

# *touch*POINTS

SCHOOL OF NURSING NEWS | FALL/WINTER 2017

## CHALLENGING MENTAL HEALTH STIGMA



THE UNIVERSITY OF BRITISH COLUMBIA

# DIRECTOR'S MESSAGE



Greetings from Canada's top-ranking School of Nursing for 2018 (according to *MacLean's Magazine*). Dr Santa Ono, UBC President and Vice-Chancellor has noted that this achievement is "Deserved and much to be proud of," and has asked that I convey his congratulations to "faculty, staff, students and alumni." Well done everyone!

Over the summer I assumed the role of Director of this remarkable school, and in doing so, I discovered a closet-full of hats. Today I'm wearing the one that belongs to the "Editor of TouchPoints." I will begin with a little housekeeping: the editorial team is using this time of transition to change our publication schedule. The fall/winter issue will now be published following the Marion Woodward Lecture not too long after it happens, and you will see our Spring/Summer issue next June, featuring our annual Alumni and Partnership Gala which will occur on May 3, 2018. We are a little out of step and catching up to this new schedule by creating a double-issue that contains both stories for 2017. We certainly have a lot to tell you in just 20 pages, and so we've created a companion digital version of this issue to try to accommodate what doesn't fit here.

Our Marion Woodward Lecture story is not only a feature, but it also sets the tone for an issue that centres on mental health, substance use, and stigma. During her lecture, Dr Deborah S. Finnell spoke to us about her work on the brain and the neuroscience of substance use. Her research expands to the creation of resources to educate student and practicing nurses to better work with vulnerable populations as members of a patient-centred team. Our own research in this area is represented by an outline of the work of Dr Emily Jenkins. One central piece of Dr Jenkins' work is a focus on context and the social and structural factors that influence mental health and substance use. In an attempt to promote an understanding of the "brain in context," she seeks to highlight the factors beyond the individual that influence use. All of these perspectives are needed to comprehensively address and minimize the harms of substance use.

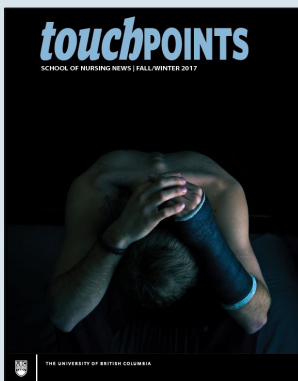
I invite you to visit [bit.ly/UBCSOONews](http://bit.ly/UBCSOONews) to discover complementary research such as Dr Colleen Varcoe's recent CIHR-funded study revealing that vulnerable populations put off seeking health care, often because of previous or anticipated negative experiences with health care professionals. You will also find a link to research published in November's *Family Practice* by the Stigma and Resilience Among Vulnerable Youth Centre (SARAVYC) that shows close to half of transgender young Canadians delay seeking care from health professionals for similar reasons. Postponing essential health care until problems become unbearable creates a burden on our emergency rooms, is dangerous for the patient, and is always more costly than prevention.

All this research shines a light on the need for health care professionals to open their minds, their hearts, and their textbooks. We not only need constant upgrading of our skills as we meet the burgeoning health needs of changing populations; we also must be prepared to adjust our attitudes as, inevitably, research enlightens, policy changes, environment shifts, and culture evolves. Meanwhile, at the School, no matter how highly we are ranked, our main focus will always be to prepare our graduates to engage with all who turn to them for help, with competence and empathy.

Elizabeth Saewyc, PhD, RN, FSAHM, FCAHS, FAAN  
Director and Professor

## ON THE COVER

What if we treated addiction the way we treat physical ailments like a broken arm? No stigma, no judgment, no blame, no whispered discussions. Instead, the provision of treatment, assistance, the tools for recovery, and a forum for forthright conversation.





**School of Nursing****TOUCHPOINTS**

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# Mental Illness and Substance Use

## Challenging Old and Persistent Paradigms

MARION WOODWARD LECTURER 2017:

**Deborah S Finnell**



Attendees at the 2017 Marion Woodward Lecture on October 5 walked away with a threefold message delivered by Dr Deborah Finnell, a researcher, nurse practitioner, and a professor at John's Hopkins University's School of Nursing:

1. mental and substance use disorders are brain-based,
2. words matter,
3. the nursing workforce must build capacity to address the needs of these vulnerable populations.

The Marion Woodward Lecture, which is supported annually by the Mr and Mrs P.A. Woodward's Foundation each fall, features a guest speaker, refreshments, and plenty of discussion. A symposium

held in the afternoon shadows the lecture topic with a companion panel discussion. In her presentation *Mental Illness and Substance Use: challenging old and persistent paradigms*, Dr Finnell urged the packed house at UBC's Robson Square to examine our perceptions and paradigms about mental illness and substance use disorders. She challenged us to help to remove the stigma that prevents this vulnerable population from seeking and receiving health care.

"Keeping in mind that nurses are among the most trusted profession," Dr Finnell pointed out, "we have the closest contact with patients and we have the most prolonged time with patients, we can help to address some of the needs of this population – if we have the will to do so."

The Marion Woodward Lecture is made possible through the generous support of the Mr and Mrs P. A. Woodward's Foundation



“I thought I felt this way and drank because I was weak-willed.”

**MENTAL AND SUBSTANCE USE DISORDERS ARE BRAIN-BASED.**

With a nod to the advances in neurosciences that have led to a better understanding of the brain's structure and function, Dr Finnell examined what is meant by brain-based disorders: the result of “neurobiological dysfunctions that make an individual sensitive to both internal and external stimuli.” According to Dr Finnell, the evidence points to structural and neurochemical dysfunctions, not merely criteria based on “what we can observe and on what the person reports” as outlined in the Diagnostic and Statistical Manual (DSM). That omission from the DSM “reinforces the behavioural paradigm that the person should be able to control his or her behaviour. It also reinforces the moral paradigm that in failing to control themselves, these people are weak-willed or somehow personally responsible.” To stop the stigma, Dr Finnell urges, “we must focus on what we cannot directly

observe: that which is disordered in the brain.”

Dr Finnell took us on a tour of the limbic system, especially the manufacturing sites for the key neurotransmitters – dopamine, serotonin and norepinephrine, reminding us how each drug initiates certain responses as it is produced, such as motivation, craving, and lethargy.

Dr Finnell also reminded us that the person with a brain disorder is not the only one whose impulses may seem out of their control. Nurses know about the neurobiological bases of peoples' behaviour – but how has that knowledge been applied in forming opinions about others? Far-reaching implications accompany a nurse's ability to root in science a natural impulse to pre-judge. Dr Finnell suggests that when we “[shift] the paradigm from a moral one to a biological one, just as has occurred with leprosy, epilepsy, and AIDS, this vulnerable population may experience less shunning

“I was depressed before I used cocaine. Now I know why I'm more depressed after I use and stop.”



**Stigma engenders**  
**Labelling**  
**Stereotyping**  
**Fear of people with mental illness**



and rejection and thus be more willing to seek and accept treatment.”

Positive responses from her patients prompted Dr Finnell’s first publication: “The Case for Teaching Patients about the Neurobiological Basis of Addictions.” Dr Finnell and her colleagues have produced several publications that have been used to form health care policies at the federal level in the United States, and helpful resources have been developed from ongoing research. This includes work that Dr Finnell and her colleagues conducted in revising and updating the language of two common questionnaires that had been used to assess perceptions and attitudes in health care providers – because words matter.

## **WORDS MATTER**

In a 2014 publication, the editorial board of Dr Finnell’s *Substance Abuse Journal* appealed to authors, reviewers, and readers to use language that: respects the worth and dignity of all people, or “people-first language;” focuses on the medical nature of substance-use disorders and treatment; promotes the recovery process; and avoids perpetuating negative stereotypes and biases through the use of slang and idioms. Reviewing *The Alcohol and Alcohol Problems* questionnaire from 1978 and the *Drug and Drug Perceptions* questionnaire from 2006, Dr Finnell and her team transformed phrases to fit the new requirements.

## **Use language that:**

- 1. Respects the worth and dignity of all people - or "people-first language"**
- 2. Focusses on the medical nature of substance-use disorders and treatment**
- 3. Promotes the recovery process**
- 4. Avoids perpetuating negative stereotypes and biases through the use of slang and idioms**



Advances in science lead  
to greater understanding and  
knowledge about the etiology of  
the disease, treatment, and  
prevention



We can and should translate the  
evidence to patients, families,  
and the public

**THE NURSING WORKFORCE MUST BUILD CAPACITY TO ADDRESS THE NEEDS OF THESE VULNERABLE POPULATIONS.**

In the process of disseminating their findings, Dr Finnell’s team researched the amount of content in nursing curricula that would equip graduates in the field. The content is abbreviated as SBIRT: Screening, Brief Intervention, and Referral to Treatment. They found “clear evidence that nurses, like many other health care providers, are ill-equipped to address the continuum of substance use.” They developed a four part process to remedy the situation, producing “Integrating Substance Use Content in an ‘Overcrowded’ Nursing Curriculum”, and introducing modules into relevant existing courses, guided

by the American Association of Colleges of Nursing Essentials for bachelor’s, master’s, and doctorate degree programs. They also turned their attention to creating an online program to increase the knowledge and skills of the current nursing workforce, with an additional online program “for health care providers who are seeking foundational knowledge related to substance use screening, brief intervention, and referral to treatment.”

Dr Finnell closed her talk by urging her audience to “believe and promote the evidence” in order to change paradigms that are barriers to effectively serving patients.

[EVENT PHOTOS](#)

On Flickr

[TRANSCRIPT](#)

Online PDF

[VIDEO](#)

I K Barber Library website



Bernie Pauly moderates the Afternoon Symposium, "Substance Use Competencies for Contemporary Nursing Practice"



Panelists Emily Jenkins, Deborah Finnell and Cheyenne Johnson field questions from an engaged audience during the Afternoon Symposium.





# Alumni & Partnership Awards Gala

May 4, 2017





Each year the School of Nursing sends out a call to our friends and colleagues to nominate our alumni and partners for recognition of their achievements in or beneficence to the field of nursing at home and abroad. Our annual Gala is our opportunity to thank and to celebrate with five awards, tasty food and drink, great music, and lively conversation. [Nominations](#) for 2018 are now open.



















Each year the School of Nursing sends out a call to our friends and colleagues to nominate our alumni and partners for recognition of their achievements in or beneficence to the field of nursing at home and abroad. Our annual gala is our opportunity to congregate, to thank and to celebrate with five awards, tasty food and drink, great music, and lively conversation.

Shelagh Smith – seen above with other award winners and at right with her family – received the 2017 Donor Partnership Award for her many generous commitments to our school.

Our education programs are intensive and rigorous. Our students meet with challenges of balancing their studies, work, volunteer commitments and family responsibilities.

It is not an exaggeration to say that without the support of donors, some of our students might not have anywhere to turn for resources to continue their nursing studies.

Thankfully, donors such as Shelagh have chosen to support our students because they believe that nursing students have much to give the world.

Shelagh is a double alumna of the School having received her BSN in 1950 and then returning to earn her MSN more than thirty years later in 1982.

Following her master's degree, Shelagh continued her close connection with our School by becoming a senior nursing instructor with us for a number of years.

Shelagh remains a highly engaged alumna and emerita and is an active participant at a variety of UBC and School of Nursing events and activities.

For many years, Shelagh generously supported a variety of nursing scholarships and funds at the School, and in 2014, she established the Shelagh J Smith Award for Mature Students in Nursing – supporting undergraduate students so that they need not compromise their academic excellence due to financial need.

Shelagh often shares with us the meaningful visits and conversations she enjoys with the student recipients of her award. We are truly honoured by Shelagh's commitment to the School and to our nursing students – by her participation, her support, and through the establishment of her student award.



The recipient of the 2017 UBC School of Nursing Community Partnership Award in 2017 is the Vancouver Foundation represented by Mr Kevin McCort, CEO of the Foundation.

Vancouver Foundation’s vision for “healthy, vibrant and livable communities” complements UBC’s vision to “support outstanding research to serve the people of BC.” The Foundation’s vision also beautifully aligns with our School of Nursing’s vision for “excellence in leading edge nursing education, research, and practice in an exceptional learning environment.”

We are grateful to Vancouver Foundation for its longstanding support and friendship with our university and our school for more than 60 years. Vancouver Foundation is UBC’s largest non-government funder and we are honoured to share many mutual donors, volunteers and champions who are passionate about making meaningful and lasting impacts across our community.

We appreciate Vancouver Foundation’s loyal partnership and enduring generosity in providing millions of dollars to enable and enhance the cutting-edge research of UBC faculty members, many of whom are with the School of Nursing.

Vancouver Foundation’s support of our nursing research continues to enhance the lives and health of people across our shared communities, and we are pleased to recognize them with this award.



Presenters and Award Winners clockwise from the left: Dr Richard [name not present at the Gala]; Dr Maura MacPhee presented the Y [name not present at the Gala]; the Alumni Award of Distinction from Dr Paddy Rodney; Cath [name not present at the Gala]; Dr Suzanne Campbell served as Master of Ceremonies.





David Sawatzky from Trinity Western University presented the Alumni Recognition Award to [Patrica Porterfield](#), who could not attend the Young Alumni Award, and accepted on behalf of [Stephanie Ngo](#) who was working abroad; [Dr Rosalie Starzomski](#) received the award; Ebbehoj presided on behalf of the Alumni Engagement Committee; Shelagh Smith stands next to Kevin McCort; and



# Elsie Tan

## The School's First Professor of Teaching

To nurse or to teach? Elsie Tan didn't have to choose between the two. She is a nursing educator, and one of such extraordinary talent that she has achieved the rank of Professor of Teaching – a fairly new rank at UBC. Elsie is only the 25th UBC professor to obtain the rank since it was introduced in 2011, and the very first Professor of Teaching at the School of Nursing.

While rising through the ranks, Elsie has demonstrated her passion and commitment to excellence within the many different positions she has held at the School, and has made an indelible impression on those who have had the pleasure of working alongside her. From course leadership to curriculum development to program coordinator for Nursing's brand new curriculum, Elsie has had a superb amount of influence on the Nursing program.


However, her influence reaches further. "I have strong memories of her advocacy on behalf of the clinical instructor team over two decades ago," says Sally Thorne, director of the School from 2002 – 2010. "[She was]

working to ensure that the cadre of nurses who perform that vitally important role in the School of Nursing are well-supported to provide optimal clinical wisdom to our students." Elsie's liaison between practice partners and the students they take under their wings has resulted in decades of well-supported mentoring and learning in the field. This is in part because in seeking out learning opportunities for nursing students, Elsie identified, negotiated, and co-created partnerships between students and clinical instructors by consistently reviewing the needs of practice partners and finding the best fit with students' unique backgrounds and capacities.

Elsie recognized early on that many students enrolled in nursing had already acquired fascinating and varied experiences and careers that could be fused with nursing. She negotiated opportunities for students in their final consolidated practice experience at sites not traditionally considered for clinical learning, but that were allied with students' experience.





A group of women are seated in an audience, smiling and listening. In the foreground, a woman with blonde hair is looking towards the right, and a woman with dark hair and a pink shawl is laughing. Behind them, other women are visible, some looking towards the camera and others looking towards the right. The setting appears to be an indoor event or lecture hall.

For example, pediatric mental health, or emergency departments that are normally reserved for specialty training programs.

Early in her career, Elsie's creative thinking and penchant for pushing the boundaries led to several new initiatives for the school that built the foundations for continued advancement of practice learning and they continue to resonate. This includes ventures like the partnership Elsie established with the Vancouver Native Health Society over seventeen years ago. It opened doors for UBC students' continued presence in Vancouver's Downtown Eastside.

Elaine Carty, founding director of the midwifery program at UBC and nursing professor emerita, retains fond memories of late afternoon talks with Elsie about "practical things such as course development, curriculum ideas, student progression challenges and also more

esoteric topics like the role of the university in society."

Elsie's wider view of nursing as a component of a grander scheme of health care has led her to join with colleagues from other health programs to co-create a model of interprofessional practice. Their efforts resulted in the establishment of a model for provincial Interprofessional Rural Placement in British Columbia (IRPbc), for delivery of interprofessional collaboration and education in rural placements.

Elsie describes herself as a "leader-from-within." She gained her educational and leadership skills through experience, and offers deep gratitude to the mentors and coaches who gave her opportunities to further develop her leadership capacity, with a special thanks to Dr Fereshteh Grenier, who changed Elsie's career path. Elsie incorporates into her philosophy of





teaching the approaches of renowned educators and believes that disrupting the “habit of mind” and helping students to reframe is one of many steps to transformative learning. She “strives to co-create learning environments that are meaningful, transformative, authentic, and safe” and believes that reflective and purposeful scholarship involves continually familiarizing and examining the curriculum.

“Elsie is a true professional” says Sonia Acorn, Professor Emerita, “someone who sets high standards for herself and guides students to achieve high standards as well. Her teaching is exemplary as demonstrated by the several awards she has received, including an Award of Excellence in Nursing Education from the College of Registered Nurses of British Columbia.”

Elsie’s colleagues are quick to point out

that she has taken a wide view of her role on the campus at large, making insightful and strategic contributions to UBC’s interprofessional health initiatives; bringing a nursing lens to the planning and implementing of major events such as the health team challenge; ensuring that nursing students and faculty understand the importance of these initiatives for the future of health care and patient safety; and championing the value of interprofessional practice for the care of those we serve. She has also devoted enormous energy and attention to connecting with the nursing community on an international level.

For Elsie, every challenge is an opportunity, and with that as her banner she will be the first to establish the parameters of our school’s newest rank.



**With Review (tenure  
for Professors**

## **Professoriate Stream**

**Instructor II**

Converts to  
Assistant  
Professor

**Assistant  
Professor**

tenure is  
possible

**Associate  
Professor**

**Professor**



# Track) Appointments & Instructors

## Educational Leadership Stream

**Instructor I**

tenure is possible

**Senior Instructor**

**Professor of Teaching**

Assuming criteria have been met and time for promotion review has arrived, faculty may be promoted to the following ranks according to the stream they are in.

Note that faculty who are *new* to UBC may be appointed to an appropriate rank at any point in their stream.









# Professor of Teaching

## The Highest Rank in the Educational Leadership Stream

The Professor of Teaching rank was added to UBC's Educational Leadership (teaching) stream in 2011. It fulfils the university's mandate to provide educational leadership, outstanding teaching, and curriculum development. It also offers a forum for recognizing and rewarding those merits.

Professor of Teaching is the highest academic rank for the teaching stream. Instructors and Senior Instructors may be considered for promotion to this rank if they meet the criteria, which include:

...evidence of outstanding achievement in teaching and educational leadership, distinction in the field of teaching and learning, sustained and innovative contributions to curriculum development, course design and other initiatives that advance the University's ability to excel in its teaching and learning mandate.

Initial appointments at this rank are normally tenured appointments (Art. 3.05 of the *Agreement on Condition of Appointment for Faculty*).

Condensed from the [Professor of Teaching Guidelines](#)

# The Full Spectrum Public Health Research Improves Outcomes for All

Among our researchers in the field of substance use is Dr Emily Jenkins, who joined the School of Nursing in 2016 as an Assistant Professor. Her research sets as its goal,

“optimizing mental health and substance use for populations – from the individual to whole communities – while privileging the voice of the patient/community to make sure that the knowledge generated resonates with the user and is responsive to diverse lived experiences.”

Dr Jenkins’ research encompasses the whole spectrum of healthcare. It covers **health promotion** to improve health outcomes for everyone; **prevention** for those who are at risk; and **treatment** offering intensive health interventions for those who are dealing with more extensive challenges.

## HEALTH PROMOTION

Dr Jenkins co-leads with Dr Alison Gerlach, a research project funded by Vancouver Foundation known as FAIRPLAY. It centres on creating opportunities for meaningful play among residents of Vancouver’s inner city community. Enhancing play among children is one of the earliest opportunities for supporting health among all family members. It isn’t just about new playgrounds and greenspace. Creating healthy environments means creating connections and opportunities to engage with members of the community, creating healthy networks and learning about programs and policies that are in place to

enhance health. All of this promotes a quality of life that is supportive of wellness and contributes to resilience, which helps to combat some of the risks that people experience when living in a neighbourhood where child and family poverty and other forms of marginalization are common.

Carrying on with that idea, Dr Jenkins has initiated the PUBLIC POLICY FOR YOUTH MENTAL HEALTH PROJECT, a study funded by the Michael Smith Foundation for Health Research (MSFHR) and the Canadian Institutes for Health Research (CIHR). The study provides the opportunity for youth to determine what factors influence their mental health and substance use practices and to become engaged in contributing to public policy that is responsive to their needs. “When individuals are operating in a mode of reaction, intervention can be overwhelming,” says Dr Jenkins. “It is helpful to build the resources that assist people before they reach that stage.”

## PREVENTION

While health promotion aims to create healthy environments that optimize health, prevention offers another tool to help populations remain in control of and improve their health. Dr Jenkins and colleagues have been using prevention approaches to respond to adolescent substance use. The TRACE projects, which originated with Dr Joy Johnson, continue to serve youth under the co-leadership of Dr Jenkins and Dr Rebecca Haines-Saah of the University of







Calgary. Since no intervention can be completely effective against a curious mind or peer pressure, and since cannabis use isn't without risks, TRACE looks at ways of minimizing potential harms, especially in terms of reducing stigma, making it easier for youth to seek help when necessary. Youth may be tempted to look to the internet for answers to their questions and stumble upon information that is less than reliable. The TRACE project meets youth where they are and counters misconceptions with open dialogue that is not constrained by an abstinence goal, instead seeking to minimize harms through acknowledgement of their experiences and reliable information.

TRACE focuses on providing parents and teachers with the education, evidence-based information, and resources for creating dialogue with their children and students. Among the resources for students is a film (*Cycles*) and public health messaging created by and for youth. Rather than expecting self-discipline and restraint from this population, the resources

offer level-headed recommendations for students such as not driving under the influence, knowing your source, being aware of your level of usage, and delaying experimentation for as long as possible. Their current focus on parents as a resource utilizes creative, youth-driven ways of communicating, such as digital storytelling, help underscore the message.

#### **TREATMENT**

Treatment is the final element of Dr Jenkins' health research triad. MSFHR funding was awarded in 2017 and is supporting a partnership with nurses at St. Paul's Hospital who have identified a knowledge gap in caring for people with "concurrent disorders" - co-occurring mental illness and substance use disorder. These patients have poorer health outcomes in part because enhancing health care for this population is a complex problem for which clinicians have little training or experience. The ENHANCING CONCURRENT DISORDER CARE Project is getting underway, driven by the desire expressed by clinicians for resources to use in practice. The project holds patients up as







Scene from *Cycles*, a project by Dr Joy Johnson. (Watch the whole film here: <https://vimeo.com/76482991>)

partners in shaping responses to health care, which meets the needs of staff and makes sense for the patients receiving that care.

Dr Jenkins is a co-investigator on another project exploring the impact of comprehensive interventions aimed at providing more effective services for patients with concurrent disorders. HUB at St Paul's and Vancouver Coastal Health's Vancouver Access & Assessment Centre (ACC) are two such platforms that have emerged. HUB provides treatment and follow-up for people who are living with mental health or substance use concerns. Conveniently located next to St Paul's Emergency unit, the two private settings opened in the spring of 2017 to offer care for patients from the time that they are admitted until they transition back into their communities. Specialized staff are on hand every step of the way, providing "culturally appropriate, trauma-informed care." Specialized staff are also located at the ACC to offer short term, on-site treatment during non-life threatening mental health or substance use episodes. This drop-in centre is open and staffed every hour of every day of the year as an alternative to the Emergency department for non-life-threatening care, and is the "single point of access to VCH mental health and/or substance use services in Vancouver."

Together these systems may add some stability as clients navigate the slippery slopes of the mental health and/or substance use cycle in Vancouver.

The MOMS STUDY is a project that has been developed in partnership with mothers who have lost a child to overdose. Three of these "Moms", who have established advocacy groups with the mission to change drug policy and prevent further loss, have partnered with the research team. In recognizing that policy is often not based on evidence and that stories are powerful, the Mom's Study works to harness the power of lived experience supported by evidence. Using personal stories, research, and the strength of their numbers, these women advocate for policy change at a provincial and federal level to make a difference that will benefit everyone.

This research arising from the perspective of health promotion, prevention, and treatment attempts to address several points of entry in the mental health/substance use cycle in the hopes that it will halt or reduce harm. It may also have positive side effects. Watch for a reduction in stigma and improvement of quality of life for vulnerable populations.

Emily Jenkins with Heather Swallow



TRACE resources  
offer level-headed  
recommendations  
for students such as







not driving under  
the influence

knowing your  
source

being aware of  
your level of usage

delaying  
experimentation  
for as long as  
possible





# Improving Health Equity for LGBTQ Youth in Canada and Globally: Addressing the role of families and culture

Lesbian, gay, bisexual, transgender, queer and Two Spirit (LGBTQ2S) adolescents face significant health disparities compared to their heterosexual and cis-gender peers in every country where research has tracked their health.

There are some positive signs, but it's less clear whether advances are equally relevant for youth from diverse ethnic youth, or whether there are disparities within LGBTQ youth populations, where particular efforts are not as effective at that intersection of sexual orientation, gender identity, and culture.

"We are learning about what works in schools for LGBTQ youth generally, but what we don't know is whether or not these same kinds of programs and policies like gay-straight alliances actually work for multi-ethnic youth," explains UBC Nursing Professor Dr Elizabeth Saewyc.





UNIVERSITY OF CALGARY  
ST 01  
LOCKER # 00753

UNIVERSITY OF CALGARY  
ST 01  
LOCKER # 00754

UNIVERSITY OF CALGARY  
ST 01  
LOCKER # 00751

Research also shows that families are important sources of support for youth, but recent trends show parental support for LGBTQ2S youth is not improving.

“What we don’t know is how do we help families help LGBTQ youth? What are the actions that parents do that youth identify as being supportive or rejecting? What does a supportive family look like, what does it look like when it’s not supportive? ? What are the best ways that we can help them be supportive or understanding? From there we need to understand and develop interventions to help parents and families help their LGBTQ and Two Spirit teens,” says Dr Saewyc.

The Stigma and Resilience Among Vulnerable Youth Centre (SARAVYC), founded by Dr Saewyc in 2006, has received a Canadian Institutes of Health Research (CIHR) Foundation Grant to study these questions. SARAVYC is one of only nine recipients in BC (of 76 nationally) to be funded and received \$2,994,951 to continue their valuable work. For the next seven years, the grant will support research to create

culturally-relevant knowledge and interventions that help families and parents support the health of LGBTQ2S youth.

In the first few years, the team will focus on identifying current trends and recruiting advisory groups from ethnically diverse populations to help formulate what will be important for helping LGBTQ2S youth from these backgrounds. These early consultations will help build an advisory group that can continue to provide input on designing culturally-respectful interventions to support parents and families of LGBTQ2S youth. Online consultations will also be developed to ensure that the team is able to gather a wide range of perspectives from parents and youth across Canada.

Several excellent supports are already in place for parents of LGBTQ2S youth, such as PFLAGcanada.ca and TransParentCanada.ca. But the benefits of group support are not available to everyone. “One of the challenges in accessing parental supports is that you have to be in urban areas,” Dr Saewyc points out. In

continued p. 38

*“We know from a variety of studies that family support – caring and nurturing families – is important for all young people’s health and well-being, but for trans youth, lesbian, gay, and bisexual teens... when they have strong family support they do better. They have lower odds of suicide and mental health problems. Even if they get bullied at school they do better.”*

*Dr Elizabeth Saewyc*



**SARAVYC'S 7-YEAR PROGRAM OF RESEARCH HAS 4 PRIMARY AIMS:**

With a focus on rural and ethno-culturally diverse LGBTQ2S youth, this CIHR funded research program will:


1 Identify trends in health and health disparities (including intersectional stigma) for these youth

2 Examine family and school influences on LGBTQ2S youth health issues; and

3 Develop and test novel, culturally relevant family interventions to help build parental support and reduce family rejection of their LGBTQ2S youth

4 Develop and test technology-based health promotion interventions for youth.





rural areas, fewer families have similar challenges, so building a group presents its own difficulty; additional hardships develop when committing to group meetings that may take place in the evening over several weeks; and attending such groups can “out” a family before they are prepared to meet further complications. “So,” Dr Saewyc continues, “we are actually going to be exploring other ways of reaching parents.” Current technologies that will be explored include interventions designed around the online environment, around smartphones, and text messaging. “We’ve had some success in doing that work with LGBTQ youth themselves, so building on that, we’re looking at exploring interventions for parents or families that would involve technology and not necessarily require face-to-face group participation to get the support they need to support the kids.”

In the later years of the grant, the team will leverage their findings to design tailored interventions

delivered online or using smart phone and text message tools that can be scaled and adapted for different populations. During this time, the second phase of the Trans Youth Health Survey will also be launched to track any changes from the inaugural survey conducted five years previously.

As always, Dr Saewyc and the team will be collaborating with an international network of scholars that includes health professionals, policy-makers, educators, service providers, and youth and their families to produce evidence-based research that influences policy, practice, and health. Together they will also conduct population data comparisons across different countries, work to find ways to better understand and promote resilience among sexually exploited youth globally, and continue to focus on research that has meaningful influence on Canadian policy.

Merrilee Hughes and Elizabeth Saewyc

#### COMMUNITY ENGAGEMENT

We welcome volunteers. Members of communities who have a passion for supporting this work are welcome to contact us and we’ll be happy to talk with them and tap expertise in that respect. Please reach out to Dr Jennifer Wolowic, our managing director, to express interest. We will be creating community advisories and involving community groups in some of this work to help provide some clear guidance along the way.

We are grateful to have this sustained funding over seven years, but it is a relatively modest amount to support a lot of work, especially in engaging people across the province and Canada. That community work takes time, and it usually takes a little extra funding to pay for the details that bring a group together - everything from promotion to snacks. There’s definitely room for interested community members to consider contributing financially to the Centre, and because we are a Centre at UBC, we are in a position to accept donations officially to support the work.

So we are more than happy to talk with interested community members about the potential of contributing to this work in a variety of ways.

Contact: [Jennifer.Wolowic@ubc.ca](mailto:Jennifer.Wolowic@ubc.ca)  
<http://www.saravyc.ubc.ca/>







# Kudos

**Annette Browne** | Award: UBC Distinguished University Scholar Award | Awarded by: UBC President

**Cathy Ebbehøj** | Award: Alumni Builder Award | Awarded by: UBC Alumni 100

**Bernie Garrett** | Award: Inaugural Fellow of the Canadian Nurse Educator Institute | Awarded by: Canadian Nurse Educator Institute

**Lillian Hung** | Award: Top Graduating Doctoral Student | Supervisor: Alison Phinney | Area of Research: Dementia

**Judith Lynam** | Award: the Janusz Korczak Canadian Social Pediatrics Award for advancing inter-professional and intersectoral relationships | Awarded by: Janusz Korczak Association of Canada

**Judith Lynam & RICHER** | Award: The 2017 John F. McCreary Prize for Interprofessional Teamwork | UBC Health Awards

**Martha McKay** | Award: Katherine M MacMillan Nursing Research Scholar | Awarded by: The University of British Columbia, Faculty of Applied Science, School of Nursing

**Sally Thorne** | Award: Inaugural Fellow of the Canadian Nurse Educator Institute | Awarded by: Canadian Nurse Educator Institute

**Colleen Varcoe** | Award: 2017 John McNeill Excellence in Health Research Mentorship Award | UBC Health Awards Committee





# **RICHER**

**Responsive, Intersectoral-  
Interdisciplinary, Child-  
Community, Health,  
Education and Research  
Social Pediatrics Initiative  
of BC Children's Hospital**





# Enhancing CV Nursing Research at UBC

## Sandra Lauck Accepts St Paul's Hospital and Heart & Stroke Foundation Professorship in Cardiovascular Nursing at UBC



**STpaul's**  
FOUNDATION

[helpstpauls.com](http://helpstpauls.com)



The UBC School of Nursing, in partnership with St Paul's Hospital, is proud to announce that Dr Sandra Lauck has been selected to hold the St Paul's Hospital and Heart & Stroke Foundation Professorship in Cardiovascular Nursing at UBC. This professorship will advance nursing research and education collaboration between university and hospital, to enhance cardiovascular nursing care at St Paul's and across Canada.

As a clinical assistant professor in the UBC School of Nursing, and a clinical nurse specialist for the internationally-renowned transcatheter heart valve program at St Paul's Hospital, Dr Lauck has co-led an integrated multi-disciplinary care team.

Her pioneering clinical work and research with this team continues to transform heart valve disease management. Dr Lauck has had many roles as a clinical nurse specialist in cardiovascular nursing care at both St Paul's Hospital and Vancouver General Hospital, and she was Clinical Director for Cardiac Services BC from 2011 to 2016. Thus, Dr Lauck brings a breadth and depth of knowledge to guide provincial and national cardiovascular nursing practice.

"I am a very proud ambassador of the excellence of the UBC School of Nursing. It is an honour to be named to this position," Sandra says. She views this as a once in a lifetime chance to work simultaneously for both UBC and St Paul's Hospital, the two influences that

More Pictures: [bit.ly/ProfCardio](http://bit.ly/ProfCardio)



[L-R]: Mr Dick Vollet, President and CEO , St. Paul's Hospital Foundation; Dr David Byres (BSN1997, MSN 2006), Assistant Deputy Minister, Clinical Integration, Regulation and Education Division, Ministry of Health; Ms Adrienne Bakker, CEO, BC and Yukon Heart & Stroke Foundation; Dr Sandra Lauck, St. Paul's Hospital and Heart & Stroke Foundation Professor, in Cardiovascular Nursing at UBC; Dr Elizabeth Saewyc, Director, UBC School of Nursing; Ms Dianne Doyle (MSN 1981), President and CEO, Providence Healthcare



have fostered her growth as a clinical nurse specialist.

Dr Lauck graduated with a BA in Political Science from UBC before she went on to complete a diploma in nursing at Vancouver Community College, and then a diploma in critical care nursing at BCIT. She completed her formal education at UBC School of Nursing with a Master of Science in Nursing and then her PhD. She has been one of our School of Nursing clinician scientists since 2014.

The professorship builds on UBC's strong history of cardiovascular nursing education and bridges it with St Paul's Hospital's world-renowned leadership in cardiovascular practice and innovation. It will serve

as a dedicated hub to support cardiovascular nursing research within clinical practice, and help ensure future generations of nurses receive leading-edge practice education that improves cardiovascular health outcomes.

On Thursday, November 2, 2017, the UBC School of Nursing and St. Paul's Foundation were delighted to co-host a celebratory reception to recognize and thank the Heart & Stroke Foundation and other generous donors and project champions who contributed to raising \$1,000,000 to make this vision a reality.





Allie Slemon and Carla Hilario, Doctoral Trainees, pose with Dr Suzanne Campbell at the 2017 Universitas 21 Health Sciences Group Annual Meeting

# Allie Slemon & Carla Hilario

## At Universitas 21 Annual Meeting 2017 - Johannesburg



While summer gave way to autumn in the northern hemisphere, we (Carla Hilario and Allie Slemon) made our way to the southern tip of the African continent where Johannesburg was saying farewell to its winter. Our destination was the University of Johannesburg – to join the annual meeting of the Universitas 21 Health Sciences Group, a global network of research-intensive universities working collaboratively toward innovations in health science education and research. Together with Dr. Suzanne Campbell, we were introduced to an exciting spectrum of initiatives and research around the world, such as the Melbourne Poche Centre for Indigenous Health and the impacts of mental health service policies in South Africa.

Working from the United Nations Sustainable Development Goals (SDGs), we engaged in discussions about the challenges, constraints, and potential implementation models – locally, nationally, and globally – for promoting well-being for all at all ages (SDG #3) while addressing broader determinants of health such as achieving gender equity (SDG #5), promoting inclusive and sustainable

employment and decent work for all (SDG #8), and reducing inequalities within and among countries (SDG #10).

Beyond the annual meeting, we presented our respective dissertation work at the U21 Health Sciences Doctoral Student Forum. Carla shared findings from her research on the mental health experiences of immigrant and refugee young men in Canada. Allie shared her ideas and plans for her upcoming doctoral study on how an emergency department intervention promoting health equity impacts nurses' everyday practices. This experience provided us with invaluable feedback on our current and future research from a global audience of fellow students and faculty, in addition to a now wider network of colleagues.

We look forward to hearing about the experiences of UBC SoN students in the future and hope to stay connected with this community!

Submitted by Allie Slemon  
and Carla Hilario





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2017 Graduate Student Research Symposium  
**Christina**  
Chant  
UBC  
THE UNIVERSITY OF BRITISH COLUMBIA  
School of Nursing



# Christina Chant

## Interview with an MSN Student

### **YOU HAVE BEEN A PRIMARY CARE NURSE FOR OVER 10 YEARS. WHY NURSING?**

I grew up with a number of nurses in my life. So when it came to making a decision about what I wanted to study, I thought, why not try nursing? It was a bit of a gamble as I didn't really know what nurses actually do. However, my experience in primary care nursing has been dynamic and engaging – I am constantly challenged and learning. Being present with people, and being allowed into their personal lives when they come to you with intimate needs is a privilege and has been very rewarding.

### **YOU ARE NOW WORKING TOWARD A MASTER OF SCIENCE IN NURSING. WHAT WAS YOUR MOTIVATION FOR RETURNING TO SCHOOL?**

The opportunity to challenge myself and reflect on my practice was a huge component for deciding to return to school. In the last few years, I've been interested in research and improving my teaching

skills. I also have had some excellent mentors along the way, especially Dr Vicky Bungay, who has kept me grounded and inspired from the get go!

Additionally, I have wanted to find ways to address health inequities from a structural/upstream place, rather than less effective individuated approaches. The MSN program has been a great place to explore and learn about potential strategies for changing health policy.

### **YOU HAVE ALSO BEEN A CLINICAL EDUCATOR. WHAT ADVICE WOULD YOU GIVE TO THOSE WISHING TO FOLLOW THAT PATH?**

I recommend folks find mentors and allies to help support and coach them through the nuances of teaching and facilitating. Many people underestimate the skills necessary to be a quality educator and leader. Having mentorship can facilitate growth and assist educators in empowering their nursing staff, save time in curriculum development by 'borrowing shamelessly,'\* and keep you afloat during tough times.

\*always with permission 😊



**WHAT CAN YOU TELL US ABOUT YOUR FELLOWSHIPS?  
IN WHAT WAY HAVE THEY HELPED ADVANCE YOUR  
CAREER?**

I've been very privileged to have a graduate research fellowship with the Capacity Research Unit, working with Dr Vicky Bungay. The CRU is a research team focused on addressing health inequities in health and social services, particularly people engaged in the sex industry and people who use drugs. That experience was foundational for me in developing qualitative research skills. In terms of my career, having Vicky's supervision has taught me a lot about leadership, critical thinking, coaching, and how to approach data in a way which centres the participant's voice and remains true to your own values. These skills have been pivotal in developing my leadership capacity.

I also received the Dr Helen Preston Glass Fellowship from the Canadian Nurses Foundation. This fellowship has supported my research in examining how people engaged in sex worker experience research engagement, particularly ethical issues during data collection.

As a lot of my work has centered on working with people who have experienced significant marginalization, this work has provided space to centre voices which are generally silenced or ignored.

**YOUR RESEARCH INTERESTS LIE IN MENTAL HEALTH  
AND SUBSTANCE ABUSE, PRIMARY CARE, AND HIV  
OUTREACH. WHAT DREW YOU TO THESE AREAS OF  
STUDY? HOW DO THESE STUDIES INTERSECT, IF AT  
ALL?**

My experiences supporting family through mental health and substance use services has heavily influenced my approach to nursing. Since I began my nursing career, I have been curious to understand the etiology of the conditions. What has become clear in my work and study, is the complexity of the conditions and their interrelationship with structural inequities closely tied to racism, trauma, and colonization. Thus, the opportunity to learn more and influence change in these areas has been my impetus to return to school.

When I started working in Clinical Education, the gaps in knowledge regarding mental health and substance use with health care providers became more evident. I wanted to learn more about ways to address this in a structural/organizational manner, and develop the skills necessary to do so.

Since starting my masters, I have contributed to the development of substance use education for nurses and undergraduate competencies in substance use nursing. Both projects are upstream strategies to change how nurses approach working with people who use drugs, with the longer-term goal of addressing culture change.



**CAN YOU SUGGEST SOME BASIC PRACTICE CHANGES THAT NURSES COULD AFFECT TO PROMOTE HEALTH EQUITY AMONG THOSE LIVING WITH SUBSTANCE USE ISSUES?**

Where do I start...

1. Remember that people who use drugs are people first, the use of substances may or may not be a priority for them
2. Truly practice patient centred care - ask people what they need, respect their wishes, don't make assumptions about why they are accessing health care
3. Practice self-reflection on the daily
4. Come from a place of respect - Make eye contact, remember people's names, come out from behind the glass and shake their hand, offer coffee and tea – simple things make a huge difference
5. Practice evidence-informed care, not moral judgment
6. Use your voice, learn more about drug policy, trauma, and the intersections with structural determinants of health. Advocate within your hospital and communities for improved access to health care services and treatment.

**IF YOU COULD EFFECT A POLICY OR LEGISLATIVE CHANGE TODAY, WHAT WOULD YOU RECOMMEND, AND WHY?**

I would change our approach to drug policy. The war on drugs has been incredibly harmful and ineffective. I would recommend a public health approach to substance use regulation - based upon evidence, not judgment and moral bias. Through this approach, we could address the issue of contaminated drugs through controlling the drug supply, which is integral to addressing the overdose crisis. We need to stop punishing people for using substances and prioritize people's humanity over fear.

**Recommended Reading:**

Health Officers Council of BC November 2011  
 "Public Health Perspectives for Regulating Psychoactive Substances What we can do about alcohol, tobacco, and other drugs."

[bit.ly/HOCBC](http://bit.ly/HOCBC)





# KEYNOTE SPEAKERS

Dr. Victoria Bungay  
PhD, RN

Dr. David W. Byres  
DNP, MSN, RN, CHE



# GSNA WELCOMES GRADUATE RESEARCH

Engaging with  
Nursing Scholarship  
- ACT LOCALLY, THINK GLOBALLY



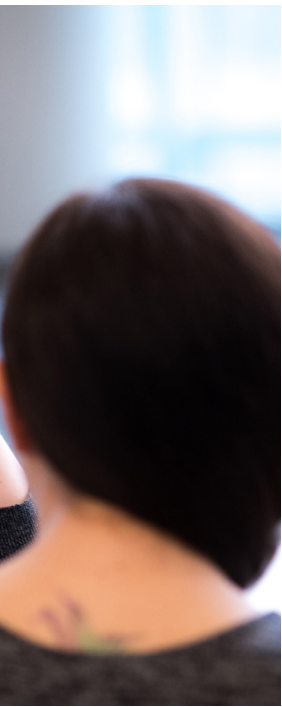


**Graduate Student  
Research Symposium  
May 3, 2017**









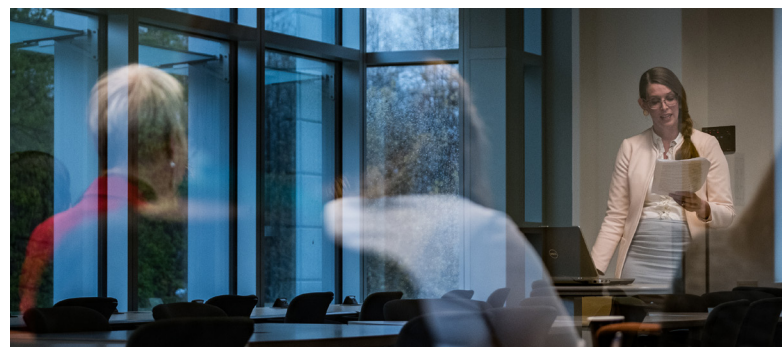
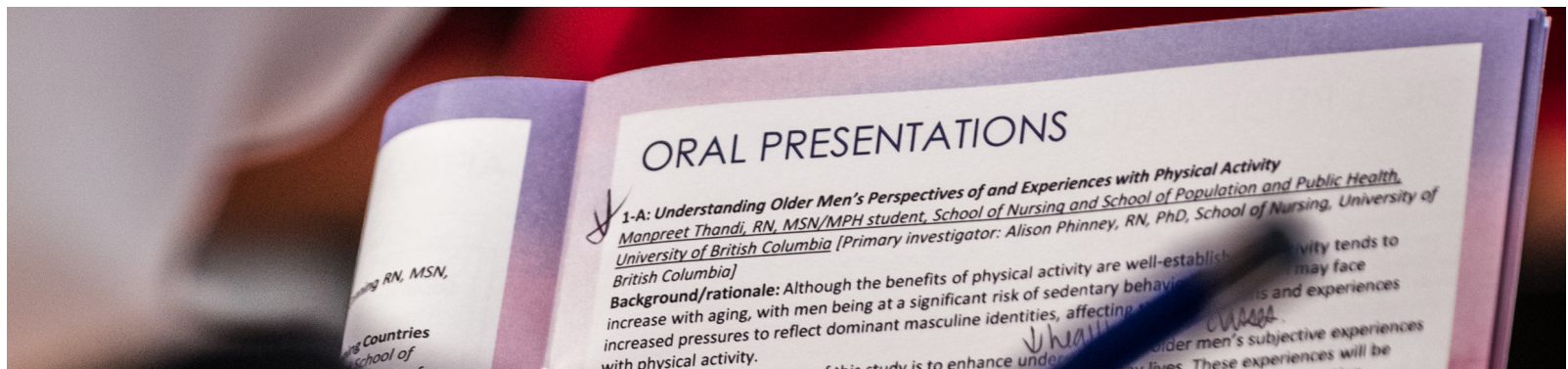
The Graduate Student Research Symposium is an annual event that forms part of the Graduate Student in Nursing Association's (GSNA) goal to enrich student experience of graduate education. The Symposium provides an opportunity for nursing students to share innovative projects, scholarship, and research in a dynamic, interactive, and supportive setting.

In May of 2017 the Nursing Graduate Students gathered with friends, family, and colleagues at the Ike Barber Library to share their findings, exhibit their posters, and learn about ongoing research initiatives and policy updates from Keynote Speakers. This year the participants enjoyed the insights of Dr Victoria Bungay, Associate Professor and Canada Research Chair II, and Dr David Byres, who is both an Adjunct Professor with the School as well as the Chief Nurse Executive, Clinical Integration, Regulation and Education Division of the Ministry of Health.

See our [website](#) for details about the 2018 Symposium when they become available.













# Nursing Alumni Engagement

In 2015 and 2016, three alumni engagement focus groups were held across the Lower Mainland at VGH, St. Paul's and BC Children's hospitals. The purpose of the events was to inform our alumni engagement plan by talking to alumni about their ideas on activities, events, and meaningful engagement with the School of Nursing after graduation.

A large turnout at each one of the three focus group sessions was a great indicator that our alumni were pleased to engage with the School of Nursing. Participants recommended actions in three areas. They were interested in:

1. mentorship opportunities,
2. more and targeted communication, and
3. connection with other alumni working at their place of employment.

The alumni emphasized a desire for mentorship opportunities that included face-to-face connections. They envisioned mentorship opportunities that would allow them to engage with other alumni from various specialties and practice settings. Mentorship was particularly highlighted by alumni with long nursing careers as they transition to retirement.

The second theme was the desire to have more communication with the School. A number of graduates who participated in the sessions were not aware of alumni events, or how to stay better connected. Use of social media channels was highlighted as an important opportunity to increase communication with the school and with other graduates.

Participants were curious about opportunities to engage as a graduate and give back to the school, but identified the nature of the work hours in clinical settings as a barrier to regular engagement. Graduates suggested that connection could be facilitated by raising the visibility of UBC Nursing graduates within the hospitals as well as using health authority newsletters.

Throughout 2017, the Alumni Engagement committee has been formulating a plan to support the themes identified through these focus group sessions. If you would like to be involved or participate in the activities, please reach out to [Cathy.Ebbehoj@alumni.ubc.ca](mailto:Cathy.Ebbehoj@alumni.ubc.ca)



# Every UBC Nursing Alumni has a story to share....

In 2019, UBC School of Nursing will celebrate its 100th anniversary, and to make this a memorable celebration the Centennial Committee has begun planning. As part of the celebrations, the Alumni Engagement Committee is working with excitement and commitment to connect with as many Nursing alumni as possible. We want to update your contact information, record your stories and memories, and share with you information about all the exciting upcoming events once they are finalized. [bit.ly/UBCSO100](http://bit.ly/UBCSO100)

Every UBC Nursing alumna has an interesting story and each story adds to the rich history of the School. We invite you to share your story with us and ask that you spread the word to other UBC Nursing Alumni to do the same. The story could include information about why you entered nursing, impressions of the School, any

interesting nursing anecdotes, and what you would consider highlights in your career and life. Please include a picture(s), if possible.

You can write your story yourself or we would be pleased to help you craft it. Either way contact [Alumni.stories@nursing.ubc.ca](mailto:Alumni.stories@nursing.ubc.ca). Check out some of the stories that have already been posted at [nursing.ubc.ca/alumni/amazing-alumni-stories](http://nursing.ubc.ca/alumni/amazing-alumni-stories).

Help us attain our goal of at least one Nursing alumni story for each of the 100 years.

To update your contact information or for help planning a class reunion event – maybe one that coincides with a SON centennial event, contact [Deanna.Salituro@ubc.ca](mailto:Deanna.Salituro@ubc.ca), Associate Director, Alumni Relations or phone 604.822.9454.

Submitted by Cathy Ebbehoj  
Co-chair, Alumni Engagement Committee



Muriel Uppy\* Upshall BASc(N) 1929



# Patricia Mary Wadsworth

May 1, 1931 - August 16, 2017





A graduate of the VGH School of Nursing (1954) and UBC with degrees in Nursing (1955) and Adult Education (1970), Pat also achieved a Fellowship in the American College of Healthcare Executives.

Her awards include a scholarship from the Canadian Nurses' Foundation, a Queens Silver Jubilee Medal, Meritorious Award from the BC Health Association, RNABC Award of Distinction, Regents Award and Honorary Member of the American College of Healthcare Executives, RNFBC Honorary Membership, UBC Nursing Alumni Recognition, Recognition by the Missionary Sisters of Immaculate Conception, Honorary Member of the Canadian College of Healthcare Professionals, Honorary Life Member of the HealthCare Leaders Association, and was a charter member of the UBC Nursing Honour Society and Xi Eta Chapter of Sigma Theta Tau International.

Pat's career was varied with roles as a Staff nurse, Supervisor, Instructor, Director of Ambulatory services and then Patient Services at VGH, Executive Director of the BC Health Association during a challenging time in healthcare in BC, a surveyor for the first Canadian Association on Accreditation, Clinical Professor in the UBC Department of Health Care and Epidemiology, and then was a Health Care Management Consultant for over 15 years.

As an innovative leader, Pat used her knowledge, skills and connections to deal with a wide variety of issues and challenges. Some of these included:

- Operational reviews at numerous acute care and long term care facilities located outside urban areas
- Accreditation surveys and education consultations for over 200 health care facilities in Canada
- Extensive consultation and on-site visits to health care facilities
- Organizational reviews and on-site patient care and resident care administration at several hospitals

- Extensive task force and committee work provincially and nationally
- Being a member of several hospital and foundation boards

Her many presentations and publications included the themes of strategic planning, patient care standards, communication, sharing of resources, staff development, continuing education and quality assurance are featured. A majority of these presentations were delivered at a time when the technology innovations that are taken for granted today were just being introduced.

In addition to these work assignments, Pat made time to be an active member of more than 16 local and national professional organizations filling a variety of committee and leadership roles:

- As President of the Registered Nurses Foundation, she was instrumental in ensuring that the Capital Campaign to increase funding for basic and continuing education nursing bursaries was a major success
- As President of the VGH School of Nursing Alumnae Association, she helped many others recognize the closure of the school after 99 years of preparing quality nursing graduates
- As the Chair of the UBC School of Nursing 80th Anniversary Committee, she led the celebration of the first degree granting school of nursing in the British Empire which was established in 1919.

Pat had so many unique qualities: her passion for nursing, the ability to assess a situation and devise an action plan was second nature to her, her background knowledge of issues ensured that changes were presented and accepted, her mentoring skills to guide those in need, and the amazing ability to recall details of people's personal and professional lives.

Kathy Murphy  
President, BC History of Nursing Society  
President, Vancouver General Hospital School of  
Nursing Alumnae Association.



# Lavinia Vin Crane

## April 27, 1923 –April 12, 2017

Born in Alberta, Vin Crane moved to BC in 1936 and in 1942 joined the Women's Royal Canadian Naval Service (Wrens). As a Wren, Vin trained as a wireless telegrapher and worked at Special Operations stations, which were part of the larger British Bletchley Park code-breaking "Enigma" program.

After the war, Vin graduated from VGH in 1950 and from UBC with a BSN in Public Health Nursing in 1951. She joined the provincial department of health as a public health nurse and worked in a variety of settings throughout BC. In 1961 she completed a Master's degree in Public Health at the University of Michigan and was awarded the American Public Health and American Universities Honor Awards.

On her return to BC, she continued her career in Public Health Nursing as a Nursing Consultant for the BC Ministry of Health (1961-1974), Assistant Director (1974-75) and Provincial Director of Public

Health Nursing (1975-85). When she commenced her consultation role, she was responsible for developing the BC Home Care Program. After setting up demonstration projects in Kelowna, Vernon and Saanich, the program expanded throughout the province. Under Lavinia Crane's leadership as a consultant and as a Director, the provincial department initiated many research projects.

When Vin retired in June 1985, she was presented with the President's Award from the Public Health Association of British Columbia which recognized her commitment to addressing issues such as preventive health actions and ensuring involvement in decision making by those affected.

Retirement saw Vin serving on several health and association boards and taking on volunteer positions in Victoria.

Kathy Murphy  
President, BC History of Nursing Society  
President, Vancouver General Hospital School of  
Nursing Alumnae Association.









**UBC School of Nursing**

## **ALUMNI & PARTNERSHIP AWARDS GALA**

May 3, 2018 @ The Robert H. Lee Alumni Centre

This annual event is our opportunity to thank all of our alumni and supporters who have made a deep and lasting commitment to nursing education, teaching and research. We will be presenting a number of awards — the Award of Distinction, the Alumni Recognition Award, the Young Alumni Award and the School of Nursing Partnership awards — to celebrate the special contributions and achievements of our colleagues.

**AWARD NOMINATIONS  
FOR 2018  
are now open**

for nomination form  
with awards and criteria  
visit our webpage

[bit.ly/GalaNoms2018](http://bit.ly/GalaNoms2018)

**2018  
EDGE FILM FESTIVAL  
SAVE THE DATE**

**Thursday, April 19, 2018**

**Details to be announced  
on our Events pages**



NURSING, School of

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AUTHOR

In Search of  
Nursing's History

TITLE

# REGISTRATION

Nursing History Symposium

at UBC Woodward Library

Thursday March 8, 2018

10 am - 2 pm

DUE	RETURNED	DUE	RETURNED

The 2018 Nursing History Symposium will offer an exciting opportunity to explore new and existing resources in nursing history on campus and beyond. New digital projects, archival, special and photograph collections as well as artifacts relevant to nursing history will be displayed, presented and discussed. In an interactive symposium, held at the UBC Woodward library's historic space, UBC librarians, archivists, the UBC Consortium for Nursing History Inquiry and the BC History of Nursing Society collaboratively invite you to join for presentations, discussions and a Walk About to examine what's new and what's old in search of the rich history of nursing and healthcare.

Students, faculty, scholars, professionals, community members and alumni are invited. Details and registration information to follow.

BC HISTORY of NURSING

Register at:  
[bit.ly/NursHistSym2018](http://bit.ly/NursHistSym2018)



THE UNIVERSITY OF BRITISH COLUMBIA  
Library





## **FEATURED NURSING ROUNDS**

**TITLE:** FAMILY COUNCILS IN BC: From Individual to Collective Advocacy in Long-Term Care

**PRESENTER:** Dr Jennifer Baumbauch

**DATE:** October 23, 2017

**VIMEO LINK:** [vimeo.com/239862327](https://vimeo.com/239862327)

Missed our Nursing Rounds or Research Toolbox? Many of our presentations have been recorded. Please visit our Vimeo channel to catch up or review the ongoing research of our colleagues.



# Family Councils in BC

## From Individual to Collective Advocacy in Long-Term Care

Over 250,000 frail, older adults live in long-term care facilities in Canada, and their families have a central role in their lives and care. Family Councils offer a vehicle for families to collectively advocate for quality of care and to participate in organizational-level decision-making. Yet, despite their widespread adoption, there has been very little research about Councils. Dr. Baumbusch will present findings from a province-wide survey of Family Councils in British Columbia, in which 222 facilities (response rate 86%) returned a completed survey of which 151 had an active Family Council. Results will focus on the characteristics of Family Councils and facilitators and barriers to their sustainability. Recommendations will also be presented regarding Family Councils and other initiatives that focus on family integration in the long-term care sector.

**CLICK TO PLAY. THIS LARGE FILE TAKES A WHILE TO LOAD**

[EVENTS](#)

[VIMEO](#)

BIO: Dr. Baumbusch leads a program of research aimed at improving the inclusion of families in the healthcare sector, particularly long-term residential care. Her research has focused on ways that families are integrated into healthcare settings, including the role of organizational and policy contexts. She is currently conducting knowledge translation intervention research that involves co-creation with families of individuals living in long-term care facilities.







# 10 Ways to Connect

## Join our Global Alumni Map

Our interactive online map lets you find your friends and classmates around the world. Add your profile to it for a chance to win our Travel in Style Sweepstakes. (Turn the page for more details.)



## Host or Attend One of Our 100 Dinners

Starting this summer, host or take part in a dinner with your fellow alumni in celebration of 100 years of UBC experiences.



## Come to Alumni Day at Homecoming 2017

This September, join in a day of learning, entertainment, and family-friendly fun at UBC's 2017 Homecoming festivities.



## Reunite With Old Friends

Catch up with your old classmates and reminisce about your student days. Reunions are a great way to strengthen common bonds and renew friendships.



## Learn and Socialize at Our Events

Choose from dozens of events across the globe and online. From networking receptions to panel discussions about the most pressing issues of the day, there's an event for you.



## Browse Our Media

alumni UBC produces a wealth of informative and entertaining content. Visit our online media library to explore podcasts, webcasts, blogs, photo albums, and stories from Trek magazine.



## Take Advantage of Benefits & Services

Your connection to UBC doesn't end with graduation. As an alumnus, you receive lifetime access to exclusive benefits and services. Take advantage of these special offers available just for you.



## Visit the UBC Welcome Centre

The Wong-Trinor Welcome Centre in the Robert H. Lee Alumni Centre is the friendly front door for all visitors to UBC's Point Grey campus. Our staff and volunteers will be happy to answer your questions and help you plan your visit.



## Volunteer and Donate

Whether you're interested in contributing financially or as a volunteer, there are many ways to give back to your UBC community.



## Find us on Social Media

Connect with alumni UBC and graduates around the world on social media. We're on Facebook, Twitter, Instagram, and LinkedIn.



## Our Goal: 100,000 Connections

alumni UBC was formed by a small group of UBC's earliest graduates on May 4, 1917. Now we're more than 325,000 strong, spanning more than 140 countries.

Individually impressive and collectively outstanding, UBC alumni are helping to realize the university's aspirations for a better world.

To mark our 100th year, we're building our global community with an ambitious goal: making 100,000 alumni connections by May 2018. Wherever you are in the world, there's a way to take part.

Visit [alumni.ubc.ca](http://alumni.ubc.ca) for more information on how to be part of alumni UBC 100

**alumni**UBC 100

# We are One



## Make a Connection and You Could Win!

Share your UBC pride during alumni UBC 100 and you could win our Travel in Style Sweepstakes.\* The more ways you take part, the greater your chances of winning.

Get started by visiting [alumni.ubc.ca/map](http://alumni.ubc.ca/map). You can use this postcard as a prop when taking photos and making videos to add to the map, or you can simply mail it in.

- Place yourself on our global alumni map. Receive one contest entry.
- Add a memorable UBC moment to your map profile. Receive three contest entries.
- Share your memorable moment in a short video with our built-in recording platform. Receive three more contest entries.
- Unable to add yourself to the map? You can still win! Write a message on the back of the postcard and mail it in. Your card will be displayed in the Robert H. Lee Alumni Centre. Receive three contest entries.\*\*

\* See details at [alumni.ubc.ca/travel-in-style](http://alumni.ubc.ca/travel-in-style)

\*\* Even if you've added yourself to our global alumni map, you can still mail in your postcard for additional contest entries.



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ESC TO END READING IN FULL SCREEN MODE

**MHLP**  
Master of Health Leadership and Policy  
\* pending approval

CLINICAL EDUCATION\*

SENIORS CARE

**UBC MSN**  
MASTER OF SCIENCE IN NURSING

The Master of Science in Nursing at UBC is designed to inspire leadership in the field of nursing. The program prepares nurses to contribute to the advancement of nursing and health care. With the knowledge and skills gained here, nurses can look forward to vital careers helping to resolve national and local health care issues in dynamic, multidisciplinary environments. The UBC School of Nursing offers students the support of an award-winning faculty and a passionate commitment to the ongoing improvement of health care delivery.

ADVANCING KNOWLEDGE,  
INSPIRING LEADERSHIP



THE UNIVERSITY OF BRITISH COLUMBIA

**School of Nursing**

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