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Cover: Connie Cameron, MN 2016, in the SickKids atrium
Photo: Horst Herget

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A tremendous honour

Bloomberg Nursing ranks second in world

QS World University Ranking by Subject has graded Bloomberg Nursing as the #2 nursing school on the planet and the #1 nursing school in Canada.

This recognition is a significant honour. It reflects the excellence of our teaching and research faculty, and the ways in which they come together to build on our legacy as a global leader in nursing education, research and clinical practice.

It’s interesting to note that QS’s top-10 nursing schools are in five different countries – England, Australia, the U.S., Singapore and Canada. (Bloomberg Nursing is the only Canadian nursing school to make the top 10.) This global representation says that the discipline of nursing is gaining a profile internationally in contributing to education and research.

As part of its evaluation, QS measured the school’s research component. Our researchers are very good at focusing on the issues that matter to populations. But the true measure of their research is how it has reframed thinking and affected policy, economics, society and health.

QS also examined employer perspective. Our graduates are the pick of the crop for employers, and they have been since the founding of our program in 1920.

As we approach the 100th anniversary of our school, we continue to thrive on the challenge to create better outcomes in health care – locally, nationally and around the globe.

Bloomberg Nursing is also accepting the challenge of communicating better with you, our valued alumni. We will temporarily suspend publishing Pulse while we examine how best to meet the needs of our alumni.

Linda Johnston, PhD, FEANS, FAAN
Ways of learning
In our undergraduate placements, theory becomes practice

Every Thursday and Friday from 7:30 a.m. to 7:30 p.m., Clinical Instructor Ashley Acott supervises five students from the Class of 2018 on the birthing unit at Sunnybrook Health Sciences Centre.

Some days, a student under the guidance of a nurse might spend 12 hours with one patient and her family, and then have to leave before the baby is born. Other days, a student might help with three deliveries.

Occasionally, circling above the hospital is an Ornge helicopter. “Sunnybrook has a high-risk obstetrics unit, and the air ambulance transfers patients from all over Ontario,” explains Acott. “You never know what is going to come through the door.

“Every delivery is just as exciting as the first one, which I experienced as a student,” continues Acott, BScN 2013, who has helped deliver hundreds of babies, including identical triplet boys. “The triplets represent some of the best and some of the scariest moments in my life,” she says.

› Learning in the classroom
The students are taking the four-month course “Complexity: Nursing issues in caring for childbearing families” that is taught by Anne Simmonds, assistant professor, teaching stream. The course also has student placements at Humber River Hospital and Mount Sinai Hospital.

The undergraduates are encouraged to apply the theories they learn about in class to situations they encounter in their clinical placements. Student Ashlinder Pelia recalls how a course reading directly informed her practice at Sunnybrook. “The article described a mother who confided to her nurse that she is a drug addict, and had smoked cigarettes and marijuana as well as taken cocaine throughout her pregnancy. The class discussion focused on the importance of non-stigma.”

The next day, Pelia helped care for a very young couple. “The father was very much on his phone and not relating to his partner. Then after the birth, he wasn’t relating to their baby,” she recalls. “From that read-
ing, I learned that you always have to hold back your judgment.

“I tried to include the father. I always try to involve the partner so he or she doesn’t feel left out. I might ask the partner to hold the birthing parent’s leg during pushing. I might recommend that the partner hold the baby skin-to-skin; it regulates the baby’s temperature and blood sugars, and keeps the baby calm. Or, I might suggest that the partner takes pictures of the baby’s first swaddle or the vitamin K injection as I administer it.

“A 12-hour day shift on labour and delivery can be exhausting,” she continues. “You can’t go home and do your homework. You need to regroup.”
When a patient is in labour, every five minutes the students help check the fetal heart rate, and the duration and frequency of contractions. Every thirty minutes, they check the expectant mother’s heart rate, blood pressure and respiratory rate, and ask her if she wants more pain medication.

The students developed these fundamental skills in their first year, while practising on medical mannequins in our Nursing Simulation Lab. That’s also where they learned how to insert a catheter and give injections. But giving a needle to a woman in labour or a newborn can be more stressful than inserting a needle into a spongy injection training pad.

“The students want to learn, they’re eager to learn,” says Acott, who is available to the students throughout the day to answer questions or help solve a problem. In the hall outside the birthing room, Acott coaches the students to sit on the chair beside the bed to document and not to look at the computer but rather, to relate to the patient. Another nursing skill she teaches them is how to sense when it’s OK to be quiet and just be present.

“It’s the greatest feeling in the world to give a baby to a mother for the first time.”

– Lisa Gimpel, BScN Class of 2018

Ashley Acott uses a doll to teach neonatal resuscitation
Acott also arranges learning opportunities beyond the birthing unit. The students job shadow a lactation consultant and respiratory therapist for infants. They speak with the social worker and anesthesiologist. And they spend half a day in the NICU. “We’re really big on developing teamwork,” she says.

**Learning from each other**

“Being a clinical instructor keeps you current,” continues Acott. “The students teach you by coming in with the most up-to-date research. We’re all constantly learning.”

The week ends with Acott meeting with the five students for one hour to reflect on the week’s events. “It’s a safe place to talk,” says student Lisa Gimpel. “There’s also time in class to bring up clinical questions and reflect.”

At the end-of-week meeting, they might discuss how to make the most of the few hours they have for patient education. New mothers stay in the hospital for just two oldstyle four oldstyle hours after a vaginal delivery, and for 48 hours after a caesarean birth, says Acott.

“I help educate the mothers on what to expect with labour,” says Gimpel. “A common question is, ‘How long is it going to take?’

“I also make sure that the patients have the right information to make decisions, so they can provide informed consent.

“When the doctor explains something and then leaves, that’s when the family has a lot of questions. Nurses fill in the gaps. We’re a knowledge base. The mother will also often hold back the emotional aspect until after the doctor leaves, and then she’ll start to cry.

“When I started the program, I wanted to go into paediatrics,” continues Gimpel. “But I’ve found that it’s the greatest feeling in the world to give a baby to a mother for the first time. At the end of the day in labour and delivery, I feel like I’ve made a difference. I’ve definitely found my niche!”
CONGRATULATIONS DISTINGUISHED ALUMNI AWARD RECIPIENTS!

Bloomberg Nursing is proud to count these four women among its alumni. It is our privilege to recognize the incredible accomplishments of our alumni, and highlight their impact on the nursing profession and beyond. Here are our latest award winners.

Mary Pat Armstrong, C.M.
Dean’s Award of Excellence

“M y life experiences gave me the passion and insights to make a difference,” says Mary Pat Armstrong, BScN 1967. “But it was my nursing education that enabled me to critique a community’s health care resources and identify unfilled needs, and gave me the confidence to strike out and do something about it.”

In 1976, the Armstrongs lost their daughter Marion, 5, to cancer. While Marion was in the Hospital for Sick Children receiving treatment, Mary Pat identified the unmet needs of families who lived hundreds of kilometres away but had a seriously ill child at the Toronto hospital.

“I was blessed with the opportunity to spearhead the first Ronald McDonald House in Canada,” says Mary Pat. “I directed my grieving energy into the vision.” The house swung open its doors in 1981 to provide a home for out-of-town families with a child receiving life-saving care in Toronto.

With yet more passion and insights to share, Mary Pat founded Camp Oochigeas in 1982 to give kids with cancer the chance to enjoy the great outdoors while continuing chemotherapy.

In 2005, the Armstrongs’ adult daughter Jenny, who is intellectually disabled, spurred another initiative. After giving Jenny her independence in a home with two housemates and a caregiver, and then watching her thrive, Mary Pat formed Lights in 2010. This unique program assists families in setting up and managing a home for their adult child with intellectual challenges. “It helps everyone to feel a sense of belonging and acceptance in the community,” she says.

In recognition of Mary Pat Armstrong’s inspiring contributions, in 2017 the Governor General of Canada appointed her to the Order of Canada.

“I was blessed with the opportunity to spearhead the first Ronald McDonald House in Canada”
Lifetime Achievement Award

When Karen Eisler was an ICU and Emergency nurse, she noticed how the managers’ different leadership styles affected their staff. These observations led her to research nurse leadership and continually strive to improve her own leadership skills.

For the PhD she completed at Bloomberg Nursing in 2009, she researched the qualities that make a great leader. One of those winning qualities is the ability to keep hope and determination alive – especially when things get tough.

At the Saskatchewan Registered Nurses’ Association (SRNA) – where Eisler was elected to Council in 1998, and became the inaugural Quality Workplace Program Coordinator in 2001 and the Executive Director in 2009 – she encouraged hope by holding “Happy Monday” meetings. “This is going to be a good week by working together,” she would tell her staff and colleagues, “and we’ll be better because of it. You have the whole week to do your best.”

Candidly, she admits, “When you’re facing difficulties, sometimes you need to draw deep to find hope because there’s a tendency to want to wallow in your problems.”

At SRNA, Eisler was an exceedingly effective leader. She championed policies and processes that advanced RN competencies, accountability and scope of practice. And she found time to be on the Expert Panel for RNAO’s Developing and Sustaining Nursing Leadership best practice guideline.

When she left SRNA, her staff’s parting words were, “We’ll miss your Happy Mondays!”

In 2016, Dr. Eisler was appointed the Associate Dean of Nursing at the University of Regina for the Saskatchewan Collaborative bachelor’s program.

“When you’re facing difficulties, sometimes you need to draw deep to find hope”
Dr. Karen Eisler with her Distinguished Alumni Award
Mary Muter by the wetlands near her home
Volunteerism Award

When Mary Muter was a child, a pipe going into Georgian Bay supplied drinking water at her family’s cottage. “Even back then, I knew you had to boil the water,” she says. Now, after volunteering full-time for more than 30 years on projects to protect and restore Great Lakes ecosystems, Muter is even more aware of how precarious our water is.

“Because of my nursing degree, I knew that what the early water-quality researchers were saying was important because I had an understanding of science,” says Muter, BScN 1967.

Today, she’s Chair of the Georgian Bay Great Lakes Foundation. Over the years, she has collected countless water samples for testing. She served on a water levels research committee of the International Joint Commission, which monitors the water in the lakes and rivers along the Canada-U.S. border. She advocated for it being illegal for boats to discharge raw sewage into the lakes. And she sounded the alarm on the need to preserve wetlands because they clean and filter our water and provide fish and wildlife habitat.

In 2000, her interest in water quality grew to include water quantity. “When your water comes from a tap, you tend to take it for granted,” she says. But with the worldwide lowering of water levels, Muter doesn’t waste a drop of the precious resource. At her home in King Township, just north of Toronto, she planted drought-resistant grass that doesn’t need watering. And when she showers, she’s quick.

“We still have a lot to learn about water conservation. The Great Lakes are the largest freshwater system in the world, but we can’t count on them to last forever,” she warns.

“We have a lot to learn about water conservation”
Rising Star Award

Connie Cameron has risen quickly to leadership roles at the Hospital for Sick Children. Pivotal to this ascent was being appointed Co-Chair of the hospital’s RN Council from 2012 to 2015. “It was my first experience in a formal leadership position, and it catapulted my interest in everything I do now,” says Cameron, 33.

Also pivotal was completing our Health Systems Leadership and Administration master’s program in 2016. “I learned that change at the systems level is complex,” she says, “but the program gave me concrete approaches and tools. I learned that relationships and working interprofessionally are what drive change forward.”

In 2015, Cameron became a Professional Practice Coordinator and now relentlessly engages with others to find solutions to complex problems. She co-led a controversial review of the use of medical cannabis for children hospitalized at SickKids. Cameron helped form an interprofessional team with nurses, physicians, pharmacists and lawyers as well as two partner organizations, Holland Bloorview and Emily’s House. The team was able to develop a policy that all three organizations now use.

Regardless of the endeavour, Cameron puts the patient at the centre, sometimes drawing insights from her own experiences as a SickKids patient. From the age of eight, her chronic illness required frequent stays at the hospital. Tallying up the number of times she was at SickKids as a patient and the 11 years she has been at the hospital as a nurse, she concludes, “For most of my life, I’ve been in this building, in this hospital.”
Connie Cameron in her office at SickKids
One people, one world
Ensuring that students see beyond their own backyard

Freida Chavez is passionate about giving nursing education a global perspective. She insists that nursing students should graduate as global citizens.

It’s easy to identify the origin of Chavez’s passion. Growing up near Manila in the Philippines, her father, a physician, would travel to remote areas to offer free consultations. Her mother, a pharmacist, would then fill the prescriptions, most at no cost to the patients. Chavez grew up with a personal, close-up view of health care disparities.

In 2006, the associate professor, teaching stream, became the founding director of our Global Affairs Office, which has been pivotal in establishing numerous global initiatives and partnerships. In 2007, for example, Dr. Chavez facilitated the International Visiting Graduate Students program. It paved the way for doctoral students outside of Canada to spend up to a year at Bloomberg Nursing under the supervision of our professors and fulfilling individually tailored learning objectives. Students have come from as far away as Brazil, Norway, China and Thailand.

A BUMPER YEAR
Also in 2007, Chavez spearheaded the development of the undergraduate elective “Critical Perspectives in Global Health Nursing,” affectionately known by its course number, 480. This elective prepares students for a placement in resource-constrained communities in India. Then, it formally debriefs their experience on returning to Canada. “It was inspired by our nursing students who were volunteering around the world,” Chavez explains. “We captured this interest and provided students with support theoretically and practically.”

The six seminars that Chavez developed to prepare students for their placement caught the attention of other health science departments whose students go on international placements. Students studying occupational therapy, physical therapy, and speech and language pathology soon joined the preparatory sessions and formal debrief. Interprofessional collaborative practice has been added and integrated into the preparatory and debriefing sessions; topics include
CONNECTING BLOOMBERG NURSING AND THE WHO

Building on the World Health Organization’s Framework for Action on Interprofessional Education and Collaborative Practice, Dr. Freida Chavez examined how the framework could be applied to a sample of primary health care settings in a variety of resource and geographical contexts. WHO published her examination, Interprofessional Collaborative Practice in Primary Health Care: Nursing and midwifery perspectives: Six case studies, to benefit primary health care systems globally.

global health issues, ethics, power and privilege, and local health systems.

A BRAZILIAN-CANADIAN PARTNERSHIP

Chavez also helped Bloomberg Nursing forge a strategic collaboration with health care organizations and governments in Brazil. The Health Ministry of Brazil funded and brought together Brazilian and Canadian partners to address the needs of primary health care workers on family health teams. The project, initiated in 2010, facilitated the bridging of university and practice settings as well as north-south knowledge translation in nursing practice and education.

Chavez led the development of the interprofessional modules in program planning and evaluation, evidence-informed practice, community participatory research, collaborative leadership and communities of practice; the course evaluations were very positive. About 200 health care practitioners graduated from the course, and many have assumed leadership positions in government and their communities.

“The international partnership was a good exemplar of collaboration between government, academia and practice,” says Chavez. “I learned so much about primary health care from the people I worked with in Brazil. As always, the key to the success of a partnership is the relationships.”

CONNECTING BLOOMBERG NURSING AND THE WHO

PHOTO: DEREK LIU, BSCN CLASS OF 2018

Freida Chavez (centre) with international partners and undergraduate students in Hyderabad, India
Who is really taking care of Mom?  
Engaging personal support workers (PSWs) in care decisions

“PSWs provide 80 per cent of the frontline care in long-term care facilities,” says Assistant Professor Lisa Cranley. “These unregulated care providers have the potential to significantly affect the quality of care for residents, but remain an untapped resource in decision-making.”

One of Dr. Cranley’s research aims is to close the evidence gap between the need for greater staff collaboration in decision-making and an understanding of how to include PSWs in this collaborative.
“PSWs have such good ideas but often don’t have a voice.”

— Assistant Professor Lisa Cranley

“To my knowledge, no study has been conducted to develop a theoretically based intervention to support PSW participation in team decision-making, and decision-making is a large part of care,” she says.

In a previous study, the qualitative and mixed-methods researcher interviewed PSWs about their decision-making strategies. “PSWs have such good ideas but often don’t have a voice,” says Cranley, MN 2003, PhD 2009. “Their lack of voice surprises me, since they’re the ones providing the care.”

**The time is now**

Reflecting on the aging of the population, Cranley feels the need for long-term care research is nothing less than urgent. “The 2016 Canadian census found that seniors outnumber children for the first time since Confederation,” she says. “The research isn’t keeping pace with the growing concerns.

“Long-term care is not a popular research choice but it needs to be,” she continues. “There’s so much research to do in long-term care.” And Cranley is never short of research ideas.

For example, she recently received funding to explore the use of “huddles” in long-term care. Huddles differ from family and resident care meetings in that they’re less formal, more frequent and resident-driven. They focus on a particular problem and might last no longer than five minutes. While common in acute care settings, this shared decision-making intervention isn’t typically used in long-term care.

“The potential for shared decision-making strategies in the long-term care context is largely undeveloped,” says Cranley. “This study will extend shared decision-making theory into this sector to engage residents of nursing homes, their primary family member and the interdisciplinary care team, including PSWs, in a collaborative approach to care decisions.

“The staff, managers and RNs in long-term care are so willing to make changes to improve care. They’re looking for guidance on how to make sustainable change.”

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**85**

The average age of long-term care residents in Canada

| 3 in 5 |

Long-term care residents have a dementia diagnosis
The pursuit of knowledge

Bloomberg Nursing is known internationally for transforming research into results

Our 2017–2022 Academic Plan features five strategic goals. One goal outlined in *Shaping Tomorrow’s Leaders Today* is the pursuit of knowledge. It’s an important strategic goal because health research can enhance the quality and safety of care, and improve patient outcomes. It can stimulate public debate, and inform policy decisions and professional standards.

Bloomberg Nursing has and will continue to engage in research that not only has local impact but global influence. As stated in our Strategic Academic Plan, the Faculty will frame its research foci to reflect current and emerging trends in health and social care.

As the population ages, an emerging research need of international importance is the care of people who are elderly. This pressing need is one reason why Bloomberg Nursing chose Karen Luker to be the 2017/2018 Frances Bloomberg International Distinguished Visiting Professor.

Dr. Luker, a community nursing professor at the University of Manchester in England, currently concentrates her research on the needs of lay caregivers, who she calls “the unsung heroes in the community.” She explains that typically, a lay caregiver is a relative or friend of an elderly individual who has multi-morbidities. “Without the support of these caregivers, more of these end-of-life patients would have to be admitted to hospital, but many people would prefer to die in their
own bed at home rather than in a hospital facility.” Over the course of the professorship, Luker is discussing caregiver support as well as other research topics with faculty, students and the executives in our academic health-care facilities.

The Strategic Plan stresses engaging patients, the community and other stakeholders in the development of research programs. Luker is quick to offer an example of why you shouldn’t make assumptions about what others want or need.

In a recent study, she investigated how to help caregivers manage the physical symptoms of those dying from cancer. “We learned that the caregivers’ preferred format for the intervention was a booklet,” says Luker. “This choice surprised the research team since we had funding to develop multimedia formats; however, this was not favoured by our caregiver participants. This is a small example of how listening to those directly affected can be helpful.”

Bloomberg Nursing researchers are set on improving health care internationally.

Professor Edith Hillan is jointly leading an interprofessional project with U of T engineering faculty and students to develop a “clinic-in-a-box” to help prevent avoidable deaths of newborns in rural and remote settings around the world. The portable neonatal unit, driven by solar power, will integrate basic health monitoring systems with facilities such as phototherapy, infra-red warming and point-of-care diagnostics. The built-in communication ability allows the user to send test results to external medical experts for advice and treatment direction.

Associate Professor Monica Parry is leading the development of HEARTPAWN, the first smartphone and web-based self-management program for women with cardiac pain. Funded by the Canadian Institutes of Health Research, the intervention will provide symptom triage and self-management support to women with cardiac pain.

Cardiac pain is the primary indicator of heart disease, the leading cause of death of women across all ages. Women tend to delay seeking appropriate care for their cardiac pain and suffer from persistent cardiac pain that reduces function and causes depression, poor health-related quality of life and death. During this three-year study, women with heart pain will assist the research team in developing HEARTPAWN, testing that it is easy to use and satisfying to operate in a laboratory setting, and then evaluating it in real life.

Professor Kelly Metcalfe’s research on rapid genetic testing (RGT) for BRCA1 and BRCA2 may be changing the way breast cancer is treated. Typically, it takes six to eight weeks to receive genetic results in a clinical setting. Long before the results are in, a woman with breast cancer will likely have had a lumpectomy and started radiation. Four years into the study, Metcalfe and her team have the results for 900 women who opted for RGT, which provides results in just 10 days. The study indicates that RGT affects surgical choice for many of the women identified with a BRCA mutation, which means they’re at high risk of developing another breast cancer. In the study, the majority of women with a BRCA mutation elected to have a bilateral mastectomy to reduce their risk of dying from the disease.
Worldwide health

Every year, the Nursing Undergraduate Society organizes an evening on global health

NUS’ 2018 Global Health Conference attracted about a hundred students, alumni and faculty members eager to learn how they can ease human suffering around the world.

The keynote speaker was Adjunct Professor Judith Shamian, the former president of the International Council of Nurses. “We need more nurses than ever to get involved in global health,” she said. “Millions of children die each year from preventable causes. Billions of people have no access to health care services.”

Shamian told the audience that you don’t need to get on a plane for global health issues – just look out the window. “There are people in Toronto sleeping on benches,” she said. “With poverty, there is much less chance of enjoying good health.”

Melissa Stevenson, a diabetes educator within indigenous communities in Toronto, spoke on the importance of taking the time to listen to and be respectful of clients from a culture that’s different from your own. “Ask questions about their culture,” she advised. “Don’t make assumptions.”

Veronica Van Dam, an NP who has spent much of her nursing career working abroad with Doctors Without Borders and Dignitas International, summed up global health nursing by saying, “It’s super rewarding and it’s very, very hard.”

80% of the world population lives on <$10/day (Judith Shamian)
Thank you volunteers!

We are so grateful to all of our alumni and friends who support our Faculty and students each year. Thanks to you, we are able to host Networking with Nurses events, lunch and learn activities, and conferences.

Proudly, we will be celebrating our 100th anniversary in 2020 and are looking to you for your support and ideas. For more information, please call Alumni Relations at 416.946.7097 or email alumni.nursing@utoronto.ca.

VOLUNTEER EXTRAORDINAIRE

Every winter, the first-year students are formally tested on their assessment skills in our Simulation Lab. They are required to demonstrate a cardiac, neurological, respiratory and abdominal assessment, but not on the medical simulators. Students perform their assessments on volunteers who have donned their pyjamas and hopped into the Sim Lab beds.

Nursing alumni volunteer year after year to be mock patients, as do other U of T alumni. Suzanne Kingsmill, a U of T zoology graduate, has volunteered for six years. Her enthusiasm inspired Bloomberg Nursing to nominate her for an Arbor Award, a tribute she appreciates.

“One year I was a mock patient for an abdominal assessment, and my stomach wouldn’t stop growling,” Kingsmill recalls. “It made us all laugh and broke the tension for the student. My stomach was very, very loud!”
For NPs wanting to prescribe controlled drugs

Take this course at your convenience

In April 2017, the Ontario government approved regulations to expand the NP's scope of practice to include the authority to prescribe controlled drugs and substances (CDS's). Students starting an Ontario NP program in September 2017 or after will graduate with the required education to prescribe CDS's. But Ontario NPs who have already graduated cannot prescribe them unless they successfully complete an educational program that the College of Nurses of Ontario (CNO) has approved.

CNO has approved Bloomberg Nursing’s Controlled Drugs and Substances: Essential Management and Prescribing Practices online course after determining that it provides NPs with a comprehensive understanding of the competencies needed to safely, effectively and ethically prescribe CDS’s. Manitoba’s regulatory college also approved it.

To date, 175 NPs have taken this course. Participants report a high level of satisfaction with the course structure and delivery. In fact, 90 to 97 per cent rate the content as “meeting or exceeding” their expectations.

Eight NPs, including Bloomberg Nursing faculty members, developed the course, which includes interactive e-learning modules, video clips, links to tools and resources, and case studies to practise clinical decision-making. It takes about 10 to 20 hours to complete, and since it’s self-paced you can complete it at your convenience.

This comprehensive program encourages objective assessments. It challenges NPs to reflect on and interpret how ethics, personal biases and barriers may affect their decision to prescribe or not prescribe a CDS.

The course includes five quizzes and a final exam, which the program immediately marks so you can identify areas needing more study. You can attempt the quizzes and exam as many times as you want. After successfully completing the course, Bloomberg Nursing will inform CNO that you have passed the course.
Upcoming courses

Enrol in a Centre for Professional Development course

Writing for Publication
May 25
This one-day course provides novice nurse writers with the knowledge and tools they need to write effectively. Writing for publication is an essential skill to support the dissemination of knowledge and innovation in nursing practice, research and education.

Pressure Injuries and Complex Surgical Wounds
June 1-2
Learn advanced technical skills in wound management and gain an understanding of the latest technologies in wound healing in this new two-day advanced practice course.

The Foundations and Scholarship of Clinical Teaching
June 11-12
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
Sept 3 - Nov 11
This 10-week self-directed online course will enhance your knowledge and skill in applying best practices for ostomy and peristomal skin care and providing support to those living with an ostomy.

Bloomberg Nursing alumni are eligible for a 15 per cent discount on most Centre for Professional Development courses.

FALL COURSES

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.

Get Your Message Across: Effective Communication and Presentation Skills
Build your confidence and effectiveness in professional communication through this one-day interactive workshop.

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.

Nursing Education for the Practice Setting
This new 10-week online course focuses on the application of theory and evidence to the design, development and delivery of nursing education within the practice setting. This is the second of three online courses for current and aspiring nurse educators and/or professional practice nurses.

A Palliative Approach to Care
This new eight-week online course focuses on the competencies and core constituents of palliative care.
CLASS OF 1995

Mary Glavassevich, MN, celebrated her 50th anniversary of working at Sunnybrook Health Sciences Centre in January. CEO Dr. Andy Smith acknowledged her years of service by tweeting, “Mary G (as she is known by many) is an outstanding educator and leader. Thank you, Mary, for all that you do!”

Mary was one of the first graduates of our MN program. She attributes her long stay at Sunnybrook to the program’s clinical as well as administrative education. “This combination has given me the tools in my role as a Patient Care Manager to contribute to knowledge translation, advance practice, and improve quality care for patients and families,” she says. “Mentoring and coaching nurses and other staff, a passion of mine, gives me great pleasure and helps to prepare future skilled nurses.”

Another of Mary’s passions is research. Mary explored cancer screening among Afro-Caribbean adults living in Toronto. “The result of the study provided the community with a broader understanding of the need for more education and awareness regarding cancer screening,” reports Mary, who has presented her work locally, nationally and internationally.

CLASS OF 2003

Michelle Acorn, MN, has been appointed Ontario’s Chief Nursing Officer. The Bloomberg Nursing lecturer is providing leader-
ship and strategic clinical expertise within the Ministry of Health and Long-Term Care and across the Ontario Public Service. As part of her new role, she’s providing technical and clinical advice on a range of nursing issues.

Dr. Acorn is also co-chairing the Joint Provincial Nursing Committee and representing Ontario on the Principal Nursing Advisors Task Force.

Michelle is one of the few nurse practitioners to have dual certification; she is registered as both a primary care NP and an adult health care NP. She is a past-president of the Nurse Practitioners’ Association of Ontario and most recently practised at Lakeridge Health Whitby.

**CLASS OF 2015**

**Tieghan Killackey,** MN, has received U of T’s Adel S. Sedra Distinguished Graduate Award in recognition of her outstanding academic excellence and extracurricular leadership. In her third year of our doctoral program, Tieghan is investigating how to best support people living with chronic illness to make end-of-life decisions.

Tieghan is a research trainee with the Ted Rogers Centre for Heart Research and Toronto General Research Institute, and a staff nurse with the Peter Munk Cardiac Centre at Toronto General Hospital.
Start the legacy conversation early
Why Elizabeth Walker, BScN 1979, encourages conversations about philanthropy

Shortly after graduating, Elizabeth Walker moved to Sokoto, Nigeria, to teach and help develop a nursing degree program at the university there.

When she returned to Toronto in 1981, she coordinated clinical cancer studies for the Paediatric Oncology Group of Ontario, helping to develop a plan for childhood cancer services. Since then, Walker has worked for Peel Public Health as a visiting nurse, research and policy analyst, and now a knowledge broker. Walker’s work and expertise has made an impact on the communities in which she has worked and lived for nearly four decades.

Here, Walker shares why she maintains a relationship with and gives to her alma mater.

Why do you support Bloomberg Nursing?
When I was a second-year nursing student, I received a bursary for $1,000. This paid my tuition and helped me purchase some of my textbooks, which eased the pressure and allowed me to focus on my studies. Hearing from current nursing students each year through phone calls during the annual fund has an impact on me. When I donate to the Faculty, I’m giving back and helping today’s nursing students.

What advice do you have for alumni considering including the Faculty in their will?
When she was still with us, I had a conversation with my friend Jerry Gerow, who left a legacy gift to the Faculty. Through Jerry’s example, I learned that if you are thinking about leaving a gift in your will, you can start the conversation early and let your benefactors know. By giving and then talking about it, you are encouraging others to do the same.

Any advice for nursing students?
Always appraise the quality of data and information you’re reading. Don’t waste your time on poor quality research. Keep learning and maintain a sense of curiosity.

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
Hospital in Toronto. In the early 1980s, Donna served as the president of the College of Nurses of Ontario. Later, she became the dean of health sciences at Seneca College and Seneca’s first female vice-president.

**Class of 1964**

Joyce Bailey (BScN) on November 23, 2017, in Toronto.

From 1956 to 1989, Joyce practised at Wellesley Hospital in Toronto in a variety of point-of-care and management positions. Then from 1982 to 1989, she was the hospital’s president and CEO, one of the first women to lead a teaching hospital in Ontario.

**Class of 1956**

Donna M. Wells (Certificate in Nursing Education 5T6, BScN 6T3), at the age of 86, on August 25, 2017, in Toronto.

Donna was a head nurse at Hamilton General Hospital and Toronto’s Mount Sinai Hospital. Then, she practised as a nursing teacher at Women’s College Hospital in Toronto. In the early 1980s, Donna served as the president of the College of Nurses of Ontario. Later, she became the dean of health sciences at Seneca College and Seneca’s first female vice-president.
Later, Joyce served in leadership roles at the Ontario Hospital Association. Then from 1997 to 1998, she was president of the Canadian Healthcare Association.

**CLASS OF 1965**

Judith Mary Andrew, née Harris (Certificate in Public Health Nursing, BScN 67), at the age of 80, on December 27, 2017, in Toronto.

Judy taught nursing at George Brown College in Toronto.

**CLASS OF 1967**

Roslyn Savage, née Warner (BScN) on November 20, 2017, in Toronto.

**CLASS OF 1968**

Mary Elaine Attersley (BScN) on October 7, 2017, in Picton, Ontario.

**CLASS OF 1972**

Melanie Anne McArthur (Certificate in Public Health Nursing), at the age of 68, on November 9, 2017, in Newcastle, Ontario.

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**THE PASSING OF A VISIONARY**


In 2014, Bloomberg Nursing honoured Linda’s contributions to the nursing profession by presenting her with its esteemed Award of Distinction. This Distinguished Alumni Award is given to nurses who have made exceptional lifetime contributions and shown dedication to the betterment of nursing and health care.

In the 1970s, after practising in hospitals and public health, Linda taught at a number of facilities in Atlantic Canada. In 1980, Dr. Nugent became the first full-time nursing faculty member at the University of New Brunswick (UNB) in St. John. Then in 1995, she became the inaugural chair of UNB’s Department of Nursing.

In 1994, the New Brunswick government decided to close diploma schools of nursing and transfer the responsibility for nursing education to universities. In 1996, Linda led the implementation of a nursing baccalaureate program at UNB, a responsibility that included everything from establishing a curriculum, to recruiting faculty and finding classroom space. During this process, she remained faithful to her unique vision for the BScN program.

Linda focused her research on home care; specifically, on family caregivers and home support workers. The Home Support Workers Association embraced her recommendations, incorporating them into their practices and policies regionally and nationally. After retiring, Linda shaped the curriculum for home support workers to help ensure their ability to meet the needs of individuals requiring care at home.
In the mid-1990s, after teaching prenatal classes for many years, Melanie earned a master’s in anthropology. Later, she gave seminars in anthropology at Trent University in Peterborough, Ontario.

**CLASS OF 1977**

**Helen Dorothy Soutter, née Neilson**

(Certificate in Public Health Nursing), at the age of 86, on August 28, 2017.

A TREASURED TEACHER

Lydia Joan Brailey, née Watson *(BScN 1957)*, at the age of 81, on January 27, 2018, in Orangeville, Ontario.

For many years, Joan was a favourite member of our teaching faculty. Her final role was undergraduate chair, a position she held for almost 10 years prior to retiring in 1996. Joan is fondly remembered by many of our faculty members.

“As undergraduate chair, Joan was a pleasure to work with,” recalls Judith Young, a faculty member from 1980 to 1996. “Always fair and calm with staff and students, she was approachable, and you knew any decision was well-considered. Although she was ultimately responsible for the undergraduate program, she allowed the teachers plenty of independence. We felt we were trusted.”

“Joan always gave priority to the students’ well-being over all else,” remembers Dorothy Pringle, our dean from 1988 to 1999. “She made my life much easier as dean because I didn’t have to worry about how the undergraduate program was being managed.”

“I remember Joan fondly,” says Jody Macdonald, Associate Professor Emerita, Teaching Stream. “We had a lunchroom in our building on St. George Street, and Joan was usually present at lunchtime. We brought our brown bag lunches and took time for lunch and laughs and sharing about our families.”

In this 1978 photo, Joan Brailey is teaching a public health class.

**PHOTO: U OF T ARCHIVES**
Look how far nursing education has come!
From demanding subservience to encouraging leadership

When U of T introduced its public health nursing program in 1920, it was nothing short of revolutionary. Kathleen Russell, the school’s first director, believed nurses should have “a dignified independence of thought.” In stark contrast to the nurse apprenticeship programs in hospitals, U of T focused on developing nurse leaders.

“Nursing education then and now are night and day,” says Gail Donner, our dean from 1999 to 2001, who graduated from the Winnipeg General Hospital nursing school in 1962. “Then, we learned by rote. There was one way to do it, and that’s how you did it. There was no thought about outcome. It was a culture of subservience, of passivity.

Following orders – that’s what was valued and rewarded. “You had to live in the residence,” she continued. “It was difficult maintaining friendships outside of the school because you worked weekends and had a curfew. So your fellow nursing students were your social group. You became very close because you needed each other emotionally and professionally. On the wards, I was always afraid. I was scared that I would have to do something that I didn’t know how to do and hurt a patient.”

SCHOOL DAYS
In the first half of the 1900s, most Toronto hospitals offered a three-year apprenticeship program for aspiring nurses. Many of the programs were taxing. Until the early 1940s, for example, Toronto General Hospital (TGH) nursing students worked in

In the residence’s dorm rooms, students had to be respectful of each other. In this 1952 photo, one student sleeps after a night shift while her roommates prepare for the day.
In 1930, there were 218 nurse training schools in Canada’s 886 hospitals.

The wards on 12-hour shifts, five-and-a-half days a week. On top of that, they had to attend a lecture at 4:30 almost every weekday afternoon.

Members of the U of T community noted the harshness of these young women’s lives. In 1914, a committee on nursing education at U of T referred to hospital training as an “unnecessarily arduous course making it imperative for the women while training to cut themselves off from all means of culture. They work to the limit of their strength and are expected to profit by lectures when they are physically worn out.”

TIME FOR CHANGE
In 1929, the Weir Survey of Nursing Education reported “the prime reason for the existence of training schools … was the supply of cheap labour.”

“The hospital relied on students,” says Dr. Donner. “There was the
The Class of 1969 graduates from Women’s College Hospital’s two-year nursing diploma program.

head nurse, hundreds of students and not a lot else.”

In the early- to mid-1900s, few nursing students worked at the hospital after graduating. They weren’t needed. The next crop of students was doing all the work.

The hospitals changed their nursing schools as the years went on; for example, by 1965, TGH nursing students worked only 35 hours a week and got weeks off to attend classes. But the die was cast and in 1973, the Ontario government closed hospital-based nursing schools, and the schools moved to community colleges.

“Hospitals in the ’60s were an incredibly sexist and medical-dominated environment. When a doctor walked in the room, you had to stand up. You had to give him your chair!” recalls Donner. “It took me 30 years to unlearn my hospital training.”

As part of their clinical training, student nurses cleaned medical instruments in the hospital basement.
THE FUTURE OF PULSE: STAY TUNED FOR 2020!

After 16 issues of Pulse magazine, the biannual publication is taking a brief hiatus.

Stay tuned for what’s next, just in time to celebrate our Faculty’s 100th anniversary in 2020!

In the meantime, we want to stay connected. Please make sure you are on our email list – we will keep in touch throughout the next 18 months to keep you up-to-date on all things Bloomberg Nursing. We can be reached at alumni.nursing@utoronto.ca or 416.946.7097.

We welcome your feedback and ideas.
ALUMNI REUNION

All Bloomberg Nursing Alumni are welcome!

SATURDAY, JUNE 2
9–11 a.m.
Alumni Reunion
Breakfast,
Faculty Club

1–3 p.m.
Family Ice-Cream Social,
Medical Sciences
Building Quad
1 King’s College Circle

WEDNESDAY, JUNE 6
7 p.m.
Reception at the
Jays game, the
La Terraza room in
Marriott Hotel,
overlooking the game

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