in Focus

NURSING
AUTUMN 2009
The power of collaboration

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AN ANNUAL PUBLICATION FOR
THE McGill SCHOOL OF NURSING
ALUMNAE COMMUNITY
Across the board, this has been a remarkably productive year. Faculty and students have worked together to improve courses and to enrich the study streams in both our undergraduate and our graduate programs. Researchers have been successful with their operating grant and career award applications at the national and provincial levels. Our dedicated support staff have come up with creative solutions to administrative nightmares. Two faculty members have earned tenure and now have Associate Professor status at the School. The number of publications, invited lectures and conference presentations has been impressive. In fact, all of this productivity has made writing our annual report a rather pleasant exercise!

What is driving our success? If there is any single factor that is common to the successes of such a wide range of individuals, it is collaboration — that remarkable capacity for finding the best in the people with whom one works. In each of the news items you are about to read, collaboration has a different look. Collaboration is a fount of new ideas and a source of opportunities and partnerships. It is also the glue that holds all of these elements together.

A number of this year’s contributions illustrate how collaborative efforts have led to the impressive productivity of our students, faculty, staff and alumnae. The Nursing Undergraduate Society president describes efforts to unite students in our two undergraduate programs, while members of the Colleagueship have worked hard to integrate new graduate students and to develop the camaraderie that makes learning easier and more fun.
Collaboration in teaching programs has been exceptional over the past year. Madeleine Buck describes a peer learning project implemented with the nursing department of the Montreal Children’s Hospital that has dramatically increased students’ access to pediatric placements. Franco Carnevale writes about the challenge of fostering collaborative relationships between faculty and students as well as about a forum for the sharing of opinions and ideas.

You will also read about how collaboration has extended beyond traditional limits. Anita Gagnon outlines a unique partnership between the School and the International Office of Migration that is supporting students in the Global Health Studies stream as they carry through clinical projects in underserved regions in Africa and Thailand. Marcia Beaulieu traces the development of a collective identity — the culture of “nous” — among English-language CEGEP and university faculty. Donna Byrne (a School of Nursing alumna) describes an innovative “public-private partnership” between Health Access Santé and Antonia Arnaert’s program of research in e-health technologies and nursing practice. Researchers from McGill have worked collegially with researchers from other universities, as recounted in Celeste Johnston’s article on the challenges that accompany the expansion of GRISIM — the research group on nursing intervention — as it becomes GRIISIQ. Clearly, collaboration has been the key to these various successes.

There is much more in this newsletter that is sure to pique your interest. I invite you all — as our most dedicated collaborators! — to take a closer look. I would also like to take this opportunity to thank you for the many ways in which you have supported the School of Nursing. You make it all possible and worthwhile.

A Word From the Alumnae President

At the heart of the McGill Nursing Alumnae Association is the promotion and development of long-term relationships with alumnae, students, faculty and friends of the School of Nursing. Through its activities and programs, the Association seeks to build a network that supports and helps to develop both the School and a community where nursing knowledge, experience and expertise are shared.

But the will and energy of the organizing committee are not enough. Your participation is critical to making this community a place where the nursing profession can grow and flourish. Thus I personally am asking for your collaboration.

Please send us your ideas for activities that will bring you and your old classmates together, return to the School and give a talk about your experiences as a nurse, organize a fundraising event as part of the Faculty of Medicine Reunion Class Gift Program (http://www.medicine.mcgill.ca/aluminicort/support_annualfund.htm), or simply make a donation to the School. These are just a few of the ways you can participate to ensure that the McGill nursing alumnae network is a powerful channel of communication and collaboration.

I wish you all a successful and collaborative year.
The Right Leader at the Right Time

Laurie N. Gottlieb
Professor, Flora Madeleine Shaw Chair in Nursing
Editor-in-Chief, CJNR

She was always affectionately called Evelyn, or simply Mrs. M, by both colleagues and staff. I am referring of course to Mrs. Evelyn Malowany, a leading figure in nursing who dominated the Montreal and Quebec scene for almost 40 years, up until her retirement, in 1997, as Director of Nursing at the Montreal Children’s Hospital (MCH) and Associate Professor at the McGill School of Nursing. Evelyn Malowany reshaped and transformed nursing and brought new meaning to the word “leadership.” She was a transformational leader both in her style and in her many accomplishments. She was and is one of a kind.

Let us cast back to the 1950s and 1960s when Evelyn Malowany began her career. Nursing was very different back then. Calling a nurse, let alone a Director of Nursing, by her first name or using a contracted form of her lastname was unheard of. When she began her career, nursing was formal and deferential, followed a rigid hierarchical structure and was very task-oriented. There were strict rules and set protocols to follow.

On the other hand, nurses ministered to the physical and psychological needs of their patients with compassion, commitment and great skill. This was also the time when hospital-trained nurses began to go to university in large numbers and universities began to offer undergraduate and graduate degrees in nursing. It was also the time when the theoretical knowledge underlying nursing practice was articulated. Mrs. Malowany was in the first class of the master's program offered by the School of Nursing. Her studies at McGill, with its unique perspective on nursing (later formalized under the rubric of McGill Model of Nursing), showed her what nursing could become. One could preserve the best of the old to create a new order, and this is exactly what she did in her position as Director of Nursing at the MCH.

Evelyn Malowany was an unorthodox and bold leader who knew how to get things done. Because of her values and her courage, conviction, intelligence and integrity, the Montreal Children’s became the place to nurse. It was the “magnet” hospital of its time, attracting the best and the brightest, and it became a training ground for a new generation of nursing leaders. As Evelyn recently told me, “Hire the best people and then don’t get in their way.” At the Children’s, young graduates were given the autonomy to practise, encouraged to be innovative and creative, provided with the educational opportunities to develop the knowledge and skills required to address the complex needs of patients and families, and celebrated for their achievements. “Evelyn was my mentor,” recalls Valerie Shannon, former Director of Nursing at the McGill University Health Centre. “What I appreciated most about her was her ability to find the right person at the right time for an important role and then let that person flourish. She was always there in the background for support, a timely intervention with difficult people, and a listening ear. She radiated pride when you told her stories of the accomplishments of nursing.”

Evelyn’s leadership style cannot be found in a textbook. In fact, Evelyn wrote the textbook. She was guided by what was important and what made sense. “I didn’t let bureaucracy get in the way,” she explains. “I looked to see whether things made sense. If [something] didn’t make sense, I wouldn’t do it, because that would have consequences.” She calls her management approach “adhocracy” — responding in the right way as the situation dictated. Evelyn also told me that she kept two sets of books. One contained the principles necessary to guide decisions and the other the bureaucratic rules, which she and her staff used only when absolutely necessary. Valerie Shannon confirms that this was indeed Evelyn’s approach: “Her sense of humour was much appreciated as she poked holes in the ‘flavour of the month’ theory or a ‘new idea.’ She had a Dilbert-esque view of management and regularly challenged managerial dictums that had never really impressed her.”

Evelyn Malowany (right) with Marisa Robert (BScN ’08), first recipient of the E. Rocque Malowany Prize in Nursing, awarded at the fall convocation reception . . .
Mrs. M’s staff once told her that they dreaded Monday mornings. She went to her office filled with new ideas to try out, having spent the weekend reading broadly from the philosophy, economics, political science or business texts that inspired her to do things differently. “Evelyn used to say that she was ‘abnormal,’” explains Celeste Johnston, a McGill professor and the first Director of Nursing Research at the MCH. “To be normal was to be usual, everyday, inside the box, and Evelyn was none of these! Her vision ‘outside’ the box was extraordinary. She often said that she was right-brain-thinking — using the creative side of the brain. Her bookshelf had only a few nursing or nursing management references, among the [many] philosophy, economics and political ones.”

Evelyn was guided by what the philosopher Charles Taylor calls “social imaginings.” One of her imaginings was that nursing was complex and required the most educated nurses to provide direct patient care, and thus she hired a disproportionate number of direct entry master’s graduates and other university graduates to be at the frontline. Another of her imaginings was that nursing needed a strong voice in decision-making arenas, and so she provided every opportunity for nurses to be at the decision-making tables. She believed that knowledge and education held the key to quality care and imagined a unique partnership with the McGill nursing network and the McGill School of Nursing. She was a superb partner, supporting a “virtual” system between university and hospital. Evelyn also imagined that nursing research and evidence were key to quality care. She established the first nursing research unit in a Canadian hospital and appointed Celeste Johnston to head it up. “The idea of having a research division in the nursing department was at least a decade [away for] other Canadian hospitals,” Celeste recalls. “When confronted by the finance office about operating funds going into something as frivolous as nursing research, Evelyn simply ignored them and continued to fund it”

Evelyn’s “social imaginings” gave her direction. But having imaginings was not enough. It required courage, commitment, conviction, and indeed chutzpah to win the critical battles. “She supported nursing in many administrative battles,” Celeste recounts. “When administration wanted to continue to admit to a critical care unit when the nurses felt to do so would be unsafe, she closed the unit to admissions. There was a lot of fallout from this decision, but Evelyn held her ground. She was a real trouper who actually enjoyed battle, where she could confront, outmanoeuvre or outwit arbitrary bureaucracy or any person or group who would dare to diminish nursing’s role in providing care to children and families. If there were nurses or nursing units who did not share her vision, she would refer to them as ‘corridors of indifference’ and move ahead with those who were early adopters of change. Sure enough, the other units would eventually recognize that they were being left behind something pretty exciting.”

I asked Evelyn what advice she would give to future nurses. After some thought, she sent me the following message: “Given that people choose our profession because they want to be of service, I would encourage them to take risks when necessary to ensure safe and effective care. I found that reading extensively to stay up to date on new developments in organizational arrangements in health and illness was very important. Having information and insight into developments in many diverse fields leads us as nurses to see how the world and its inhabitants are interrelated and health and illness are impacted by continual change in so many knowledge areas. We need to keep in mind that bureaucratic, institutional arrangements often work against our values for delivery of appropriate care and these arrangements need to be challenged. However, in order to be heard, it requires good evidence and insight in presenting one’s case. Finally, nursing presents such a great opportunity to make a significant contribution to the lives of others that, in retrospect, I would have chosen no other career.”

In thinking of Evelyn Malowany I am reminded of the words of the 12th-century theologian John of Salisbury: “We are like dwarfs sitting on the shoulders of giants. We see more, and things that are more distant, than they did, not because our sight is superior or because we are taller than they, but because they raise us up, and by their great stature add to ours.”

... and with Caroline Hébert (BN ’09), second recipient of the Prize, awarded at the spring convocation reception
The Nursing Undergraduate Society has had a busy and exciting year. I was fortunate to have an amazing group of people to work with — dynamic, collaborative and hard-working yet easygoing. I would like to thank these students and congratulate them on their individual achievements.

The NUS social calendar began with Nursing Frosh 2008. This year we collaborated with the Faculty of Science students and their Science Frosh. The event was a tremendous success, with nursing students not only enjoying an exciting introduction to university life but also forging bonds with students in other programs. What made the festivities really special was the fact that nursing students from the upper years were invited to participate as well, which meant that newcomers got to mingle with old hands.

A pub night at Brutopia, held early in the school year, saw a heavy turnout, drawing many students from different years and from both the BScN and BNI programs. The mixing of different groups, especially those from the School itself, would prove to be a theme for undergraduates in 2008–09. Other outings hosted by the NUS were an apple-picking adventure, a visit to a sugar shack (always a popular event), a karaoke night, club and pub nights, and — new this year — Code Red, a party hosted jointly by the NUS, the Physical Therapy and Occupational Therapy departments, and the McGill Residents’ Association.

The year wrapped up with a beautifully planned graduation celebration. This was an opportunity for the NUS to congratulate the 2009 graduating class and wish them well in their future endeavours. It was an elegant affair that had the BNI and BScN students, who had spent their final year collaborating on an intervention as part of their community clinical placement, celebrating their achievements not as students in two separate programs but as colleagues and friends.

The NUS took part in a host of academic activities. The master’s information session inspired many undergraduates to consider taking their education a step further. A theme this year, within the undergraduate stream and the NUS in particular, was collaboration among different groups of students. One of our first tasks was to officially introduce the position of Vice-President Academic BNI on the NUS Council. This position not only increases the overall BNI representation on the Council but also means that BNI students now have a representative who can collaborate with both the NUS and the faculty to address issues specific to their program. Also, when the death of one of their professors caused academic stress and uncertainty for the first-year BNI class, their colleagues from the BScN program came to their aid by holding tutoring sessions to help the BNI students move forward.

Throughout the year the NUS global health representative worked with master’s students on the Global Health Committee and McGill Nurses for Global Health on issues around health and health care in a global context. The NUS believes that such initiatives enrich the School
not only by highlighting global health issues but also by strengthening the bonds between graduate and undergraduate students.

This year the NUS compiled and distributed the second edition of the *Nursing Directory* in its new, updated form. This booklet features information for students, messages from faculty, and most importantly a list of undergraduates and their contact information. Given the amount of group work required in the nursing program, communication is key. The *Nursing Directory* is a terrific tool in this regard.

It has been an excellent year and I am very proud of the role that the NUS has played in it. Through social, academic and coordination activities, we have seen to it that everyone benefits from their time at the School. Great things happen when we all work together.

### Student Colleagueship

**Amanda Cervantes**  
**Amanda Simpson**  
**Hidétaké Yamanaka**  
Colleagueship Co-presidents, 2008–09

This past year the McGill Master’s of Nursing Students’ Colleagueship had three co-presidents. To our knowledge, this was the first time the leadership has been shared by three people. It meant that we were each able to play to our strengths by sharing the various responsibilities, and, with the help of a great group of people, we had a fantastic year.

We began our leadership year in May 2008 by hosting a party to celebrate the successful completion of another year with the class of ’08. Over 45 people from all years of the nursing program gathered at Thomson House to enjoy some delicious food and celebrate with their peers.

Over the summer months some Colleagueship members were hard at work updating the student-to-student orientation package designed by those “who have been there” to help newcomers ease into the School of Nursing community. The Colleagueship also played a large role in welcoming new students in the nurse entry and direct entry streams at the September orientation sessions. We were on hand to answer questions, offer a first-hand perspective on life as a graduate nursing student, inform incoming students about the activities of the Colleagueship (of which all master’s students are members) and start the year off right with tasty refreshments. Later that month we hosted the annual “welcome back” wine-and-cheese reception, which was well attended by both students and faculty.

The University celebrated Homecoming in 2008 with a football match between McGill and Bishop’s University. With the help of Dr. Hélène Ezer and the School of Nursing, the Colleagueship was able to obtain and sell tickets to the game, adding $217 to our coffers. Many of the tickets were purchased by our own nursing students, who joined forces in the stands to cheer on the McGill Redmen.
This was an exciting year, with some interesting new initiatives. A process was developed for distributing funds to students wishing to attend conferences. This is seen as a good way to promote nursing leadership. In addition, several graduate students re-certified their CPR (cardio-pulmonary resuscitation) and AED (automatic external defibrillator) qualifications at a training session organized by the Colleagueship. One of our responsibilities at the Colleagueship is keeping students informed about events such as conferences, job opportunities, and administrative tasks in a timely manner. With this in mind, in 2008–09 we attempted to make our e-mails more user-friendly with a new format that cut down on the number of messages inundating students’ inboxes. Finally, members of the Colleagueship were happy to collaborate with the administrative staff in planning a revamping of the School of Nursing Web site (www.mcgill.ca/nursing/).

We have handed the reins over to the new co-presidents, Ryan Lomenda (MScI) and Alison Mockler (MScII). Many students have expressed an interest in playing an active role in the Colleagueship and several committees have been formed with the goal of raising the Colleagueship’s profile among students, faculty, staff and alumnae. We wish them well and are sure they will make the coming year one to remember.

McGill Anglophone-CEGEPs Consortium: Building a Culture of “Nous”

Marcia Beaulieu
Assistant Director, BNI Program

When the Ministère de l’Éducation, du Loisir et du Sport mandated the Integrated DEC-Bacc nursing program a decade ago, the steering committee for the project wisely recommended that university-CEGEP consortia develop a culture of “nous.” The McGill Anglophone-CEGEPs Consortium has kept this vision in focus through structures that allow faculty from the two levels to work together on a regular basis. Although these structures are essential, ultimately it is the good will, openness, trust, patience and willingness to take a chance on a new venture that are addressing the legacy of our different histories. A key player in supporting the culture of “nous” is the curriculum committee, through its work during the academic year and the conference that it hosts annually.

The early conferences examined the implications of the new partnership and the performance of the first cohort of students. While participants were curious and the conferences were well attended, the alliance was tentative and uneasy. The force that kept us going was the overwhelming feedback, year after year, telling us that we needed to continue the dialogue. Recently there has been a shift to a more balanced day during which we share pedagogical concerns and strategies and take part in faculty development activities facilitated by a learning specialist.

The fifth annual conference, Moving Your Teaching Forward, held on June 4, 2009, was attended by 70 teachers from the five partner institutions. The day was marked by a high degree of enthusiasm, energy, good humour and learning. We delved into the helpful and not so helpful (very few!) aspects of our personal styles to murmurs of self-recognition and gales of laughter. Characteristics of the style analyzers, drivers, energizers and relaters brought pointed looks and triumphant smiles that said, “Ah! That fits my colleague to a T.” The objectives were to better understand ourselves, our students and our colleagues, to consider the strengths and weaknesses of different styles, and to find ways of working together despite our differences. As the day unfolded, colleagues shared innovative teaching strategies such as Clickers in the Classroom, World Café, Building Accountability Through Technology, Peer Learning, and Games. The afternoon sessions on e-Home Health and the Art of Possibility sustained the momentum through to the close of the conference. The prevailing mood of optimism, openness and warmth reflected the spirit of friendship and collaboration that has grown between faculty members at the two institutional levels over the years.

What began as an experiment in bringing together two educational levels to meet manpower needs and increase the number of baccalaureate-prepared nurses has grown into a cohesive group of nursing teachers who seek out and value each other’s contributions. The annual conference is an opportunity for CEGEP and university faculty to affirm our common purpose of better understanding the issues and challenges faced by our students and ourselves and sharing ways to increase our students’ chances of success.

Marcia Beaulieu (left) with BScN student Christina Malcius at the fall 2008 reception for student award winners
Building a culture of “nous” has been neither quick nor easy. It is still a work in progress because of the high turnover on the different committees as a result of new hires and retirements. Now that a critical mass of faculty members has experienced the positive effects of the partnership, it is up to them to communicate the importance — indeed the necessity — of keeping the culture of “nous” alive and nurturing its development.

Collaboration is the theme of this newsletter, and it is easy to come up with several examples of how the Bachelor of Science (Nursing) program is supported through excellent working relationships. Local, national and international collaborative ventures are numerous indeed.

At the School of Nursing, BScN students continue to take an active role in working with faculty to ensure that our curriculum is relevant and that student life is as positive as it can be. Sarina Fazio, U2 BScN and Vice-President Academic of the Nursing Undergraduate Society (NUS), has played a key role in revising the freshman science curriculum, which will have U0 students linked to nursing courses, in addition to science courses, so they feel connected to the Nursing program. Collaboration with the NUS has been invaluable in ensuring that faculty members are knowledgeable about student issues and students appreciate faculty members’ points of view. In addition, some students have sought out collaboration with other departments — for instance, Gabrielle Constantin (class of ’09) will be the first BScN student to graduate with a minor in Psychology!

We are thankful to Ramona Rodrigues, Manager of Infection Prevention and Control at the McGill University Health Centre, who has agreed to collaborate with us in developing a new course, *Infection Prevention and Control*. Co-taught by microbiologists, this course provides students with a basis for understanding microbial behaviour and nursing issues related to the prevention and management of infections.

We rely on a strong history of collaboration within our teaching network. One important area of collaboration has been the peer learning project implemented in partnership with the Montreal Children’s Hospital. The pairing of students to enhance the learning process has led to an increase of 30 to 40 percent in the number of students with experience in acute pediatrics. Another area of collaboration has been intensive care settings at the Montreal General and Royal Victoria hospitals, where the efforts of faculty member Elaine Doucette in mentoring BScN students and in working with the ICUs has resulted in two papers: *Full Disclosure of Adverse Events to Patients*
and Families in the ICU: Wouldn’t You Want to Know? and The Intensive Care Unit as an Untapped Learning Resource: A Student Perspective. Both papers will be presented at the Canadian Association of Critical Care Nurses conference in New Brunswick this fall.

A range of collaborative ventures with community agencies ensures that our students meet the competency standards required for community nursing in Canada. Public recognition of several community projects, such as The Art of Living, featuring the art work of people with mental illness, and Dental Care for All, indicates that our students are meeting objectives relative to social justice, advocacy, political action and intersectoral collaboration. Both The Art of Living and Dental Care for All were chosen to represent McGill University in the Forces Avenir provincial competition.

National and international collaborative initiatives have enabled almost half of our graduating class to participate in the Ambassador Program during their clinical internship. While the option of completing the internship out of province/country has been offered for five years, the Ambassador Program has a rigorous selection process and students have increased requirements for leaving an “imprint” of their stay on the respective unit/site. Some of our collaborative sites are the following: Kuujjuaq (Nunavik); CSSS des Îles-de-la-Madeleine and Hôpital Hôtel-Dieu in Gaspé, Quebec; Queen Charlotte Islands General Hospital and Masset Hospital in the Queen Charlotte Islands, British Columbia; Exeter Hospital in New Hampshire, USA; Effia Nkwantah Regional Hospital in Ghana; and Sister Agnes at Kakamega Diocese in Kenya.

Collaboration is a central feature of our conception of nursing here at the School. It should therefore be an essential feature of the vision and execution of the master’s program. We are fortunate to have been able to forge a number of truly extraordinary collaborations that have enriched the program in innumerable ways. The few I outline below are by no means the only ones, nor the most important. I have selected these particular cases merely to illustrate the richly diverse forms of reciprocal partnerships we have cultivated.

We are especially proud of the constellation of collaborations we have built with our partners in clinical settings. This aspect of our work is not unique to the master’s program; our undergraduate programs also draw on this strength. During the accreditation review for our neonatal nurse practitioner program, one of the examiners, a professor at another Quebec nursing school, said that she was not only impressed by our collaborative relationships with our clinical partners but “jealous”! These relationships ensure that our students come into contact with clinically
based faculty who have advanced clinical, teaching, administrative and research expertise in nursing. Professor Margaret Purden has shown extraordinary leadership in cultivating highly productive research alliances with our clinical partners, enabling students to investigate various clinical problems with clinical experts. In return, our clinical partners benefit from the research expertise of McGill faculty and the rigorous contributions of our graduate students in systematically examining their clinical concerns.

The development of our nurse practitioner (NP) streams, in neonatology several years ago and in primary care more recently, has helped the School build collaborations with physicians in the Faculty of Medicine. A collaboration with pediatric critical care medicine was established several years ago when we developed an NP-based curriculum for three advanced practice nurses. These relationships between nursing and medicine have laid the foundation for a rich exchange of interprofessional knowledge and skills, and thus the optimization of student learning.

Three years ago the School developed an interuniversity collaboration with the Université du Québec en Abitibi-Témiscamingue. This institution is part of the McGill integrated health network and has been an academic partner in the recruitment of applicants and the preparation of NPs in primary care in the Abitibi-Témiscamingue region. A collaboration is currently being developed in primary care with the Université du Québec en Outaouais, located in Gatineau.

Our Global Health Studies streams are cultivating clinical teaching and research collaborations in various resource-limited settings both in northern Quebec and internationally. The School has collaborated with Health Canada and with nurses and community leaders in Rapid Lake, an Algonquin community, to develop an Aboriginal health option for master’s students. Two students completed placements in Tanzania this past year. Under the leadership of Professor Anita Gagnon, a recognized scholar in global health, relationships with additional international sites (in Thailand and Uganda) have been developed for the current academic year.

An academic challenge that we have been addressing in recent years is the fostering of collaborative relationships between faculty and students. Both students and faculty have rightfully pointed out that our philosophy with respect to nurses’ relationships with clients and families should be transferable to the teacher-student relationship. Together we are striving to enhance the collaborative component of the teacher-student relationship. This will help the School to further advance its standing in instructional innovation.

These are but a handful of the remarkable collaborations that the McGill School of Nursing has cultivated. Collaboration is a critical feature of our master’s program, and one that will continue to enrich our development.

Migration Health Partnership: The International Organization for Migration and the School of Nursing

Anita J. Gagnon
for the Global Health Committee

In the past few years the Global Health Committee has been fostering global health activities at the School of Nursing. These activities have included extensive efforts to develop the Global Health Studies (GHS) section of the master’s program. Within the GHS, three streams have been defined by the Committee to encourage long-term partnerships that will optimize knowledge exchange and mutual benefit. Highlands Hope in Tanzania offers GHS students a learning experience in a “Southern,” resource-restricted country. This stream is led by Madeleine Buck. The Rapid Lake Health Clinic in Abitibi, Quebec, offers students an opportunity to work with an Aboriginal community in Canada. It is led jointly by Franco Carnevale and Mary Ellen Macdonald. These two streams saw their first graduates in spring 2009 (congratulations to Jacqueline Bocking, Carly Lang and Andrea Leimanis!).

The newest stream is a partnership with the International Organization for Migration (IOM), a United Nations-affiliated agency based in Geneva and operating in more than a hundred countries. Two students have been accepted into this stream and are being placed in Thailand and Uganda. I lead the IOM stream and would
like to take this opportunity to explain how the IOM-School of Nursing partnership came to be.

Once the Committee decided that it would focus on the health of migrants as a GHS stream, we set out to identify a partner organization. Since a “migrant” population is by definition one that is on the move, it is difficult to identify a community with which to partner. We therefore looked for an organization with a longstanding interest in and commitment to migrants. In order to meet the demands of the courses required for the master’s program, this organization had to have the ability to supervise students clinically and to develop and supervise their clinical projects. The Committee requires that all GHS partners define the projects that are to be conducted in their settings, to ensure that the results will not only fulfill the mandate of the School but also assist the partners in moving forward with their own mandates. We are striving to ensure that we are working in true partnership.

After visiting with the Director and Assistant Director of the IOM Migrant Health Department in Geneva and making recommended site visits to Kenya, Thailand and Uganda, we were satisfied that the IOM met the criteria we had established. IOM personnel conduct health assessments for governments, including the governments of Australia, Canada, New Zealand and the United States, that have agreed to accept refugees and other migrants into their countries. It was clear that the three IOM sites were already engaged in “clinical” activities and that they had the capacity and the will to host and supervise students. Their strategic plans call for their work to be driven by evidence, they encourage research within their organization and they have created a Research Officer position. It was therefore clear to us that they were well equipped to supervise clinical projects. The process of selecting IOM as a partner is described in detail in a paper soon to be published in Nursing Education Today.

Clinical aspects of our partnerships in the migrant stream of the GHS master’s program may differ from those of our other GHS partnerships. In the migrant stream, the focus will be on public health and community care rather than on tertiary care for individuals and their families. Examples of clinical activities undertaken by students might include the screening and care of community-dwelling individuals with tuberculosis or HIV and their families, identifying the source of cholera outbreaks in refugee camps, and preparing women who have experienced sexual exploitation to return to their homes. The clinical projects identified by our partners align closely with their mandate to work with the health ministries of the countries in which they operate. IOM-Uganda’s main interest is providing reproductive health care to migrants living in Kampala.

The Global Health Committee is excited about this new initiative and anticipates a long and productive partnership with the IOM. If you are interested in joining the Committee, please contact me (anita.gagnon@mcgill.ca).

Our best wishes go to Jason Hickey and Isabelle St. Cyr, our first GHS students with migrant health placements. They are currently in Thailand and Uganda, respectively, for their fall semester.
PHD STUDENT NEWS

Manon Ranger  Greg Sobieraj

PhD Student Representatives

It has been a productive year for the various PhD student cohorts. Congratulations to all those who graduated at the fall 2008 and winter 2009 convocations: Marilyn Aita, Sylvie Dubois, Rosemary Herbert, Sylvie Lambert and Anita Mehta. We wish these scholars well in their careers and, for some, in their studies at the postdoctoral level. We look forward to hearing about their future contributions to the nursing profession.

Our current cohort of doctoral students are working hard on their final submissions. Marsha Campbell-Yeo, Lisa Chan, Kelly Kilpatrick and Manon Ranger have successfully completed their comprehensive examinations and are now embarking on their research projects. Others have just commenced the journey towards their doctoral degree. In the fall of 2008 the School welcomed four energetic and highly motivated new PhD students: Bessy Bitzas, Andrea Fleiszer, Greg Sobieraj and Fay Strohschein.

A year ago, Alain Biron, who had served as PhD student representative for three years, passed the torch to Greg Sobieraj, who is now representing the interests of doctoral students on diverse committees within the School of Nursing. We are extremely grateful to Alain for his dedication and hard work. He will soon be defending his doctoral dissertation and we would like to take this opportunity to wish him “merde”!

KUDOS TO STUDENTS

In her final year as a master’s student, Amanda Cervantes received the award for best interactive poster presentation in the Faculty of Medicine 2008 student summer bursary program. Amanda’s presentation was titled “The Experience of Mothers of Very Low Birth Weight Infants Requiring Oxygen Therapy.”


Jason Hickey has received a master’s award from the Frederick Banting and Charles Best Canada Graduate Scholarships. These awards, which are administered by the Canadian Institutes of Health Research, support master’s students in a health-related field who have an exceptionally high potential for research productivity.
Antonia Arnaert

In the future, Quebecers may be receiving much more health care in the comfort of their homes through e-health technologies. Some of these innovations may well be due to the work of Antonia Arnaert, who came to McGill from Belgium five years ago after completing a doctoral degree in Public Health. Faced with multiple challenges to the implementation of a vision for home e-healthcare in Quebec, she persevered, educated, persuaded, and eventually won over the sceptics one by one. In the process, she exhibited formidable networking skills across disciplines, countries and corporations.

Dr. Arnaert is a tenured Associate Professor in the School of Nursing and an Associate Member of the Department of Oncology and the Department of Clinical Epidemiology and Community Studies at St Mary’s Hospital Centre. Her areas of research include using new e-health technologies to provide holistic nursing care and investigating how information and communication technologies can be used to improve access to care and quality of life for patients and families. At the moment Dr. Arnaert is conducting feasibility studies that integrate home telehealth programs into the current home care system. These studies include developing combined interventions targeting patients, families, health-care providers and health-care organizations.

Antonia has been a refreshing presence in the School of Nursing — exuberant, unaffected and determined. She laughs easily, often at herself, as she tries to unravel the more subtle mysteries or master the colloquialisms of both English and French. As the final speaker at a conference last year, she so energized the audience with her engaging and dynamic presentation that she was easily voted the best speaker of the two-day event. She enjoys a variety of physical activities and is open to new experiences in her adopted city.

In her short time with us, it has become evident that Dr. Arnaert is an asset to the School. Her recent tenure award not only recognizes her scholarship and its potential contributions, but ensures a long, successful and happy association with the School. We extend our warm congratulations on this achievement and look forward to sharing many more years with her.

Marcia Beaulieu

Shari Gagné

We are very happy to now have Shari Gagné as a full-time School of Nursing faculty member. Shari has been affiliated with the School for some time. She was a faculty lecturer and clinical teacher from 1999 to 2002 and then taught at the School as a part-time contracted faculty member from 2002 to 2008. Finally, in August 2008 she was appointed as a full-time faculty member.

Shari brings to the School a rich base of clinical experience, as until recently she worked with the Victorian Order of Nurses.

She has taught a number of undergraduate and graduate courses throughout her years at the School. This past year she took on Transition to McGill Model of Nursing and Families and Health Behaviour in our undergraduate program, and she was course coordinator for Clinical Laboratory in Nursing for our direct entry master’s students in their qualifying year. This was a course that she knew well.

Shari has also participated in various committees and workshops at the School. Recently she agreed to serve as coordinator for the clinical component of the direct entry stream, in which capacity she will be working with all of the clinical course coordinators in this stream to ensure that clinical teaching experiences are as strategic and instructive as possible. Her strong clinical background has prepared her well for this important role.

We are lucky to now have Shari with us full-time. Welcome aboard!

Franco A. Carnevale
In 2007–08 I was honoured to be a recipient of the Eureka! Fellowship in Nursing Research. I had thought about this award and the rich opportunity it represents ever since its inception. Over the years, the deadline for applications came and went as patient and family care, program development, student education and issues relating to the complexity of the health-care system took precedence. Finally, following my participation in an initiative with some international colleagues, I wrote a proposal based on outstanding questions emerging from that project and jumped into the application process.

The Eureka! Fellowship in Nursing Research offered by the McGill University Health Centre was established with the generous support of Richard and Sakoto Ingram of the Newton Foundation and the Montreal General Hospital, Royal Victoria Hospital and Montreal Children’s Hospital foundations. It awards the recipient the equivalent of one year’s salary to conduct a clinical research study that has the potential to enhance clinical practice.

My project was focused on the experiences of individuals with multiple sclerosis in negotiating the decision to accept, decline or defer treatment for their disease. In recent years, attention has turned to preventive treatment for MS. Preventive treatments carry a number of risks, come with some severe side effects and offer uncertain benefits. While particular evidence around treatment was accumulating, there were wide gaps in the literature on the factors that influence the decision-making process: personal beliefs related to medication, family concerns, timing of treatment initiation given developmental priorities such as childbearing, and the decision-support needs of those eligible for treatment. Missing from the literature was research on the transition between being informed about preventive treatment and deciding whether to undergo treatment. In the clinical context, families sought nursing guidance with respect to the decision-making process; their concerns, values and preferences; the degree of control they wished to exert; and the types of support they wished to have.

As study participants offered their perspectives and related their experiences, I gained new insights — viewing interactions through the lens of a researcher rather than through the lens of a clinician. Investigative interviewing has given me a different perspective on nursing issues. I have a renewed understanding of qualitative research methodology and a new-found respect for the scientific rigour inherent in a phenomenological design. The “I got it!” thrill I felt when the core phenomenon was identified was indeed a eureka moment.

There were other, unanticipated, outcomes of my fellowship year. Literature reviews take you down interesting paths unrelated to the search words and headings you have chosen. These readings have expanded my professional repertoire and form a backdrop for my new perspectives on clinical care, patient and student education, and program changes. The results of the phenomenological study have been woven into my role as clinical nurse specialist. My conversations with young women struggling to choose between commencing treatment for a potentially disabling condition and pursuing normal life events, such as childbearing, have led to discussions about wellness in chronic illness and the availability of decision-making support. The specific focus on treatment decision-making has broadened my perspective on health decision-making in general and the skills and resources that individuals and families need in order to become effective self-care managers. Team discussions about progress in the treatment of MS are tempered by the realization that this comes at a price, as newer therapies are associated with higher morbidity rates. Therefore, the development of approaches to help individuals and families become active participants in the treatment plan is imperative. Patients long not just for professional expertise to guide their decisions but for the “credible” evidence of their peers. These insights have resulted in two patient-education initiatives: group encounters for the sharing of information, and a grant to develop tools for enhancing self-care decision-making. Other nurses at the MUHC whose roles include assisting patients and families with difficult decisions have begun to seek out these resources for use in their practice.

Finally, I was able to return to my position with a fresh outlook, renewed energy and a new perspective on what is possible. I would like to thank the generous sponsors of the MUHC Eureka! Fellowship in Nursing Research. The benefits are immeasurable.
Jane Chambers-Evans and Lynne McVey have been promoted to the rank of Associate Professor, part-time, at the School of Nursing. Jane is Nursing Practice Consultant, Family Nursing and Ethics, at the McGill University Health Centre and Lynne is Director of Nursing at the Sir Mortimer B. Davis Jewish General Hospital. The School is proud to recognize the contributions of these dedicated professionals to the education of nurses at the undergraduate and graduate levels.

Antonia Arnaert and Carmen Loiselle have also successfully completed their tenure review and now hold the rank of Associate Professor.

Franco Carnevale has been recognized by the European Society of Paediatric and Neonatal Intensive Care (ESPNIC) for his contribution to the field of Neonatal and Paediatric Critical Care Nursing and for his work on the ethical needs of critically ill children and their families. Franco has also been honoured for his work with the International Paediatric Critical Care Community, receiving a life membership in ESPNIC. In addition, he has recently joined McGill’s Quarter Century Club.

During National Nursing Week 2009 the MUHC recognized several nurses for their professionalism, teamwork, and patient care and for their important contributions to the neuroscience mission. The following awards were presented by Patricia O’Connor, Associate Director of Nursing for Neurology and Neurosurgery: Excellence in Leadership – Rosa Sourial, Clinical Nurse Specialist; Excellence in Nursing Education – Elizabeth Murphy-Lavallée, Nursing Educator; Excellence in Nursing Practice – Helen Fong and Melissa Phenix, Staff Nurses; and Excellence in Partner-in-Practice – Jaime Valera, Unit Coordinator.

Patricia O’Connor (left) with MUHC neuroscience honorees Helen Fong, Jaime Valera, Rosa Sourial, Katy Agocs (nominee for Excellence in Nursing Practice) and Elizabeth Murphy-Lavallée

Christina Clausen, who was a faculty lecturer until this fall, is the nursing recipient of one of two TD Grants in Medical Excellence. She has now commenced her PhD studies at McGill, exploring nurse-physician partnerships within a health-care setting. Christina has been awarded the one-year TD fellowship to enhance the quality of interprofessional care provided to patients. “Investing in health-care facilities, research and . . . professional development opportunities is the key to retaining and attracting the best medical talent,” said Alain Thibault, Executive Vice-President, Insurance, TD Bank Financial Group. “Supporting our health-care professionals will make a difference in the future of our communities and have a positive impact in Canada’s hospitals.”

Rose DeAngelis, a part-time faculty lecturer located at the West Island Palliative Care Residence, was a finalist for the 2008 Award of Excellence bestowed by the Canadian Hospice Palliative Care Association. Rose joined the School’s clinical cohort of faculty members in January 2009.

Kudos to Nancy Feeley and her colleagues, Phyllis Zelkovitz and Ian Gold, on receiving an Emerging Team Grant from the Canadian Institutes of Health Research. This is a $1-million award spread over five years to study women’s health during the perinatal period.

Congratulations to the following recipients of School of Nursing career awards: Céline Gélinas, Ariella Lang, Carmen Loiselle and Janet Rennick. In addition, both Celeste Johnston, co-principal investigator for Pain in Children’s Health, and Carmen Loiselle of the Psychosocial Oncology Research Training (PORT) program have had their training grants renewed.

Carmen Loiselle has been honoured by the Ministre de l’Éducation, du Loisir et du Sport for her French-language adaptation of the book Canadian Essentials of Nursing Research (Lippincott Williams & Wilkins, 2004, 2007), of which she is a co-author.
Kudos to Sonia Semenic, whose research project on reducing smoking during the perinatal period has been awarded the Marie-France Thibaudeau prize by the Fondation de recherche en sciences infirmières du Québec. The 18-month clinical study, which commenced in August 2008, is a collaboration between three hospitals. Other members of the research team are Geneviève Beaudet-Hillman, Christine Jachner and Elaine Perreault of the Centre hospitalier de l’Université de Montréal; Luisa Ciofani, Danielle Hone and John Kayser of the MUHC-Royal Victoria Hospital site; and Nancy Feeley, Valerie Frunchak and Irene Sarasua of the SMBD Jewish General Hospital.

Céline Arseneault, Undergraduate Student Affairs Coordinator, has been chosen by her colleagues as the “face” of administration at the School of Nursing. As part of a Faculty of Medicine initiative, we were asked to nominate a staff member to be photographed for a poster depicting all those who work behind the scenes at the Faculty. The poster generated much interest and will be a wonderful keepsake . . . and in our unbiased opinion Céline’s image is the best of the bunch! Céline can be contacted at celine.arseneault@mcgill.ca.

The newest member of our administrative team is Giuseppina “Pina” Pietraroia, or, as some have come to know her, admincoord.nursing@mcgill.ca. Pina began working at the School in August 2008 and has already become an integral member of the staff. Her keen eye and her experience in alumnae relations came in handy during the past year as we updated the School of Nursing Web site and made special efforts to reach out to alumnae.

It will be hard to keep the names straight when Pia Pozzuto returns from her second maternity leave in the fall. Upon Pia’s return, her replacement, Marie-Lee Hendrykowski, will stay on at the School. Marie-Lee will be working on some of the special projects discussed elsewhere in this newsletter. Both Pia and Marie-Lee can be reached at info.nursing@mcgill.ca.

Anna Santandrea was recently inducted as a member of the Quarter Century Club. This honour is bestowed in recognition of 25 consecutive years of service to the University. And for all of those years Anna has been employed at the School of Nursing! Many of our alumnae will remember Anna fondly from their years here and may wish to send her a congratulatory message (anna.santandrea@mcgill.ca).

We extend a warm welcome to our new managers at the School.

Michelle Sterling has resigned as Manager of the Psychosocial Oncology Research Training (PORT) program to return to her studies full-time. We wish her success in all of her future endeavours. Newly hired for the position is Michelle Savard (port@mcgill.ca). The New Michelle, as she is often referred to at the School, brings to the role both a youthful exuberance and many years of experience at McGill.

We have been fortunate to have Joanna Toti as long-time Managing Editor of CJNR. Joining her as Assistant Managing Editor is Melanie Girard. Melanie previously worked at the School for a year, filling in for Pia Pozzuto as Timetable Coordinator and Departmental Secretary. This new part-time position fits well with Melanie’s scholastic workload and her career goals. Joanna and Melanie are a dynamic duo and make a significant contribution in running the Journal’s editorial office (cjnr.nursing@mcgill.ca).

Finally, Diane Telmosse continues to work side-by-side with Dr. Ezer and me on keeping the School afloat (diane.telmosse@mcgill.ca; margie.gabriel@mcgill.ca).

And that’s our behind-the-scenes look at the School of Nursing. We would each and all love to hear from alumnae and other readers.
CJNR Celebrates Its Ruby Anniversary

Laurie N. Gottlieb

Editor-in-Chief, CJNR
Professor and Flora Madeleine Shaw Chair in Nursing

CJNR is celebrating its 40th anniversary this year. There are very few nursing journals that can boast four decades of continuous publication. And there are even fewer academic journals that are published by a university rather than by a large publishing house. Founded by Moyra Allen and originally named Nursing Papers, CJNR is and always has been housed at the McGill School of Nursing. We have marked our 40th anniversary by publishing a special, 414-page Ruby edition to celebrate what has been achieved in a relatively short span of years, in part because of the unusual partnership that has developed between CJNR and the community of Canadian nurse scholars.

When Nursing Papers was founded, the nursing research and scholarly community was just finding its legs. Dr. Allen envisaged a forum for the exchange of scholarly ideas among researchers across our vast country. Mary Ellen Jeans, the second Editor, transformed Nursing Papers into a true research journal and renamed it Canadian Journal of Nursing Research. Her own vision was to establish a credible journal for the dissemination of original research. In 1992 I assumed the editorship, and in partnership with three successive Associate Editors — Mary Grossman (1992–98), Anita Gagnon (1999–2003) and Sean Clarke (2004–present) — have put systems in place that have let us respond to changing demands and anticipate new trends in nursing, nursing research, health care and publishing. We have attempted to set new directions in order to capture Canadian nursing scholarship for the purpose of guiding nursing practice.

In the first year of my editorship, I realized that for CJNR to be truly Canadian it would have to capitalize on the talent and expertise of leading Canadian nurse scholars. The challenge was how to remain a general research journal while focusing on emerging areas. Rather than choose one approach over the other, I decided to combine the two.

I have worked with more than 60 guest editors from across the country to craft each issue. It has been an honour and a privilege to collaborate with these leading nurse scholars.

Early on, we recognized that the quality of the Journal rested on the quality of the manuscripts, and that good-quality manuscripts called for excellent reviewers. Reviewers play a critical role in any peer-reviewed journal. Editors rely on their knowledge, skills and judgement to guide their decisions and to help authors refine and improve their manuscripts. We now have more than 350 reviewers to call upon — an enviable resource for any journal to have.

In the issue marking our 30th anniversary we looked back over the previous three decades. In the issue marking our 40th we look back over just one decade — but that decade was a period of remarkable growth and development in terms of nursing ideas and nursing scholarship. CJNR has been party to an unprecedented acceleration of knowledge generation and unprecedented change in health-care culture, including nursing scholarship, practice, policy and research. In this issue we wanted to capture the excitement of the decade. We settled on three sections: The Decade in Context, Memorable Passages From Editorials and Discourses of the Past Ten Years, and Landmark Articles From Volumes 31–40.

The first section comprises three interviews and an article that place the decade in context. Judith Shamian provides a political, social and historical backdrop to the unfolding of events. Mary Ellen Jeans and Dorothy Pringle each offer an insider’s view of turning points on
the journey to establish PhD programs in nursing and to secure financial support for the building of research capacity. Finally, Joan Anderson analyzes conceptual and methodological issues in nursing research, capturing major trends in the field over the decade.

In the second section we excerpt key phrases from 10 years of editorials and Discourses. The editorials deal with a wide range of debates in nursing, nursing research and scholarly publishing. The Discourses are written by leading scholars in nursing and other health fields and are thoughtful and provocative. These scholars have urged us to reconsider sacred myths and assumptions, encouraged us to reaffirm nursing’s core values in the face of daunting challenges, and pointed us in new directions. Together these memorable passages are an invaluable resource, replete with wisdom, historical insights and unique perspectives.

The third section belongs to our authors. We invited our guest editors to nominate one article from their focus issue. From among their suggestions, we selected those articles that are groundbreaking in that they identify new directions for nursing or nursing research, that could become classics because they set a new standard for research, that are innovative either in their approach to research or because they look at old problems through new lenses, that remind us of the essence of nursing or that promote health within an important population.

We are heartened by the financial support we received for this anniversary issue. Associated Medical Services provided a substantial grant, while many friends and colleagues enthusiastically endorsed CJNR by placing advertisements or sending congratulatory messages.

This commemorative issue was a labour of love. It came together because of the hard work of a remarkable team. Joanna Toti, our superb Managing Editor, oversaw and coordinated all aspects of this issue, aided by Melanie Girard, our highly competent Assistant Managing Editor. We have a talented, creative and meticulous production team: Cait Beattie and Jean Louis Martin, our layout and design specialists, who designed a special 40th-anniversary cover — in ruby red, of course; Jane Broderick, our copy editor; Lou Lamontagne, our translator; and the countless others who together produce each issue of CJNR.

We invite you to visit our Web site (www.cjnr.mcgill.ca) — changed from CJNR blue to ruby for this year — where you will find details on the anniversary issue and how to order your copy.

I will conclude by quoting from my 40th-anniversary editorial: “This issue reflects what CJNR is all about. It embodies our values and our commitment to excellence in nursing scholarship and nursing practice that is respectful of its roots in caring, compassion, and humanism.

“This anniversary issue communicates what makes the Journal unique. It reflects a 40-year commitment, not by one or two players but by the many players who are our partners. It embodies the ruby — love, passion, vitality and dynamism. This is the bedrock upon which CJNR is built, the bedrock that will sustain CJNR as it advances towards its jubilee 50th anniversary.”

Laurie N. Gottlieb, Editor-in-Chief

Joanna Toti, Managing Editor, and Melanie Girard, Assistant Managing Editor
In April 2008 Fonds de la recherche en santé du Québec (FRSQ) renewed and extended GRIISIQ (Group de recherche interuniversitaire en interventions sciences infirmières du Québec), the collaboration between McGill and Université de Montréal. GRIISIQ (like its predecessor, GRISIM) focuses on nursing intervention research with clinical outcomes. It supports researchers in conducting pilot projects, provides students with bursaries and project funding, and hosts a variety of workshops and seminars. Teams of researchers, students and clinicians are centred on four different aspects of research: the development of nursing interventions, the development of nursing-sensitive measures, knowledge transfer, and methodological issues.

One exciting aspect of GRIISIQ is the collaboration between the universities themselves, in addition to the collaboration between researchers, students and clinicians. Each university nursing unit has its own culture of research and graduate education, and each wants to retain its uniqueness. It is a real challenge to give up part of that culture, embrace ideas from other institutions and work collaboratively, yet at the same time remain competitive. Over the past five years, faculty from McGill and Université de Montréal have risen to the challenge and built a collegial and truly collaborative network of researchers and students across the two campuses. Graduate students in areas such as cardiac rehabilitation, pain management and pediatric intensive care at each university have a representative from the other university on their supervisory committee — an indication of the degree of collaboration thus far achieved.

Even more exciting is the active participation of clinicians in GRIISIQ. The group now includes 15 clinicians from university-affiliated health centres. The clinical coordinator, Christina Rosmus (McGill University and the Montreal General Hospital site of the McGill University Health Centre), has conducted three half-day nursing intervention workshops for these and other clinicians. The workshops have illuminated the steps entailed in nursing intervention research and how to be part of a research team. The interest shown by the clinicians has led to a new funding opportunity, developed in conjunction with FRESIQ (the research foundation of the Ordre des infirmières et infirmiers du Québec), whereby clinicians on a GRIISIQ team can apply for research grants. The first competition was held in fall 2008 and many applicants are expected in the future.

The focus in 2008–09 was on integrating researchers from Université Laval and Université de Sherbrooke and their clinical sites into GRIISIQ. The use of video-conferencing and Web-based information-sharing will be extended in order to meet the challenge of interacting with these new partners and solidifying the extended network.

The success of GRIISIQ will depend entirely on collaboration between all players regardless of the site or the city. The group has gained momentum. Researchers, students and clinicians have seen the benefits of collaboration. GRIISIQ’s new partners will share in that opportunity!
In October 2008 I had a wonderful two-and-a-half-week visit to Japan during which I met with two groups of nurses to discuss and share ideas about nursing in our two countries. I had been invited by Dr. Yuko Takeda of the Faculty of Medicine at Mie University in the city of Tsu, about an hour south of Nagoya by train.

My first talk was addressed to the director of nursing, twenty faculty members and four master’s students at Mie University. I had brought articles and handouts on three possible topics: the McGill Model of Nursing, academic teaching units and the role of the Nurse Navigator in oncology. My hosts were particularly interested in academic teaching units and we had a very lively discussion.

They wanted to know more about the collaborative relationship between the School of Nursing and hospital units. They also asked about our preceptor training workshops and I have since sent them further information on this subject. These nurses loved the idea of the Nurse Navigator role and asked many questions about it. Although most of them understood some English, Dr. Takeda translated to ensure full comprehension. The talk was supposed to last one hour and we were still there nearly two hours later!

In Japan, nursing education at the university level often involves pure research. Clinical practice or clinical research is not the main focus of study. These faculty members and students were interested in the fact that hospital-based nurses can approach the McGill School of Nursing to have students participate in research studies conducted on their clinical units.

My next stop was a 200-bed hospital in a small coastal town, where I met with five oncology nurses and their director of nursing. They had mentioned that they needed guidance on how to support cancer patients and their families. We discussed the Nurse Navigator role but these nurses felt they lacked the preparation and resources necessary to institute it there. It is always hard to recruit and retain nurses in rural settings and they had no time to spare to undergo training themselves. The nurses also said that their patients often felt shame about a cancer diagnosis and did not want their neighbours to know about it, which made it difficult to organize support groups given the small size of the community.

We also discussed student nurses and the role of the preceptor. The hospital takes nursing students from a local junior college but maintains very little contact with the college and the nurses were not happy with the quality of students they were receiving. I stressed the importance of establishing close collaboration with the college. We talked about preceptor training as well, and I have put a package together for them. Dr. Takeda will have a translation challenge!

I distributed all the “gifts” that I had brought with me from McGill — items such as key chains and pens. In Japan, these gifts are called omiyagi and are presented whenever one visits or returns to a setting.

All in all, it was a wonderful experience for me. Dr. Takeda had arranged for my partner and me to be well looked after. We stayed at a beautiful onsen (hot springs hotel), ate kaiseki meals (multi-course bites) and were introduced to Matsusaka beef (better than Kobe!). We were given tours of the region and for a few nights we stayed with Dr. Takeda and her family in a traditional Japanese home.

It was an unforgettable visit.
Ellen Rosen: A Well-Earned Retirement for This ’67 Alumna

Cliff Nordal
President and Chief Executive Officer,
London Health Sciences Centre

Sandy Whittall
Chief Operating Officer,
London Health Sciences Centre

After a distinguished 35-year career at the London Health Sciences Centre in London, Ontario, Ellen Rosen, Vice President for Women and Children’s Clinical Services, retired in spring 2009.

Her extensive knowledge and experience in all aspects of health-care administration and practice, nursing research and education, and patient safety have added up to a remarkable career. Ellen is a highly respected leader and a passionate advocate for health services for women and children.

She received a BScN from McGill in 1967 and moved to London shortly thereafter. She taught nursing at St. Joseph’s School of Nursing, part of the Faculty of Nursing at the University of Western Ontario, while at the same time studying for a master’s in nursing at that institution. Armed with her new degree, she began a career as Clinical Instructor at the London Health Sciences Centre, or LHSC (then called Victoria Hospital).

She spent 14 years as a Clinical Nurse Specialist in Obstetrics and Gynecology, during which time her accomplishments included the establishment of a birthing room, new practices for the management of perinatal grief and loss, and a hospital-wide palliative care team. In addition, Ellen has had leadership responsibility for many LHSC programs, including emergency, trauma, oncology, base hospital, women’s care and children’s hospital. Ellen’s expertise and remarkable skills have contributed to the success of many programs and committees, while her involvement in several external boards has also been highly valued.

Since June 2003 Ellen has served as Vice President for Women and Children’s Clinical Services at the LHSC.

Ellen was the first nurse to be given an Honorary Lecturer position in the LHSC Faculty of Medicine, teaching medical students and residents about perinatal grief and loss, menopause, and palliative care. She is also an Adjunct Professor in the School of Nursing, Faculty of Applied Health Sciences.

Ellen has been at the forefront of or a visionary force behind many notable initiatives. These include:

• the design and planning of the Grace Donnelly Women’s Health Pavilion and Children’s Hospital
• obstetric and neonatal program transfer, built upon a platform of leadership development, emotional intelligence, and a culture of trust and respect among staff at all levels
• the hiring of a full-time clinical ethicist, enabling the hospital to develop an ethics program
• the championing of patient safety, resulting in its acceptance as a major corporate initiative at the LHSC

We would like to take this opportunity to thank Ellen Rosen for her commitment and dedication to the London Health Sciences Centre over the past 35 years and to wish her a happy and healthy retirement.

A Nursing Career in Home Care Using New Technologies

Donna (McIntosh) Byrne
MScA ’94
President, Health Access Santé

It’s hard to believe that almost 15 years have passed since I left McGill with an MScA tucked under my arm.

After graduating, I returned to my field of hospital administration but quickly realized that such a small part of someone’s life is spent in hospital that the real story was in the community. I decided that my impact on community care might be maximized if I were to establish a home care company. Thus was born Health Access Santé. My company, located in Montreal and now in its 13th year of operation, is committed to keeping people autonomous and in their own homes for as long as possible.

Fresh from the MScA experience, I thought I had all the answers. But later I discovered that all I had were questions. If the basic assumption that “people want to be healthy” was true, why, then, do we not give people the tools to help them achieve this goal? How can we help them learn healthy behaviours? Why do we still invest so much time and energy in hospitals and illnesses? Seeking answers to these questions, I became active in the Canadian Home Care Association. I now represent Quebec on this organization’s board of directors. I also sit on an advisory board for the Canadian Association for People Centred Health Care. My motivation in joining these groups was the firm belief that people should be at the centre of our health-care system. I also wanted to
expose myself to other perspectives, and to see if collaboration by people from across Canada could promote the genuine sharing of ideas and best practices and if it could make a difference.

As Health Access Santé continued to be confronted by an array of health-care challenges, I began to look towards information and communication technologies and the role they might play in providing health care to people in the comfort of their homes. Can technology be used as a tool to give people easy access to health-care professionals? Can it help them to learn about their own health and how to manage their illnesses? After exploring a range of different technologies and their possible applications to health care, I met Antonia Arnaert, a professor at the McGill School of Nursing. How exciting it was to meet such an enthusiastic professional at the forefront of research in this area! We formed what has become a meaningful partnership involving a growing research program in home telehealth.

Our first project, a feasibility study, entailed the use of video-conferencing technology to “visit” individuals with chronic obstructive pulmonary disease who were living at home. One of the objectives was to assess the extent to which home care nurses feel they have had a genuine visit with the patient using the video-conferencing approach. We also wanted to know if patients felt that they had developed a meaningful therapeutic relationship with the nurse. Another objective was to explore how patients could learn more about managing their illness with more frequent but shorter visits via video-conferencing.

In our next project we explored the use of tele-monitoring technology, with a different population and another chronic condition, hypertension. In this pilot study, 46 patients used blood pressure monitors wirelessly connected to Blackberrys. Their readings were transmitted to our nursing station at Health Access Santé. Our broad objective was to assess the impact of telehealth technology on the nurse-patient relationship and on patients’ ability to monitor, and learn about managing, their own health. Then, using the same technology, Dr. Arnaert initiated a trial with an unstable diabetic population. The Blackberrys were wirelessly connected to the patients’ glucometers and their readings were transmitted to our nursing station at Health Access Santé. In this study the participants also had access to a dietitian — a student from the McGill School of Dietetics and Human Nutrition.

We have since tested photo technology using cellular phones or digital cameras for wound management. Photographs of wounds were transmitted to the nursing portal for review. The purpose of this feasibility study was to determine, first, if the technology and the software can support the transmission of photographs, second, if people are able to transmit pictures of their wounds, and third, if nurses feel confident giving advice based on the information they receive in this way.

Two additional studies are now underway. The first is being conducted by an interdisciplinary team at St. Mary’s Hospital Centre in Montreal and is focused on the follow-up of patients with new colostomies using video-conferencing by nurses at Health Access Santé. The nurses are providing support to the patients and communicating with the team at St. Mary’s to discuss their findings. The second study is being carried out in collaboration with the Cancer Nutrition Rehabilitation team at the Royal Victoria Hospital site of the McGill University Health Centre. Palliative care patients are provided with a home text-messaging device that allows the nurses to follow their symptoms, including pain, fatigue, constipation and sleep disturbances, on a daily basis.

As Dr. Arnaert’s program of research in telehealth grows, and as the nurses from Health Access Santé continue to develop and improve procedures for home telehealth, we are all becoming convinced that technology can help people learn self-management and improve their health. The comments of people who have participated in the studies say it all: “It’s fantastic.” “The Blackberry is an amazing apparatus.” “This [home tele-monitoring] should be widespread.” “Thanks very much, McGill . . . a huge difference in my life. Just over a couple of weeks, and now my blood pressure is perfect.” These, and the grateful smiles of our clients, are what keep us going!

Dr. Arnaert and the team at Health Access Santé (www.ashcanada.com) are looking forward to an exciting year, with the launch of several new studies that will expand on our telehealth experiences.
This article is in large part excerpted from a letter I wrote to Anne Bossy as a response to her work, described in the McGill Nursing Alumnae Newsletter 2007–08.

I graduated from McGill with a BScN in 1974 and went to work on a medical floor at the Montreal Children’s Hospital. My fiancé had been diagnosed with type 1 diabetes at the age of seven (in 1959) and had just begun to use plastic syringes. One weekend when I was working at the hospital, a little girl newly diagnosed with type 1 was being discharged. The hospital pharmacy was closed at the time and the wards were using only glass syringes. I called my fiancé and he came to the ward with a package for the little girl. What amazed her mother most was not the gift of syringes but the fact that Howard had grown up with the disease and was getting married. She had never thought her daughter would be able to reach that milestone — such was the impact of the diagnosis and all of the changes that would be needed in the life of the family.

I have not nursed in many years now. However, Howard and I did marry, and we lived through the full impact of his disease and its complications. Insulin pumps did not exist until he was well along the disease path. At the age of 35, after almost three decades with the disease, he began laser treatments for bleeding in his eyes. Next came impotence (by then we had two children) and high blood pressure, the early signs of kidney damage. Howard became a stay-at-home dad and I became the sole support for our family.

By 1996 his kidneys had failed completely, and so began the challenge of the last 10 years of his life: hemodialysis three times a week; a failed attempt at peritoneal dialysis; a wounded foot; angioplasty, then open heart surgery; the loss of first one leg below the knee and then the other; the gradual death of the nerves in his forearms, affecting the use of his hands; deterioration of his vagus nervous system, with the attendant slowdown of his gastrointestinal tract; loss of short-term memory; diminished hearing.

Our children grew up healthy but with the full force of the disease, as their father’s condition gradually worsened, filling every room of our home and every corner of our lives. Without the support of our families, our friends, our church and the Foothills Hospital nephrology team, we would have been in sorry shape indeed.

Howard died on August 9, 2006 — our 31st wedding anniversary and a few months shy of his 54th birthday. As I heal from the challenges of being a “well spouse,” it is my hope that I can find a way to educate the public about the true ravages of this disease, and about the help that is to be found in new technologies.

However, that is not enough. People need to learn that insulin and transplantation are only treatments for the disease. Type 1 diabetes remains incurable. Lacking the cachet of cancer or HIV/AIDS, it does not attract the research funding that more publicized diseases do. I have also been told that diabetes doesn’t actually kill you; the complications do. That’s like saying that fires don’t kill you; smoke inhalation does.

As a regular donor to the Alumnae Association, directing my limited funds to the School of Nursing, I have long hoped that someone in or from the School would work on the very real challenges of type 1 diabetes, promoting truth about the disease and its complications, not sugar-coating (pun intended) the reality of it in order to avoid frightening families. I say it’s high time people were frightened, so that more attention will be placed on this awful illness.

A second use of funds would be research into the impact of chronic illness on family life. In her book Mainstay: For the Well Spouse of the Chronically Ill (Penguin, 1988), Maggie Strong writes: “When the well spouse turns to authorities, she may even find the enemy. Doctors and nurses often instruct us in how to make the patient’s life easier. Psychotherapists detail the patient’s fears. Physiotherapists explain how to move a patient’s ankle or elbow painlessly. But for us? Nada. We don’t have a name. We don’t even know our own needs.” (pp. 23–24)
A grave debilitating illness such as type 1 diabetes — or multiple sclerosis, ALS, Alzheimer’s disease, Huntington’s chorea or any of a score of other chronic ailments — is no respecter of persons. It can destroy marriages and friendships and break the spirits of children.

It is time we found a way to address the needs of not only the chronically ill patient but also the family, and especially the well spouse.

A Day in the Life of an Emergency Department ANM

Jeanesse Bourgeois
BScN ’04

After graduating from the McGill BScN program in 2004, I began my career on a surgical floor at the Sir Mortimer B. Davis Jewish General Hospital. In January 2006 I made the transition to the Montreal General Hospital as a Clinician Nurse in the Emergency Department, and in April 2008 I changed over from Clinician Nurse to Assistant Nurse Manager.

The Emergency Department is a fast-paced, ever-changing environment. Emergency rooms everywhere are plagued by overcrowding, long queues and staff shortages. We can’t close beds when we have a sick call, and we can’t predict what will come through the door in the next five minutes. All we can do is work with what resources we have and prepare as best as we can for a worst-case scenario. The MGH Emergency team consists of one Nurse Manager (Carole Filteau), four Assistant Nurse Managers, or ANMs (Caroline McDonald, Benoît Rendeau, Bruce Vergara and me), 79 staff nurses, 25 patient attendants and 25 unit clerks, along with the many attending physicians and residents who call our department home. Each team member plays an intricate role in maintaining a state of controlled chaos.

Our theoretical capacity is 27 stretcher patients and any number of ambulatory patients, but on an average day we’re likely to have 35 stretcher patients and on a busy day 40, while our breaking point might be 50. A typical day in Emergency starts with the night ANM (yes, we work shifts) signing over to the day ANM. The night ANM counts the patients in each area and reviews their care plans — who needs to be admitted to what unit, who is waiting for a consultation, who needs to have what done to make their admission or discharge happen. The ANM can often seem like a thorn in the doctor’s side, constantly trying to figure out what is to be done with this or that patient and who is going to take responsibility for what.

The role of an ANM is to provide flow in the department, to move the more stable patients from Acute Care to the floors or to the evaluation room, to move patients who require more care from the ambulatory section to a stretcher section — which is dependent on how many people in the stretcher sections can be moved out of the department.

At any moment the situation in Emergency can change dramatically. You might get a call from Triage asking for a negative pressure room to be liberated, a call from the Acute Care nurses notifying you that three trauma patients will be arriving in five minutes, a call from any section saying they are overloaded and in desperate need of a break. Or a plea might come from a nurse requiring assistance with a new or difficult procedure. In the midst of dealing with any or all of these situations, you may get a call from the relative of a patient who was in last week asking if you found his dentures, or a call from the registration desk warning that somebody in the waiting room is loudly proclaiming that she has waited long enough and wants to be seen now!

The evening and night shifts present additional challenges. Clinics are left with nowhere but the Emergency Department to send patients who are too sick to go home. During the night shift, flow problems are intensified because fewer services are available at night. People are held over in Emergency waiting for tests or consults or transfers, or for family members to pick them up. There’s no social worker or educator available to assist you. When family members have to be given the news that a patient has died, the ANM has to be there to attend to their needs. At night, traumas often arrive in multiples, and in greater severity, depending on the weather, the sporting event being held or the holiday being celebrated. There are moments when you think you don’t have time to breathe, but there’s always something that keep you going.

The team is what makes the Emergency Department so close to the hearts of those who work there. Emergency isn’t for everybody. The broad range of knowledge required, the unpredictability of the environment and the baseline level of stress make some nurses turn away. But those who accept the challenge can be assured of learning something new every day. To maintain our level of expertise, we try to keep on learning. The hospital provides Basic Cardiac Life Support and Advanced Cardiac Life Support courses for the staff, offers the Trauma Nursing Core Course and the Course on Advanced Trauma Nursing on a regular basis, and presents courses within the department. And it sends nurses to conferences, encourages them to join committees and provides funding for them to obtain Emergency Nursing certification from the Canadian Nurses Association.

ALUMNAE NEWS

WHAT’S NEW WITH YOU?

The Alumnae Association welcomes personal updates and short articles on issues in nursing from graduates of the School. Be sure to include your name, degree/year, present position, address, telephone numbers and e-mail address.

McGill School of Nursing, 3506 University Street, Montreal, Quebec H3A 2A7 Canada
Fax: 514.398.8455 E-mail: margie.gabriel@mcgill.ca

For an electronic version of this publication, visit www.mcgill.ca/nursing/alumni/newsletter/

WE HAVE HEARD FROM...

2000s

**Cara Fedick MScA ’08**

“I am working on a spinal/neurosurgery floor at a Toronto hospital and still adjusting to the schedule and [the] physical and emotional overload. I find Toronto very similar to Montreal, except that people don’t roll their eyes when I order food in English!” carabreaner@gmail.com

**Julia Thomas MScA ’07**

Julia was awarded best poster presentation at a meeting of the Association of Women’s Health, Obstetric and Neonatal Nurses, held in Ottawa on October 25, 2008. Her presentation was titled “Parenting Self-Efficacy in Fathers of Very Low Birth Weight Infants.”

**Sarah Topham (née Davis) MScA ’04**

“I’m currently working as a research nurse in Cystic Fibrosis Gene Therapy for Imperial College London (UK). I married Chris Topham (a fellow McGill graduate — BSc ’99) in fall 2008.”

**Lisa Merry MScA ’02**

“This year we welcomed the New Year a little differently. . . On December 31st little Elsa Saskia Boivin Merry was born.” Lisa adds that she looks forward to introducing Elsa to all her friends and colleagues.

Lisa Merry with baby Elsa and her siblings, Monica and Luca

1990s

**Bonnie Thamm BScN ’97**

Bonnie completed a master’s in health studies at Athabasca University in 2006. Her current position is Manager, Elementary School Program, York Region Public Health. She and her husband, Kurt, welcomed their first child, John Lyndon Thamm Evans, on June 18, 2008.

**Elaine Chagnon BScN ’92**

“I was very excited to read of the success of [my classmate] Anne Bossy . . . I have been a doctor of chiropractic for over 12 years now and still use daily a lot of my nursing knowledge. I live and practise in Perth, Ontario, but my first love is still Montreal, which I visit monthly. I have four children, one dog, eight cats and five llamas; we are known as ‘the funny farm.’ I hope all my classmates are enjoying full, rich lives. I would love to hear from them.” ottercreekwine@xplornet.com

1970s

**Michele T. Lahey BN ’77**

In August 2008 Michele was appointed Chief Executive Officer of the Bupa Cromwell Hospital in central London (UK).

**Alan Rauch BScN ’77**

Alan is Associate Professor of English at the University of North Carolina at Charlotte and President of the Society of Literature, Science, and the Arts. He is the Editor of *England in 1815: A Critical Edition of The Journal of Joseph Ballard* (Palgrave Macmillan, 2008), a window on a young Bostonian’s impressions of British culture and society in the late Georgian period.

**Wilton S. Kezala MScA ’72**

“Currently I am Associate Professor and Principal of the International Institute of Health Sciences (IIHS) in Jinja, Uganda, East Africa. I am the founder of IIHS, and we train nurses for the Uganda government and the world at large.”
On October 17, 2008, 10 members of the BScN ’78 class gathered to celebrate the 30th anniversary of their graduation. The revelers were: Ora Alberton, psychogeriatric ambulatory services, CSSS de la Montagne, Montreal; Holly Blenkhorn, Team Leader, Global Excel, Sherbrooke, Quebec; Franco Carnevale, Assistant Director, School of Nursing, McGill University; Carol Common, Community Outreach Senior Advisor, McGill University Health Centre; Ellen Kucharski, Nurse Clinician, Urology Centre, MUHC; Ann Lynch, Associate Director-General, Clinical Operations and Nursing Affairs, MUHC; Elaine McAlister, Director of Client Services, Centre-Ville de Montréal and Manoir de l’Age d’Or residences for seniors, Montreal; Carmen Paquin (née Valcourt), CSSS Cavendish, Montreal; Gina Ricci-Lypaczewski, Clinical Research Nurse, Creighton University Health Center, Omaha, Nebraska; Patricia Rose, Clinical Nurse Specialist, Critical Care, MUHC.

The celebration began at the Dean of Medicine’s cocktail party in the lobby of the McIntyre Medical Building. The group then moved on to the Martlet Dinner at the Centre Mont-Royal. The next few hours flew by as the former classmates reminisced about the three years they had spent at Wilson Hall. Much laughter was heard as old photographs were passed around. At the end of the evening, all 10 alumnae left vowing to attend the 35th-anniversary reunion in 2013!

Patricia Rose
Clinical Nurse Specialist, MUHC

**IN MEMORIAM**

**May Chan** BScN ’84
May passed away on May 27, 2009. She was a resident of Toronto.

**Doris Harrison** BN ’67
Doris passed away on April 8, 2009. At the time of her death, she was living in Moncton, New Brunswick.

**Joyce Klepacz** Cert Nurs ’52
Joyce died on October 20, 2008, in Salmon Arm, British Columbia.

**Christiane Konrad** MScA ’73
Christiane died suddenly and unexpectedly on July 13, 2008, in Wiesbaden, Germany. She was 78 years old.

**Christina Fearn Nortranders** (née Lawson) Cert Nurs ’49
Fearn trained as a nurse at Toronto’s Hospital for Sick Children, graduating in 1945, and received her McGill degree four years later. She worked at the Hospital for Sick Children as a head nurse before moving back to Montreal, where she was head nurse on the infants’ ward at the Montreal Children’s Hospital and on the oral surgery ward at the Montreal General. Fearn died at the MGH on May 9, 2009, leaving a daughter and several grandchildren.

**Selena Carolyn Plouffe**
BScN student, class of ’10
Selena died in Calgary on August 28, 2009, as the result of a car accident, leaving her classmates and teachers devastated. She was set to graduate from the School of Nursing next fall. A native of Saint-Jérôme, Quebec, Selena was just 22 years old.

**Audrey Cecilia Pope** Cert Nurs ’47
Cecilia passed away on June 7, 2008, in Toronto. She was a public health nurse and a lobbyist for awareness and research concerning infectious diseases.

**Elizabeth Russell**
Dip Nurs T & S ’65, BN ’68
Elizabeth perished in the terrorist attacks in Mumbai, India, in November 2008. In addition to her nursing credentials, Elizabeth held two degrees in social work, also earned at McGill. For a number of years she was a psychiatric social worker at the Sir Mortimer B. Davis Jewish General Hospital.

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