

# TOUCHPOINTS

SCHOOL OF NURSING NEWS / SPRING/SUMMER 2016



a place of mind

THE UNIVERSITY OF BRITISH COLUMBIA

SCHOOL OF NURSING

# Director's Message



Photo: Martin Dee

As the landscape for nursing and health care in the province continues to shift and change, we at the UBC School of Nursing are focussing our vision on the needs of patients, families, and populations for prevention and health promotion. As we consider the next ten years and beyond we are asking ourselves: "What will the skill set of the nurse of the future be? How must our educational methods and practice education models shift to meet the needs and demands of our students and the changing health care system?" These are the questions that we have considered to envision the 2016-2020 Strategic Plan for the School of Nursing.

In this issue of Touchpoints, you will get a taste of our work over the past year as we celebrate faculty, student, alumni, and community partners who are such a critical component of all we do. Some newsworthy items include the recognition of Ethel Johns as a Person of National Historic Significance by the Government of Canada (p.4), and the launching of an innovative one-year professional master's program with a focus on leadership, health policy, and seniors care (p.12). Research highlights include our faculty members' work in the areas of Men's Health, Vulnerable Youth, Older Adults, and Intimate Partner Violence (pp. 6-11), which demonstrate our focus on vulnerable populations and social justice and how we are translating this important work into practice. Development efforts have seen the addition of scholarships, lectures, and an important launch of a partnership to support Cardiovascular Health (p. 13). Don't forget your invitation to our gala, which provides us with opportunities to recognize alumni and partners through our awards.

In my role as Chair of the Nurse Educators Council of BC, I have been proud to participate in the formation of the BC Coalition of Nursing Professionals. This group is bringing together board members from all the nursing family associations (LPN, RPN, NP, RN) who are collaborating to enhance the unification of nursing within the province as a voice for nursing.

With stimulating collaborations, innovative technologies, and a wealth of information, nursing remains an exciting field of study, but now more than ever our knowledge transfer systems need to be efficient, far-reaching, and proactive. We are preparing our undergraduate students to sit the NCLEX-RN exam with hands-on faculty professional development and support; we use webinars and video recordings to reach researchers, practitioners, learners, and educators virtually; and we have refreshed our website and social media platforms to encourage our alumni, faculty, students, and partners to stay abreast of SoN news, research, and events.

It's easier than ever to stay in touch (see the icons in our Table of Contents) and I welcome your feedback and support going forward. Please let me know what's important to you, what's affecting your nursing practice, and how the School of Nursing can help!

Sincerely,

  
Suzanne Hetzel Campbell, PhD, RN, IBCLC  
Director

## Priorities for 2016-2020 Strategic Plan

- Priority I:** Lead high impact research that improves health locally & globally
- Priority II:** Create innovative learning environments that advance health solutions
- Priority III:** Deliver outstanding research informed educational programs sustainably

- Priority IV:** Foster excellence in our people to achieve our goals individually & collectively
- Priority V:** Establish UBC School of Nursing as a leader in UBC Health and a valued resource for the communities it serves.

## ON THE COVER

The new Bachelor of Science in Nursing students attend orientation in September 2015.



Photographed by Andrew Lee  
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a place of mind  
THE UNIVERSITY OF BRITISH COLUMBIA  
School of Nursing

**TOUCHPOINTS**

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# Ethel Johns

## Plaque celebrates contributions to nursing

On February 10, 2015, more than 40 guests gathered at Cecil Green Park House to honour the naming of Ethel Johns (1879-1968), the first Director of the UBC School of Nursing, as a Person of National Historic Significance by the Government of Canada. The focal point of the ceremony was a large, bronze plaque, which details the historic significance of Johns' contributions to the development of professional nursing in British Columbia, nationally and internationally.

"Ethel Johns was an extraordinary woman, a nursing leader who fought for the professionalism of nursing over her 50-year career as a nurse, nurse administrator, educator, consultant, editor and writer," said Kathy Murphy, BC History of Nursing Society (BCHNS) President, in her remarks to the guests.

The naming was first announced on April 20, 2009 by the Honorable Jim Prentice, Minister of the Environment, and through the hard work of many, the ceremony was arranged to formalize the honour. At the event, hosted by Parks Canada for the Historic Sites and Monuments Board, the plaque was unveiled and guests enjoyed displays highlighting Ethel Johns' life and career. Former UBCSON faculty member, Cheryl Entwistle, now with BCHNS, added a festive touch by circulating through the crowd in period nursing costume.

Ethel Johns' accomplishments are well documented. Her achievements at a time when women were a decade away from being defined as "persons" under Canadian and British law are nothing short of remarkable. "Johns faced down fierce opposition from those who thought university education would leave



Top: Suzanne Campbell, Director; Helen Shore, Professor Emeriti; Glennis Zilm, BCHNS; Sally Thorne, Associate Dean, Faculty of Applied Science and Professor of Nursing; and Kathy Murphy, BCHNS President, unveil the plaque. Clockwise from top left: Cheryl Entwistle in period costume and cell phone; Harold Kalman, BC member of Historic Sites and Monuments Board at the podium; Kathy Murphy presenting some background; Dr. Helen Davies, Field Unit Superintendent, Parks Canada; a full display of historical dress and items prepared by the BC History of Nursing Society (BCHNS).



nurses overtrained,” says Suzanne Campbell, Director of the UBC School of Nursing.

As WWI came to a close and was followed by the Spanish Influenza, the world was awakening to the vital role of nurses in health care. Ethel Johns took advantage of this critical shift to champion the transition of nursing education from hospitals to universities. As a result of her advocacy for a knowledgeable nursing workforce, UBC became the first university in Canada to officially incorporate basic nursing education at a university degree granting level. The Department of Nursing (later the School of Nursing) enrolled its first class of students in 1919, setting the stage in what was to become a global transition that professionalized nursing and established the scientific knowledge base for nursing practice. The legacy of Ethel Johns is evident throughout the pages of every issue of TouchPoints.

Recognition as a person of National Historic Significance is a distinctive honour conferred by the Government of Canada through its Historic Sites and Monuments Board. The nomination was prepared by Glennis Zilm of BCHNS and supported by the Canadian Nurses Association, the Women’s History Network of BC, the Nurses Alumni Association of the Winnipeg General Hospital and Health Sciences Centre and the UBC School of Nursing. “In 2003, only about one quarter of those recognized were women and 40 per cent were politicians,” says Glennis. “I was very pleased and not at all surprised that this had finally happened.”

The plaque will be permanently located in the UBC Patient Park to the west of the UBC Acute Care Hospital.

Ethel Johns – a nursing leader who fought for the professionalism of nursing for 50 years as a nurse, administrator, educator, consultant, editor, and writer – has now been recognized by the Government of Canada as “a person of National Historic Significance.”



Glennis Zilm invites questions at the History of Nursing display.

## Men's Health

### Dude's Club

Photos: Jeff Topham

If you're a man living on the Downtown Eastside (DTES), life can be lonely. Until recently, very few health and wellness services existed that addressed isolation and encouraged men to seek out medical care and social connections.

In 2010, UBC clinical assistant professor, Dr. Paul Gross, physician at the Vancouver Native Health Clinic, along with Doreen Littlejohn, Manager of The Positive Outlook Program, a centre for people living with HIV/AIDS on the DTES, embarked on a mission to address this gap in services in the area. Men struggling with issues such as depression and Hepatitis C were suffering alone and not inclined to visit a doctor. The answer was to turn the traditional health care model on its head and bring these services out of the office setting to a place where men felt a high degree of safety and confidence.

The first meeting of the [DUDES Club](#) - Downtown Urban Knights Defending Equality and Solidarity - was held at the Vancouver Native Health Society on East Hastings in 2010 and has been running every second Thursday ever since. An average meeting attracts 50 to 60 men, mostly over 40, simply through word of mouth. According to Paul, the appeal of the club is that it creates a safe, supportive place for men to talk about health, both physical and mental. "Our first goal is to build community between the men for them to develop supportive, healing relationships, which is why the first hour is for activities like watching hockey, free haircuts, and a hot meal" says Paul. In the second hour, there is a group discussion on a specific health topic.

In its first year, Paul focused on building a rapport with the men and kept to topics they wouldn't find awkward or threatening. Now in its fifth year, Paul is amazed at how comfortable the group has become. "We talk openly on subjects like erectile dysfunction and domestic violence," he says. "We've even had a few watershed moments talking about sexual abuse."

The DUDES Club is one of a suite of projects within UBC's Movember funded Men's Depression & Suicide Network, co-led by Dr. John Oliffe, from the UBC School of Nursing ([www.men-healthresearch.ubc.ca](http://www.men-healthresearch.ubc.ca)). "Our program wouldn't have had the academic legitimacy without Vicki Smye and the School of Nursing," says Paul. Vicki's research addresses inequities related to mental health and addictions systems and services with a particular focus in the areas of women and violence, cultural safety, and Aboriginal mental health. Vicki also connected Paul with Henry Charles, a Musqueam elder who is one of only five living Musqueam speakers and now serves as the DUDES Club Elder in Residence. "I didn't expect we would have such a fabulous Elder," says Paul. "His presence really bridges culture, language and health. Regardless of their background, all of the men identify with indigenous health tradition."

Henry uses the medicine wheel to talk about the balance between mental, emotional, physical and spiritual health. "It helps them realize that their culture is not lost in the urban setting of Vancouver," says Henry of the indigenous members of the group. "With their language comes a reconnection to their history and cultural traditions. I believe it makes them proud to be First Nations, which is a big statement considering their life experiences prior to joining the DUDES Club."

While the full benefits of the program are still being measured, preliminary findings suggest it is making a big difference. "It helps those with Native heritage reconnect with their roots," says Henry. "Some have even been able to better their lives and leave the Downtown Eastside because they realized they no longer belong there."

Funding from the Movember Foundation has allowed for expansion of the DUDES club to three locations in the interior: Prince George, Smithers and Morricetown.



Photos: Jeff Topham



## Man-Up Against Suicide

**Man-Up Against Suicide** is a research project aimed at breaking silences and stimulating conversation on the issue of men's depression and suicide. We collected photos and narratives from 60 Canadian men and women who had been affected by a man's suicide and put them on display in exhibitions that were shown across the country. Included also were photographs and stories of men who had previously thought about killing themselves. These exhibits had a powerful impact on those who viewed them, providing space and inspiration for people to share their own stories.

From these photographs we have published a photo book. **Stay** is a selection of these images. To find out more or to order your copy, visit [menshealthresearch.ubc.ca/stay/](http://menshealthresearch.ubc.ca/stay/).

The next phase of our project will be exploring how depression and suicide affect partners of the same gender, and particularly how queer men are disproportionately affected. We are



seeking gay, bisexual, or queer-identified men who have lost a male partner, friend, or relative to suicide or who have experienced suicidal thoughts themselves to participate in this project. Photos and data will be collected until April, and an exhibition will take place in September in Ottawa. To participate or learn more about the project:

604-822-7638 | [man.up@ubc.ca](mailto:man.up@ubc.ca) | [manupagainstsuiticide.ca](http://manupagainstsuiticide.ca)



# Stigma and Resilience Among Vulnerable Youth Centre

**The Stigma and Resilience Among Vulnerable Youth Centre (SARAVYC)** is a team of researchers dedicated to finding evidence-based strategies that will reduce stigma and improve resilience among vulnerable youth populations. The Principal Investigator and Director of SARAVYC is Dr Elizabeth Saewyc.

Through a multidisciplinary approach, we collaborate with health professionals, policy-makers, educators, and service providers to identify the social forces and strategies that foster healthy environments for youth.

SARAVYC receives research funding from the Canadian Institutes of Health Research, the U.S. National Institutes of Health (NIH), national and provincial governments, and B.C. Health Authorities, among other sources.

Many of SARAVYC's studies have received local, national, and international media attention and have been used as evidence for policy change. Below are some of SARAVYC's current initiatives.

## CANADIAN TRANS YOUTH HEALTH SURVEY

From October 2013 to May 2014, SARAVYC conducted a nationwide anonymous online survey of youth aged 14-25 who identify as transgender or genderqueer. We received 923 useable responses from participants balanced across Canadian provinces. Respondents included 60 Francophone participants. The survey asks about health risks and protective factors for trans and genderqueer youth. It also asks participants to comment on the phrasing of questions around gender identity, in order to better understand how to ask these questions appropriately. The national report was released in May 2015 and regional reports

are forthcoming. Results from the national report have already influenced trans policy in schools and national organizations.

A cornerstone of SARAVYC's work is knowledge-to-action: ensuring our research gets in front of the communities who will use the results.

## PROJECT RESPECT: RESEARCH AND EDUCATION ON SUPPORTIVE ENVIRONMENTS FOR QUEER TEENS

SARAVYC is participating in an NIH-funded research study led by a team in Minnesota to identify the potential supportive influences in community environments for LGBTQ youth. Researchers interviewed LGBTQ youth in Minnesota, Massachusetts, and British Columbia. In BC, 23 youth from urban, rural, and suburban communities participated in "go-along" interviews. As part of their interviews, youth showed researchers the places they hang out, services they use, and the places they feel safe. These interviews gathered in-depth information on LGBTQ adolescents' perceptions of supportive elements in their schools and communities. This information is being used in conjunction





## SARAVYC

### Programs and studies devoted to vulnerable youth

with published literature and expert reviews to create an LGB Environment Inventory, to test which factors at the family, peer, school and community levels foster LGBT youth health.

#### VANCOUVER TECHNICAL HIGH SCHOOL WELLNESS INITIATIVE

SARAVYC researchers, led by Dr. Sheila Marshall in collaboration with Vancouver Technical High School, are evaluating the school's Wellness Initiative (WIN). In 2014, initial survey findings helped administration, students, teachers, and counselors recognize that a lack of sleep among students was common. They decided to promote sleep health in 2015. During the multi-year initiative, SARAVYC surveys students annually using electronic tablets, which allows for less class-time interruptions and faster reporting. This helps the school community to rapidly implement their initiatives. The project has already gained media attention from Global News, The Globe and Mail and the Ottawa Citizen.

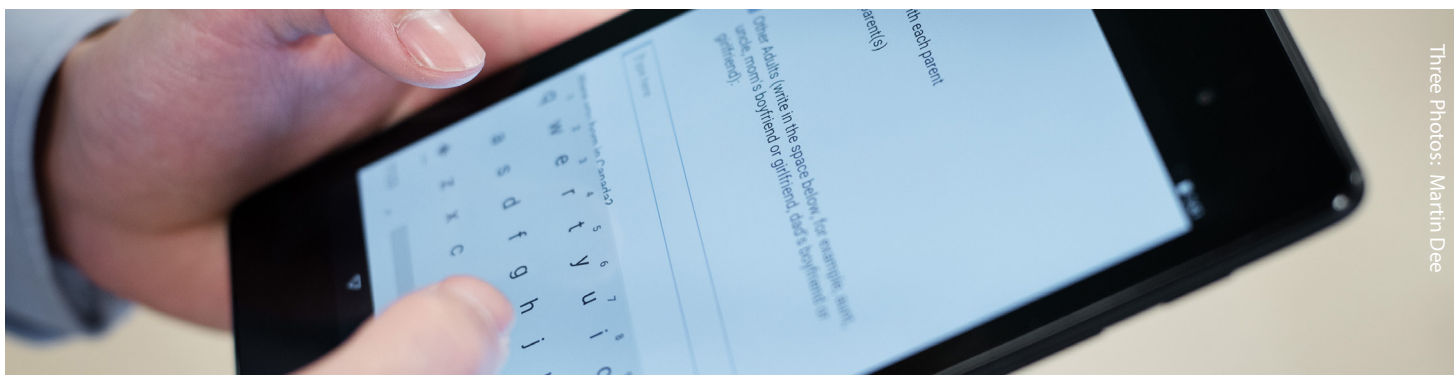
#### GIRL2GIRL: HARNESSING TEXT MESSAGING TO REDUCE TEEN PREGNANCY AMONG LESBIAN, GAY, & BISEXUAL GIRLS

Despite compelling data that lesbian and bisexual adolescents are at risk for pregnancy and sexually transmitted infections (STIs), programs tailored to their sexual health needs remain nonexistent.

To fill this gap, the Center for Innovative Public Health Research (CiPHR) led by Dr Michelle Ybarra, has asked SARAVYC researchers and others to join them in developing and evaluating Girl-2Girl, a novel text messaging-based teen pregnancy prevention program that will be designed specifically for LGB young women ages 14-18 across the U.S.

SARAVYC is conducting asynchronous on-line focus groups with diverse LGB young women from across the U.S., to gather input for creating the 10-week text messaging intervention.

Submitted by Elizabeth Saewyc



Three Photos: Martin Dee

## YALE ROAD CENTRE PROJECT: THE ROLE OF ART IN PLACEMAKING IN TRANSITIONAL CARE HOMES

In partnership with Emily Carr University and Fraser Health Authority, Alison's research is helping to turn a challenge into an opportunity. The Yale Road Centre is a transitional care facility in Surrey housed in an older building with little budget for interior design. "People with dementia become more attuned to the aesthetics of their surroundings," says Alison, "and care facilities can be barren environments, places of aesthetic deprivation." Alison's team worked with Emily Carr University students to create artwork to bring colour and life to the facility as well as provide way finding cues. "It's about making the unfamiliar, familiar."

Once the artwork was installed, the researchers looked at whether the art provided opportunities for dialogue and social engagement. They found that the presence of "real" art could invoke important emotional responses. The research demonstrates that older people benefit from expressing themselves creatively. "We heard stories of people's past and also stories of what they wished for," says Alison. "By inviting conversation with people with dementia, it creates openings for hearing the voice of dementia."

### HOW COMMUNITY-BASED PROGRAMMING CAN INFLUENCE SOCIAL CITIZENSHIP

Community-based programs are becoming more common as a way to support people with dementia who are living at home. However, there is little understanding about their benefits and challenges.

To address this, Alison's research group is conducting a two-year ethnographic study at two different sites: a traditional adult day program and a social and recreational group for people with young onset dementia. Findings to date reveal that the latter, with its strong focus on "normal and ordinary activities," supports important aspects of social citizenship for its members, including:

**Reducing Stigma** Activities are designed to bring group members out into the city where they can see and be seen. This visibility helps create community awareness and understanding of what it means to live well with dementia.

**Promoting Participation** Group members are afforded opportunity to engage in the life of the city. Through their active participation, members are contributing to the creation of an inclusive urban space.

**Building Community** The commitment to shared group activity promotes a strong sense of emotional connection and social belonging amongst the members of the club.

Submitted by Alison Phinney and Jennifer Baumbusch

## Older Adults Engaging adults with dementia

**Dr Alison Phinney** wants to better understand what it is like to be living with dementia. Since her early years in nursing, she has been reaching out in unique ways to help older adults successfully cope with the consequences of aging and disease. Now, through her research at UBC, her goal is to find ways to help those experiencing dementia continue to be engaged in life.

"It's distressingly easy for someone with dementia to stop being active in their community and lose their sense of well-being," says Alison. When seniors lose their sense of purpose and belonging in family and community, they become deprived of what researchers like Alison call "social citizenship."

The research uses qualitative methods to examine how people with dementia and their families experience the impact of cognitive impairment on their everyday lives, how people with dementia cope through involvement in meaningful activity, and the role that families and communities play in supporting them. "A lot of my work is focused on hearing or listening to that voice of dementia," says Alison. By hearing people's experiences in their own words and seeking to understand this as much as possible from their standpoint, Alison's goal is to build up and sustain social citizenship. "I've learned a lot about the importance of participation and growth," she says. "Dementia does not change our desire to be a part of a community, to connect with others and to have something to contribute."

Two of the ongoing projects Alison is overseeing are aimed at giving people with dementia the opportunity to express themselves and to grow and participate in life to the fullest extent possible, free from discrimination.

# I Can Plan 4 Safety

## New online support tool for victims of partner violence

Nursing researcher Dr Colleen Varcoe and her team are testing a new, online support tool for Canadian women affected by partner violence.

When you're at the receiving end of partner abuse, it can be tough knowing exactly what to do or how to turn the situation around.

A new online tool for women, co-developed by UBC researcher and professor Colleen Varcoe of the School of Nursing, hopes to change that.

When a woman visits the iCan Plan 4 Safety website, a trained researcher will help her get started on a process of assessing her risk, understanding the resources available to her, and creating a plan of action.

It's ultimately the woman's decision whether she wants to leave an abusive situation.

"There are women who, because they feel a commitment to the relationship, or because there's children involved, are not ready or don't want to leave the relationship," says Varcoe.

"But whether or not they decide to leave, this tool will provide them a personalized strategy based on their unique situation and preferences, plus a list of resources and a clear idea of what they'll need to do."

The process starts with a simple phone call from the woman and unfolds over four online sessions over the course of a year.

iCan Plan 4 Safety is the centrepiece of a study by UBC, the University of New Brunswick and Western University.

Varcoe and her co-researchers are testing the resource's usefulness for women unable or unwilling to use community-based services such as hotlines or battered women's shelters.

"If women find the tool useful, then we'll be looking at making it more permanent and following up with the women after the study," says Varcoe.

The researchers are looking to enlist about 450 women and are seeking more volunteers. Women in domestic abuse situations from BC, New Brunswick and Ontario can participate by calling the confidential, toll free line 1-844-264-4226 (iCAN), provided they are at least 19 years of age with access to a safe computer and the Internet.

"Less than 17 per cent of women who are in abusive relationships actually access support services like battered women's shelters.

What we are trying to do is build up a strategy for women to come out to safety," says Varcoe.



Submitted by Colleen Varcoe

# Master of Health Leadership and Policy

A year can change everything

The School of Nursing is once again leading the way in its educational programmes. On January 4th we welcomed the first cohort of students into the new Master's of Health Leadership and Policy in Seniors Care (MHLP Seniors Care) Programme. The goal of this one year graduate degree is to educate leaders in the provision of care to Seniors in order to respond to shifting demographic trends.

Seniors are expected to account for nearly one-quarter of British Columbia's population by 2036, and the proportion of seniors aged 85 and older is accelerating rapidly. Moreover, a significant proportion of seniors are accessing acute and community care services. Thus, there is a need for professionals with the knowledge and skills to ensure quality of care delivery and lead innovation in this field of healthcare practice.

The 12-month graduate degree, which is delivered in partnership with Applied Science and the Sauder School of Business, is designed to develop health care specialists with the knowledge and skills to improve patient outcomes and foster the well-being of seniors, in both community and institutional contexts.

Nursing has always played an important role in the care of seniors. We have a number of faculty who lead programmes of research in seniors care. This new programme builds upon strengths and expertise of faculty in the School of Nursing.

If you're thinking about making more of your career in health, think about the difference a year at UBC can make. Build knowledge. Cross disciplines and boundaries. Gain confidence. Master the leadership skills that will take you to the next level. Invest in yourself and help to shape the future of care for Seniors.

For more information about the programme or for application information contact [mhlp.ubc.ca](http://mhlp.ubc.ca)

Submitted by Judith Lynam

**MHLP** | Master of Health Leadership



Photo: Martin Dee

## School of Nursing Partners with St. Paul's

### Cardiovascular nursing research and education

Ninety percent of Canadians have at least one risk factor for cardiovascular disease, and it is one of the leading causes of death and hospitalization for Canadians. Preliminary studies have shown that nurses with specialized knowledge and skill in the care of cardiovascular patients have a tremendous impact on patient outcomes across the continuum of care. How much more could we improve the quality of life for all Canadians if we could enhance high standards of practice for cardiovascular nursing, and then ensure all nursing students had access to this education?

This is the goal behind the new UBC and St. Paul's Hospital partnership around Cardiovascular Nursing. We aim to bring together the educational expertise of the School with the cardiovascular expertise of St. Paul's to create a position that leads in knowledge development and clinical innovation directed at heart health across a spectrum of care that includes risk factor modification, management of critical illness, and rehabilitation – and then to take these improvements in care, and translate them into leading edge education for today's nursing students.

"I am very excited about this partnership with St. Paul's," says UBC's School of Nursing Director Suzanne Campbell, who is championing the partnership from within the School. "Nurses at St. Paul's, many of whom are UBC alumni, have undertaken a great deal of research on cardiovascular nursing over the past several years, which has led to new standards of practice being implemented to the betterment of patient care and patient outcomes. This partnership will help the School and St. Paul's strengthen the critical link between research, education and practice; the mentorship of our students and leadership on

graduate student advanced practice will be vital to improving patient care for all Canadians."

The School and St. Paul's Hospital are raising \$1,000,000 to support the work of this new partnership. If you would like more information, or are inspired to support this initiative in cardiovascular nursing, please contact Darya Sawycky, Associate Director, Development and Alumni, School of Nursing at 604-827-0081 or [darya.sawycky@ubc.ca](mailto:darya.sawycky@ubc.ca).



SoN Archives 2010

UBC School of Nursing Students at St Paul's work through their daily routine.

## SHERRY DAHLKE, PHD

*PhD in Nursing Graduate*



Dr Sherry Dahlke

Sherry Dahlke always had her sights set on nursing education. Born in Saskatchewan, she pursued basic qualifications in both nursing and adult education. It wasn't until 2000 that she found her true focus and passion. While working on her BScN at the University of Victoria, she observed a lack of understanding of how to manage care for older adults. With an aging population, more and more older adults need care from healthcare professionals not used to treating this demographic. "Hospitalized older adults are at risk for delirium, which is a medical emergency," she says. "As we age, due to the changes in our bodies, delirium comes with acute illness."

Her studies in this area led to more questions, and she was encouraged to continue with her education. Sherry went on to pursue her MN and PhD at the UBC School of Nursing. Today, she is an Assistant Professor in the Faculty of Nursing at the University of Alberta.

"I'm studying how important it is to work in interprofessional teams," she says. Working with older adults can be physically demanding, and they also have a complexity of needs. She is working to understand processes of "interprofessional care." She is currently conducting a study to learn about older adults and their families' perspectives of what it was like to be cared for by a healthcare team. How were their perspectives incorporated? Preliminary findings suggest that communication among team members and including perspectives from both older adults and their family members are important.

"At UBC, I was fortunate to work with some really great faculty members who were keen to have conversations and treated me as a colleague," she says. "I am grateful to my Doctoral committee for holding my feet to the fire to ensure I conducted a rigorous study and helping me grow and develop as a researcher." Since graduating, Sherry has come to appreciate the breadth and depth of the knowledge she acquired. "I feel confident that I've had a really good grounding in qualitative and quantitative research."

Annie Lau calls herself a true testament to lifelong learning. Indeed, more than 20 years after graduating with her BScN

## ANNIE LAU, MSN

*Master of Science in Nursing Graduate*



Annie Lau

from UBC, she returned to the School of Nursing on a quest for more knowledge. With her BScN, Annie worked in a variety of nursing roles, from oncology and acute care, to public health.

While she was accepted to the Masters program in 1990, the timing wasn't right to pursue another degree. "Life is about all the planets being lined up," she says of the balance between her personal and professional lives. "The bachelor really equipped me for a long journey of practice." Annie excelled as a public health nurse, receiving recognition in 2011 for her clinical competence with the CRNBC Award of Excellence in Nursing Practice. And it was through her work with families on the Downtown East Side and in the Strathcona area she found her passion and inspiration to return to UBC for her MSN.

"I started the program in 2010 and walked across the stage in the spring of 2014." Her husband and two teenage daughters attended her convocation. The MSN required her to write a thesis, something she was not initially comfortable about. "I am glad that I didn't have a choice," she says of presenting her findings. "I would have never gone down that path on my own initiative." Her mentor and supervisor, Dr. Wendy Hall, helped her to focus in on an area of particular clinical and personal interest: Parents' experience with infant sleep safety and SIDS. "It was exciting because, as practitioners, we all know parents. But in using a research lens to look at the issues, we can validate what we've seen in practice."

Annie's perspective after a two-decade break is unique. Reflecting, she says, "I felt a sense of completion of what I set out to do in 1990. In retrospect, there is a greater purpose of completing it in 2014 than in 1990 because my research focus and career path would have been very different. What I achieved in my research study and clinical practice



now hold much more meaning for my clinical, professional, and personal life." And the time away from school also allowed her to see how the School of Nursing has changed over the years. "I was so impressed to see the growth of the program and the caliber of expertise," she says. Her studies also confirmed her passion

for public health and the need for advocacy in this area. "I came out of the experience really charged," she says. "New opportunities in education get me going."

## CAITLIN RITCHIE MN-NP

*Master of Nursing - Nurse Practitioner Graduate*



Caitlin Ritchie

From a small Ugandan village, to Nanaimo, BC, Caitlin Ritchie's career has already come full circle. After graduating with a BScN in nursing from Trent University in 2007, Caitlin spent eight months in Uganda working in community health and HIV education. That experience would inform many of her future choices.

"I always planned on becoming a nurse practitioner," says Caitlin who follows in the footsteps of her mother, a nurse practitioner in Ontario. "Nurse practitioners are excellent at providing care for the marginalized, socially complex patients that I am interested in and who are often not served well by our health care system."

The UBCSON Master of Nursing – Nurse Practitioner Program is a full-time, two year commitment and prepares its graduates to work in primary care settings. Nurse practitioners assess, diagnose, and treat common and predictable conditions across the lifespan, and are eligible to apply for registration as Nurse Practitioner (Family) in British Columbia. "Nursing is such a flexible profession, I was able to keep working during my time off from school," says Caitlin. Before applying, however, Caitlin knew she needed at least three years of practice. She decided to move to Vancouver to join the staff at St. Paul's Hospital, where she developed her clinical skills through her work on the wards and in St. Paul's ER. "St. Paul's is known for being innovative in its service to marginalized populations." She also worked as a primary care nurse at Bridge Refugee Clinic.

In 2013, after six years of practice, Caitlin applied for and started the MN-NP program. It was a huge change from her experience as an undergrad, where she shared classes with hundreds of oth-

ers. "I really enjoyed the tight-knit group of students and the feeling of community," she says of her class of only 13 students. "The faculty is a small group. It really feels like they get to know us individually." The UBC program is also the only one in BC that is on site, which means classes, lab work and tutorials are all shared experiences.

"I did a course on health promotion with an emphasis on social justice," says Caitlin. "It was my favourite because it challenged a lot of my assumptions. The course gave me the language to explain to others what the social justice role of a nurse practitioner is," she says. "My language has changed and I can better meet people's needs by understanding where they come from."

For her final project, Caitlin worked with Dr. Judith Lynam to look at how to improve delivery of primary care services to the marginalized. What she learned will serve her well in her new position. This fall, Caitlin will be taking a position in Nanaimo where she will help to develop a new program for HIV and



Hepatitis C patients, many of whom do not have primary care. "My job will be to try to engage people to come see me," she says. I feel pretty excited to be given this opportunity so early in my career." Much like her work in Uganda, she'll be conducting needs assessments and implementing programs based on her findings. "I feel pretty excited to be given this opportunity so early in my career."

Photos provided by Sherry, Annie and Caitlin



## INEZ JASPER

Nurse, musician, community advocate, mother

Inez Jasper originally came to UBC to study science on her way to a career as a doctor. "I saw the need in my community," she said, "And I thought being a physician would have a really positive impact." But over the course of her studies, she changed her mind and applied to the School of Nursing. "It made more sense for me and my personality, as well as the type of care I wanted to offer." She graduated with her BSN in 2006.

The road to her degree completion was not without hurdles. "What I remember most about my time at UBC is being different," she says. Inez grew up in Chilliwack, and is a member of the Sto:lo First Nation. It was a challenging experience, she says, to be one of the few Aboriginal faces in Nursing and at UBC given the pervasive low awareness of First Nations culture and issues across society. "It was good to be part of the conversation, to see the awareness rising as we discussed the health issues and the social issues that affect health behaviour in Aboriginal communities." When things were toughest, she relied on the support of her parents – both UBC graduates – and her peers and friends at the First Nations Longhouse on campus.

After graduation, Inez worked for a short time at St. Paul's Hospital, but was quickly recruited back to Chilliwack to work at the health centre on reserve land, providing community and public health care for the 11 bands in the Sto:lo First Nation. She was quickly given responsibility for home care and community health, and undertook professional development in diabetes education and nursing foot care to help address the high rates of diabetes and related complications in the community.

However, in 2009, her career took a marked turn. Always surrounded by music, Inez followed this second passion and recorded an album, and then spent 2013 and 2014 touring and promoting her work as a full-time musician. Her second album was released in 2013, and was nominated for a Juno Award for Aboriginal Album of the Year in 2014. Inez has paired her public persona with a key message for youth: stay in school, and pursue higher education, especially in health care. "I grew up with the message: Everyone has a gift. Find yours, nurture it, go to school, and work for your people. There's a lot of work to be done."

Now home from touring, Inez is working to balance work as a nurse, a musician, and a mother to her two children, 6 and 2. "I really missed nursing when I was touring. I love helping people, I love doing health education and seeing the results of this work with families and children." Inez has returned to her work at the local health clinic in Chilliwack, where she lives with her family, and has been working as a locum in Bella Coola, helping the community recover from recent trauma. She continues to advocate for change, to improve the lives of Aboriginal people in her community and beyond.

Asked about her advice for today's students, she says, "The best thing to do is do some soul searching, and be ready to grow. Connect with as many other students as possible, as well as mentors and your personal cheerleaders. Aboriginal or not, there's always going to be some rough spots, and you'll need those cheerleaders to dust you off and get you back on your feet."



# Colleen Varcoe



On September 17, 2015, along with 35 other distinguished individuals, Dr. Colleen Varcoe was inducted as a Fellow into the Canadian Academy of Health Sciences (CAHS).

For Colleen, an expert in the health effects of interpersonal violence, with an emphasis on prevention and health promotion through evidence-informed public policy, this is a unique

kind of honour. “The Academy assembles some of the best brains from all areas of science to look at pressing issues in health and do in depth assessments,” she says.

CAHS provides timely, informed and unbiased assessments of urgent issues affecting the health of Canadians. These assessments, which are based on evidence reviews and leading expert opinion, provide conclusions and recommendations in the name of CAHS. The Academy is one of three arms of the Council of Canadian Academies, established in 2005 by the Government of Canada, along with The Royal Society of Canada and The Canadian Academy of Engineers. Arranged around annual forums, the Academy approaches an issue from a variety of perspectives. September’s Forum addressed the rising tide of dementia in Canada, with a goal of facing the challenge by 2025.

Fellows must be nominated by someone in the Academy. In this case, Dr. Sally Thorne, Associate Dean for Faculty Affairs in Applied Science, put forward Colleen’s name. “Colleen Varcoe is an exceptional scholar, leader and health advocate, with an international reputation in a highly complex and demanding field of study on an issue that has been systemically under-recognized as a social determinant of health,” says Sally. “The findings from her community based, collaborative research are having a major impact on improving the health of marginalized women nationally and internationally.”

“I’m not interested in the affirmation,” Colleen says. “This is an opportunity to contribute at a high level on issues alongside a great diversity of scholars and leaders.” Those elected to Fellowship in the Academy carry on in service to the organization by lending their expertise, regardless of discipline. “This is something I can see doing for a long time,” says Colleen, who is looking forward to contributing to the betterment of the field of health sciences for years to come.

The significance of the appointment to the field of nursing is not lost on Colleen as less than 10 per cent of current CAHS members are nurses. “Next year, they will focus on the area of Indigenous health,” says Colleen, whose advocacy on women’s health promotion with a focus on violence against women, gives her a valuable perspective on the health of Indigenous peoples.

## TRUDEAU SCHOLARSHIP

Meaghan Thumath PhD student, received the 2015 Trudeau Scholarship worth over \$180,000 over three years.

Thumath is working on her doctoral studies in health equity and implementation science under the supervision of Prof. Annette Browne. She has a bachelor’s degree in Nursing (BSN ‘04), and a master’s degree in public health from the London School of Hygiene and Tropical Medicine.

A registered nurse and adjunct professor, she has worked in HIV clinical care, teaching and research for more than a decade

and currently teaches courses on HIV treatment, care and prevention. Thumath has worked overseas as an HIV consultant in Haiti, Uruguay, Morocco, Algeria, Tunisia and Thailand. She is the recipient of numerous awards for her work including an Excellence in Nursing Education Award from the College of Registered Nurses of BC.

Thumath is the first-ever registered nurse and UBC Nursing PhD student to receive a Trudeau Scholarship since the awards program was established in 2003. The Trudeau Foundation supports researchers with financial support and annual travel allowance for professional development, networking, and training.

## Marion Woodward Lecture 2015

### Nurses' roles in health information technology: A Canadian perspective

Some proponents of tech solutions can be accused of wide-eyed boosterism, but not Dr. Robyn Tamblyn, a nurse and McGill University professor. She is the first to point out that digital healthcare technologies can be a quick way to blow a lot of cash, which is all the more reason for a focused, evidence-based approach to specific problems facing 21st century healthcare.

On October 15, Dr. Tamblyn, the 2015 Marion Woodward Lecture speaker, shared a thoughtful survey of the multiple points across Canadian healthcare where specific technology tools could yield better patient safety, cost efficiencies, and improved clinical outcomes. Specifically, Dr. Tamblyn identified a host of challenges facing our fragmented management of aging, complex, multi-illness patients across both acute and community care and the potential tech solutions based on a substantial body of research.

For example, in a Canadian randomized controlled trial of using a telemonitoring system for homecare, an independent evaluation team found that it reduced the costs of care by almost \$1,000 per patient. This was not because nurses weren't driving their cars to the homes; it was because nurses were providing much more timely interventions, which reduced ER visits and hospital admissions. In a COPD patient portal application, patients felt secure because someone was monitoring their input data, and if they got into trouble someone stepped in.

As she chronicled the myriad ways that decision supports, clinical information systems, and electronic medical records can be used to transform chronic care management, oversee precision prescribing, and support patient self-management, Dr. Tamblyn returned repeatedly to nurses as key to the clinical leadership that needs to drive these changes.

She called for the expansion of a new specialty in informatics nursing. Cautioning against the problem of high-promise, low-value technology, Dr. Tamblyn insisted that we're going to need co-innovation between nursing and IT vendors.

"There is no doubt that technology supported health services is in the future. It may not be the best thing since sliced bread, yet, but I think that there is role here for people in this audience to play in actually leading the challenge to get strategic, get problem-oriented, and solve the things that we want to have solved," she challenged.

Given the complexities of the field, healthcare professionals at the front line need to be part of the teams inventing these solutions. In addition to benefits for patients and healthcare systems, Dr. Tamblyn concluded with how well-informed health technology designs are reducing administrative drudgery and supporting nurses' professional autonomy.

See the full lecture here: <https://vimeo.com/144566788>

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

Photos: V. Saran Photography

# Nursing Alumni & Partnership Awards Gala

## May 7, 2015

The School of Nursing was part of an historic, auspicious occasion when it was the first group ever to hold an event in the brand new Robert H. Lee Alumni Centre in May 2015. Nearly 150 guests attended the School of Nursing’s fourth annual Alumni and Partnership Awards Gala celebration at the brand new, 3,870 square meter venue located in heart of the Point Grey Campus.

The next Gala is scheduled for May 5, 2016 and [nominations](#) for awards are now being accepted. More photographs of our event can be seen on our [Flickr page](#).

### Award Recipients for 2015

*Young Alumni Award*  
Gillian McKay BSN 2009

*Alumni Award of Distinction*  
Lucy Barney MSN 2005

*Alumni Recognition Award*  
Joanne Konnert BSN 1971, MSN 1977

*Community Partnership Award*  
Glennis Zilm BSN 1958

*Donor Partnership Award*  
H. David Currey BAsc 1950



# Allow Us to Introduce

## Our new faculty members

Since our last Touchpoints we have been sorry to say goodbye to a few faculty members who have gone on to expand their resumes at other faculties or institutions, or better yet, to travel and relax.

Anne Dewar - retired - November 2014  
Tarnia Taverner - Fraser Health Authority - December 2015  
Farah Jetha - BCIT - January 2016

But the silver that lines the cloud of change is that we have the opportunity to inject some new energy into the School of Nursing. Our new faculty members are involved in important research, have achieved career goals, published papers, and received awards and accolades, all of which you can read about on their profile pages in the [OUR PEOPLE](#) section of our website. But who are they beyond these walls? We put some random questions to them and here's how they responded.

### [FUCHSIA HOWARD, MSN, PHD](#) - SEPTEMBER 1, 2015



Dr Fuchsia Howard

*Dr Howard is no stranger to the UBC School of Nursing, having arrived fresh out of the University of Alberta in 1999 with a BSN in Nursing, to undertake her journey toward MSN and PhD degrees, which she obtained in 2004 and 2010 respectively.*

I was born and raised in the tranquil Slokan Valley, close to Nelson, BC and currently live at UBC with my husband and my two delightful and busy daughters, ages 2 and 4. I enjoy spending time in the mountains skiing, biking or climbing, but my heart lies with my family.

There's no better word to live by than "Gratitude," and the most important qualities for a nurse or researcher to cultivate

in themselves is patience and persistence, but my favourite life lesson is "Never give up." It's cliché, but it's true.

I was drawn to nursing by the knowledge that nurses change people's lives. My mother enjoys a high quality of life, despite significant health challenges, because of the dedication and excellence of the health workers who support and believe in her.

The people at UBC are the best. My colleagues inspire me daily and not a day goes by without someone making me crack a smile.

The book I am currently reading for fun is *The Goldfinch* (Donna Tartt), but the last book I finished was *The Lorax* (Dr Seuss).

My best holiday was riding on a motorcycle across Argentina. My worst: riding on a motorcycle across Argentina!

When asked what is her favourite song to sing when she thinks nobody's listening, Dr Howard responded, "I only sing on Halloween - to scare my children."

### [JENNIFER KRYWORUCHKO](#) - SEPTEMBER 1, 2015

*Dr Kryworuchko received a BScN degree in Nursing in 1993 and her PhD in Nursing in 2011 from the University of Ottawa. She has a diploma in Critical Care Nursing (1997) from Algonquin College and a Graduate Diploma in Health Services and Policy Research from the University of Ottawa (2011). Dr. Kryworuchko served in the Canadian Forces, Department of National Defense from 1990-1998, as a staff nurse in the Ottawa Hospital Intensive Care Unit (1997-99, 2002-2008), and began as a tenure track Assistant Professor at the University of Saskatchewan in 2010. She served as Interim Graduate Chair managing the Master of Science, Nurse Practitioner, and PhD programs, and is licensed as a registered nurse in Ontario, Saskatchewan, and British Columbia. She holds certification in Critical Care Nursing through the Canadian Nurses Association.*

I was born and raised in Ottawa, but now I live on the UBC Vancouver campus – in a rental apartment with my husband and our four kids – two here and two away at University in Saskatchewan and Ontario. I love walking to work, and living on

campus. There is a great energy here! I love feeling welcome, and appreciate all the support that staff and faculty offer each other. On the down side, being new can be difficult – figuring every little detail out takes so much time!

Honestly, I wasn't going to be a nurse. It was a happy accident. My mom was a nurse and she did not at all try to encourage me to try nursing. But I did and I absolutely love the ability to meet with people and be as helpful as possible when they are really sick, to help them live their lives as well as possible. And whether I work in ICU, teach, or do my research, I am always nursing with each of my patients at the centre of my work.

I LOVE driving my kids to their high performance sports! (Ha!) My daughter is a synchronized swimming athlete (swims 25 hours per week) and my son is a canoe slalom athlete and soccer player....I love watching them compete and practice, and I spend time on various non-profit boards to support youth athletes.

I like Nike's slogan – "Just Do It". I think people should figure out what they are passionate about and what change they want to be in the world, and then just really go for it. Don't make excuses. There are always barriers, you just have to figure out a way to have impact. It matters to the world that we each commit to this, probably each of us focusing on something a little different!

My advice to new nurses and researchers is always to be deeply respectful and insanely curious.



Dr Jennifer Kryworuchko

## **EMILY JENKINS - JANUARY 1, 2016**



Dr Emily Jenkins

*Dr Jenkins received a BSN degree in Nursing from the University of British Columbia in 2005. She completed a Master's of Public Health at Simon Fraser University in 2010 and a PhD in Nursing at the University of British Columbia in July 2015. Her Master's in Public Health (MPH) was supervised by Drs. Elliot Goldner and Denise Zabkiewicz. Her doctoral study was supervised by Drs. Joy Johnson and Vicky Bungay. Dr. Jenkins is a Registered*

*Nurse in British Columbia and has Canadian Nursing Association (CNA) Certification in Psychiatric and Mental Health Nursing.*

I was born in Vancouver, and grew up in White Rock. Right now I live in East Vancouver with my husband, our 7-month-old little boy, Sebastian, and cat, Fiona.

My attraction to nursing happened quite randomly, actually. I had a friend who was interested in UBC's nursing program and was telling me about an upcoming information session. I was pursuing a degree in psychology at the time (I knew I wanted to work in a health-related discipline). I ended up attending the info session and getting accepted to the program, and I haven't looked back.

I am inspired and motivated by the quality and impact of the work of my colleagues at UBC Nursing. This environment of excellence motivates me in my efforts to contribute to changing our world for the better.

I think it's important not to allow other people to tell you what you are capable of. With hard work and dedication you can achieve your goals.

My best holiday was in South Africa. It was a bittersweet trip to celebrate the life of a dear friend who was terminally ill. The trip was a once in a lifetime experience with great friends who my husband and I consider to be an extension of our family.

Reading for fun??? Haven't done that in a while, but I hope to again one day...

Photos provided by Drs Howard, Kryworuchko and Jenkins



# Planned Giving

## Vivian Lucas Scholarship in Acute Care Nursing



Photo provided by Vivian Lucas

Vivian Lucas

“When it comes to taxes and the government, you can give voluntarily or involuntarily,” states UBC alumna Vivian Lucas.

Born in Winnipeg, Vivian moved to British Columbia with her family when she was three years old. “I was raised in Burnaby. My father was an engineer, but my mother only had a grade eight education, so she was really interested in anything I wanted to do academically. I always appreciated my parents for letting me do what I wanted by way of education.”

Vivian graduated with a BSc in Nursing in 1967. Now comfortably retired, she has decided to use planned giving as a way to support her alma mater and simultaneously take advantage of a few tax benefits. The strategy involves using a portion of her Registered Retirement Income Fund (RRIF) to create a gift for the School of Nursing.

Vivian credits the world-class education at UBC for helping her succeed wherever life took her. After graduation, she began working at Vancouver General, but later moved when her husband accepted a position in Sudbury. “I thought, oh my god, moving to Sudbury, but it was the best thing in the world,” says

Vivian. “We moved every two years after that, but this gave a great background. And my education at the University of British Columbia helped me adapt and find work every time. They taught me to think and problem-solve, not just perform tasks like a robot.”

As a retired nurse, Vivian is passionate about the value of education over training, and while her gift will help prepare a new generation of nurses, she’s quick to point out that planned giving has some very real benefits.

“If you have an RRIF that’s over \$15,000, the government is going to grab back 30%. Plus, my RRIF puts me in another tax bracket. Gifting this money as a donation means I still have to pay tax, but it’s deduct-

ible from my estate as a charitable gift. Plus, I get to decide how my savings will be used—voluntary versus involuntary!”

In recognition of her passion for acute care and education, Vivian has recently pledged to endow the Vivian Lucas Scholarship in Acute Care Nursing during her lifetime, using her RRIF income for yearly donations to UBC. Once established, the award will be offered to an outstanding undergraduate nursing student with an aptitude for acute care, and who demonstrates excellent communication, leadership and adaptability. Vivian’s estate will benefit from the tax savings of her future donation, and she receives tax savings now – and she will also have the opportunity to meet the students who will benefit from this scholarship.

Designating UBC as a full or partial beneficiary of your RRSP, RRIF or other retirement plan is easy, and you can direct your gift to something you care about at UBC. If you would like to donate to the Vivian Lucas Scholarship in Acute Care Nursing or would like to learn more about how to create your legacy at UBC, contact: Darya Sawycky, Associate Director, Development & Alumni Relations 604-827-0081 [darya.sawycky@ubc.ca](mailto:darya.sawycky@ubc.ca)

# Save the Date

## BEYOND THE CUCKOO'S NEST: NURSES AND ECT IN DUTCH PSYCHIATRY, 1940 - 2010

*Date: Tuesday - February 23, 2016 - 8:00 - 8:45 am*

*Location: T206, UBC School of Nursing (3rd Fl. UBC Hospital)*

*Presented by: Dr Geertje Boschma, Professor, UBC SoN*

<https://nursing.ubc.ca/news-events/events> \*

The School of Nursing presents NURSING ROUNDS in Room T206 at 8:00 am on the 4th Tuesday of every month during the academic year. For more details, topics and presenters, see our events page:

<https://nursing.ubc.ca/news-events/events> \*

*March 22, 2016 - Dr Suzanne Campbell - Simulation: Imagining the Future of Health Care Professional Development*

## CAPTURING THE HISTORY OF PUBLIC HEALTH NURSING AND ITS TRANSFORMATION FROM NURSES' WORK EXPERIENCES

### Consortium for Nursing History Inquiry

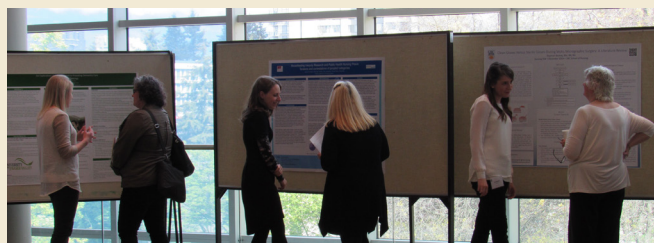
*Date: March 9, 2016 - 12:00 - 1:00 pm*

*Location: T206 UBC School of Nursing (3rd Fl. UBC Hospital)*

*Presented by: Ranjit Dhari, Lecturer, UBC SoN*

<https://nursing.ubc.ca/news-events/events> \*

\* Links in the PDF copy will redirect to the appropriate webpage.



## THE GRADUATE STUDENT RESEARCH SYMPOSIUM "CELEBRATING NURSING KNOWLEDGE"

*Date: Wednesday - May 4, 2016*

*Location: Irving K Barber Learning Centre*

**Abstract deadline: February 22, 2016**

<https://nursing.ubc.ca/news-events/events> \*

## NURSING ALUMNI AND PARTNERSHIP AWARDS GALA

The School of Nursing Alumni and Partnership Awards Gala will be taking place on Thursday, May 5, 2016 - don't miss out on your chance to not only attend but to contribute to this event by nominating a UBC School of Nursing alumnus for an Award of Distinction; Alumni Recognition Award; or Young Alumni Award.

*Date: Thursday, May 5, 2016*

*Location: Robert H. Lee Alumni Centre*

*Time: 6:30 - 8:30pm*

<http://apsc.ubc.ca/alumni/alumni-awards>

# Call for Alumni Input

## An Invitation from your UBC School of Nursing Alumni Engagement Committee

The UBC School of Nursing and Alumni Engagement Committee would like to invite all nursing alumni and friends of UBC Nursing to participate in upcoming focus groups to discuss the School's Centennial year in 2019, with a special invitation to alumni who have graduated in the last 15 years.

The engagement committee would appreciate your input on centennial year celebrations, and alumni activities and

engagement strategies leading up to the event. These sessions will be coming to a venue near you and are being planned for February/March 2016 at locations across the Lower Mainland.

If you are interested in either attending or hosting a focus group in your area, or would like to update your mailing address, please contact Sarah Barclay, Associate Director Alumni Relations, at [sarah.barclay@ubc.ca](mailto:sarah.barclay@ubc.ca) or 604-822-9454 for more details.

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