Primary Health Care—Global Health**
Courageous champions

Our alumni have helped push boundaries so that NPs can practise to their full scope of practice across every sector of the health care system. They’ve demonstrated that NPs are competent to lead primary care clinics and even a hospital.

Michelle Acorn, MN 2003, is an NP at Lakeridge Health Whitby, Canada’s first NP-led model-of-care hospital. “It’s probably the first NP-led hospital in the world,” she says. It has attracted international attention, with practitioners from as far away as Australia and Israel travelling to Whitby to learn the inner workings of hospital medical care run by NPs.
Before NPs were allowed to admit patients (2012) and discharge patients (2011), the patients were admitted under a physician, but the NPs conducted the majority of the patients’ medical care. Now the 80-bed, free-standing, post-acute specialty hospital without emergency services has three NPs who are the most responsible providers (MRPs); that is, they have primary responsibility for the care of patients from admission to discharge. A physician-liaison is available for consultation if required.

When Dr. Acorn was elected president of the Nurse Practitioners’ Association of Ontario (NPAO) in 2011, she led the charge for legislation to increase the number of medications that NPs can prescribe, and gain the authority to admit and discharge patients. “I’m known as an advocate, but I feel best as a clinician and educator,” she says.

**Point of Care**

Acorn is the MRP for the hospital’s fourth floor on the west secured unit, which is home to 25 patients with a variety of long-term chronic disease needs. “What I like best is a new admission,” says Acorn, who holds dual NP certifications – in primary and adult health care. “I look for care gaps and make sure the patient has been properly diagnosed.” A certified geriatric prescriber, she examines the appropriateness of the patient’s medications. “I call myself an NP detective,” she says.

For the capstone dissertation of her doctorate, Acorn researched the patient, family and staff experience at the hospital. “There is limited understanding of the NP role from the MRP lens during care across the hospital trajectory,” says Acorn, the lead of the primary health care – global health emphasis in Bloomberg Nursing’s master’s program leading to the NP role.

As part of her research, she conducted an NP Satisfaction Survey at the hospital. It found that 98 per cent of families “have a comfort level/
ADDRESSING THE PRIMARY CARE CRISIS

In response to eight unemployed or underemployed NPs in Sudbury, Ontario, and 30,000 residents without access to primary care, Marilyn Butcher, BScN 7T7, and Roberta Heale, BScN 8T8, opened the first NP-led clinic in Canada.

Together they created a new model of care in which NPs are the key decision-makers in both the operations and governance of the organization. NPs are also the primary health care providers for the patients, and physicians are contracted to provide consultation and health care for issues outside the NP’s scope of practice.

NPs across Canada had been lobbying for new ways of delivering NP care for close to a decade. Butcher, Heale and colleagues had submitted myriad proposals. All were rejected. But after a period of intense lobbying by Butcher, Heale, other NPs and the RNAO, the Sudbury District Nurse Practitioner Clinic opened its doors in July 2007.

“The clinic didn’t come into existence without a lot of trials and tribulations,” says Butcher. “In my nursing life, political advocacy is a key competency.”

Opening day

“I thought if I put an ad in the paper saying to come for 10 a.m., it would be all right. But it wasn’t,” recalls Butcher. “I came in that day at 7 a.m., and there were people lined up outside.

“The patients had been going to walk-in clinics for years, and didn’t have a good understanding of their health issues. We took the time to do a history, diagnostic testing and cancer screening, and we were diagnosing a lot of chronic conditions such as Type 2 diabetes, high blood pressure and cancer. Without the services of the clinic, there would have been higher morbidity and mortality in the community.”

In April 2008, Dalton McGuinty, then the premier of Ontario, visited the clinic. He stated, “I have seen the future of health care, and it is in Sudbury.” The next day, he announced the Ontario government’s commitment to open 25 NP-led clinics by 2012.

But the trials and tribulations continued. Starting in 2008, for example, the Family and General Practice section of the Ontario Medical Association lobbied against the government’s plan to allow NPs to lead local health clinics.

“In time, we launched a website, sent out positive media releases every month and took part in CBC radio shows that went national,” recalls Butcher. “It came down to that if we weren’t providing primary care, there would be thousands of people in Sudbury without care.”
Spreading our wings
The world is our classroom

The first priority of our new Strategic Academic Plan, *Shaping Tomorrow’s Leaders Today* is to embed internationalization across all of our domains of activity. This priority furthers U of T’s strategic goal of developing the global citizenship and fluency of students.

“There is great value in strong international collaborations with leading universities, research institutes and industry partners around the world, and in providing enriching and meaningful international opportunities to students,” says Dean Linda Johnston.

Bloomberg Nursing has a long history of offering students international placement experiences. Since we established the International Office in 2006, our undergraduate students have been able to enrol in a global health elective that has focused on India, and more recently, China. And recently, we signed an Erasmus+ agreement with the Universitat de Lleida that will give MN and PhD students the opportunity to study in Spain where they can gain new understandings and be exposed to different research methodologies.

To further our internationalization priority, we will also engage faculty members from around the world. “The recruitment of international faculty with reputations for excellence in teaching and research contributes to a culturally diverse environment,” says Johnston. “Our ranking as one of the top-10 nursing schools in the world positions us to attract the best and brightest faculty as well as students.”

ATTENTION INTERNATIONAL ALUMNI
Live outside of Canada? Bloomberg Nursing will be inviting you to meet with students and faculty members studying in your region.

Our 2017 to 2022 Strategic Academic Plan is at http://uoft.me/nursingSAP
Painful memories
Improving oral care delivery in the ICU

Assistant Professor Craig Dale mounted a camera on a tripod over the patient’s bed in the ICU. Then he began filming a nurse providing oral care and the patient’s reaction to the care.

“What the film showed was profoundly disturbing,” says Dale, PhD 2013. “We have been underestimating the patient’s pain during routine oral care.”

Going the extra mile by mastering the videography skills needed to record the oral care encounter is one reason why RNAO chose Dr. Dale for this year’s Leadership Award in Nursing Research. The intensity of his mission to improve the delivery of oral care to vulnerable patients is downright impressive.

As part of his research program, he interviewed former ICU patients and their family members. “ICU survivors remember the oral discomfort they experienced for a very long time,” says Dale, a CIHR embedded clinician scientist in oral health at Sunnybrook Health Sciences Centre. “They identified oral pain as a top research priority.”
RESEARCH BREAKTHROUGHS

The Canadian Institutes of Health Research (CIHR) has awarded major grants to our faculty members.

Assistant Professor Kristin Cleverley received a $1 million project grant for her longitudinal study that aims to identify the factors that facilitate and impede the transition of youth with mental health concerns from child to adult mental health services. Participants will be recruited to the five-year study from the Centre for Addiction and Mental Health (CAMH), the Hospital for Sick Children and two community mental health sites. Youth and their caregivers will inform the study design and knowledge translation methods.

In a related CIHR-funded Delphi study, she’ll engage youth and caregivers as experts in determining how to improve this transition. Dr. Cleverley is the CAMH Chair in Mental Health Nursing Research at Bloomberg Nursing.

Associate Professor Louise Rose is one of the three principal investigators on a study funded by CIHR-Strategy for Patient-Oriented Research that addresses the high rate of infection in the ICU. The investigation will assess the effect of applying prophylactic topical antibiotics to the mouth and stomach, and administering a short course of intravenous antibiotics on mortality and antibiotic usage. Dr. Louise Rose, who holds the TD Nursing Professorship in Critical Care Research at Sunnybrook Health Sciences Centre, is responsible for the patient engagement and knowledge translation components of the study. Assistant Professor Craig Dale, a co-investigator, will assist with the study’s patient engagement and knowledge translation components.

Louise Rose is also the principal investigator on the recent CIHR project grant Core Outcome Set Development for Effectiveness Trials of Interventions to Prevent or Treat Delirium. This study will establish a set of outcomes for inclusion in international delirium research across a spectrum of patients including the critically ill.

“Oral care is a big part of the experience for the ICU patient,” he continues. “Clinicians have to work in the mouth to do neurological assessments, insert and move tubes, suction secretions and swab with strong antimicrobial solutions.”

In a healthy mouth and throat, these procedures could be uncomfortable. They can be excruciating for ICU patients because critical illness and mechanical ventilation reduce saliva, causing dry, friable oral tissues.

This year, he’s focusing on testing the validity of the Critical Care Pain Observational Tool in detecting oral pain in non-verbal ICU patients being mechanically ventilated. If reliable, the tool could provide clinicians with an enhanced capacity to detect and manage the pain associated with routine oral care procedures.

“We know pain assessment occurs infrequently before oral care,” says Dale. “Without the support of a tool to detect pain in non-verbal patients, clinicians might not perceive the discomfort, and that’s the ugly truth of it.”

Dale is equally passionate about the importance of dental care in the ICU because poor dental hygiene can lead to higher rates of infection, such as pneumonia, and thus longer hospitalizations and a higher mortality.

It can also lead to teeth and gum issues. “In a dry mouth, plaque and bacteria can build up, causing dental problems,” he explains. “Some ICU survivors have lost teeth and developed periodontal disease due to the lack of preventive dental care.”

In 2016, Dale was appointed a scientist at the U of T Centre for the Study of Pain. “This appointment has been extremely valuable,” he says. “It has given me access to world-renowned experts in pain.”
Adjunct Professor Judith Shamian shares her achievements as president of the International Council of Nurses (ICN)

Pulse: What accomplishments are you most proud of?
Shamian: Before I became president in 2013, ICN had a limited global profile. I campaigned to make it more available and visible to our members and more engaged with the global community. And I absolutely accomplished it! I criss-crossed the world over the four years of my presidency, and my 16-member board became more engaged with the regions and built much stronger connections.

I’m also proud of being involved with heads of state and senior decision-makers about nursing issues and concerns. For example, in certain countries if nurses helped demonstrators when they were injured, the nurses were thrown into jail. We got very active in communicating that this is not acceptable, and the practice stopped. In France, parliament decided to close the nursing regulatory body, and we were able to reverse that decision. ICN’s stature and power can be interpreted at a local level.

Pulse: Is there anything you regret not being able to accomplish?
Shamian: I spent four years calling for action and urging nurses and nursing organizations to realize that if they do not get more active in the policy and political arena, nursing is at risk of becoming totally silent. We need to keep beating the drums because if nurses don’t step into policy and politics, the destiny of nurses will be determined by everybody else but nurses.

Health care is still very much a business model, and rather than looking at nursing as an investment, it’s looked at as an expense. What nursing brings to the table is really not valued anymore. High-quality nursing involvement is actually cost-effective for the country’s economy, but this
isn’t being heard in the political arena because nurses aren’t at decision-making tables. But we must understand that a lot of the decisions being made at Queen’s Park and in Ottawa or in New York or Geneva end up having a significant impact on how we as nurses care for our patients.

Pulse: Describe your best moments as ICN president.

Shamian: It was heartwarming to see nurses from all walks of life and age groups really wanting to make a difference. But I also witnessed the pain that goes with not knowing how to make a difference or not being able to make changes.

In one country, the government was just about to introduce a category of nursing that would not be helpful, and the nursing association really felt paralyzed. It wasn’t a democratic country, so it was hard for them to speak up. After my various meetings with government officials, they cancelled the decision. It was wonderful to be able to give nurses a voice.

Furthermore, the opportunity to serve on a UN High Commission on Health Employment and Economic Growth chaired by heads of state and other politicians was both powerful and impactful. On the commission, I was the only voice of a health care professional.

Bloomberg Nursing Student Presents at ICN Congress

In May, PhD student Maria Harrison presented her literature review on Health in All Policies (HiAP) at the International Council of Nurses’ Congress in Barcelona, Catalonia. “It was nerve-wracking to present to nurses of such calibre,” she says.

The room was filled to capacity. Harrison took a deep breath, stepped up to the microphone and began: “HiAP is founded on the recognition that health is largely determined by factors outside of health care. It’s an approach to public policy that considers health and health equity in all sectors – such as transportation, housing, education and agriculture. Policies and decisions made in non-health sectors largely influence the social determinants of health and ultimately population health.”

Harrison, MN 2015, was invited to present her work, co-authored by Professor Carles Muntaner, at the ICN congress as part of a showcase of current and potential nursing contributions to health policies in the international community.

Finland, Sweden and Norway have adopted HiAP in their legislation, as has Quebec. “In other
10 Years of Schulich Scholarships

How becoming a Schulich Scholar changed three lives

Over 500 Bloomberg Nursing students have received a Schulich Scholarship since the program began 10 years ago. For many of our undergraduates, the scholarship made it possible for them to pursue their dream of becoming a nurse. For those entering our graduate programs, the scholarship meant the opportunity to expand their horizons.

In honour of the 10th anniversary of the Schulich Scholarships, congratulations to each and every recipient. Our Schulich Scholars are demonstrating their dedication to nursing and health care by providing care across Canada and around the world.

Here is how receiving a Schulich Scholarship affected three recipients.

> WHAT A RELIEF!
“When I got the letter saying that I had received the award, I broke down and cried – and I’m not a crier,” recalls Savita Parmar, now in her second year of the master’s stream leading to the nurse practitioner (NP) role. “At the time, I still had to pay down debt from my BSc, and I was helping support my mom and brother. I was overwhelmed with gratitude.”

Even with the financial help that the award provides, Parmar had to maintain part-time hours in an ICU to keep her family afloat – in addition to meeting the demands of the intensive full-time master’s program. “By June, I was completely burnt out,” she admits.

But Parmar never veered from her goal of being an NP. “I want to do more for my patients,” she says. “As an NP, you get more autonomy and a chance to provide a higher level of care. I look forward to the opportunities that this role will bring.”

Parmar also received an Undergraduate Seymour Schulich Award when she started our BScN program, which she completed in 2012. A few years later, she started providing care in the ICU at Toronto Western Hospital. “I love the ICU,” she says. “You get to really engage with the patients.”
For as long as Caitlin Kroll can remember, she has wanted to be both a nurse and a teacher. In starting the master’s clinical program last year, she set her sights on becoming a clinical educator in a hospital. But as Kroll starts her second year, her aspirations have grown to include teaching at a university. “A doctorate is definitely a consideration now,” she says, “and I may not have considered that before the award.

“The recognition of the Schulich Award made me feel proud of what I’ve accomplished as a nursing student and as a registered nurse,” she continues. “It was a real boost to my confidence.”

The financial help of the award also helped Kroll focus on being a student. Without it, she would have needed to work many more shifts a month at a hospital to make ends meet. But the award afforded her the time to participate in the Graduate Nurses’ Student Society (GNSS) as the MN clinical representative. This year, with her newly found confidence, she’s taking on the role of GNSS president.

Jillian Morris’ dream is to be an advanced practice nurse on a family health team. But as an RN with two daughters under the age of six, could she really go back to school full-time? “When you have two kids, it’s hard to save up for tuition,” she says. “I don’t know if I could have continued my education without the help of the Schulich scholarship.”

Now in her final year of the master’s clinical program, she has settled into a comfortable routine of doing her homework once her children go to bed. “I’ve been exploring women’s health issues, such as indigenous women’s access to prenatal care,” she says. “It’s shocking!”

With one year of the program completed, her dream is inching closer to reality every day. “I like working with families across the whole lifespan. I want to do more than see my patients just one time; I want to develop ongoing relationships with them.”
The Schulich Scholarships

Helping tomorrow’s leaders in nursing deliver better health to all.

In 2007, Seymour Schulich established the Schulich Scholarships to help students in financial need pursue rewarding careers in nursing. Over the past decade, these scholarships have empowered more than 500 students to follow their passion for improving lives and communities locally and globally.

543
Schulich Scholarships awarded to date

$4 million
awarded to date

$9,000
current value of each scholarship

On the 10th anniversary of the Schulich Scholarships, the University of Toronto would like to thank Seymour Schulich for his extraordinary generosity. To this day, his gift is helping educate the nursing professionals who safeguard care at every level of our health care system.

The Schulich Foundation
What will your legacy be?

Consider leaving a gift to Bloomberg Nursing in your will.

Mike Villeneuve has a long and storied relationship with the Lawrence S. Bloomberg Faculty of Nursing. It began with him earning a BScN in 1983 and an MSc in ’93. Later, he joined Bloomberg Nursing as a lecturer and graduate faculty member.

A longtime donor to the Faculty, here is why and how Villeneuve gives.

**Pulse:** Why do you give to Bloomberg Nursing?

**Villeneuve:** Donating is my way of saying “thank you” to the Faculty and giving back to it. My career wouldn’t have been what it has been if I hadn’t studied nursing at U of T. My career is tied to my education — they can’t be separated. The university — particularly the Faculty of Nursing — had a big impact on me, and the university community put a lot of energy and positivity into my learning experience. Being a graduate of this prestigious university has led to so many opportunities.

**Pulse:** In what ways have you donated?

**Villeneuve:** Initially, I made a single annual donation. Then I moved onto the monthly donation option. Because the Faculty is so dear to my heart, I also made a bequest in my will so that a portion of my estate will go to Bloomberg Nursing.

**Pulse:** Why a legacy gift?

**Villeneuve:** Public policy and nursing education are two priorities in my life and career. I specifically designated that the funds from my bequest go to support visiting professors who specialize in public policy. Nurses are being called on to contribute to public policy decisions, and there isn’t a lot of training available to prepare us for it. Education will help nurses be more effective in this arena.

If you have left us a gift in your will, let us know so we can thank and recognize you. If you have any questions, please contact Jen Williams, Director of Advancement, at 416.978.7687 or jen.williams@utoronto.ca.
Welcoming the world

Our Global Nursing Scholar Program offers opportunities for nurses in other countries to advance their nursing practice, scholarship and leadership capacity by visiting Bloomberg Nursing as well as U of T’s affiliate hospitals and agencies. The Centre for Professional Development develops an individualized learning plan based on each nurse’s learning objectives. The learning plan can offer extensive interactions with faculty members, and extend over a couple of weeks or several months.

Two nurses from Hong Kong Sanatorium & Hospital Limited visited for 10 days this summer to learn new neonatal care ideas they can implement. They visited three hospitals – SickKids, St. Michael’s and Mount Sinai – where the Centre had arranged meetings with nurse educators, advanced practice nurses and other members of the interprofessional teams.

“We learned a lot about baby-friendly and family-integrated care here in Canada,” says Li Ka Ying, who provides care to newborns. “One of the things we want to introduce in Hong Kong is more mother and baby skin-to-skin contact.”

“At Mount Sinai, we were impressed by the patient resource nurses, and we hope to offer care that’s more personalized,” says Wong Hoi Yi, who provides education and counseling to new parents. “My baby-care classes handle 50 couples at a time. Smaller classes would be better.”

The two nurses will share what they learned by giving a PowerPoint presentation to 100 nurses at their hospital. “We want to share the experience with our colleagues, so we took more than 400 photos.”

In the Fall, two nurses who focus on paediatric care at the Hong Kong Sanatorium also participated in the Global Nursing Scholar Program. The Centre arranged for them to spend two weeks in different departments at SickKids.
Upcoming courses
Enrol in a Centre for Professional Development course at Bloomberg Nursing

**Controlled Drugs and Substances: Prescribing Practices**
This online, self-paced course provides NPs with the knowledge and skills they need to safely assess and manage clients who may require a prescription for a controlled drug or substance.

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

**Advanced Ostomy Care and Management**
This 10-week, online, self-directed course is essential for practitioners in acute care, long-term care and the community. Enhance your knowledge and skills in applying best practices for ostomy and peristomal skin care.

**National Institute on Nursing Informatics**
A unique opportunity for nurses to explore advances in Canadian nursing and health informatics, the institute will focus on the key issues and challenges of informatics in practice, administration, research and education.

**SPRING WILL COME! REGISTER NOW!**

**Excelling in the Care of the Elderly**
Designed by NPs specializing in geriatric care, this two-day course will increase your confidence and improve the depth and breadth of your knowledge in this critical practice area.

**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 knowledge in designing, delivering and evaluating presentations.

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

To learn more and register for a Centre for Professional Development course, visit: www.bloomberg.nursing.utoronto.ca/pd
Anything New?

Your Bloomberg Nursing classmates are interested in where you’re practising and what you’re excited about these days. Share your news through Class Notes by writing to:

alumni.nursing@utoronto.ca

Alumni Relations Office
Bloomberg Nursing
155 College St., Suite 217
Toronto, ON M5T 1P8

Class of 1993

Shahirose Premji, MScN, is an associate nursing professor at the University of Calgary. Taking a global perspective to preventing preterm births and promoting health outcomes for preterm infants, she investigates the psychosocial, cultural and environmental factors as both risk factors and targets of intervention. Shahirose has shared her expertise around the world, including in Australia, China, Kenya, Tanzania, Pakistan, India and Syria.

In Canada, Dr. Premji founded the Canadian Association of Neonatal Nurses in 2006 and served as its first president.

In honour of Shahirose’s outstanding contributions in neonatal teaching, research and leadership, as well as her work in reducing neonatal mortality and morbidity internationally, the Canadian Nurses Association presented her with the Jeanne Mance Award in 2016. In the same year, she was inducted into the American Academy of Nursing. “The nursing journey has been amazing, and the universe has been most kind in celebrating this journey with me,” she says.

Recently, the Canadian Institutes of Health Research funded Shahirose’s study examining psychosocial distress during pregnancy and pathways to preterm birth. The study will build evidence in low- and middle-income countries that will guide targeted psychosocial interventions to promote women’s mental health during pregnancy.

Class of 2002

Nora Jantschukoite, BScN, recently became a practicum placement & professional development officer at Bloomberg Nursing.

“When I was a student, this Faculty allowed me to pursue my passion for nursing,” she says. “I have always wanted to give back and support others in achieving their dreams. I am glad that I am able to assist in finding the best possible solutions for our students.”

Shahirose Premji
clinical placements for the future nursing leaders of our health care system.”

Previously, Nora practised as a public health nurse with Toronto Public Health and then with Peel Public Health in Mississauga and Brampton, Ontario.

Whatever her role, Nora tries to live by her favourite Gandhi quote: The future depends on what we do in the present.

**CLASS OF 2015**

**PATTI LYNN TRACEY, PhD,** joined the faculty of the Trent/Fleming School of Nursing in Peterborough, Ontario, in 2013.

For her doctorate, Patti examined the impact of short-term health care brigades to Honduras. Now she’s taking Trent/Fleming nursing students to Central America as part of their second-year community health curriculum. “I’m able to implement into practice what I uncovered and recommended as part of my doctoral research study,” she says.

Patti has contributed to providing short-term health care services in Honduras for 15 years and is now volunteering through Horizons of Friendship. This non-governmental organization is based in Cobourg, Ontario, and works in several Central American countries and Mexico. “I recently was
a member of their first Canadian delegation to Totonicapán, Guatemala,” she says. Patti was so impressed with the organization’s work in Guatemala that on returning, she joined the Horizons of Friendship board of directors.

**Class of 2016**

**Ashling Ligate, BScN,** is a mental health nurse in the ICU and on the Step Down/Stabilization Unit at the Homewood Health Centre in Guelph.

Previously, she practised at the Guelph Community Health Centre where her clients included the frail elderly, individuals living with mental illness and addictions, and those with multiple chronic health conditions. As a Health Guide on the Health Links team, Ashling helped clients navigate the health care system and improve their health by addressing the root causes of illness, such as unemployment, inadequate housing and social isolation.

First at the health centre and then at Homewood, Ashling says she has witnessed the importance of the social determinants of health. “We need to change our health care system so it can respond to the social factors that have the most profound impacts on health and well-being,” she says. “Racism makes people sick. Homelessness and poverty make people sick. Gender-based violence makes people sick.”

Ashling volunteers with Action Canada’s Access Line, which provides information on reproductive and sexual health, and makes referrals for pregnancy options. She also enjoys spending time with her two cats, two dogs and rabbit named Romaine Caesar the Third.

**Class of 2017**

**Clara Juandó-Prats, PhD,** is excited about her new position as a research coordinator at St. Michael’s Hospital’s Interprofessional Based Research Program,
supporting and promoting junior clinical researchers in nursing and the allied health professions. She is also a clinical research specialist with the hospital’s Applied Health Research Centre at the Li Ka Shing Knowledge Institute.

In addition, Clara is a member of the organizing committee and a facilitator with Young Parents Connect. She started the program during her doctorate, in which she used art to research access to and the use of health care by young mothers, aged 16 to 24, with low resources. “Art can create social change,” she says. “Young Parents Connect offers young moms a safe space to experiment with different types of art, including culinary art, and to connect with community and health care resources if they need to,” Clara says. “The program is impacting the social lives and well-being of such a vulnerable and sometimes forgotten group.”

Ruth Rodney, PhD, is practising full-time in the ER of Hamilton General Hospital. At the same time, she’s writing journal articles and preparing conference presentations on her doctoral thesis, which focused on preventing dating violence in Guyana.

Additionally, Ruth is fulfilling a United Nations Entity for Gender Equality and the Empowerment of Women contract. She is contracted to complete the qualitative portion of the UN Women’s health survey on domestic violence in Guyana.

Ruth says her biggest news, though, is that she and her husband, Kevin, are expecting their first child at the end of the year. “I’m so looking forward to this new chapter,” she says. While caring for her newborn, Ruth will look for positions that enable her to concentrate on violence prevention, qualitative research, critical theories and global health.
Together again

Every year, we have the privilege of honouring our alumni at Spring Reunion. This year, we hosted close to 200 alumni throughout the day’s activities. In the morning, attendees gathered for brunch at the Faculty Club, where they fondly recalled memories and shared their latest news with fellow alumni. Later, we hosted a reception at the Renaissance Hotel overlooking the Roger’s Centre, where the Blue Jays took on the New York Yankees.

At next year’s Spring Reunion, we’ll honour graduates whose class year ends in a 3 or 8. Get ready members of the Class of 1973, 1978, 1983, etc. – it’ll be your special year! We look forward to seeing all of you – no matter what your graduation year – at next year’s Spring Reunion.

Want help organizing your class’ reunion? Contact Rosemary Quinlan, our alumni relations officer, at alumni.nursing@utoronto.ca or 416.946.7097.

SAVE THE DATE!
The next alumni reunion breakfast is on JUNE 2, 2018
**Class of 1944**
Frances Mary Alice Dalziel, née Boyd  
(Certificate in Public Health Nursing) at the age of 98, on July 3, 2017, in Montreal.

**Class of 1947**
Beatrice Ileise Whalley  
(Certificate in Public Health Nursing 4T7, Certificate in Public Health Nursing Administration 5T9) at the age of 95, on June 12, 2017, in Kitchener, Ontario.

**Class of 1945**
Mary Anne Louise Watson, née Grandy  
(Certificate in Public Health Nursing) at the age of 93, on February 9, 2017, in Wiarton, Ontario.

Mary Anne pursued a dual career as a public health nurse and artist. Nine years after earning her public health nursing certificate, she graduated from the Ontario College of Art. Later, she studied art at New York University. Her art gleaned awards both in Canada and the U.S.

**Class of 1951**
Phyllis Aileen Kofmel, née Henry  
(Certificate in Nursing Education) at the age of 89, on June 17, 2017, in Ottawa.
Phyllis practised at Oshawa General Hospital and Ottawa Civic Hospital in maternity, surgery, emergency and nurse education.

Marion Irene Odell, née McCamus  
(Certificate in Clinical Supervision) at the age of 90, on July 27, 2017, in Hamilton.
Marion practised at Toronto Western Hospital and in Sarnia before stopping practising to raise four children. In 1970, she returned to nursing and eventually to Toronto Western where she cared for kidney transplant patients. She was part of the health care team for the first successful heart transplant patient at Toronto Western.

**Class of 1952**
Ethel Mary Davidson, née Hodges  
(Certificate in Clinical Supervision) at the age of 88, in August 2017, in Dorchester, Ontario.
Ethel practised as an occupational health nurse for Terra Inc.

**Class of 1954**
Lorna Mary Bunston  
(Certificate in Nursing Education 5T4, BScN 6T4) at the age of 86, on June 23, 2017, in Orillia, Ontario.
Lorna started her nursing career at Greater Niagara General Hospital and then in 1967 became the Director of the School of Nursing at Orillia Soldiers’ Memorial Hospital. In 1988, she earned her MN in Wales, focusing on psychiatric nursing. On returning to Ontario, she taught at Penetanguishine’s psychiatric hospital.

**Class of 1956**

**Margaret Eleanor Robins** *(Certificate in Public Health Nursing)* at the age of 91, on April 27, 2017, in Toronto.

After graduating from the Women’s College Hospital School of Nursing in 1947, Margaret joined the hospital’s obstetrics department. Later, she practised in Peterborough, Ontario, New York and England, returning to Women’s College to practise obstetrics and anesthesia. Later, she became a clinical researcher in the anesthesia department.

Margaret trained as a medical librarian and in 1967 became the director of Women’s College’s medical library, a position she held for 30 years.

After retiring, she became the hospital’s archivist, painstakingly acquiring, maintaining and preserving historical records, artifacts, furniture and art. In 1998, the archives were officially renamed the Miss Margaret Robins Archives of Women’s College Hospital.

**Class of 1958**

**Ruth Penciner, née Eisenberg** *(BScN)* on August 6, 2017, in Israel.

Ruth was grateful for lifelong friendships with her classmates.

**Class of 1972**

**Barbara Anne Acorn** *(BScN)* at the age of 78, on June 10, 2017, in Toronto.

Barbara had a distinguished nursing career, eventually becoming a unit administrator. Later, she worked in private practice.

**Class of 1977**

**Anne Margaret Rankin Blair** *(Certificate in Public Health Nursing)* at the age of 70, on June 29, 2017, in Toronto.

Anne practised in oncology at Sunnybrook Health Sciences Centre for more than 35 years.
SHE TOUCHED THOUSANDS OF LIVES

Madeline Smillie, the recipient of the 2016 Dean’s Award for Excellence, passed away on August 15, 2017, in Toronto. At Bloomberg Nursing, she earned a Certificate in Public Health in 1943 and a BScN in 1954. Always interested in teaching, Madeline went on to earn a Bachelor of Education at McMaster University in 1977 and then a Doctorate of Education at U of T in 1990.

Madeline began her career as a public health nurse with Toronto Public Health. Working her way through the ranks, she eventually became the Assistant Director of Toronto Public Health.

After “retiring,” Madeline continued to attend health care conferences. At one conference, she learned a new technique to help dementia patients struggling to find a word or communicate a memory. Madeline wasted no time in applying the technique at the nursing home in which she volunteered. She was able to help the residents lucidly recall experiences they had previously forgotten.

Those nursing home residents are just a few of the thousands of patients whose lives she touched. Madeline cared for and educated countless people during her career and beyond.

Last year, Dean Linda Johnston introduced the Dean’s Award of Excellence to honour nurses whose contributions have helped shape nursing education, research and/or practice. She chose Madeline Smillie as the award’s first recipient. “Madeline was always very proud of her Faculty,” says Johnston. “She loved meeting with our students and remained passionate about the profession of nursing.”

CLASS OF 1980

Vanessa Christine Hart (BScN) in her 71st year, on July 7, 2017, in Toronto.

Vanessa spent the last 15 years of her fulfilling nursing career as a public health nurse with the City of Toronto.

CLASS OF 1987

Jennifer Madeline Ella Smart (BScN) unexpectedly on July 24, 2017, in Toronto.
The vanishing nurse’s uniform

For decades, nurses were known by their winged caps

The nun’s habit inspired early nursing uniforms because before the 19th century, it was often nuns who cared for the sick. But wait. Early nursing uniforms also looked like what household servants wore. The dual heritage of divinity and subservience is the platform on which the nursing uniform evolved.

It’s also the foundation on which the profession evolved, and the ever-changing uniforms of U of T nursing students tell part of the story.

> **IN THE BEGINNING**
The blue, short-sleeved dresses that our early students wore while in the hospital setting were almost completely covered by a white Hoover apron. This coverall apron with its overlapping front had so much starch in it that you could hear the apron rustle as the student walked.

These immaculate, bleached aprons were worn well into the 1950s, giving nursing an air of professionalism and suggesting nursing’s connection with science and laboratories. They conveyed authority, expertise and responsibility. They commanded respect.

> **CROWNED WITH A CAP**
Every nursing school had its own unique cap, and when a student graduated she would continue to wear her school cap while practising. Consequently, you would see several variations of caps among the nurses on a ward.

By the 1970s, the white caps began to disappear from the uniform. Originally, the starched cap with pointed corners was used to help secure the nurse’s hair, which wasn’t allowed to touch her collar.

But when perched on top of the decade’s beehive hairdos, the caps came tumbling down.

For most, the bonnets were a burden. But even after hospital administrators declared them unnecessary, some nurses refused to give up their nursing cap, seeing it as a symbol of the dignity of the profession.

> **WASH & TUMBLE DRY**
In the ’70s, the nursing uniform started to look like everyday clothing, with nurses wearing the popular pantsuit. Society was questioning the need for uniformity, and nurses began expressing...
their individuality by choosing pink, yellow or other pastel-coloured uniforms.

By the 1990s, bedside nurses began wearing scrubs from the OR. You couldn’t argue with the comfort of scrubs – and no starching or ironing required. The gender equality movement was in full force, and scrubs offered a unisex look.

As time marched on, elitism – including the ranking in the hospital hierarchy – came under attack. With scrubs, everyone from cleaners, to nurses and surgeons dressed alike. The unique nurse’s uniform completely vanished; only the nametag indicated that the person was an RN.

In the hospital, the early male nurses were indistinguishable from interns, who wore identical outfits. Their resemblance to physicians-in-training helped signify the perceived superior status of male nurses. Although denied many nursing roles, male nurses were paid more and had more privileges than female nurses.

This 1936 graduation photo of our first basic diploma class shows the Hoover apron over a short-sleeved dress. The black bands on the nurses’ caps indicate that they are now fully qualified nurses.

Until the 1960s, the Faculty strictly prohibited students from being seen on the streets in their nurse’s uniform. The requisite outerwear was a blue cape with scarlet-red lining, such as the one worn by Nora Hanna, Certificate in Public Health Nursing 4T8.

As a graduate nurse, Margaret Allemang (Certificate in Public Health Nursing 4T0, BScN 4T7, Certif. in Nursing Education 4T8) wore long sleeves with starched cuffs. As the assistant head nurse of a cancer ward, her uniform didn’t require an apron. In this 1941 photo, Allemang, like other nurses of the time, is wearing the nursing cap of her school.

Today, nursing students wear scrubs, as do all other health science students. The only distinguishing feature of our students is on the sleeve—a patch designating Bloomberg Nursing.
Congratulations to the Class of 2017!

We’d like to stay in touch with all of our alumni and continue to celebrate your success!

Web: http://uoft.me/nursingalumni
Email: alumni.nursing@utoronto.ca
Phone: 416.946.7097