DIRECTOR’S MESSAGE

It’s hard to know how to say thank you – for all the support, generosity of time and spirit, and all that you have done in making these five years such a wonderful escapade. The journey to UBC has been an adventure of a lifetime. I appreciate all that has been accomplished and look forward to continuing to engage with you all to move the vision of the school and university forward. I’ve enjoyed getting to know so many of you – the shared Turkey Trots, orientations, galas, graduations, Nursing Rounds, Research Toolboxes and Special Lectures – sharing in the passion and excitement of this process. I believe, as Nelson Mandela stated, that “Education is the most powerful weapon which you can use to change the world.” This TouchPoints showcases the changes our faculty and students are already making, and I am humbled by their wisdom and the good work they are accomplishing with the many lives they touch.

Like my ancestors who travelled by boat to New York city from Italy and Germany, I took a chance to immigrate to Canada and find myself at an exceptional global university where I have been surrounded by mentors, colleagues, and staff for whom I have the utmost respect and gratitude. This is just the beginning – though my role will change, I will continue to engage fully in the mission and vision of the School of Nursing.

I continue to work on being the best I can, and I know that I have made mistakes along the way, please forgive me – as Ralph Waldo Emerson said: “Let me never fall into the vulgar mistake of dreaming that I am persecuted whenever I am contradicted.” What I have valued most is the intellectual capacity and critical inquiry of my colleagues, and considering different points of view. We will continue to face many challenges in higher education and in educating the next generation of nurses and nurse leaders – but I know we have the stamina, passion, and capability to move things forward. I try to live by the words of one of my favorite authors, C.S. Lewis, who says: “You are never too old to set another goal or to dream a new dream.” A mentor said we should constantly be “re-inventing ourselves.” I choose to “Hold the vision, trust the process.” I look forward to returning to teaching, researching, and practicing, and especially to continuing my work in reproductive justice surrounding lactation – the right of every parent to provide their infant with human milk and the right of every infant to receive human milk.

I dream about a building where the vision of nursing can support community health and well-being here on the UBC campus, about more professorships to support our clinician scientists and faculty in the important work they are doing, and continued endowments and scholarships for students who have the passion and vision for a future where the right of health care is a reality for all. I humbly acknowledge all the successes of the past five years which are not of my making – but belong to each and every one of you who have worked tirelessly along the way, kept the faith in yourselves, and pushed forward the boundaries. I especially want to acknowledge those of you who have served on my administrative team and in key roles!

UBC School of Nursing has much to be proud of – its legacy, long and strong, will continue into the next century – and the echo of its graduates resounds around the world. Thank you for all you have contributed to making this school a place of wonder, excitement, and hope for the future. Blessings and peace on you and yours.

Sincerely,

Suzanne Hetzel Campbell, PhD, RN, IBCLC
Director

In lieu of gifts consider a donation to the fund Suzanne has been building throughout her term to support stellar nurse leaders: THE DR SUZANNE CAMPBELL ENDOWMENT FOR NURSING STUDENT LEADERS

ON THE COVER
Researchers are studying the effect of community engagement on dementia. The silhouette depicts a young ballet student and elderly woman dancing with a walker.
WELCOME

TOUCHPOINTS
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TOUCHPOINTS Spring/Summer 2017

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In November 1901 a woman was admitted to Frankfurt Insane Asylum with a weakening of the memory, persecution mania, sleeplessness, restlessness, inability to perform any physical and mental work, and needing treatment from the local mental institution. The doctor’s first assessment of his new patient stated that when asked to write her name, she could begin correctly with “Frau” (Mrs) but the rest she had forgotten. Although she was reminded that her name was Auguste Deter, she remained confused and did not know how to continue. Instead, she repeated, “I have lost myself.” Auguste Deter died in the asylum of sepsis on April 8, 1906 at the age of 56 years. Curious at finding these familiar symptoms in one so young, her doctor performed an autopsy in which he examined her brain, identified the hallmark plaques and tangles that now define this form of dementia, and determined the condition was primarily biomedical. The disease was named after doctor and researcher, Alois Alzheimer, and, as Dr John Keady puts it, “the newest medical adventure was born.” This famous case retains carefully recorded elements revealing an ordinary life played out. Dr Keady observes, “this is an exceptionally important case study because it is essentially the story of all our lives.”

Dr Keady is the Nursing Professor of Older People's Mental Health at the University of Manchester and the Greater Manchester West Mental Health NHS Foundation Trust. He is also our most recent Marion Woodward Lecturer, having addressed a full house on October 27, 2016 on the topic of “Dementia: New Paths to Understanding.” He tells us that he was first introduced to people with dementia during his initial nursing assignment on the men’s ward at the Essex County Lunatic Asylum and Mental Hospital in the 1980s. The trappings of the Daffodil Ward included tilted chairs, TVs placed high on the wall, and highly polished floors, which were standard sights in British institutions of the time. It was in this stark environment that Dr Keady’s interest in caring for people with dementia was nurtured.

In the 1980s, as his interest was developing, the main nursing intervention for dementia was to preserve and maintain patients’ social appearance. No specific drugs or therapies to treat dementia were offered, although new interventions such as psychogeriatrics and reality orientation were beginning to emerge. The main message that young Nurse Keady received was that patients’ quality of life couldn’t be improved and it was useless to attempt it. Writings as recent as 1982 described dementia as a “tragic disorder, as if the true self dies before the body and in intervening years the patient’s character disintegrates noisily and without dignity into chaos.”

Given the bleak prognosis, even the mental health nurses weren't supposed to enjoy the experience of working with people with dementia, but Dr Keady loved it. He discovered his paths to understanding through the varied means by which people with dementia were trying to make sense of the world around them. He was fascinated by the diverse perspectives and challenges experienced by each individual he met. Although he had been trained mostly in the physical care of these people, he connected with them on a deeper level and these first relationships with people with dementia helped him decide to spend the rest of his life giving something back to this field of study. He returned to university to extend his knowledge and begin what has been 33 years of research so far.

With his colleagues, Dr Keady’s continuing work calls him to restore the humanity to dementia care, in particular by
connecting communities to dementia patients and their “informal carers.” His Marion Woodward Lecture is filled with examples of research that works, and even in at least one case, research that didn’t. The research teams include the usual array of researchers (PhD students, co-investigators, Post-Docs), but also included are people who have received diagnoses of dementia themselves, working in partnership to design and deliver interventions and research projects that enhance connections within communities.

As we, the community members, engage with people with dementia, Dr Keady reminds us to consider the whole story of each person we meet. From the Journal of Dementia Care, he quotes an article written 100 years after Auguste Deter’s death, which plumbs the hospital records to reveal how she had been a fully realized person with a fulfilling life before dementia, including a child and a husband who visited frequently and struggled to pay for her care. “It describes a story not of a brain, but of human beings, a family, and great love,” says Dr Keady. “That’s the kind of story that has been missing from dementia care for many, many years.”

Dr John Keady’s fascinating lecture with references is available in its entirety online at http://ikblc.ubc.ca/john-keady-dementia-new-paths-to-understanding/ (1:02:28)

Teaser: https://youtu.be/UQ8vMCSKKXw (00:03:00)
On March 2nd, 2017, the fourth Nursing History Symposium was held in the School of Nursing under the umbrella of the UBC Consortium for Nursing History Inquiry. The symposium examined interconnections between arts, crafts and healing in the history and current practice of professional work. Key note speaker Dr Sasha Mullally from the University of New Brunswick and three panel members, Dr Megan Davies from York University with Drs Alison Phinney and Helen Brown from the UBC School of Nursing. The panel explored ways arts and crafts have been taken up in various approaches to healing and within understandings of well-being and health promotion, whether from historical or current perspectives. The symposium provided ample opportunity to discuss and reflect on these important and critical connections, which, amidst the pressures of today’s health care, can easily be overlooked or undervalued. The topic engaged the audience of many community members, faculty, students, members of the BC History of Nursing Society, and friends of the School in vivid debate following the presentations, and even engendered some discussion on Twitter.

Dr Mullally’s presentation highlighted the history of therapeutic craft and explored connections between holistic ideas of health and healing, creative imagination, therapeutic work and rehabilitation. Her early research has investigated the way middle class women in New England used “therapeutic craft” as a tool for uplifting morale in rural communities and for social and economic rejuvenation in the early twentieth century. In recent years, Dr Mullally has also begun a new research project that examines the history of “therapeutic craft” and creative work in the early years of North American occupational therapy. In this new study she explores the way early 20th century occupational therapy programs utilized creative work as a form of physical, mental, and spiritual rehabilitation. Her lecture was drawn from this project, entitled: To ‘Inoculate with the Bacillus of Work’: George Barton and the Making of Occupational Therapy, 1914-1923. The presentation related how proponents of occupational therapy came from a wide variety of backgrounds, including nursing, psychiatry, social work, general medicine, vocational education, and various fields within the arts and crafts. George Barton, industrial designer and arts and crafts patron, coined the term “occupational therapy” (OT) while organizing the first meeting of the National Society for the Promotion of Occupational Therapy (NSPOT). He hosted the inaugural meeting at his sanatorium, aptly named Consolation House, in upstate New York in 1917. The first NSPOT conference drew interest from across North America, and was an organizational turning point. Using Barton’s publications, memoirs and correspondence, Mullally showed how the healing potential of “therapeutic craft” prompted individuals like Barton to found a new field of practice. By understanding Barton, his Consolation House program, and how clinicians responded to his ideas, Dr Mullally noted how we are able to gain deeper insight into what many have called OT’s “multidisciplinary
heritage of caring,” unique within rehabilitation medicine and nursing.

Three panel members responded to the presentation as a lead-in to a vivid discussion with the audience. Dr Brown drew from her involvement in a recent federal prison initiative, called Work 2 Give, in which incarcerated men make items (e.g. furniture, toys, and drums) for First Nations communities in rural and remote BC. Their artistic work impacts the men in ways that foster health and healing. Dr Brown discussed how crafting artful objects can catalyze human connection within and beyond prison walls, facilitating reciprocity with Tsilhqot’in communities that empower the men to re-imagine themselves and their future. Dr Davies spoke to the history of artistic therapeutic approaches in dementia care. She highlighted several key points from Dr Mullally’s talk and also provided her with a classic work on occupational therapy. She also drew from her own research on the history of dementia care and the use of music therapy as an innovative multi-disciplinary rehabilitation therapy program developed in the Valleyview care facility for geriatric residents at the former Riverview Hospital.

Another project relevant to her commentary was the documentary project, The Inmates Are Running the Asylum: Stories from MPA, a larger research website project showcasing multiple educational, artistic and mental health related projects. Finally, panel member Dr Phinney shared insights from several art-related projects which identify the capacities of older people for successfully coping with the functional consequences of aging and disease. Her projects highlight what can be done in partnership with families and communities to support frail older people both within and outside the traditional health care system.

At the lunch following, participants enjoyed a display of the BC History of Nursing Society and a book display by UBC Press of recent works in nursing history. All are invited to our 2018 History Symposium, details of which will appear on the School of Nursing Events page later this year.

Submitted by Geertje Boschma
ELIZABETH SAEWYC TAKES THE HELM
Incoming Director of the School of Nursing

Dr Elizabeth Saewyc will have been at UBC for 13 years when she takes the title of Director of the School of Nursing on July 1, 2017. She comes to this new role within the School with a varied background that includes experience as a journalist, former head of a marketing communications company, a public health nurse, and a nurse researcher leading the interdisciplinary Stigma and Resilience Among Vulnerable Youth Centre (SARAVYC) [http://www.saravyc.ubc.ca] here at UBC. She completed her BSN(hons) in nursing at the University of Minnesota, her MN and PhD in nursing at the University of Washington in Seattle. She has a history of collaboration with global agencies such as the World Health Organization.

Dr Saewyc has big plans for the School of Nursing going forward, drawing on the strategic plans of the School and our Faculty of Applied Science (APSC), as well as taking some cues from UBC’s new President, Dr Santa Ono. Dr Saewyc intends to EXPAND OUR ENGAGEMENT through promoting a people-centred culture in the School as well as among the communities we serve, and hopes to increase visibility beyond the School with a variety of initiatives, especially with our approaching 100 years anniversary.

The School’s most tangible theme, health for all, will receive further focus with plans to ENHANCE EQUITY – ensuring equitable access to health care for marginalized populations through well-recognized programs of research and educational content. Under Dr Saewyc’s direction, the School will continue to EMBODY EXCELLENCE, building upon Nursing’s values and our active ventures. These include the transformation of the Bachelor of Science in Nursing (BSN) program, which has been strengthened and made more sustainable as key practice areas begin to shift; and the new Master of Health Leadership and Policy (MHLP) programs, which offer some exciting opportunities in the coming years.

Because excellence requires funding, Dr Saewyc will employ creative ways of supporting our initiatives and will push the boundaries of feasibility to encompass new kinds of funding.

President Santa Ono is moving the university FROM EXCELLENCE TO EMINENCE, which suggests that there’s always room for growth in an already-excellent organization. The School of Nursing and our new director are poised to continue polishing our well-known, respected, and important reputation. Ultimately, Dr Saewyc looks forward to the challenges of a new role, supported by her colleagues at the School; making a positive difference in the world together.

See Dr Saewyc’s entire presentation to the School on Vimeo here.
Jennifer Baumbusch Association of Registered Nurses of British Columbia (ARNBC) Excellence in Advancing Nursing Knowledge and Research (2016)

Elaine Carty Member of the Order of Canada (2017)

Leanne Currie Methods Cluster Lead (Data Sciences), BC SUPPORT Unit

Wendy Hall Canadian Association of Schools of Nursing (CASN) Excellence in Nursing Education

Cathryn Jackson Elizabeth Kenny McCann Award

Maura MacPhee Sigma Theta Tau Global health leadership; secondment with BCNU; and with I-Can Project Team, Runner Up 2017 Quality Awards for BC Patient Safety and Quality Council

Minna Miller Fellow, American Association of Nurse Practitioners (AANP) (2017)

Patricia “Paddy” Rodney ethics/nursing representative for a new Council of Canadian Academies (CCA) committee on Medical Assistance in Dying (MAID)

Richard Sawatzky ARNBC Excellence in Advancing Nursing Knowledge and Research (2016)

Sally Thorne Killam Award for Excellence in Mentoring (2016); Sigma Theta Tau International Nurse Researcher Hall of Fame (2017); Université Laval Doctorat honoris causa en sciences infirmières (2017)

...and this is just a sample!
A team of nursing faculty at UBC School of Nursing under Principal Investigator Dr Maura MacPhee received internal teaching and learning enhancement funds (TLEF) from 2013-2017 to promote students’ project work. The resulting Community Nursing Matters blog and a few accompanying videos are available publicly to document community engagement activities of UBC Nursing students registered in Community Nursing and Synthesis Projects. Course Leader Ranjit Dhari coordinated students’ participation in the blog by encouraging them to write and share their insights on their involvement in community nursing. Dr Khristine Carino, Flexible Learning Coordinator, deserves special thanks for assisting students in developing videos, podcasts, posters and presentations to showcase their project outcomes and deliverables. Created and initially managed by Dr Carino, the blog is now the responsibility of BSN student volunteers Erica Benson and Maryam Koochek. Faculty, students and alumni are welcome to send in content material for the blog.

**Synthesis Projects**

The UBC School of Nursing includes a self-directed capstone course during the fourth and fifth terms of its accelerated program. Students work in project teams to synthesize their theoretical knowledge and apply what they’ve learned in collaboration with practice partners in a variety of healthcare settings, predominantly in lower mainland BC. As course leader for 2016-2017, I worked closely with community health nursing faculty, Ranjit Dhari and Joanne Ricci, to identify and recruit community-based partners for this year’s capstone/synthesis projects.

Several of this year’s student synthesis projects were forged with community non-profit organizations and healthcare providers in the Downtown Eastside. This year’s focus was on marginalized, vulnerable populations and the social determinants of health. UBC School of Nursing is very grateful to those individuals and their organizations in the community who shared their time and wisdom with our students.

Currently, Elsie Tan and Chandra Waddington, UBC nursing faculty, are helping students submit their projects for public access through UBC cIRcle, UBC’s electronic repository of student and faculty scholarship. We hope that you’ll check out students’ final project work through the Community Nursing Matters blog and UBC cIRcle.

As the BC Ministry of Health shifts its policy initiatives from acute care to the community, we hope to encourage our students, through these types of projects, to recognize how they, as nurses, can make a significant positive difference in the lives of many—in communities all around us.

Submitted by Maura MacPhee, RN, PhD
NURS 344 Course Leader 2016-2017
The BC Patient Safety and Quality Council holds a Quality Forum once a year to showcase quality projects that are benefiting our patients and to raise awareness of initiatives that are being implemented to meet the demand for quality improvement. At this year’s event, the objectives were to:

“Ignite action to improve quality of care for patients and providers;
Create and strengthen connections and collaborations across all areas of care; and
Share effective strategies and leading practices to stimulate and sustain improvement”

These objectives were met through inspirational plenary presentations, from important figures in the healthcare community including the current provincial minister of health, Terry Lake; various interactive workshops, rapid fire presentations and field trips to organizations that are known for having complex operations such as the Port of Vancouver. The diversity in the mode of delivery and the topics discussed ensured that every attendee had plenty of opportunity to attend and learn about their area of interest.

Given my interest in community nursing and working with marginalized populations, I attended workshops on team-based care in the community, trauma informed practice, cultural safety, and responding to a public health emergency: the opioid crisis in BC, just to name a few. This last session struck me as especially inclusive of all the players in this crisis. There were three speakers, each with their own unique place within the crisis response management. The session began with Laura Shaver, the president of Vancouver Area Network of Drug Users (VANDU). Laura is a recovering heroin user who is currently on the methadone program and has been witness to the devastating loss of life that has resulted from illicit fentanyl on the streets. She is a powerful advocate for her community and having her at the session gave us a glimpse of the lived experience of those who are closest to the crisis. Dr Christy Sutherland is the medical director of PHS Community Services Society and she gave the audience an account of the daily challenges and the on the ground response from her team including setting up Naloxone tents in alleyways and working around the clock to meet the demands of this crisis. The third speaker was Dr Bonnie Henry, the Deputy Provincial Health Officer for BC. She gave the audience an overview of what is being done at the provincial and federal levels to manage the crisis including working with Health Canada to open more safe injection sites; working with the the Border Agency to curb the entry of these substances from abroad and working with local agencies to put more resources in place.

I concluded the Quality Forum by presenting the student IHI I-CAN Quality Improvement Project with my colleague Rebecca Anthony. The presentation was very well received and showcased the amazing work of UBC students and our ever supportive faculty.

Attending the forum was inspiring and motivational and I would recommend every nurse to attend it. One of the lessons I took away from attending the forum is how well our program has prepared us for practice. I sat with nurse managers who had never heard of trauma informed practice or cultural competence. I feel that as soon to be graduating nurses, those fundamentally important concepts are forever embedded in our cells and that is partially due to the education and awareness we have received over the course of our training.

blogged by Maryam Koochek
A personal account from Elder Don

“On behalf of the NURS 336 class (Rotation A 2017) and UBC SON we thank Elder Don for so willingly sharing his life story to enhance student learning”. –Ranjit Dhari, Course Leader

“Bevel up,” a street nurse says to a young man in an alley of Vancouver’s Downtown East Side (DTES) in a documentary by Nettie Wild. The nurse is pointing to the side of the needle he should insert in his arm when injecting drugs. The outreach nurses interact with residents of the DTES in an attempt to increase health care services and build trust with a population where many have been failed by our health care system. The documentary revealed a population unjustly profiled, mislabeled, and mistreated by health care professionals here in British Columbia. Without an understanding of the pathways to homelessness and addictions, the factors that contribute to the intergenerational trauma of First Nations communities and ongoing structural systems in place that keep oppressing the oppressed, student nurses run the risk of perpetuating the mistreatment of marginalized populations. Elder Don, a Dene First Nations Elder, brought his amazing story of hardship and perseverance to illuminate the challenges he faced while experiencing addiction and living on the streets of the DTES.

“People don’t necessarily want to confront these issues…it forced students to hear something that is hard to hear,” said one student. “People talk about truth and reconciliation and they want the reconciliation but not the truth. It’s too hard” they continued, baring a sensitive dichotomy that exists concerning First Nations issues in Canada.

Across Canada, depending on their upbringing and school curriculum, students may not even learn about residential schools. Kait Kilyk from Fonthill Ontario found the presentation illuminating and inspiring. “My knowledge of residential school prior to the presentation was quite limited. I was aware of some scenarios from previous documentaries but never had the opportunity to discuss with someone their experiences in the school.”

Elder Don was taken from his family and community, forced into residential school, and then placed into foster care. First Nations children in residential schools had their hair cut, were punished when they spoke their language, segregated from their siblings and too often were sexually, emotionally, and physically abused. Today, First Nations children still suffer. A report in 2011 by Statistics Canada revealed that First Nations children make up 48% of children in foster care in Canada, grossly over-representing any other group in care. In 2016, the Canadian Human Rights Tribunal ruled that the Canadian government is discriminating against First Nations children by providing flawed, discriminatory, and inequitable health care services which is a violation of the Canadian Human Rights Act. To date, Prime Minister Trudeau announced a 5-step plan to implement the Tribunal and the Truth and Reconciliation Committee’s call
to action, however progress is slow and in the meantime First Nations children bear the brunt of the inaction, many ending up homeless. Creating a safe space to answer our questions, Elder Don challenged our preconceptions about homelessness and offered insight to First Nations culture.

“Why did you sleep outside?” a student asked Elder Don during the presentation.

“Shelters are crowded, a big room full of beds, with bed bugs and scabies and you have no personal space. I preferred living outside under the stars, I didn’t mind it.” Elder Don replied, sharing some downfalls of the current systems meant to be salvation for homeless individuals.

Seohhee Lee, a global citizen from South Korea connected with Elder Don in her desire to work from a place of love. “He is doing the same thing by making [medicine bags] and giving them to people who need strength. I guess this is how he appreciates his life, being spiritual and recovering himself. He powerfully inspired me to be a nurse with heart.”

The Cultural Competence and Cultural Safety in Nursing Education framework manual published by the Aboriginal Nurses Association of Canada offers six core competencies to incorporate into nursing education curricula. At the top of the list is walking through the nursing journey with an understanding of the legacy of residential school and recognizing barriers to health equity that continue to impact First Nations, Metis and Inuit communities. One of those barriers is the absence of Indigenous perspective in health care.

“Elder Don showed people there is a different way to think about things. Like how he only uses traditional medicine. How he gets his strength and mental health through traditional practices…the medicine wheel encompasses well being- something that I think nursing is trying to do but hasn’t [accomplished] yet,” one student thoughtfully contributed.

Moving forward with nursing education necessitates sharing the truth of residential schools in order to develop a culturally safe practice. Do not wait for a challenging situation to learn this truth. We know that students retain the most information by hearing, seeing, and doing. Incorporating additional opportunities for learning outside of reading material is integral to equipping nursing students with a holistic, critical, and relational practice. Using traditional practices embedded with First Nations teachings, Elder Don reaches out to struggling individuals on the DTES and the greater Vancouver Area. Nurses are also in a position to help this population. Student nurses can feel overwhelmed and not know where to begin. Here are some strategies student nurses can use, beginning now.

Learn about the territory you are in and acknowledge the community that existed pre-colonization. Normalize acknowledging territories during formal meetings and presentations to reduce feelings of discomfort that can arise. Be curious and ask questions with an open heart and genuine compassion, only after you have listened and observed. Seek out resources, partnerships, and get involved! Lastly, and perhaps most importantly, it is about treating each patient contextually to this particular place and time. In the clinical setting weighted by systemic structures, long hours, and staffing shortages, hastily profiling a patient or client can be easy and reactionary. Kait pointedly summarizes how to address this reaction:

“Something that Elder Don said during his presentation has stuck with me. He said that he will never judge someone who is on the street because you never know what got them there, and what they may have overcome being there. That is something that I will carry with me.”

blogged by Erica Benson
The Union Gospel Mission (UGM) provides meals, shelter, and substance recovery services to people living in the Downtown Eastside (DTES) every day.

To better serve their guests, UGM requested training from the UBC School of Nursing on how to manage hypoglycemia in guests who have diabetes. For our NURS 344 Synthesis Project, a team of students consisting of Rebecca Burns, Brittany Kliment, Katelyn Newell, and Shelby Slater developed a training module, hypoglycemia kits, and a foot care poster, the latter to be used during foot soak clinics. The module provides an overview of diabetes, common diabetic complications, signs and symptoms of hyper- and hypoglycemia, and a protocol for managing hypoglycemic episodes. Our team also prepared hypoglycemia kits for UGM that each include a copy of the four-step hypoglycemia protocol, as well as a bottle of Dex4 glucose tablets. Finally, we created a foot care poster that includes tips that are applicable to all UGM guests, particularly those with diabetes.

On February 9th we presented our final products to UGM staff and discussed how they could be implemented. UGM plans to include the diabetes module on their internal website and as part of staff training. They also plan to share the module and hypoglycemia protocol with the UGM location in New Westminster, as well as with select other organizations working in the DTES. This project helped to fill a knowledge gap at UGM and gave staff the information they need to better serve guests experiencing hypoglycemia.

STUDENT RESEARCHERS ARE ON VIMEO
Students and UGM: https://vimeo.com/211055337
Pop-up Vet Clinic: https://vimeo.com/211264128

On December 4th, 2016, a team of UBC Nursing students collaboratively put on Vancouver’s first primary care clinic for clients and their pets. The idea for the clinic was proposed by Kelsi Jessamine, a UBC School of Nursing (SoN) student, who integrated development of the clinic into The SoN Synthesis Project course (NURS 334). Kelsi worked on organizing, developing, and directing the clinic with a devoted team of UBC Nursing students. The student team included: Jessica Ardley, Laura Gallagher, Livianna Cristea, Jennifer Hoffman, and Anna Dupas. The team of students partnered with the not-for-profit agency, Community Veterinary Outreach (CVO), to provide free veterinary care to pets of under-housed individuals, while offering health and social services to the owner(s). CVO and the UBC Nursing students collaborated with groups including: Paws for Hope, Vancouver Coastal Health, Vancouver Family Services, to launch the highly successful pilot at Directions Youth Services.

The pilot was targeted to street youth with pets in the downtown region. Internal referrals for the clinic were made by Michelle Simms (NP, VCH); however, walk-in appointments were also accepted the day of the clinic. Paws for Hope provided veterinary care to 25 animals which included immunizations, deworming, spay and neuter referral, nail trimming, and preventative education to owners. The UBC nursing students provided primary health care services to the pet owners, including the administration of 11 influenza vaccines to youth and supplying 33 clients with naloxone kits and training in using them to prevent death by overdose. Additional care and education was provided on topics such as dental care, STIs, and wound care. “We realize the potential of veterinarians and veterinary care to influence the health and welfare of marginalized people who are pet owners”, says Dr Michelle Lem (CVO founder). “The opening is the animal.”

CVO clinics are extremely influential in improving the public health of vulnerable populations, through harnessing the strength of the human-animal bond, especially in those who are marginalized. The same group of students, with UBC Master of Public Health Candidate, Dr Doris Lueng, conducted a further clinic with CVO in May 2017 at the Veteran’s Manor and Evelyne Saller Centre. Under the title, “Pet Fair and People Care,” primary care services were offered to clients and grooming services to the pets for an entire afternoon. It was also a UBC IPE event for both Nursing and Pharmacy students, with additional contribution from UBC Masters of Public Health Candidates, providing an opportunity for invaluable leadership and clinical experience for students.

For more information about CVO and how to get involved, please visit https://vetoutreach.org.
Not a Nurse Jackie or Florence Nightingale in sight at the UBC School of Nursing’s inaugural EDGE Film Festival on April 6, 2017 at the Chan Centre. Smashing cinematic stereotypes, the 2017 EDGE Film Festival cut through clichéd notions of nursing by focusing on the participants involved in the wide scope of nursing research being conducted at UBC. The traditional opening by Elder Roberta Price welcomed the packed audience to Coast Salish Territory.

The evening was launched with a short film on gay men and depression. *Bully/Abuse* follows Jason’s story as he uses his paintings in an art-based research program to question what we actually mean when we talk about bullying.

“Everyone throws the term bullying around as if it’s a common experience, and everyone experiences it, but what they don’t realize is that if you are being beaten up constantly, sexually assaulted – that’s just plain criminal abuse,” explains Jason.

*Evidence of a Struggle* tackles the issue of mental health from another angle: through the hip-hop rhymes of a local high school teacher who lost his brother to suicide. Trevor’s lyrics chart the heart wrenching challenges of trying to navigate the health system to get help for a family member. Not only has Trevor channeled his own story into music, but he leads a high school hip-hop club that offers young people a way to articulate and grapple with personal struggles in a supportive community, which helps to counter the isolation that so often surrounds depression and suicide – particularly for men.

The next piece was a trailer for a Movember-funded film currently in development focusing on the Work2Give project. In a partnership between Correctional Service Canada and the Tsilhqot’in First Nation, men in federal custody build furniture, children’s toys and traditional drums, which are donated to communities in interior BC. The emerging film illustrates how meaningful work can be transformative for incarcerated men.

To cap off the first half of the program, *The DUDES Club* follows the Dudes as they travel from Vancouver’s Downtown Eastside to the remote community of Houston, B.C. to share their success in creating a club that connects men with each other as well as healthcare and support services. Also a Movember-funded project, the film captures the sense of pride and solidarity that has been built among these men to fight loneliness and social isolation.

As the audience spilled out of the cinema during the intermission, the energy was palpable. Animated conversations punctuated with laughter filled the foyer and lounge at the Chan Centre.
Displays from UBC Nursing teams and community partners highlighted innovative research programs from traditional button blankets for promoting cultural continuity shared by two ‘Namgis community researchers, to a photography exhibit giving voice to men’s struggles with suicidality, as well as practical tools to reduce discrimination in healthcare.

The second half of the program was as intense as the first. The audience was riveted by the personal journeys of Indigenous women, elders, and nurses working together in Reclaiming Our Spirits. The intervention, funded by the Canadian Institutes of Health Research, incorporates analyses of the ongoing impacts of colonization and racism to support novel routes to better health for Indigenous women who have experienced violence.

“Luckily today we can name PTSD, and we can understand women living with violence from their intimate partners, which then manifests itself in chronic health problems, sadness, depression,” explained Madeline Dion Stout, one of the program elders and an honorary professor at UBC.

As a special treat to attendees, the School of Nursing was also able to showcase the film trailer for Our Voices, Our Stories by ‘Namgis film maker Barbara Cranmer. The film garnered the award for Best Documentary Short at the 40th Annual American Indian Film Festival in San Francisco.

With so many of the films’ participants in attendance, the night wouldn’t have been complete without a chance to hear from them directly. A panel dialogue with Corrina Russ (Reclaiming Our Spirits), Trevor Mills (Evidence of a Struggle), Barbara Cranmer (Our Voices, Our Stories), and moderated by UBC Nursing’s Dr Helen Brown, alternated between making eyes misty and cracking the audience up with their frank stories and honest experiences.

The closing, led by Elder Vera Newman and her daughter, Barbara Cranmer of the ‘Namgis nation, included, a prayer of gratitude in Kwak’wala with drumming that engaged the entire audience in dancing though the theatre.

The attendee response was overwhelming with repeated praise on representing the impact of nursing beyond traditional healthcare services to kudos on the complimentary snacks and beverages. The team is already thinking forward to when the next film festival might be held.

Submitted by Merrilee Hughes
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