

# TouchPOINTS

*Putting Scholarship Into Practice*



est. 1919

## Transition Time!

Sally Thorne, Director

The end of 2010 marks the conclusion of a wonderful nine years in which I've had the privilege of serving the School of Nursing as Director. As is customary at a time of transition, I appreciate the opportunity to reflect on what has transpired during that time and to consider what lies ahead. As those who know me will attest, my enthusiasm for the School and what it stands for is authentic and enduring. I first arrived at the School as a Post-RN BSN student in the summer of 1977 and have remained a part of the School in one form or another ever since. Since joining the faculty on completion of my MSN degree in 1983, I have witnessed an era of growth and transformation for the profession and its academic enterprise and appreciate just how special the UBC School of Nursing really is as a community, a source of ideas and an inspiration to generations of professionals. I am honoured to have been part of this evolution and to have represented all that the School stands for in the capacity of academic leader.

I have sat in the proverbial Director's chair during times of intense and exciting activity at centre stage. We have all experienced the information technology revolution that has shaped so much of the way we interact, engage and communicate. We have witnessed dramatic shifts in public accessibility to health information with consequent changes in health professionals' engagement with the health challenges in their various care contexts. We have seen exponential growth in the capacity of nurse researchers to successfully compete in the interdisciplinary context for research funding and to lead interprofessional and multi-site research teams tackling increasingly complex health system challenges. And we have played a major part in strategically integrating systems of care with systems of education. It has been a time of big thinking, complex changes and new



Sally Thorne's term as Director ('02-10) follows the path of former leaders Katharyn May ('94-00), Marilyn Willman ('77-93), Muriel Uprichard ('71-76), Beth McCann ('67-71), Evelyn Mallory ('44-67), Mabel Gray ('25-41), Ethel Johns ('19-25) clockwise from top left

opportunities to advance the practice of nursing to greater effect in service of the population in need of our particular expertise.

Over these nine years, our faculty have worked very hard and been at the leading edge of changes that will affect generations to come. We launched the province's first Nurse Practitioner program and continue to support policy processes that will enable this new breed of primary care practitioner to serve British Columbians. We expanded our master's program to embrace specializations in nursing education, both for schools and for the service sector, and have stretched our program delivery models to encompass flexible and geographically distributed access without sacrificing our commitment to on-site

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# Transition Time, con't.



engagement and face-to-face communities of learning. We led a provincial initiative that has provided nursing administrative leadership development to promising practitioners across all health regions of the province. We re-profiled our priorities at the undergraduate level, capitalizing on our research-intensive nature, to develop and implement an exclusively “upper division” approach that selects applicants with the best academic and clinical aptitude for a career in nursing, and delivers a world class intensive and accelerated BSN program. Having had this program reviewed in recent years by the College of Registered Nurses provincially and by the Canadian Association of Schools of Nursing nationally, we know that our graduates are leaders in their capacity to transition into front-line professional nursing practice and to become the preferred graduates sought after by employers in the health care system. We have hosted national and international conferences, led community-based participatory action projects to meet the needs of the most vulnerable in society, tapped the insights lurking in large population databases to redirect health resources toward the places of highest need and created inspiring new ways to deliver truly innovative and meaningful health care to special populations in society. In short, the School has been solving the most complex problems facing our profession and the world it serves.

This past summer, the School was reviewed by a panel of internationally recognized leaders in the academic and service sectors. Dr. Anita Molzahn, Dean of the Faculty of Nursing at the University of Alberta, led the team, accompanied by Anne Sutherland Boal, former Chief Operating Officer of the Vancouver Coastal Health authority, and now in an executive role with the Canadian Nurses Association, as well as Dr. Courtney Lyder, Dean of the School of Nursing at the University of California at Los Angeles. In its final evaluation report, the review team was lavish in its praise for the School. With regard to our academic programs, the report noted, “The UBC School of Nursing is a preeminent School that has a long proud history and a record of many achievements. It is one of the top three nursing programs in Canada... The

academic programs and teaching in the School are strong. It was evident that faculty members are committed to quality teaching. Students were very positive about their educational experience... The undergraduate students were very impressive. They were enthusiastic about the program and about nursing... It is apparent from the high success rate on the Canadian Registered Nurse Exam examinations and comments from employers that these students are outstanding.” With respect to the scholarly activity that takes place in the School, the review team was equally enthusiastic, “The School has had significant increases in research funding over the last nine years. Over the history of CIHR (the Canadian Institutes of Health Research), the School ranks first in total funding among other schools in Canada, with over \$10 million in funding cumulatively. In addition, faculty members have funding from numerous other foundations and programs. This accomplishment has been noted by the senior administration of the University... Faculty members in the School have considerable experience in community-based research, locally and internationally, which is valued by the University in its desire to connect with communities.”

Among the many attributes highlighted in the report was the uniformly positive reputation that the School has created for enthusiastic engagement with its various communities. From alumni, affiliate faculty members, employers of our graduates, interprofessional colleagues and academic leaders alike, the team heard the profound respect with which the School and its members are viewed. This accolade speaks to the incredible people that have found their way into the School community—students, staff and faculty alike. Their remarkable generosity of spirit, commitment to a better world and willingness to engage personally to make a difference has infused all aspects of what we do. These kinds of comments reflect a tribute to who we are and the people we serve. The School has always been and will be a place where people are our foundation and the very reason for our existence. And my goodness, we have been lucky in the incredible cast of characters who have peopled our School over the years!

On the occasion of a leadership change, the School enters into a time of transition. As of January 1, 2011, Dr. Colleen Varcoe assumed the position of Director Pro Tem from which she will lead until such time as a permanent new Director is appointed. The School is in extremely capable hands with her in this role. An international search has been underway and we are all hopeful that it will be successful in the coming months in recruiting the perfect candidate for the next era in the School's history. Many of the ongoing challenges that have not yet been resolved over my time in office will continue to evolve under the guidance of new leaders. Despite courageous and creative effort, we still find ourselves geographically invisible, hidden primarily on the third floor of the UBC Hospital or distributed in other locations on campus, dreaming of a home of our own where we can all be together. Although our size, longevity and international profile certainly warrant a more prominent place within the University's overall structure, we remain administratively in an arrangement that was considered tentative even at the time it was first established in 1919. With complex challenges in health care and society facing us, we know we require ongoing vigilance to ensure that the professional autonomy and self-direction of the School, in collaboration with its chosen partners, remains our right and privilege.

However, we enter this transitional time in a position of tremendous strength. Despite these persistent obstacles we have clearly held our own and flourished as unquestionably one of Canada's top schools of nursing and one of the world's leading centres of nursing scholarship. As the external review of the School confirmed, the faculty are clear in their priorities and their commitments to the academic and practice profession. They are unwavering in their collective vision and are incredibly skilled and capable, both individually and collectively, in making the right things happen. This collective direction will guide the university in informing the selection of the next Director and in supporting that individual toward realising the next phase of the School's evolution. Ethel Johns would be proud!

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# Recognition



## Community-Based Research

*“The community isn’t just along for the ride; instead they are helping drive the bus.”*

Professor Judith Lynam was recently honoured with the Network of East Vancouver Community Organizations’ (NEVCO) “Building our Community Award.”

Judith’s research is characterized by a reciprocal and respectful learning exchange and recognizes and develops the expertise of communities through dialogue and engagement. This award recognizes her engagement with the community through research on the Social Pediatrics Initiative.

NEVCO and community groups embarked on the Social Pediatrics Initiative over three years ago, with the aim of bringing health care to vulnerable children and families in the inner city. The initiative has become a partnership of community with health organizations with researchers from UBC.

A strength of the project, according to Carole Brown, Coordinator of the Ray-Cam Centre in Vancouver’s Downtown Eastside, is that “for once, the community has not been lost in this process. In fact, the local relevant knowledge is welcomed and incorporated, combining the intellectual and clinical with ‘real world’ relevance and promoting active community citizenship and engagement. At the outset, community organizations approached

this initiative with caution and trepidation, but have experienced reciprocal and respectful learning exchanges and problem-solving.”

“This positive experience with large institutions is new for some of the community,” says Carole, but it has been through the work of some really amazing individuals, such as Judith and her research team, that have really gained credibility for the researcher in the community setting and begun to challenge the existing power dichotomies that exist there. “It is their work, open inclusive process and genuine acceptance and valuing of community that is making this a truly holistic multi-sectorial comprehensive initiative, where the community isn’t just along for the ride; instead they are helping drive the bus.”

The award was presented in mid-October at the annual general meetings of NEVCO and NICCSS (Network of Inner City Community Service Societies). Both of these organizations are community partners in the CIHR funded research study for which Judith is the lead researcher. The kind of meaningful community-engaged research exemplified by Dr. Judith Lynam represents a passionate and sustained commitment of the UBC School of Nursing. 



Dr. Judith Lynam

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It is the right time for me to step into the next phase of my career. I intend to remain an active member of the faculty, once again indulging in my own research and scholarship in a more fulsome way, and playing my part in nursing’s professional development provincially, nationally and internationally. As I embark on this next phase of my personal journey, it is wonderful to look back on the opportunity of

a lifetime, to follow in the footsteps of some remarkable leaders of times past in supporting the UBC School of Nursing as Director. I have thoroughly enjoyed the privilege of sitting in this chair over an incredible time in the School’s unfolding history. I take huge pride in the many, many people, faculty, staff, students, alumni, donors and “Friends of the School” of so many other persuasions, whose commitment and

contributions have made it all possible.

The UBC School of Nursing is so much more than an academic institution. It is the heart, soul and very lifeblood of the profession, embodied in diverse and marvellous members past, present and future. So I thank you from the bottom of my heart for the incredible opportunity of taking part in what you all have accomplished. 

# Undergraduate Profile



## The Privilege to Nurse

*"I feel really privileged to be trusted by the public, clients, and families. I know that this profession is a very special one. Not many professions are able to have these kinds of relationships with people."*

Phoebe Leung, a recent graduate of the Bachelor of Science in Nursing (BSN) program, has always wanted to be a nurse. A career quiz in high school listed nursing among the top three most suited professions for her, but back then she didn't have the confidence to pursue what she saw as a very intense and competitive program. It wasn't until her mother was diagnosed with metastatic breast cancer that she decided to follow that dream.

"In the last semester of my Arts degree, my mom was having back pain. We thought it was just old age, but my aunt, whose sister had been recently diagnosed with metastatic breast cancer, convinced us to get an x-ray," says Phoebe. "I was with her when the results came back and we found out it was cancer. My whole life changed. I didn't know what to say or do."

"In her last three years there was a lot of care to be given. I had to work very closely with the nurses to let them know about changes in her symptoms. Through those interactions with nurses I realized that nursing is my passion and what I want to commit myself to for the rest of my life."

And then, just months before entering the program, Phoebe's father was diagnosed with liver cancer from genetically acquired Hepatitis B. "I was contemplating whether I should even be going to school, because I knew that time with him would be so short," says Phoebe, "but I knew it was something I needed to do." She recalls having to run up and down the stairs of their home, rotating between homework and assisting with his care. Her father passed away in March, shortly after beginning the program.

Looking back, she has no regrets. "Everyone was so supportive and positive. My faith, my loving family and my friends have all been

blessings. They've given me so much support and I couldn't ask for anything more! Once, in class, we were placed in a circle and asked to say something nice about each person. At his turn, Jonathan Woods (classmate) said 'Phoebe is my hero.' It was cheesy, but at the same time I was really touched. I have received so much support from everyone at the School."

For her final preceptorship, Phoebe worked at Richmond Hospital in a surgical nursing unit. Many of her clients there had recently received cancer diagnoses and although she was initially worried how she might react to those clients, she realized the importance of interacting with and supporting them. "During my practicum, I would smile or wave to clients; it's amazing to see how responsive they can be. Tiny gestures make a huge difference and can be just as important as treatments and medications."

In Asian culture, she explains, it can be somewhat taboo to talk about illness and emotions. But her personal experience helped her break the silence for the family of one patient who was diagnosed with colon cancer. "It's a scary diagnosis" says Phoebe. "You could see fear and anxiety in her eyes. As I verbally acknowledged the enormity of the situation she began to cry, and that really helped the family to begin to express their feelings."

Through experiences in that placement, she realized that she wants to focus her practice in oncology. "I know that overall what I've experienced might be thought of as negative and tragic, but in a way it's a blessing, because I am able to help people that are going through similar things as myself." "I've realized that, as nurses, we are very privileged to be present in those vulnerable moments when patients and their families need us most. As nurses, we often



Phoebe with her grandmother, who has provided her with constant support.

don't know what it's like to be on the other end of care."

Because of major health care restructuring and system downsizing, Phoebe has not yet found a full-time nursing position. Although she is eager to practice, she refuses to become discouraged, believing that although there may be fewer jobs for new nurses right now, she and the other new graduates just need to be patient. She is currently working as a pharmacy technician, applying many of her nursing skills and knowledge. As advice for others she says, "Next week my boss is hiring me as a nurse for a diabetes event and I will interact with clients who maybe at risk for diabetes. Opportunities like that allow me to practice my skills while I wait for a more permanent position."

The School is honoured to be able to support students like Phoebe to realise their professional aspirations. We are working closely with our partners in the health service delivery system to make sure that new graduates are soon fully deployed delivering care to the patients who need them. 

# Graduate Profile



## Without Incident

*The type of incidents that occur in perinatal nursing are also quite unique, and unique strategies need to be implemented to ensure a more effective process and experience for incident reporting.*

For Norna Waters, an MSN was the logical next step in her career. At the time she applied to the program, she worked in Labour and Delivery at BC Women's Hospital. "I had always planned to go back and do graduate studies, and the MSN seemed like the best option for expanding and exploring my career options" she says.

"It was during my first undergraduate clinical placement that I chose to do my final practicum in perinatal nursing. When I graduated in 2002, I came here to Women's and worked post- and antepartum and then in labour and delivery."

Perinatal nursing is clearly her passion. The appeal of perinatal, she explains, is that the focus is more on health than illness. "I find pregnancy's effects on women very interesting. I love labour support and the postpartum care too. There are so many options!"

Extending her clinical passion into improving the system of perinatal nursing for all patients, Norna took her current position as Corporate Risk Manager in the Quality and Safety and Risk Management Department of the Provincial Health Services Authority. In this role, she is both proactive and responsive, exploring ways to improve the quality of care. A component of her work involves reviewing incident reports, as well as looking for aspects of the care system that have the potential for risk. Risk to patients is inherent in health care, and quality improvement is an ongoing challenge.

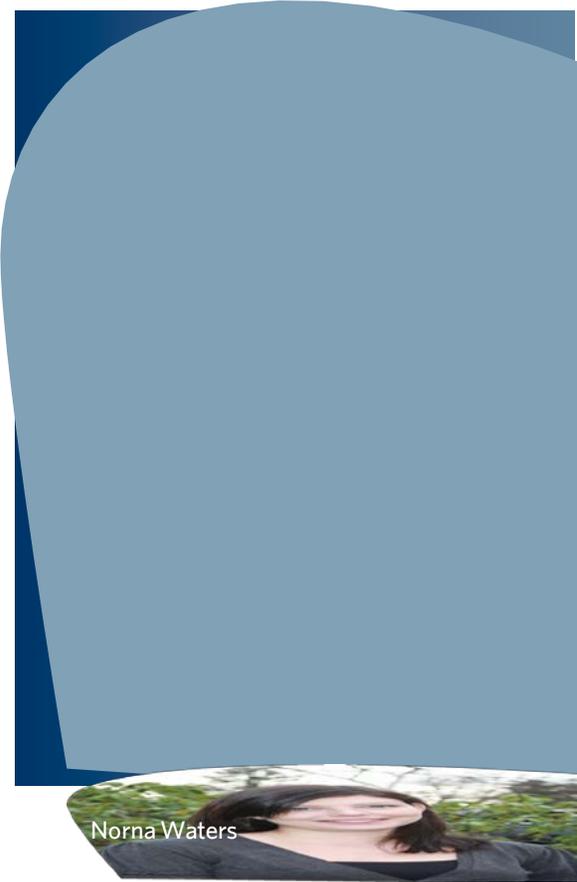
Norna took a real interest in this topic and chose it as the focus of her thesis. She began reviewing quality improvement research and found very little on perinatal nursing as it relates to incident reporting. "My research was a way to explore some of the issues that I confronted in my work and try to answer some of the

questions I was having. I hoped to find a way to make things better for the nurses so that they feel more comfortable reporting incidents. And, if the existing tools aren't working for them, finding a way to make them work better or develop new ones."

Norna began thinking about reducing incidents in health care, but quickly realized that in order to reduce errors you first need to know what they are, and so she recognized that the reporting mechanisms themselves are critical. Norna knows that nurses feel obligated to report incidents and generally want to report, but sometimes find too many barriers. "Although they all want the best for their patients" she explains, "I had many conversations with nurses about the reasons not to report, why they think it is so important and system issues that keep them from taking that initial step."

Norna found that, like other nurses, perinatal nurses encounter barriers to consistent and effective incident reporting. These include lack of resources, lengthy forms or the worry they may be blamed for the incident. However, one thing she found in her research was that perinatal nurses considered their practice area as being quite unique, so that standard forms used throughout the hospital are not always applicable to the types of incidents they encounter. "There are still medication errors and falls, but a lot of the work they do is with healthy moms and babies. Medication issues aren't prevalent, but instead they face issues related to the outcome of labour and delivery, which can happen even when care is appropriate and without error."

"Dealing with healthy people is a



completely different care experience than is the case for most patients in the hospital," says Norna. "Consequently, the types of incidents that occur in perinatal nursing are also quite unique, and unique strategies need to be implemented to ensure a more effective process and experience for incident reporting. One of the main things I can extract from this research is that, with this as my vantage point, each practice area is unique, and you can't make a mould to encompass all of the practice areas."

On a more personal note, Norna returned from maternity leave last April and, after completing her MSN degree in August, is starting to resume a somewhat normal schedule. She hopes to begin to incorporate her findings into the way practice is carried out at her own hospital and to influence the processes at other sites as well. She also intends to publish, but with another baby due in February, that may just have to wait!

# Teaching Excellence



## Being Global Citizens

*"I realize I can help make a difference"*

From the initial inspiration provided by its first Director, Ethel Johns, who developed nursing programs with high standards in both Canada and abroad, the UBC School of Nursing has always had an international reputation for innovative thinking and outstanding research. Although the work has taken shape in different ways over the School's nine decades of history, its well-deserved reputation arises from a vision of its unique and particular role in the world, displayed through the work of its faculty and students.

A current manifestation of that historic vision can be found in the School's commitment to global citizenship, which involves an expectation that our members will act as responsible citizens of the wider global community. They understand the interconnected nature of the world and its various elements as the context within which nursing carries out its socially relevant professional practice mandate. Global citizens appreciate and value ideas such as ecological sustainability and social justice. They are concerned for health equity as a basic human right and feel a sense of personal responsibility to actively engage in making the world a better place, whether at a local, regional, national or international level.

This fundamental principle that all of the School's members have the will and capacity to be global citizens is deeply embedded in its educational programs. For example, concepts of global health and citizenship are threaded through the undergraduate curriculum. As they learn about factors that influence the health and illness of their patients and the population, students are engaging with ideas and competencies related to social justice, equity, social context, environmental determinants of health, empowerment and community sustainability.

Our undergraduate and graduate students are interested in global citizenship at both local and

international levels. For many, global citizenship started long before entering the program. In September, when the new undergraduates were asked about their prior experience in such a activity, more than one third claimed exposure to international work and many more had future intentions. Examples of this great volunteer activity include a student who volunteered at a Sto:lo Nation Youth camp and another as an activities leader in a Palestinian refugee camp.

Despite our accelerated and fast-paced undergraduate program, in which there is very little time for extracurricular activity, a number of students and graduates have found creative ways to integrate international practice into their learning experiences. For example, while most of us were occupied with Olympic events and celebrations here in Vancouver, Mindy Obara (then a fourth-term student) used the extended reading break to go to Haiti to assist with the post-earthquake health care efforts. "I was concerned at first that I did not have as much experience as the nurses and doctors on my team," said Mindy. "But I realized, even as a nursing student, I could help." Upon completion of her program requirements, and even before walking across the stage to graduate in November, Mindy was back in Haiti, this time accompanied by her classmate Nadine Steiner. And now, months later," she says, "I realize I can help make a difference by building awareness of Haiti's impoverished conditions and the many health concerns, including leprosy, that are unrelated to the earthquake."

Faculty members use a variety of pathways and teaching strategies to introduce and to weave global citizenship concepts into the students' learning. An example of this occurs



Mindy's team tended to approximately 100 children at an orphanage in Leogane. The earthquake destroyed the original building and they had been transferred to a different location until new buildings were put into place.

in an introductory statistics course entitled, Statistical Literacy in Nursing, required at the master's level. In an online version of this course developed by Assistant Professor Dr. Craig Phillips, students work with multinational databases to consider the evidence available for a better understanding of global health challenges. In this way, they refine their knowledge of global health inequities while simultaneously developing competencies in interpreting evidence claims and applying statistical methods to resolving complex challenges in the health environment.

Faculty also support students in promoting the principles of global health locally by facilitating nursing interprofessional practice placements in such remote communities as Bella Coola, Hazelton, and Alert Bay. The School provides, and students actively request, preceptorship placements where they can work with local vulnerable and marginalized populations. "Our ability to enhance their learning in the area of global health further



Liudmila Miyar Otero, a postdoctoral research fellow from Brazil, presents her research at the 2010 UBC Nursing Scholarship Symposium

enhances their capacity as global citizens,” says Associate Professor Dr. Susan Dahinten.

Many of our graduate students explore key concepts of global citizenship and health in their major theses and essays. Joli Shocker, for example, explored aspects of gender inequality and HIV/AIDS, and Jomaa Hamzee is focusing on issues faced by migrant nurses returning to their home countries. Opportunities to develop international and global knowledge during graduate programs can be instrumental in shaping a career that is characterized by global citizenship. A shining example is Jean Barry (MSN '02), whose graduating essay was entitled “A critical analysis of the recruitment of foreign-educated nurses to address nurse shortages.” Jean went on to work for the Canadian Nurses Association in Ottawa, and has recently relocated to Geneva, where she now holds the position of Consultant, Nursing and Health Policy for the International Council of Nurses.

This kind of inspiration is also evident among our more recent BSN graduates. Pauline Voon, who completed her BSN in 2010, headed off for Ethiopia on a six-month HIV/AIDS Health Programmer internship for the Canadian Nurses Association’s “Strengthening Nurses, Nursing Networks and Associations” program. She will be working with the Ethiopian Nurses Association to enhance nurses’ awareness of issues related to HIV/AIDS transmission in the workplace and to increase the safety of both nurses and patients in the health system through research, education and policy development. Throughout the undergraduate program, Voon developed a strong passion for HIV/AIDS care, and when one of her professors brought information about the position in Ethiopia to the attention of the class, Pauline jumped at the opportunity. While there, in keeping with the wonderful connectivity that

global citizenship implies, Pauline was delighted to meet another UBC alumna, Katie Hogan (MSN '94), on a project in support of nursing education on behalf of the Hospital for Sick Children in Toronto.

School of nursing faculty researchers are also incredibly generous with their time and expertise in facilitating the development of academic nursing in less advantaged regions. The list of nations in which our faculty present their research and consult with colleagues each year is astounding. We welcome international graduate students from all corners of the globe. And many faculty members support a growing number of international postdoctoral fellows – doctorally-prepared nurses who come to the School for extended periods to work alongside mentors and further refine their research skills and knowledge to solve major professional health care challenges in their home countries.

These are just a few of the ways in which the School of Nursing and its students and graduates are contributing to global health and citizenship. Taking personal responsibility for a larger world, whether enacted in our own neighbourhoods, at a regional level or internationally, has been a commitment of the UBC School of Nursing since its inception in 1919. Although the language may change, the underlying commitment to service and professional responsibility endures. Today, the commitment of our faculty and student body to global citizenship and health is not simply a part of the curriculum, but an expression of our underlying values. Global citizenship is reflective of the kind of students we attract, and the kinds of students that we seek out. During their time in the program, we hope to inspire and inform the expressions of that commitment over their professional careers. And during their programs as well as after graduation, they continue to inspire us as well! 

# Clinical Practice Innovation



## Confronting Violence

*The patient and family are inevitably in hospital due to some crisis, and it's crucial to engage with them in a way that acknowledges that.*

**D**r. Angela Henderson, an Associate Professor with the School, is working to change the way nurses deal with violence in the workplace. As every nurse knows, there are serious issues surrounding the violence that nurses may be exposed to as part of their daily routine. Now, a new electronic resource produced as part of a study funded by WorkSafe BC is making information and practice advice directly available to nurses wherever they are in the province.

The new DVD, entitled *"Nurses and Violence in the Workplace,"* is a product of Angela's longstanding program of research designed to confront the pervasive challenge of violence and abuse in society. As a maternity nurse in her early career, Angela recognized the prevalence of abuse among her patients and wondered why nurses were unable to help them. "My research has always been about violence," she says. "It started with abused women, and eventually led to asking why nurses were not more useful to these women, because it seemed like they should be an obvious source of help."

The current line of inquiry had its origins in Angela's dissertation work which focused more specifically on how nurses understood abuse issues. "I wanted to talk to nurses about what they thought their role was with abused women." An important discovery in that work was the way in which some nurses' fear of violence was keeping them from being more helpful to the women in their care.

It is well recognized that nurses encounter violence and aggression on an extremely frequent basis, and some level of physical risk has always been an accepted part of the job. "I remember one day going towards a patient's room, and having the door slammed in my face," says Angela. "Within minutes, the patient had heaved everything in the room, including the

bed, out the window and I have no doubt that if anyone had been in the room they would have gone too." Recognizing that all nurses have had these kinds of encounters, Angela's interest in workplace violence began to shape new directions in her inquiries.

The DVD project itself began with interviews of nurses in multiple practice settings including mental health, in-patient, out-patient, emergency and community health. As Angela talked with these nurses, it was evident that most felt completely unprepared to deal with what they were encountering in the workplace. The analysis of her results shaped a plan for how to constructively address the problem.

"The purpose of the DVD is to give people something that they can refer to," says Angela. "We used to teach break-away techniques and confrontation, but this DVD is comprehensive, covering everything from prevention to intervention." It focuses on the nurses' own behaviour; not to direct blame, but to emphasize the need for awareness of the implications of one's own actions—things as simple as tone of voice, facial expressions and posture. Patients and their families arrive at the hospital in a variety of crisis situations, and nurses must be guided to recognize what can happen when they are not paying close attention and a situation begins to turn violent. "While much valuable work by nurses is contributing to a better understanding of the social conditions under which violence arises in the first place, I think it's really important to be able to recognize the cues that happen a lot earlier in the situation and to be thinking about them as they unfold."

Workplace violence is an issue of international concern. Angela took part in the



first international conference on workplace violence in the health sector in Amsterdam in 2008. "Everyone at that conference was confirming that there was merit in looking at our own behaviour in relation to our clients and considering how we contribute to these situations."

"What's significant is that people are asking for copies of the DVD not because of its excellent quality, because they haven't seen it yet, but because they are desperate for any resources that can help prepare for violent situations. The extent of interest shows the extent of the need. This is a huge issue and it requires ongoing attention; I think the workplace violence conferences will be really important in furthering that progression."

"I'll be retiring in June, 2011," says Angela, "so this will be my last research project as principal investigator, but I would love for someone else to continue on with the work. The number of people that have already contacted the School in order to obtain copies of the DVD has been really amazing and I hope that it will play a part in beginning to see a decrease in the incidence and impact of workplace violence."

The Workplace Violence DVD is available online at <http://www.nursing.ubc.ca/Research/WorkPlaceViolence.aspx> or upon request by contacting The UBC School of Nursing at [ONRTS@nursing.ubc.ca](mailto:ONRTS@nursing.ubc.ca) 

# Names in the News



## Three Hundred and Sixty Degrees of Care

*“Most people don’t see the possibilities for people with dementia. They are scared – they see someone losing their memory and it becomes so frightening that they back off. One of the benefits of my research will be to show the opportunities for how and what that help can look like.”*

Stories relating to dementia frequently appear in the news. And the coverage is almost always focused on individual situations and the despair and suffering of the families.

Recent news items include a story of a woman who refuses to press charges against her husband, who injured her when she tried to show him a photograph to jog his memory. Or a tear-jerking story of a woman who, after surviving the holocaust, moved to Vancouver with her husband; she developed Alzheimer’s and was coping quite well, but after he passed away her symptoms rapidly increased. Another story relays the tale of a man who wandered too far from home and a search party had to be dispatched. And yet another reveals findings that the families and caregivers of people who suffer from the disease are prone to stress and depression. All of these stories depict the ways in which society is struggling to cope with and understand dementia.

Dr. Alison Phinney, Associate Professor, is an expert in dementia and strives to gain a 360-degree view of her patients’ experiences. “What they are saying in the interview is just part of the story; with dementia there is so much they can’t remember, or don’t know how to articulate. Observation really becomes key.” She noticed that her participants would often talk about their experiences in terms of meaningful activities, and she began to place focus on how those activities could shape experiences of both

the participant and their family.

Dr. Colleen Varcoe, the Associate Director of Research, suggests that it is often the ways in which Alison is able to highlight positive findings in dementia, and give hope and understanding to families and society, that make her research so attractive to the media.

“It’s the stories that really get people” says Alison, “I’ve noticed that even with academics, when I reveal the nature of my research, the discussion becomes personal; they don’t respond to me as a fellow academic, but as a son, or granddaughter of someone who has dementia. Everyone has a story and is looking for ways to relate and cope.”

And this is true with the media as well. “They always want personal and emotional stories. Last year, someone at the CBC found out that my research assistant was a young woman who was involved and interested in the research because her grandmother had dementia. They really grabbed on to that.”

“We think of dementia as a terrible tragedy. We see people slipping away, not doing what they once could. And yet, if given the opportunity, there are people with dementia who are telling us something about their experiences that is very different,” she says. “Most people don’t see the possibilities for



people with dementia. They are scared – they see someone losing their memory and it becomes so frightening that they back off. One of the benefits of my research will be to show the opportunities for how and what that help can look like.”

“I think Alison’s research can really educate the public about not just the challenges associated with dementia, but also some of the positive aspects and some of the strengths of family engagement” says Colleen. “The public is very concerned with what might happen to themselves and their families and are often experiencing a considerable sense of despair over dementia being very negative and terminal. Alison draws attention to the strength and resilience that people have, and there are some very positive messages in her work.”

While Alison has learned a great deal from the people who have participated in her research, she also empowers and gives voice to them and to their families through her interactions with the media. “They are willing to share their experiences with me because I am seen as having a bigger voice. I can get the word out and contribute to a better understanding of the disease in a way that they can’t.” 

# Clinical Practice Innovation



## An Eye on Elders

*“They come and ask specifically for the ‘geri nurse’ and know that they will be taken care of by someone who understands their issues and is ready to listen.”*

Maureen Shaw is passionately committed to ensuring that older adults get the care they need in an acute care hospital. Maureen is a Clinical Nurse Specialist in gerontology at the Vancouver General Hospital (VGH) and, as an adjunct faculty member, is one of the expert clinicians playing an important part in the School’s educational programs.

Maureen’s role at VGH is to monitor and make recommendations on the management of older adult care in acute care settings. Therefore, it was not surprising that the leadership team in the Emergency Department (ED) called on Maureen to help address the unique needs of older adults. “The nurses didn’t know what to do with delirium or how to handle falls,” recalls Maureen. “In the beginning, I assessed patients and began asking questions that were necessary, but not previously considered, such as, ‘Does the patient really need to be admitted?’ or, ‘What are the requirements for discharge?’”

She recommended that a nursing position be created in the ED to specifically tend to the older population and its unique needs and, subsequently, Maureen has been instrumental in establishing a role for the geriatric emergency nurse in EDs throughout the Vancouver region.

To generate evidence of the role’s effectiveness through nursing research, Maureen formed a strategic collaboration with UBC Nursing Assistant Professor, Dr. Jennifer Baumbusch. “I didn’t have a big research role in my position until Jennifer joined the School” says Maureen. “However, bringing together the complementary skillsets of research and practice expertise in a research partnership made it possible to generate the kind of evidence needed to make nursing practice improvements a reality. Using my position to incorporate empirical data into nursing practice is crucial.”

On the basis of the research collaboration and its results, Maureen educates and supports geriatric emergency nurses by providing evidence-informed interventions. For example, she introduced an assessment approach designed for the specific needs of older adults. “The idea of the assessment tool came from the literature,” she says, “but their methods didn’t fit the team in our ED. So I took the risk factors and experimented with what worked.”

She developed a one-step process, now known as high-risk screening, in which the nurse both identifies the risk factors and completes the assessment, intervention and follow-up. Expertise with the process developed slowly, and required the nurses to think outside the conventional model of ED assessment. “VGH is a major trauma centre and the staff can lose focus on older people lying in beds. The geriatric nurses meet patients at triage and facilitate their entrance. Now, if an older patient comes in with a broken arm, for example, by the time the doctor sees the patient, the tests and information are ready.”

“One of the things I am most proud of from the project is that, despite the complexity of the role, these nurses are able to stand alone,” says Maureen, though she does connect with them regularly on challenges or frustrations with procedures or patient care.

The introduction of the geriatric ED nurse has greatly affected nursing practice in this complex setting: “There is much more communication between residential care, case managers, the mental health system and the ED. Older patients are no longer pushed out because geriatric issues such as depression or delirium aren’t recognized and people aren’t admitted inappropriately.”



Maureen’s program has also been put into place in Lions Gate, St. Paul’s, Mount Saint Joseph, as well as Burnaby and Royal Columbian Hospitals, and she suspects that it has been adopted in various forms elsewhere. Patients and their families value the new system. “They come and ask specifically for the ‘geri nurse’ and know that they will be taken care of by someone who understands their issues and is ready to listen.”

Looking forward, she is eager to further expand the capacity of geriatric ED nurses. “It would be extremely beneficial to support them in educating other nurses about contributions to the older population and also to have a nurse practitioner (NP) attached to the role.”

Maureen says she would love to expand the outreach potential for the role even further. For example, she cites evidence that outreach services in residential care facilities prevent unnecessary ED admissions. She would also like to pursue use of the geriatric ED nurse model in the home, focusing on the community, not the emergency department.

It is easy to understand why, with direct exposure to inspirational clinical nurse expertise like Maureen’s, UBC nursing graduates are ready and eager to play their own part in building a better health care system for all patients. 

# Research Innovation



## Scholarship for Social Change

*Public support is imperative for achieving our goals*

A research unit is a formalized grouping of researchers, partners and trainees bringing together multiple projects and programs of research to support, inform and animate their work. The formation of research units within the School reflects its evolving areas of strength and excellence, and the maturing of certain areas of research imperatives to meet the needs of the society we serve.

In June of 2010, the Critical Research in Health and Healthcare Inequities (CRiHHI) research unit celebrated its launch and official opening as a new research unit within the School of Nursing. The members of CRiHHI feature both faculty of the UBC School of Nursing and associates from the health care community who have a vested interest in the same goals and outcomes, all of which aim to promote equity in health and health care through the uptake of critical knowledge in research, practice, policy and education.

Dr. Madeleine Dion Stout is a leader in the health development of Aboriginal people. She holds an honorary doctorate from UBC and was the inaugural speaker at CRiHHI's launch. "CRiHHI's work is already cut out by its desire to support informed discussion about health and health care inequities among a broad range of audiences," she says. "The challenges are set for CRiHHI because, while ample evidence describes health and health care inequities internationally, the evidence about what works to reduce those inequities is, so far, very limited. To be reasonable, CRiHHI will have to pay attention to evidence-based practice as well as practice-based evidence. To be credible, CRiHHI will have to focus on the Cree concept *nahi* (fairness) over that of *tipi* (equal)."

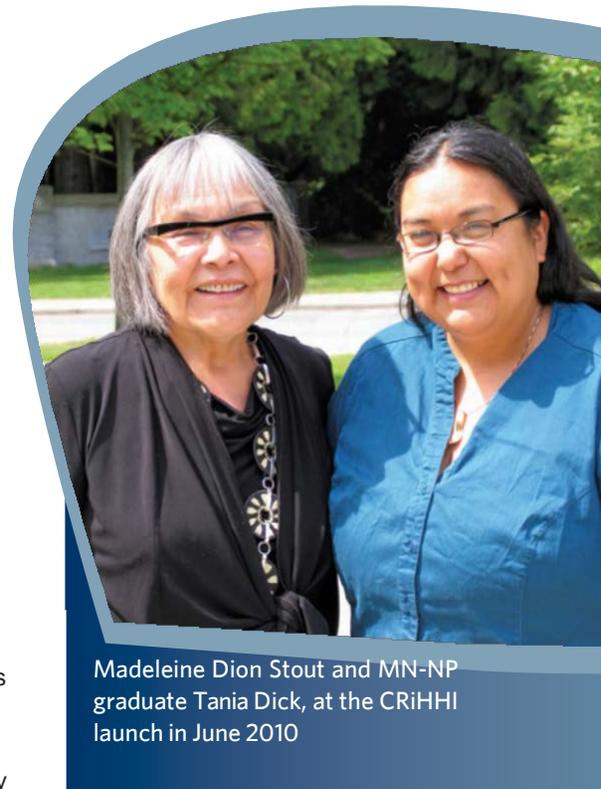
The formation of CRiHHI was slow, but strategic. The members envisioned CRiHHI as a way to provide a structure for the issues

of inequity in health and health care that many of our faculty were confronting in their research, and support for approaching those issues from a critical perspective. "There are inequities caused by poverty that affect children's health, such as racism or geographic location, and those same inequities influence access to health care," says Dr. Colleen Varcoe, Professor and Associate Director of Research. For example, she notes, Dr. Judith Lynam studies how children in highly disadvantaged families not only have poorer health but also poorer health care.

Although inequities as they relate to both health and health care are at the core of the unit's research, the other component is working from a shared critical perspective. Critical research orients researchers to an examination below the surface assumptions of how things are to determine how they might be. For CRiHHI, this means taking into account how power differentials and broader system structures shape both health and health care.

Colleen's own research focuses on violence against women, particularly those from rural communities. Others focus on such concerns as stigma and discrimination for people with mental health and addiction issues. "But even though our research unit members may be dealing with very different populations and health concerns, we are still joined around those two "big ideas" of critical approaches and a focus on inequities," says Colleen. "We encourage a broad range of theoretical perspectives, and are interested in developing really diverse approaches to research."

The members of CRiHHI look forward to establishing courses and knowledge translation efforts across multiple programs of research. Last Spring, they held an event during UBC's Celebrate Research Week, which



Madeleine Dion Stout and MN-NP graduate Tania Dick, at the CRiHHI launch in June 2010

functions as an opportunity for researchers to interact with other members of the UBC research community, the general public, alumni, members of industry, the business community and potential students. The event, entitled Social Justice in Health and Health Care, enabled CRiHHI members to share collective insights from research activities, as well as a series of "snapshots" on specific research projects occurring within the unit, and engaged participants in a dialogue that strove to report their research and findings in a language that all could relate to.

"Our goals are in their infancy because we have just started," says Colleen. "But we are working to become established and want to create significant public engagement around our research and findings. One that is particularly important because public support is imperative for achieving our goals. In this light, we look forward to effectively facilitating visitors and engaging international and national-level visitors, scholars and community activists across the spectrum."

The research unit welcomes collaborations with interested faculty, students and community members. Visit CRiHHI's website for more information: [www.nursing.ubc.ca/crihi](http://www.nursing.ubc.ca/crihi). 

# Teaching Excellence



## Scholarly Innovation

*I guess that's why you called it a synthesis—real fusion and production!*

As a capstone project of our revised undergraduate curriculum, students are putting their new knowledge into practice by helping clinical practice partners solve complex problems. Our students learn a lot about understanding evidence, interpreting research claims and critically reflecting on “how we know what we know” in nursing. This is increasingly important in a world where many patients’ first response to a new condition is to search online for answers. The world of competing claims is frightening and frustrating for many patients and, of course, the role of the nurse includes supporting them through the barrage of ideas they are exposed to—from their health care professionals, from the media and from well-meaning friends and family. Complex information becomes a key focus for supporting patients in this day and age.

Our students also learn about policy processes—the lines of authority and responsibility that keep health care operating, the decisional processes that determine what services get funded and delivered, the manner in which values and attitudes become embedded in the systems we create to manage everyday work in the health professions. Because we intend them not simply to work within systems but to be capable change agents throughout their careers, we provide them with an understanding of how health care organizations operate and how change processes come to life in the real world.

However, as with all undergraduate nursing students, our students are passionate about professional nursing practice. In order to ensure that the more theoretical knowledge about research and leadership doesn’t fade into the background after graduation, the faculty designing our revised curriculum created what we call the “synthesis project.” This project

occurs in the final year of the program while students are concurrently solidifying their clinical competencies and preparing to become registered nurses.

In the orientation session early this fall, Assistant Professor Dr. Maura MacPhee, coordinator of the project, brought together all of the students, practice mentors and faculty advisors for a “meet and greet” and to launch the project. The excitement was palpable in the auditorium. As Adjunct Professor Cindy Stutzer remarked, “This is incredible. I want to come back to school.”

The project design involves teams of up to four students paired with one of our adjunct faculty members (many of whom are practice leaders and clinical specialists in our partner clinical agencies) as well as a faculty advisor to support the academic components of the project and ensure linkage to university policies and requirements.

Each of these practice partners identifies a “practice problem” to be resolved. Many of their projects are quality improvement initiatives that have been recognized as important within the clinical practice settings but have not been addressed due to lack of time. As such, the projects are meaningful and relevant in real time and not simply theoretical academic exercises.

The team and practice partners meet regularly to create a plan to optimally deploy each student. Typically, students will do a literature review to confirm the best evidence available, examine the best practices that have been incorporated in other settings, consider the particular barriers and facilitators to change in the specific setting they are working in and engage in an active consultation process with the key stakeholders involved. These stakeholders could be nurses, interprofessional



Students work to improve the orientation and education materials for families in the Pediatric Critical Care Unit at BC’s Children’s Hospital. This student is incorporating parent involvement into practice.

health team members, patients, administrators or even members of the general public. The team creates a proposal to address the specific nature of the problem, each contributing about 50 hours of individual consultation effort. Because they are working so closely with the nurse leaders the intention is that, at least in some instances, their work will actually change practice. So, the full range of intellectual skills and knowledge competencies they have acquired during their program is brought to bear on addressing a health system challenge and making a difference.

One example of the synthesis project in action involves Rosella Jefferson (MSN ’98), Clinical Nurse Specialist at BC Children’s Hospital, supported by School of Nursing Assistant Professor, Dr. Gladys McPherson. Rosella is working with a team of students—Christine Donald, Courtenay Scott, Dave Lambie and Rachel Viktor—on an approach to improving family-centred care practices in the Pediatric Intensive Care Unit. Rosella says, “They are like breaths of fresh air to our project. I am so impressed that they grasp the issues related to our problem with orienting families here and disseminating materials—how did they do that so quickly when it takes me so long? And then there is their unbiased, open approach to the solutions—no assumptions regarding causes of the problem—straight to getting data and analyzing it. All four students were quick to get here, get oriented and get

hands-on with the people and practices related to our initiative. These four are also organized, coordinated and focused — evidenced by the creation of our 16-step, time-lined project grid! So far it looks to me like a wonderful merging of learnings related to theory, collaborations with a diverse group of stakeholders and then the real thing — making it work at complicated bedsides.” Hilary Espezel (BSN '87, MSN '01) who is Project Director for the Department of Quality, Safety & Risk Management with the Provincial Health Services Authority, says “I’m very positive about a project-based approach positioned in a real life setting.” The project she is overseeing recognizes that the transfer points in care settings are where medication errors are made and patient safety issues arise. Standardized systems to reconcile medication as patients move through the system are badly needed. Students Tim Kwok, Erin Flanagan and Meredith Miller are working with Hilary to find systems that will work for the health care professionals involved. As Tim explains, “We are learning firsthand that success or failure of a new policy depends on staff acceptance.” According to Hilary, “The students benefit greatly from the immersion in the practice area as they experience firsthand what it means to work on an interdisciplinary team as a full team member. They soon realize the rewards and realities of addressing issues within a practice setting, as well as the art of project management and problem solving. In short, students have a more realistic view of the practice setting they will soon enter and, in my opinion, are better prepared.” And for the organization, “the project outcome relates to a top organizational priority, and will be of immediate use.”

Carol Galte (MSN '05) is a Family Nurse Practitioner working with Fraser Health Authority’s Cardiac Services as Co-Lead for their Regional Heart Failure Strategy. Although well supported by UBC Assistant Professor, Dr. Tarnia Taverner as the faculty advisor, Carol acknowledges some early reservations about how this would work. “I have to admit at the beginning, the project seemed like a fair bit of work for the clinical people, but as it’s gone on the students have been very independent and other than our linking them to people and giving feedback they’ve run with the project quite well.” She goes on to say, “I’ve been really impressed with the students’ approach to the project. A team of three, Malika Bader, Katie Kim and Sara Souzzi, are working on a curriculum for cardiac patient group education. The students

plan to engage exercise participant stakeholders in their work to develop a broad curriculum. I’m hopeful we will be able to utilize their work going forward with an interdisciplinary heart health program we are planning for Royal Columbian Hospital. As you know it’s very powerful to have the patient perspective when planning new programs and the students are committed to reflecting the needs of the participants.” Carol has thoroughly enjoyed working with our students in this way and finds their involvement a source of optimism. “They have been thoughtful and thorough in their process. They show maturity that I don’t remember having as a soon-to-be-graduated RN. They have approached their project with professional enthusiasm and I feel this speaks well to the future of nursing.”

BSN student Jo Gorton, working on a trial project at the BC Centres for Disease Control to integrate HIV and TB services, is excited to be applying what she has learned in the program to what she sees as an important and complex practice priority. As she says, “It is really cool to go so deeply into an area of practice.” Similarly, Jon Kittle, one of a team of students working on a project to support implementation of system-wide changes associated with symptom management guidelines at the BC Cancer Agency, says “We’re getting a “warts and all” view of the greater health care system.” He knows that effecting change is never easy, and the synthesis experience is exposing students to real life concerns and barriers in a way that will help them be more successful in moving initiatives forward when they graduate.

The synthesis project is a new and innovative way to bring our fast-paced integrative curriculum to a close. As is the case in all of our undergraduate courses, we build on the talent and diversity of our students and actively engage them to apply new knowledge from a variety of sources. The synthesis project helps them better understand the complexities of the real world, why change is often so difficult, and how nurses with vision and skills can work together to make things happen. This confidence will serve them well as they transition into their professional careers with both humility for the complexity of the work and optimism that nurses can and do make a difference. 



## Nursing Students Shine!

**S**hinerama, Canada’s largest post-secondary fundraiser, involves students from nearly 60 university and college campuses across Canada. In 2010, students across Canada aim to raise one million dollars. All funds raised go to support the Canadian Cystic Fibrosis Foundation and Cystic Fibrosis research. Nursing student, Nicole Fortier, has been a leader in this year’s campaign and her efforts, combined with contributions of her fellow nursing students have helped Nicole raise over \$30,000!

“I was so pleased to present the School of Nursing with the Shinerama Faculty Cup, recognizing nursing as the strongest fundraising faculty for UBC’s 2010 Shinerama campaign!” says Nicole. “The support of students is greatly appreciated and because of their time and efforts we are now one step closer to finding a cure for cystic fibrosis.”

Students at the UBC School of Nursing are dedicated to making improvements to health and health care in our communities. Nicole’s fundraising efforts are just one example of the fabulous efforts we are seeing in our student body!

For more information on the Canadian Cystic Fibrosis Foundation and Shinerama visit

<http://www.cysticfibrosis.ca/en/Shinerama>

# Active Emeriti



*At UBC, emeritus/emerita status is a recognition conferred by the Senate upon certain individuals who, having given long service, are retired from the University but permitted to retain as an honorary title the rank held at retirement.*

Until quite recently, School of Nursing faculty members were required to step down from their positions at “a certain age” and enter into the dignified quietude of retirement. However, having spent a career in the professoriate, devoting themselves to teaching students and generating new knowledge to inform nursing and health care, a significant number of these former faculty members have used retirement as an opportunity for finding new venues in which to capitalize on that expertise.

Emeritus status is granted to an individual upon retirement, implying recognition that the type of person who has devoted his or her life to a field is unlikely to cease contributing just because their formal service may have ended. Indeed retirement, and the new rhythms of life it offers, may fuel an increased enthusiasm and creativity for putting hard-earned ideas to use. The School is fortunate to have among its emeritus faculty an incredible collection of characters who exert their own unique brand of intelligence and commitment into solving society’s problems in new and exciting ways. Here we take the opportunity to showcase just a few examples of the many remarkable professional and scholarly contributions being made by the emeriti who made the School their career and have yet to stop giving.

Judith Mogan, Assistant Professor Emerita, was passionate about what we now call “the scholarship of teaching” during her years on the UBC faculty. Among the many projects she developed with colleagues was a survey tool for nursing students, graduates and faculty to rate the characteristics of clinical teachers’ behaviour. Judy and her colleague, Janet Knox, created this tool, called the “Nursing Clinical

Teacher Effectiveness Inventory,” and published a corresponding report in 1985. A quarter of a century later, the School continues to receive requests from educational scholars all over the world for permission to use this tool. Although Judy has long since assigned ownership of the tool to the School, it has now been placed by the Woodward Biomedical Library health librarians into the UBC online institutional repository so that it can be openly accessed by scholars worldwide. We so often think that research has a short shelf life, and so examples of work done in the School that continue to be sought after so many years later are truly inspiring.



Dr. Sonia Acorn, who served as Acting Director in the later years of her academic career, became Professor Emerita on retirement in 2004 and has hardly slowed down in the

intervening years. She has continued to teach graduate courses through on-line delivery with Athabasca University’s Centre for Nursing and Health Studies and to do contract work on entry level competencies for the College of Registered Nurses of British Columbia. In addition, she has been highly active as a site reviewer for the Canadian Association of Schools of Nursing. At a ceremony in Ottawa this past November, that association presented her with its inaugural Award for Excellence as an Accreditation Reviewer. Having given long service to the profession as an educator and educational administrator, Sonia is continuing to ensure that the nursing programs of the country are at the standard of quality the profession deserves and in this she is continuing to show the leadership that UBC represents.



Although she is a master of language, having published volumes of elegant and articulate scholarly writing over a long and remarkable career, for Professor Emerita

Joan Anderson, the word “retirement” isn’t in the lexicon. From her home office in West Vancouver, Joan and her colleagues continue to express complex theoretical ideas, applying a critical social theorizing lens to the analysis of the difficult issues underlying social justice and health inequities. Her publication record

continues to flourish, with three important new papers finding their way into highly respected scholarly journals in 2010. Dr. Anderson was also a Visiting Professor at the Daphne Cockwell School of Nursing at Ryerson University in Toronto this year, and delivered an invited address to the International Philosophy of Nursing Society conference. Joan remains an icon in social theorizing in nursing and is mentoring yet another generation of graduate students.



Professor Emerita Elaine Carty has found it possible in retirement to indulge in the scholarly projects for which there was never enough time during her busy academic

career. As inaugural director of British Columbia’s first midwifery program at UBC, she devoted her time to the politics and policy of professional practice and to interdisciplinary alignments within the maternal child health constellation. For years, Elaine has been fascinated by how pregnancy and birth have been depicted over time and place in artists’ images. In retirement, she has travelled internationally to museums and galleries, developing a digital image database including approximately 800 drawings and paintings of pregnancy, childbirth and midwifery images from prehistoric times to the 21st century. Beyond lecturing to scholarly audiences, Elaine also speaks to religious and spiritual groups, inviting historical analysis of how biblical women, such as Sarah, Hagar, Rebecca, Rachel, Leah, Bathsheba and Jezebel are depicted in art and what we can learn from their stories. In a recent Advent service, she explored the life of Mary from her birth to the time of the Nativity in art, music and text.



Linda Leonard, Associate Professor Emerita, continues to operate the Multiple Births Support Program she developed for Canadian families and health professionals during her faculty

career at the School. Linda’s online service includes information, counselling and consultation as well as providing access to “Twins, Triplets & More!,” which is an extensive

*continued on next page*

# Development



## Supporting the Next Generation in HIV/AIDS Research

*“There is still so much that needs to be done in this field. But there is also tremendous hope. We now have efficacious treatment and a whole new generation of students committed to the issue of social justice and HIV/AIDS.”*

November 29, 2010 marked a memorable occasion. In the International Year of the Nurse marking the 100th anniversary of Florence Nightingale’s death and during World AIDS Week, health care professionals, family and friends gathered to celebrate Irene Goldstone’s career. Irene retired from her position as Director, Professional Education and Care Evaluation, British Columbia Centre for Excellence in HIV/AIDS at Providence Health Care in June of this year. Although she is leaving some rather large shoes to fill, her extraordinary commitment to mentorship means that those who continue on in her wake are more than up to the challenge.

Irene was the Director of Medical Nursing at St Paul’s in the early 1980s when some of the first Canadian patients with AIDS were admitted. She led the nursing response to that early challenge, and since then has been a leader in HIV/AIDS prevention, treatment, care and support, as well as the education of health care professionals in

Vancouver and across BC. In response to the epidemic, and under Irene’s leadership, St. Paul’s Hospital opened the first integrated cancer and AIDS palliative care unit in Canada. In 1992 she joined the BC Centre for Excellence in HIV/AIDS as Director of Professional Education, collaborating with UBC School of Nursing and the College of Health Disciplines to offer undergraduate elective courses in HIV/AIDS.

“Over the last 28 years of my career,” says Irene, “the treatment of the virus has changed dramatically with the availability of highly effective antiretroviral therapy. However, what has become clear to me over the years is that HIV/AIDS is as much about social justice as it is about medical therapy. Two patients, both with a diagnosis of HIV/AIDS, can have remarkably different lives. One suffers from a chronic illness made manageable by adherence to antiretroviral therapy; the other does not access treatment — as is the case with many who use injection

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resource guide that she created for multiple pregnancy and parenthood. The School of Nursing is proud to host this resource on its website so that professionals, new parents and families across the country facing this exciting challenge can easily locate it (visit: [www.nursing.ubc.ca/PDFs/TwinsTripletsAndMore.pdf](http://www.nursing.ubc.ca/PDFs/TwinsTripletsAndMore.pdf)). The currency of the information is assured by Linda’s continuing role on the Advisory Board of Multiple Births Canada, as well as the opportunity she makes to meet expectant and new parents (and cuddle babies!) in monthly gatherings of the Vancouver Twins & More support group. Although she may have retired from her formal career at the School, families far and wide continue to have Linda’s wisdom to cheer them on.

These are just a few of the stories of School of Nursing emeritus faculty members whose meaningful work continues in new and exciting ways beyond their departure from the official teaching world. These individuals and the many others we could have named continue to inspire the School, provide us with guidance and encouragement in our continued scholarly direction and set a standard for commitment and creativity. As we face ongoing retirements in future years, we keep in mind that these marvellous colleagues are not leaving their work behind, but rather transforming it into a new form of expression. We are grateful for the voluntary contributions to the betterment of society that these remarkable individuals exemplify.

T



top: Irene with Julie Kille, November 29, 2010  
bottom: Dianne Doyle, Julio Montaner, Irene Goldstone and Sally Thorne

drugs, for example — and so has a dramatically shortened life.”

Disparities such as these have motivated Irene’s colleagues to establish the Irene Goldstone HIV/AIDS and Social Justice Graduate Scholarship Endowment to support nurses wanting to pursue graduate work in HIV/AIDS research at the UBC School of Nursing in honour of her remarkable career. As part of the celebratory event, Dianne Doyle, Chief Executive Officer of Providence Health Care, announced a generous donation from the St. Paul’s Hospital Foundation to demonstrate Providence’s commitment to the cause. Renowned researcher Dr. Julio Montaner of the BC Centre for Excellence in HIV/AIDS pledged the full honorarium from his 2010 Aubrey J. Tingle Prize for Outstanding Leadership, recently awarded by the Michael Smith Foundation for Health Research. And Julie Kille, on behalf of the Canadian Association of Nurses in AIDS Care, announced a significant contribution. In addition to these generous public donations, nurses from all walks of life have honoured Irene’s work with their own donations. Her colleagues hope that the fund will reach a level of \$200,000 and support an endowed award that will help UBC Nursing graduate student researchers in this field in perpetuity.

Irene is characteristically humble about the difference she has made. “I am acutely aware that there is still so much that needs to be done in this field. But there is also tremendous hope. We now have efficacious treatment and a whole new

*continued on next page*

# Alumni Achievement



On November 29, 2010 a large contingent of the UBC community gathered at the Chan Centre for an evening of UBC excellence. Celebrating Achievement: The UBC Blue and Gold Review showcased inventions, feats and performances from UBC students, faculty, graduates and staff and recognized Alumni Achievement Award recipients.

Glennis Zilm (BSN '58) was honoured at this celebration with the Blythe Eagles Volunteer Leadership Award, celebrating her accomplishments as a nursing leader "whose commitment to the documentation and

BC a Canadian leader in nursing scholarship."

Glennis is a familiar presence throughout the School and its alumni as a passionate keeper and purveyor of our School's extensive history. She delivers guest lectures to undergraduate students (often in the garb of a bygone era), linking the challenges facing the profession today with its historic barriers and accomplishments. She and colleagues maintain a historical display case, showcasing a rotating collection of memorabilia, equipment and records pertaining

*continued from previous page*

generation of students committed to the issue of social justice and HIV/AIDS, and who understand that the disparity in society is one of the factors that makes people vulnerable to HIV. I'm very encouraged by their commitment and motivation to respond to the epidemic. The future is bright if it is in their hands, but they need our support."

The School is proud to have had Irene as an adjunct professor, and to have supported her in the contributions she has made to health care in

to different aspects of nursing history. In honour of Remembrance Day, for example, the display case featured artefacts from UBC Nursing alumni who served overseas in World War II and Afghanistan. During a flu epidemic, the historical display might feature epidemics of the past, and their relationship with the evolving profession of nursing. A faithful participant in practically every School event, Glennis is always bursting with enthusiasm to share our School's rich history.

The awards citation notes that, as a historian, writer and teacher, she has "performed a great service to the nursing profession in Canada by

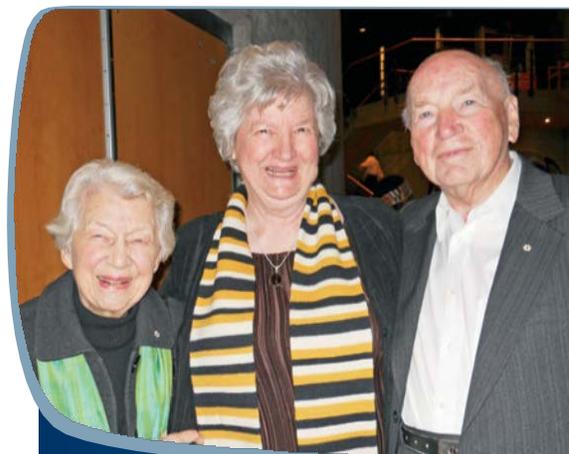
the central role played by her alma mater and its nursing alumni. Zilm's meticulous research and documentation has ensured that the vital contributions of key individuals are accurately recorded and never forgotten."

For more information on Glennis' many achievements, and to view a short video, please visit the UBC Alumni Affairs Association website at <http://www.alumni.ubc.ca/events/awards/2010/recipients/zilm.php> 

BC. We invite you to join us in supporting the next generation of nurse researchers in HIV/AIDS.

Donations can be made by mail, online at [www.supporting.ubc.ca/hivaidsnursing](http://www.supporting.ubc.ca/hivaidsnursing) or by calling 604.827.4111 (tollfree 1.877.717.4483).

For questions about supporting this endowment, or any other UBC School of Nursing development initiative, please call Kieran Murphy, Associate Director, Nursing Development & Alumni Relations at 604.822.1234 or [kieran.murphy@ubc.ca](mailto:kieran.murphy@ubc.ca). 



Glennis Zilm, being acknowledged by longtime supporters of the School Drs. Richard Splane and Verna Huffman Splane.

## Remembering

Former colleagues and students were saddened to hear of the recent death of Kirsten (Weber) Hyde. Kirsten joined the School faculty in 1969, retiring as an Associate Professor Emerita in 1988, having served in a range of teaching and academic service capacities. During her time in the School, Kirsten was known as strong public health nursing advocate, exerting her unique brand of diplomacy and tenacity to ensure that appropriate systems and processes were in place for nursing students to have optimal access to excellent public health clinical training opportunities. She left her mark upon the School and will be missed.

## TouchPOINTS

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